

edited by Monique Selim

Anthropology of a pandemic



Association Française
des Anthropologues

AFA

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Facing the urgent questions raised by the current pandemic, the French Association of Anthropologists has decided to put the contribution of its members at the disposal of the public. Most of the authors published here are members of the Association or are linked to it. The irruption of the disease in China in 2019 has seemed to be an event on which all should reflect together, using their own professional tools.

Historically, associative forms have for a long time fashioned both society and democracy without full knowledge of the processes involved. Associations have acted as vectors of social linking and as safety nets for social security; they have set up new solidarities and created social innovations, inspired and revised public policy, and acted generally as ferments of democratic vitality.

<http://www.afa.msh-paris.fr>



Institut français du monde associatif

Sous l'égide de la Fondation pour l'université de Lyon

Awareness of all of this led, after eight years of planning and *anticipation*, to the founding in January 2019 of the French Institute of the Associative World (*Institut français du monde associatif*, IFMA) under the aegis of the University of Lyon. Its ambition is to strengthen and promote pluri-disciplinary knowledge of associative life in France and elsewhere, and particularly in French territories.

In its first year of existence, the IFMA has provided support for 15 research projects, involving 600 actors and researchers in these territories, and two groups reflecting on “associative governance” and on “the history of social facts”. It has also launched a consulting process in view of mapping needs and new paths in knowledge of the associative world. It has initiated, together with the associative Movement, a research program on the associative world in the Hauts-de-France Region.

The context of the COVID crisis has thrown new light on the weight of associative factuality in matters of public interest. It has also revealed the mutations of associative forms and the fragility of associative institutions. This has led the IFMA to seek to speed up still further knowledge of the associative world and its transfer to the actors involved.

Social anthropology, the study of man in society, has a major part to play in the study of social forms; its approach is particularly suited to the complex issues involved in the transformation of associative practices. This is also why the IFMA has willingly given its support to the publication of *Anthropologie d'une pandémie*.

This book has received aid from:

— The CESSMA (*Centre d'études en sciences sociales sur les mondes africains, américains et asiatiques*) a division, UMR 245, of the University of Paris), IRD (*Institut de recherche pour le développement*) and INALCO (*Institut national de langues et civilisations orientales*); seven anthropologists linked to CESSMA have taken part in it.

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THE PANDEMIC: CATALYST, ANALYZER

Monique SELIM¹

The health and economic crisis caused by the Covid-19 pandemic appears today to be a paradigm of globalisation, with its repercussions in all social fields, and the modes in which it fractures social classes and amplifies inequalities. International relations have been profoundly disrupted by the relationships of dependence that the health crisis has revealed. Interdependence has exposed to view—on all scales—basic geopolitical reconfigurations. The struggle for hegemony in the globalised world has intensified; it has taken on the likeness of a new Cold War. These hardening dynamics have left their mark on the situations of nation-states, at both macro and micro levels, and in both solidarities and their ruptures. Splits—in particular between European countries—are growing day by day as governments try to protect their populations. The brunt of this shift in focus is borne by exiles; without shelter, condemned to vagrancy, they are perceived as victims of a plague: a threat to the health of normal, settled peoples. In September 2020, the European Commission decided that countries such as Hungary and Poland, whose governments refused to take in refugees, could be dispensed from taking their quotas of migrants by paying for the return of the latter to their homelands. This legitimised xenophobia, which now flourishes everywhere. The blame for all social ills is now laid on “aliens” both at home and abroad; widening the gap between “us” and “them”, this strengthens government of the former—as can be seen clearly in India and Burma, where the repression of Muslims confined to the margins of society serves to consolidate cohesion at its centre.

All the disciplines of social and exact science are being mobilised to find ways of dealing with the emergencies of all kinds arising from the global

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health crisis. Can anthropology play a part? Can anthropologists come up with different analyses of this situation, based on the specificity of their particular perspective, on their links to their own fields, on their practice of detailed concrete observation, combined with involvement in social micro-networks—local, familial, residential, professional, associative, etc.?

This book is based on a heuristic hypothesis: that anthropology—by rethinking its methodologies—is capable of restoring coherence to singular, individual and micro-collective relationships, and that it can open up new perspectives to face this exceptional situation. Commentaries abound, both general and detailed, but policies tend to clash. In this book, anthropologists look at the pandemic from a critical point of view, comparative and transversal, seeking new interpretative prisms rather than falling back on a fixed conceptual disciplinary apparatus.² The period of confinement, has isolated individuals and families; this can lend itself to reflection. Many people have gone back to day-to-day writing to fix evanescent, diffuse feelings and to gather the threads of the incessant messages that assail us more and more, inducing on one hand a retreat into interiority and on the other an explosion into the multitude of the digital world.

In the fourth quarter of 2020 in France and in many other countries, the return of confinement in various forms, calls for a sharpening of analysis and a broadening of range that entail comparison of a more systematic sort.

From the State to subjectivities

Several interpretative lines run through this book. In the first place, it attempts to grasp the ways in which the relationship between actors (or agents) and the State is undergoing metamorphosis. Both therapeutic and the punitive, the State, both protector and oppressor, is being restaged. The figures that represent it are being coagulated and deployed in the sphere of the imagination. How exactly is this taking place? And, as a corollary, how are institutions are being affected? How are they being led to mutate as the health crisis unfolds. Romania, Algeria, Cameroon, Sudan, Colombia and China have been selected here as exemplary cases of a characteristic blurring induced by the pandemic, together with logical contradictions and catalytic effects—in France too this is noted by all the authors. On a different level, in many countries, as political struggles were developing, the pandemic interrupted this process, either suspending it temporarily or putting a permanent stop to it. This book examines the modes of mobilisation that are today being kept up on the Net and are undergoing continual transformation. In many countries—Indonesia, Mali, Belarus, Armenia, Nicaragua, Bulgaria, Thailand, and others—the powers that be have been challenged, with political struggles emerging and continuing during the pandemic—though

² Patrick GABORIAU, Christian GHASARIAN, *Le virus, le pouvoir et le sens*, Paris, L'Harmattan, 2020.

the latter has usually generated arguments in favour of a variety of nationalisms.

The health and economic crisis has been instilled into subjectivities in very different ways, depending on the positions occupied and lived in by the subject and his/her idiosyncrasies. The crisis disrupts one's relation to it be the Other, whether close (the homeless Other, the sick, the potentially contagious, etc.) or remote, with whom anthropologists have special relationships. The crisis calls into question freedom, involvement and commitment. It provokes a re-territorialisation of kinship, of family, of the couple, and lastly of the individual too, in his extreme solitude. The crisis locks the subject up once again—the subject who was sometimes quite happy with this unexpected return of his/hers to the crypt of the matrix, though more often than not, terrorised by the closure, he/she had searched desperately to find some openings: some windows. What trace does the separation leave? How does it lead to decisive changes? In this book these questions are examined from the viewpoints of residential intimacy, territorial subjectivity and existential logic. Particular attention has been paid to personal, religious and political delusions. A clinical view focuses on the strange revivals of force and the many—and unremarkable—psychic collapses. Since the advent of institutional psychotherapy, we know that in times of war 'madmen' are normalized, whereas people who seem perfectly healthy can manifest mental flaws and become unhinged. Italy and France—with its characteristic contrast between central and peripheral urban districts—both provide food for thought in this respect.

Trials and moralizations

Reflecting different anthropological sensitivities, this book includes a central—and political—perspective that is common to the authors: the ambition to go beyond the polysemy of the views.³ We decipher the dominant grammars that come into play in and around the health crisis. This leads us to unveil the ways in which this case—in its multiple declensions—has been constructed; based on this global event, it incriminates a series of putative perpetrators, naming them in various ways. Over industrialisation, the capitalist race for profit and returns on investment, and financialisation by means of algorithms: these form the background against which the health crisis emerges—although epidemiologists have not yet pinned down a direct, sufficient cause. The term *zoonosis* has come into vogue, directing our attention to the environment, biodiversity and living organisms, often summed up as “nature”—an eponym. The hegemony of the environmental issue has been strengthened by the debate on climate and its deregulation—

³ Julie HERMESSE, Frédéric LAUGRAND, Pierre-Joseph LAURENT, Jacinthe MAZZOCCHETTI, Olivier SERVAIS, Anne-Marie VUILLEMENOT, *Masquer le monde, pensées d'anthropologues sur la pandémie*, Paris, L'Harmattan, 2020.

undeniably elements of the contemporary situation. The arrival of the Covid-19 virus and its speeding circulation have intensified attention paid to this particular configuration. From this point onwards, however, logics with plural, and sometimes even antagonistic foundations have become entangled. Anthropologists examine their imbrication.

The health crisis has led to an exceptional polarization of *care*, which continues to fuel the debate. From care on to women, the step was easily made: in hospitals and at home women are both carers and victims; they have been praised and have been moved from invisibility (sometimes explicitly declared) to an over-visibility that can be supplicatory. Women's destiny—in normal times portrayed as unhappy, fraught as it is with violence of all sorts, with exhausting material and mental burdens—has been darkened still further by the pandemic, giving rise to complaints, to pity and to compassion. It is an understatement to say that Covid-19 has apparently not done much for women's emancipation; it has made them the miserable heroines of misfortune.

Despite a recommendation by the French Academy⁴ that the term *Covid* be assigned to the feminine gender (as corona virus disease is translated into in French as *maladie du virus corona*, and the noun *maladie* is feminine in gender), the gender of the term COVID in French has remained unstable, both in the press and in literature. Does this reveal a certain confusion in the gender attributed to the disease (f) and/or the virus (m)? This aspect is also reflected in this book. No public move having been made as yet to standardise, in the French version we have therefore left the gender of Covid to the authors' individual choice—in the anthropological spirit of keeping the names used in the field, while giving free rein to personal interpretation.

By questioning—almost as if it were part of an established liturgy—the relationship between humans, animals and the destruction of the environment, the pandemic has contributed to the revival of a morality that treats all beings and existences as victims of a generalised spoliation. Categorical groups have been placed in parallel order: from the point of view of gender, women and minorities are being grouped according to origin and ethno-cultural affiliation (named, de-named, and now re-named *race*), and eventually according to nature in its infinite variety. The pandemic has helped to construct the coherence of a process that combines the group victimhood of women, with those of “racialized” people and of nature. The culprits have thus to be detected and denounced in a mass comprising the anthropocene, males, white people, colonisers and a host of other major and minor defendants. In both epistemology and theory, naturalism has come

⁴ The Académie française is an institution entrusted with perfecting, correcting and regulating the French language. Composed of personalities from the French-speaking cultural world, this institution was founded in 1635 and is at the origin of the rules governing the French language.

back with a vengeance, and remembrance of the destitution of the idea of nature in the course of the twentieth century has faded away entirely. Nature is today the central figure in whose name writing is now dogmatic.

Contradictions in the service of capitalism

More than the modes of substantiation that animate this discursive grammar, it is the contradictions implemented by the statements that attract our attention. To take a few examples—despite their anecdotal appearance, they have a luminous significance—Ramon Gil, a famous Indian leader from the Sierra Nevada de Santa Marta, has declared that Covid-19 is a revenge of Nature, because women defile the rivers with their menses.⁵ But Nature is also defended by eco-fascists who accuse racialised populations of being too numerous, of reproducing too fast, in short—of bringing on the end of the world. The racialized groups in turn play a part in the process, forbidding “white” women to declare themselves “slaves”, a denomination to which they claim an exclusive right; the 1970s Women’s Lib chant that called on slave women to rise and break their shackles has been modified accordingly, having been found guilty of cultural misappropriation. We must write our own history, build up our own hopes: such is the current cant.⁶ In the same vein, Agatha Christie’s novel *Ten Little Niggers* has been renamed *Ten of Us*. Respect for women, for racialised people, for Nature, the judgement aims at a new world, that of “afterwards”, smooth, transparent, and just, a world in which good and evil, are radically separate in which evil is cancelled and good triumphs. Thanks to the identity scripts (included in the package), it enables each and all to sort themselves into either the box labelled *oppressor* or that labelled *victim*; after which one can (if applicable) repent, and set out again serenely in a new direction.

The pandemic has activated a message of truly biblical dimensions. The big battle is no longer against capitalism (although the expression capitalocene has been briefly toyed with). What is at stake is morality, and leaders of corporate majors have quickly toed the line, intent henceforth on defending justice, the environment, solidarity and equal opportunities. Antoine Frérot, CEO of Veolia, and Jean-Marc Borello⁷ explain that the new capitalism must be based on a broad solidarity rather than on the narrow interests of shareholders. This adroit switch to moralisation deprives anti-capitalism of a large part of its resources. And as a corollary, it conceals more or less discreetly cuts in labour costs, which are now being presented as an indispensable measure of solidarity to succour those companies that opt in favour of preserving jobs (and also of coming in for copious financial aid

⁵ Olga GONZALEZ, “El mammo y la menstruación”, *Ojo de perdiz*, wordpress.com 27/8/2020.

⁶ Anne QUERRIEN, « *Femmes, que faire ?* », forthcoming in *Multitudes*.

⁷ Jean-François ARNAUD, Vincent BEAUFILS, « Pourquoi le capitalisme ne peut plus se contenter d’être actionnarial », *Challenges*, 10 September 2020.

from the State). The new union that has been formed to get through the economic crisis and restart growth camouflages the antagonism of interests, and at the same time facilitates an individualisation of remuneration. The digitalisation of work—by applying technological communication media—not only inhibits the formation of work collectives... but also transforms the perception of authority, in ways that still have to be studied. As Robert Boyer writes, “capitalism is emerging a lot stronger from this pandemic;”⁸ the price to pay is a platform economy driven by the GAFAs, and as Cédric Durand writes, a “techno-feudalism.”⁹

Imported from the United States, this proliferation of controversies during the vogue of cancel-culture possibly stems from the atmosphere of guilt, contrition and dereliction into which individuals and groups have been plunged by Covid-19, which is still spreading its infection. The 'culture of erasure' hunts down people suspected on the Web of a wide variety of faults, and aims at restoring “justice” by denouncing and publicly shaming them. This particular trend transforms the pandemic into a global fault of all humanity; everyone has to atone for this shared, personalised fault by carrying the equivalent of a heavy Christian cross. Media debates on cancel-culture reproduce in their form its abrupt judgments. But most important of all is its adumbration of societies that have been de-institutionalised on two levels: that of public institutions, and that of institutional collectives such as trade unions and associations, which formulate demands and organise struggles. The current moralisation promotes individualism; current social movements—digital campaigns, street demonstrations—are usually presented as cohorts of individuals who gather, devise slogans and stage themselves as victims. De-institutionalisation implies a weakening of public authority, leaving the field to the forces of digitalised markets. Growing contestation of governmental measures to combat the pandemic is part of this gradual de-legitimation of the State, seen as incapable of controlling the virus. In this respect, France stood out in September 2020, with a growing number of elected officials and of citizens expressing their rejection of the government's decrees with remarkable vindictiveness, insulting political decision-makers and even taking them to court. China also stood out as an exception, flaunting the advent of an ecological civilisation, under Xi Jinping's resplendent rule. Personalising his authoritarianism, the Chinese president is forcing people to accept his authority by promoting a vigorous nationalism and at the same time counting on the fear still felt by the population of reliving episodes like the Cultural Revolution, when young militants took over powers delegated by Mao.

⁸ Antoine REVERCHON, conversation with Robert BOYER: « Le capitalisme sort considérablement renforcé de cette pandémie », *Le Monde*, 2/10/2020. Robert BOYER, *Les capitalismes à l'épreuve de la pandémie*, Paris, La Découverte, 2020.

⁹ Cédric DURAND, *Techno-féodalisme. Critique de l'économie numérique*, Paris, La Découverte, 2020.

Anthropology global and total

In this book anthropologists attempt to extract themselves from a conventional bipolar matrix: on one hand, the subject-victim of governmental injunctions and impositions against which he or she rebels; and on the other, compliance with official orders, which are assimilated to complete submission. This dichotomy inhibits thinking about the social logics and relationships that prevail in troubled periods such as the current one, and the ways in which they are constructed. This same dichotomy is reflected as a corollary in an opposition between democracy and dictatorship.¹⁰ Many people feel that at present democracies, by taking preventive and more or less coercive measures to protect health, are veering towards dictatorship. This democracy/dictatorship dichotomy makes it well-nigh impossible to think out the social logics and relationships that prevail in a troubled period such as the one created by the health crisis. How exactly are these logics and relations constructed? While there has admittedly been some blurring, it is ironic that the most absolutist and grotesque dictatorships on the planet have showcased a total absence of Covid-19 on their territories, e.g. in Turkmenistan and North Korea. Leader Kim Jong-un closed North Korea's borders in January 2020 and ordered guards to shoot on sight anyone found crossing them. Congratulating himself on his policy on celebrating the founding of the Workers' Party on the night of October 9th–10th 2020, he unblinkingly "thanked the people for keeping themselves healthy, without a single person being infected by the virus. That we have been able to protect ourselves from this epidemic that is ravaging the world was a duty, and it is a feat performed by our Party!"¹¹

Governance of fear—which some people thought they could discern in the erratic, incoherent policies of successive French governments—has certainly not worked as well as it did during the recent wave of Islamist terror attacks. After curfew was proclaimed in major cities as of 17 October, the ineffectual calls to break it, publicly and en masse, apparently prove this. Despite the general observance of the curfew, the public authorities are not sure of themselves when facing these attacks, and the pandemic accounts for much of their anxiety. It has undoubtedly legitimised and accentuated allophobia, and the struggle against discrimination has veered into a blame-game, stigmatising certain population groups. Another consequence of governance of and by fear has been an atmosphere of generalised suspicion, intensified towards the end of October 2020 by the persistent shortage—despite the government's denials—of test materials, of laboratories capable of testing, and of vaccines: widespread fear of Covid-19 infection having led people to rush to have their suspicions of infection disproved or confirmed. As a result, tightening legislation on security—a

¹⁰ Cora NOVIRUS, « *Abécédaire des bifurcations* », *Multitudes*, n° 80, 2020/3.

¹¹ *Le Monde*, 13/10/2020.

trend persistently denounced by the jurist Mireille Delmas-Marty ever since the 2015 attacks—has been burgeoning.¹²

With a new wave of confinements in the offing, in various forms and in many countries around the world, will the pandemic lead—and for better or for worse?—to a perpetuation of some of the one-off measures hastily taken in the heat of the emergency? And what will become of the individual and collective behaviour-patterns that have been adopted either with forethought or under duress? Changes are taking place slowly, insidiously, keeping in step with governments' reactions and injunctions, and the reception of the latter, whether conscious or unwitting, by the populations concerned. These developments are making the hypothesis of a “before” and “after” obsolete; imagined at the outset of the pandemic, it has turned out to have been merely theoretical. What has taken place has in fact not been a break, but rather a continuity: the constant accentuation of a capitalist process, with apparently—bewilderingly—contradictory and ambiguous stakes.

Coming at a pivotal moment in the global health crisis, this book gives a voice to anthropologists; it tells what they are thinking today, half-way across the river; what they feel and meditate individually, what they discuss with one another, and how they challenge other epistemic agents. Despite the ridiculous attempts—most notably by the 45th President of the United States—to establish Covid-19 as an alien disease (the 'Chinese virus'), the pandemic is forcing anthropologists to break down once and for all the barriers between the Self and the Other. By thinking of themselves as intimate strangers; by applying the same measures of distancing and proximity to their own daily lives as to the lives of the groups they meet in fields both close and far-off; by committing themselves; they are working out an anthropology of present times. This anthropology—over and above its burgeoning specialisations—is at one and the same time both political and economic; but it is also eager to grasp imaginary worlds, without reifying the symbolic capital of any society whatever. While the construction of reality is being increasingly infused with digital processes and devices, evacuating the very notion of a basic truth, today—as in other crucial periods, such as that of decolonisation—this total anthropology is working out in medias res its own indispensable mutations.

¹² Mireille DELMAS-MARTY : « Nous basculons vers un droit pénal de la sécurité, qui traite le suspect en criminel », *Le Monde*, 24/10/2020.

I

MANAGING HEALTH: FIGURES OF THE STATE

COVID-19: AN ENVIRONMENTAL MORALITY

Bernard HOURS¹

Health becomes the continuous
procreation of oneself.

Lucien SFEZ, *Perfect health*.²

The world afterwards still looks a lot like the world before. But Covid-19 and the year 2020 probably mark the manifestation of an emergence: that of a post-humanist humanity. Humans enter or re-enter into the common class of living things—animals, plants, micro-organisms—and the multitude of ecosystems that compose for the time being the last planetary system and ultimate representation of the world as a totality, all taking their places together with the Gods of the believers. Some people even go so far as to see in this the wrath of the earth (mother)—an immanent justice or, for the most animist among them, a vengeance of the Gods. A host of anthropologists and sociologists, from Philippe Descola to Bruno Latour, flood the marketplace with ideas and proclamations often confused, sometimes infantile, usually opportunistic and frequently both trendy and mundane. The present juncture, however, deserves something more than this circumstantial qualification, with its quasi-religious air.

However all of this may be, normally when the proper place of the human being is in question, the Gods arrive promptly and morality proffers respiratory prostheses, particularly apt in these Covid-19 times. Following AIDS at the end of the 20th century, Covid-19 has confirmed not only the mutation of viruses but also and above all the appearance of a partly new humanity, vector of a project that replaces emancipation with risk management. Subjects are now seen as biological bodies, exemplifying

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² Lucien SFEZ, *La santé parfaite*, Paris, Le Seuil, 1995.

humanity as a species, with concomitant biopolitical rights and duties. Risk management is both a technical and a moral program. Security has become a global aspiration that is shared by all species, giving rise to new standards and transgressions that are in line with its development. Peaceable enjoyment of specific endowments (or capital), not only economic but also biological, entails a long life, a body in working order in order to consume and be consumed sustainably, on a planet that is also sustainable.

Representation of life has thus discreetly become a respectful representation of an enjoyable survival of Nature that now includes Man's fellow creatures, and indeed all living creatures. Life, however, is no longer an existence that is lived out as the subject of historical record. It has become a biological experience, bodily and behavioral, a series of events that generates moral emotions and sensations. It has a penchant to slide and towards mobility that can even go to falling—all symptomatic of today's life-on-wheels. In order to analyze how and why the Covid-19 pandemic has come to tell us that the planet is now undividedly one and the same, that there is only a single, shared health—“*one health*”, as the WHO slogan puts it—and that it cannot be divided. This carries a political and moral message that we will study in due course. In the meantime we will examine the recent evolution of health as a duty to life, which is now seen as a common good, thanks largely to Foucault's seminal work. After that we will look at the ethics of *care* (care, repair, attention), as a paradigm of the new course of things, questioning both the subject and the community involved. We will conclude that the moral of Covid-19 story—i. e. the moral code that Covid is being made to produce—is one that implies a naturalized humanity: humanity as a natural species and a client of Nature (and of the market that is now seen as perfectly natural). In the eyes of this revised and/or revisited humanity, it is the ecosystem (including the market) that constitutes society and serves as a total signifier, producing an ecosystemic, environmental morality together by means of a full set of norms and constraints.

From health as a duty to health as a common good

The notion of a duty to be healthy showed up in sociology during the 1980s, following the development of prevention and the emergence of public health as a specific field, distinct from that of medicine. Foucault had analyzed the historico-legal rise of State biopower, which included this passage from medicine to health—a long wave of which AIDS, SARS, and today Covid-19 can be seen as part. Analysis of the emergence of the health of a population—rather than that of individuals—as a political field of biopower is due to Foucault.

This is the biopolitics that articulates in a rational manner the biological body of cohorts of subjects to the overall political body that the population constitutes, i.e. a demographic and statistical version of what political

scientists would call “civil society”. The individual patient remains a subject, of course, but he or she is now grasped as part of an aggregate: an overall population in which microbes, viruses, contagion, transmission, and health risks all circulate, their scale no longer that of a singular dialogue between doctor and patient, but that of a collective: a city, a region, a nation, and henceforth an entire planet.

“Governmentality” as defined by Foucault consists in powers, knowledge, and surveillance. In this triangular field, biopolitics articulates the three functions in the name of “governmentality.” This is how the power of the State over life builds up, the bodies of former subjects progressively becoming more subject to it than the subjects of yesterday's king. As Judith Butler has pointed out, protesting bodies beaten in public squares have become a central mediatico-political agent in contemporary social movements. Tahir Square is now a global symbol of democratic protest, in the same way as another prominent symbol: attempts on women's bodies. Surveillance consists in isolating and eradicating not only biological diseases but also the corresponding social demands. Ever since the historic plagues, this has been the purpose of the quarantines that are today disrupting our societies that are based on maximum mobility. Through a series ranging from Foucault's disciplinary societies to Deleuze's societies of control, the biopolitical dynamic is practically identical. Yesterday's subjects now figure as living beings and as bodies endangered by meeting one another; the life span of the population has to be lengthened as much as possible so that people can go on working, producing, consuming, and buying the goods and services, without all of which the market, now identical with society, would fall into ruin.

Hence a deep-seated anguish induced by confinement and its duration, by de-confinement with its risks, in all of which the State is immersed, as are the citizens in each and every country. The Covid-19 episode shows up the extent to which health has become a duty, as is now obvious to the relevant social actors and institutions. Even though—and perhaps because of—this obviousness, it has led to strong movements of refusal, armed with arguments that we will discuss later. Though health is admittedly still seen as an individual endowment and a genetic capital, the product of a life either cautious or risky, this baggage is weighed up in its articulation to public health, its firm, irremediable linkage to the collective health of a community or society under State control. In this respect, States have, after a period of hesitation, regained control of a market that had previously controlled them. When the rigidly ordoliberal Germany agreed in the space of a few weeks to a relative mutualization of debts, this spoke volumes about the impact of health risks on politics and finance: politics have finally become rather more public, and the economy—relatively political.

Today, health is thus clearly a public concern, out of political and sanitary necessity as well as by constraint and the exercise of biopolitical

power, concluding a lengthy evolution that has been pressed ahead in particular by the development of citizens' awareness of "diseases without borders." From now on, health hazards will no longer be brief interludes followed by returns to the "world as before". Global mutations and circulations of viruses are erasing this representation, relegating it to the past. The 21st century is indeed a period in which multiple crises are perceived, and now thought of as a single ongoing crisis that has become chronic and structural, constantly calling for more and more "reforms" and controls, all with a view to generalizing risk management and setting up a single program of good governance.³ Natural and political risks cover the walls of the City and the computer screens of spectators who are fascinated and overwhelmed by the permanent possibility of disaster—the disaster to which conspiracy-theorists, force-fed on *fake news*, are by now addicted.

Contagious (like tuberculosis) and transmissible (like AIDS)—that ultimate modern disease—postmodern diseases like Covid-19 have inscribed health as a duty in the moral genome of the human species. It has become eminently moral to prescribe responsibility and solidarity—the need to protect oneself by protecting others, and vice versa. It formulates or reiterates the specific, inevitable linkage of the individual citizen to the social collective. From now on it will also introduce the inscription of a new totality to which environmentally the citizen belongs: the Planet.

Thanks to the pandemic, the Planet has become the space in which the virus circulates: its proper field. The Planet is precisely the prototype of the frame for Commons: common goods and the common good—the ultimate common good being health, when health is in danger. Biological life is now understood by public authorities as a common good, and also, more and more, by individuals who are being bombarded with calls for more and more solidarity and responsibility.

The individual body is no longer seen as an abstract entity or a bundle of organs, functioning in silence, or diseased. This representation no longer holds in the face of biopower, except in the minds of a few conspiracy-theorists who are highly visible only because they are a minority, necessarily mediatized by the current taste for the spectacular. An imprecise and improbable right to life hovers over this particular scene. It prohibits anyone from taking ill-considered risks whenever chains of transmission link up (literally) all individuals, whether they be risk-takers or not. This loss of freedom is inevitable; it is questionable only if one defines freedom as Donald Trump or Bolsonaro do: as freedom to do whatsoever one pleases.

Individual bodies, the instruments of life, have today become mere tools of collective life, of public health, the health of what Foucault terms the "population", and of the local societies of the Planet. Spatial barriers and

³ Bernard HOURS, « La bonne gouvernance entre terreur et marché », *L'homme et la société*, n° 199, 2016/1, p. 9-19.

borders are no longer of much help. This is why we can now measure the gaps observed in the case of Covid-19 between the strategies of the various nation-states: their political logics and the biological dynamics of the global pandemic. The humanitarian ideology characteristic of the late 20th century⁴ is no doubt what is behind the inscription of a universal right to life and of health-without-borders—at a time when diseases without borders were first showing up.

Thus we observe a parallel development: that on the one hand of individual strategies for optimizing one's own personal health—for people who have the economic and cultural means to do so—and on the other hand the collective moralization of bodies that have been morally “sanctified”, and asked (or summoned) to be responsible and supportive. But health as a calm, rational duty seems to have become in our times of pandemic a vital, biological and moral necessity. In a world of uncontrolled or uncontrollable mobility, the sheer scale of risks that will no doubt never obligingly go away obliges us to manage the overall risk collectively, irrespectively of whether this involves individuals or collectives.

In epidemic or pandemic contexts, health can be approached as a common good; it is perceived as a non-marketable, non-saleable capital. Yet health goods—ranging e.g. from organ donation to the financial and political weight of multinational pharmaceutical companies—are being traded on the market—the traditional foe of common goods, which alienates access to them and hinders their circulation. Seeing health as a common good thus adds a moral overload to the duty of being healthy. Initially this duty was first and foremost one of responsibility. As a common good, however, health is now public; it occupies the entirety of public space and comprises a civic demand for solidarity and representation of a destiny that is necessarily shared. This is well on the way to becoming an obligation. Refusal to share it is the initial posture of the anti-mask movement, acting in the name of a reified conception of individual freedom, in the United States and among populists elsewhere. Postures of this sort have now become a planetary symptom of rejection of risk-management governance. It is also linked to an assertion of individual sovereignty conceived in solipsistic fashion as a frontal reaction to norms of self-righteousness. These are perceived as oppressive simply because they emanate from a majority of the population and produce populist resentment in the corresponding minority. Philippe Quéau offers the following explanation: “The virtual is a paradigm of our civilization [...] and first and foremost virtualization of the overall interest, the public sphere, and the “common good” that has become an abstract

⁴ Bernard HOURS, *L'idéologie humanitaire ou le spectacle de l'altérité perdue*, Paris, L'Harmattan, coll. « Questions contemporaines », série « Globalisation et sciences sociales », 1998.

entity increasingly hard to find as too many particular interests have an interest in concealing it”.⁵

During the current Covid-19 episode, our walls are covered with posters proclaiming moral norms—responsibility and solidarity. We discover the ideology of *care* (care, attention). As the cycle draws to a close, this has become an indispensable tool for transforming health into a moral value or, to be more precise, into moral concern for oneself, according to Foucault’s analysis. The notion articulates perfectly the expected and prescribed concern for self on one hand and moral solidarity on the other: it is indeed this attention to others, this concern for others, together with an expectation of reciprocity, that characterizes *care*. It is a contemporary ideology that is gaining ground by linking the individualism that results from consumerism to concern for other people—a benevolent attention on one hand, and a fear on the other; charity, and the caution needed to manage risks.

The morals of *care* in a time of Covid-19

No concept binds solidarity to responsibility as firmly as *care*, which is defined by this articulation and gets its ideological dynamic from the entities in fusion. Over and above its gendered and feminist origins, *care* has become a major ideological matrix for interpretation of the contemporary world. Moreover, after the multiple excesses of capitalist economics and political democracy, it is a basic moral prescription for restoring meaning to society. In fact, *care* is usually presented as a concentrate of virtues, with a high social and environmental impact—against all of which one can hardly object. The *care* ethic promotes awareness that our fellow-humans are vulnerable, and that the planet is vulnerable as well. In *A Vulnerable World*, Joan Tronto shows that *care* not only caring applies to the environment, but also to other people’s bodies: “This world includes our bodies, our individualities and our environment, which we seek to weave together in a complex web that sustains life.”⁶ If *care* is a way of looking at the world, *caring* is an act. *Care* consists first of all in caring, then in taking charge (responsibility), in providing care (solidarity), and in receiving it. For care-theorists (such as Tronto, Fisher, Watson, and Gilligan), it is nothing less than maintaining, perpetuating, and repairing our world. These three intentions link closely a social intention to an environmental one. *Care* thus treats both humans in society and on the planet, of which they are one of the occupant species. Social and environmental benevolence act together within an all-encompassing, mothering nature.

Whereas repair leaves some room for policy, it also points to one of the main weaknesses of *care*: its need for upkeep. It ignores justice as a concept

⁵ Quoted by Lucien SFEZ, *op. cit.* p. 149.

⁶ Joan TRONTO, Berenice FISHER, *A Vulnerable World. Pour une politique du care* [1993], Paris, La Découverte, 2009.

that is not only environmental, but also political, legal, and philosophical. For nature ignores justice—the moral, political and social aspiration of a modernity that has lost its way in the environment. Care, aiming to restore social ties of proximity (identity in micro-communities), claims to be acting in the interest of practical justice. But this approach by way of empathy seems almost exclusively relational, psychological and affective—a far cry from justice as a moral, legal, philosophical and political value or principle. The exercise of *care* merely as a practice, though admittedly allaying some injustices *en passant*, demands merely that we pay some attention to other people and to the environment. An emollient, restorative action, it merely corrects some forms of injustice, rather than distributing justice unconditionally. Its current vogue can better be understood in the context of our times: the great historical utopias are fading away and management is replacing them: the mere management of relationships between individual bearers of micro-narratives of identity. The claims of care are only legitimate as they do not involve anything but the micro-communities that enunciate them. *Care* facilitates the emergence of care-groups, of sharing in micro-communities (LGBT is typical in this respect) that do not form a society but nonetheless claim recognition, attention and inclusion without discrimination, let alone exclusion. But this cosy, comforting inclusion (inclusion in *what*, exactly...?) inevitably brings to mind the bubbles to which social network users flee when they retreat into the comforting universe they share and sometimes securitize in an especially protective *safe space*. Justice in this case is no more than a mutual recognition of identities.

Such are the identity struggles that lie at the origin of *care*. In any context of this sort a universal principle of justice is meaningless; “justice” has been put through the grinder that has produced the micro-communities, cutting them down to size, crushing or erasing them (in a *cancel-culture*). It is hardly surprising that *care* in this context was born in North America. All it claims is, finally, self-recognition, comfortable communal relations, psychological rather than moral, benevolence with view to a protected life in individual security-bubbles—or in nuclear-bombproof bunkers. *Care* offers attention, comfort and assistance, but no such thing as a *right* other than the right to be protected. In a *caring society*, justice is merely the result of attentive, benevolent behavior—no longer an overarching moral principle but an aggregate of useful and necessary behaviors. These, however, will not suffice to fashion a society; they are not moral and political values, but mere desultory acts. Whether it be a question of rights or of law underpinning justice, institutions have little place in the world of *care* that has done away with abstract principles in order to focus on the risks of discrimination in a world of risk-management.

In this respect, Covid-19 has been a scathing refutation of an approach exclusively based on empathy. It has highlighted social, racial, political and economic inequalities, and obstacles of all kinds to a solidarity that is

obviously needed. *Care* is not a principle, a requirement, a legal obligation, but simply a recommended practice. It belongs to the world of management dealing with societies in which disasters occur with programmatic frequency. Repairing the results of malpractice does not involve changing or improving the model of a society any more than that of a car. *Care* is a mere lubricant or solvent; when all is said and done, it matches today's financialized capitalism pretty well, doing it up with a cosmetic, and readying it for the next phase—its moralization.

We note that in *care* attention to vulnerability has been integrated into risk management completely, and moreover that the attention paid to human vulnerability is similar to that paid to an ailing tree or injured animal. This overall benevolence provides a basis for arguments providing cover for the violence of the market, that of competition and that of social inequalities. *Care* can thus be seen as a (possibly involuntary) gift to latter-day capitalism that has discredited itself by its excesses and is now engaged in a major operation of environmental laundering. The pandemic has been an invitation to do so, even more pressing than before. The *Care*-craze is largely due to this factor. It has offered a breath of fresh air to disillusioned and sometimes desperate social actors. *A fortiori* in times of Covid-19—and even more so for overworked nurses in hospitals. *Care*, in these human and political contexts, makes it possible to “simply manage, and carry on” rather than revolt—even if this was not the initial intention of its theorists. It is a proto-utopia dreamed up for a world that has come to the end of the process that has wiped out utopias. It is an un hoped-for gift to all the repairmen of the planet. To “burn with indignation”, to “fix things up”: these are the benevolent watchwords that make us both feel-good, empathetic—and at the same time oddly devil-may-care. But to really and effectively change the world is an ambition of a different order; it cannot be staved off; is not on an agenda that can wait.

In addressing our bodies, ourselves and our environment, *care* is part of the current global *interdependence* movement and shares the collective responsibility that results from it. As such, it is essential to an understanding of the crisis linked to Covid-19—a crisis that is plunging humans more and more deeply into a nature they had misunderstood or ignored for far too long. The vogue of the *care* ideology is helping put into orbit an updated environmental morality—of which the Covid episode is particularly symptomatic. The landscape that is emerging today is that of an endangered planet occupied by living species, among them the human species, each engaged in the prolongation of the life (or survival) of its own species. Yet humans seem nonetheless still to be endowed with a benevolent “moral conscience” that non-domesticated animals apparently lack. But can we really be sure of this? A species-morality is now being proffered to terrorized humans, who are taking refuge and finding inclusion in national and micro-communities based on belonging (to a gender, a race, LGBTQ) in

which macronorms and their singular shared preferences collide in a digital cacophony. Only GAFA should be happy about this.

The WHO's *one health* concept reinforces these representations. It underlines the spatial continuity (local, national, global) of health, and the continuity between animal health, human health and the health of the environment. The contemporary emphasis on zoonoses (diseases transmissible between humans and animals) is founded on fact. It is now being built into an approach that sees the world as a set of ecosystems nested in environments that nest in *The Environment*—the ultimate totality containing everything else. Peaceful coexistence of each and all is ensured by the lubricating effects of Care: *careful*, attentive behaviour.

Care thus emerges as an ethic of comfort and benevolence, behavioral and apolitical. It does not consist in morality. It is ideologically useful, and in these troubled Covid-19 times it is highly opportune, a godsend. Its social and environmental responsibility advocated by CSR (Corporate Social Responsibility) confirms capitalism, in all senses of this verb, firming it up and affirming it; the convergence is almost too good to be true. It springs from the same source as *care*, which Joan Tronto defines as follows: "An activity characteristic of the human species that includes everything we do to maintain, continue or repair our world so that we can live in it as well as possible."⁷

A morality of the environment

It is the individual's aptitude for death, a vocation and a destiny, that distinguishes the individual from the species.

Marc AUGÉ, *Powers of Life, Powers of Death*.⁸

The apolitical vulgate of *care* is an ethos of generalized benevolence, a soothing balm that also has cosmetic virtues. In case of a global health crisis, this lightweight, modular appliance carries out the adaptations required by the collective constraints generated by management of health, seen as a common good. Covid-19 is speeding up a new process of naturalization that started up well and truly only in the 21st century. It is post-humanist. It effectuates a major break by installing risk management as the one and only project of our times, setting its sole social, political and moral horizon. In the course of this evolution, morality morphs into mere hygiene, and ethics—civic spirit—into norms of behavior. These norms are primarily corporeal; the ethical subject is no longer the citizen, a person, but his body, the body

⁷ Joan TRONTO, Berenice FISHER, *op. cit.*

⁸ Marc AUGÉ, *Pouvoirs de vie, pouvoirs de mort*, Paris, Flammarion, 1977.

of a consumer and a polluter, a contaminator. Henceforth he/she will be invited to do his/her fair share of the housework.

Under these circumstances, public space inevitably comes to be seen as *invasive*: a large-scale confinement that is parcelled out and shared. Subsequently social networks are brought in to maintain the illusion of a clean, individual life. Somehow the latter is exhibited—paradoxically—for digital consumption. What used to be called society, and even civil society, has gradually morphed into an aggregate of ecosystems, its geometry highly variable, so that it can include anything and everything, and mean whatever it is required to mean; it can thus encompass and include systems of various sizes and shapes and variable content, holding all of this together in a capacious ecosystem. The latter, formerly a community of living beings interlinked among themselves and linked to their environment, has become something different: something more today than a mere metaphor, it seems to be the prototype of a naturocentric society. In societies that are being transformed into ecosystems, yesterday's subjects morph into stakeholders in the systems that encompass them—and that must contain them at all costs, if breakdowns in consensus and consent are to be avoided. As customers of nature and of the market, a new human race emerges into a world with (or without) prisons, composed of peaceable animals wearing (or not wearing) moral straitjackets, who are invited to enjoy their well-kept bodies and to consume in return for payment the gratifying goods on display.

Emancipation thus paves the way to a more concrete form of integration and inclusion, wrought by *care* and its attentive repairmen. Yesterday's citizens, increasingly alert now to the multiple risks that surround them, lead a life that has been reduced to mere survival by management of its risks. Survival: this is now our modest aspiration. Or perhaps, rather, our melancholy utopia...? The global pandemic inevitably raises questions such as these; we can now measure the distance travelled between the 20th and the 21st centuries. Utopia has been replaced by hygiene. Transformation has been abandoned in favor of maintenance. Progress has given way to risk management. Back in 1976 Baudrillard wrote, in *L'échange symbolique et la mort*:⁹ “In the system of political economy, the ideal type of (the) body is the robot.” In a committee of Covid scientists, he would have been a perfect fit! When living the full length of biological life becomes the main aim of our project—and interdependence in the biosphere no longer being in doubt—morality morphs into a sustained attention to hygiene and maintenance, framed by a governance of risk management. Risk is constantly assailing us, a monster in a horror movie *made in USA*—as perceived by empathetic micro-communities, also American in origin. The true subject is henceforth to be the cumulative body of living species, living with the risks to which it is exposed in an environment that has once again become sovereign. This is

⁹ Jean BAUDRILLARD, *L'échange symbolique et la mort*, Paris, Gallimard, 1976.

what the Covid-19 episode is revealing: a structuring situation that sharply articulates—and attaches a lasting duty to—health, common goods, and the ethics of *care*. Its function is to reinforce a coherent process: the ongoing construction of an environmental morality, as a foundation for a naturalized postmodernity and an updated humanity, now composed, like other species, of living bodies trying their best to last. Yesterday there was history; today we have duration.

WORK, CARE, AUTHORITARIANISM: GOVERNING THROUGH THE PANDEMIC IN ROMANIA

Antoine HEEMERYCK¹

In Romania, the pandemic of SARS-CoV-2 emerges in the course of a slow decline of political parties and representative institutions. It occurs at the time of yet another crisis caused by the President of Romania himself—Klaus Iohannis. After a motion of censure ousted the Prime Minister—Ludovic Orban—who belongs to the same political wing (liberal) as the President, the latter proposed to reinstate him in the same function. This tactic was aimed at forcing the parliament to reject this nomination, since the polls were giving the National Liberal Party an obvious advantage, and as three rejections of the president’s proposal by the Parliament would have automatically led to the early elections... that the National-Liberal Party was expected to win. One of the most important measures taken by the government led by Ludovic Orban (who motivated his resignation) was to provide private hospitals with access to public funding and to cut the health budget by 22%. These were the conditions under which we heard that a distant virus was invading China. The ruling party, however, did not seem to be worried by this—unlike Parliament, which, despite a decision of the Constitutional court, radically changed its mind and voted to re-appoint the man it had rejected a few weeks earlier.

China is far away, geographically at least. Clearly, cultural clichés still haunt the chancelleries of Romania and Europe, and the managements of mass media. Contact with animals in open markets connotes a certain promiscuity, a lack of human kindness, and soiled morals; this at least seemed to fit the form of the virus: an *anthropozoonosis*. Involving not just a generic animal, but a “marked” one, the *bat*, apparently responsible for the

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transmission of the virus to humans and for starting the epidemic. Bats are symbolic associated with specific phantasms: they feed on the blood of others, live in the dark, and rest hanging upside down, suspended from ceilings. Bats represent an inverted world. Later, we were even to learn that the virus was a both alive and dead (actually a RNA virus). From the outset of the pandemic, there was thus an imaginary plot, monstrous; as had often been noted in the history of epidemics—a plot representing a different reality that invades the world of the living and the civilized. This was also a way of dealing with the SARS-CoV-2 virus, rendering it harmless, and restoring psychological comfort, individual and collective. To project these potent images on to another country meant censoring everything that was normal and predictable about the pandemic. It also meant censoring the critics of a vision of the world that places the West at its Centre. However, after a few short weeks, the Western model, the competency of its elite, the superiority of its management systems, particularly in the field of public health, and of its modes of organization, could no longer be taken as a matter of course. In fact, from the outset of the pandemic in Europe, it was clearly impossible for Western opinion to accept that humanitarian rescue was needed once again, but this time not in the far-off regions of the East and the South, or even the in the underdeveloped “Fourth World” in the inner-cities of the North, but in the nerve centers of the most sophisticated capitalism. The virus raged blindly, without discrimination, with no respect for order or social hierarchy—whence its characteristic potential, destructive but revolutionary. The image of the West that had attracted footloose people of all sorts—jobless migrants, financial speculators, tourists—has been seriously damaged.

When we look at the management of this health crisis in certain South-East Asian countries, however, or even in Africa, it is the West that suddenly seemed defenseless and underdeveloped. This being said, this ethnocentric mental block was very quickly circumvented by the sheer force of events, as societal fragilities showed up uncontrolled. In fact, the Coronavirus crisis has a double characteristic: it is both catalytic and revealing. It highlights some societal fragilities, making them much more visible. The pandemic represents the uncertainty that unexpectedly occurs in a system of closed risk-management.² But whereas risk is calculable, uncertainty is not. Uncertainty is precisely what cannot be assessed. In this sense if, as is usual, the dominant ideology shields one from awareness of the challenge of reality, the emergence of this virus could be devastating. Looked at from this point of view, government action consists not so much in organizing the protection of society as first and foremost in preventing this manifest truth from being proven, and in stifling the monumental return of what had been repressed. To put this more precisely, protecting society, though not entirely absent

² BECK Ulrich, 1992: *Risk Society: Towards a New Modernity*. London: Sage Publications.

from the government's field of action, is necessary for governmental legitimacy, but is not a priority. The stakes involved are significant. The pandemic sheds light on a disjunction between State and society. In this paper, I will analyze this particular dynamic on three levels: that of migrant workers in Europe, that of the public health system, and that of the population. It should be noted that the point of view presented in this research is that of political anthropology. I am interested in the action of the State, its intrusion on different levels of the social construction, and its subjective, social, and political repercussions on people.

Floating labor

Globalization can be reproduced only if a moral economy is seen as effectively moral and this hides from view a reality that is far from satisfactory. This is why the most prominent capitalistic firms all make donations, possess charitable funds, and collaborate with the main NGO charities.³ This is becoming a rule for contemporary capitalism: it is philanthropic. A neologism has been invented to describe it: *philanthrocapitalism*: debatable as a concept, but as a term it shows up the links between the tiny global oligarchy, the toxicity of capitalism, and its global charitable works. Investment in the morality business is aimed at masking human exploitation, concealing the destruction of the planetary ecosystem, and denying the historical depth of global inequalities. The epidemic has melted, at least partially, this ethical icing on the Christmas cake; seen in broad perspective, globalization is based on a system of speculation on all levels: on taxation, on wages, on social security, etc., all leading to a progressive collapse of social development and the rule of law. Within the European Union, which has made this logic the basis of its functioning, this question arises in a particular way. As Wolfgang Streeck points out, the EU is a “liberal empire [...] a hierarchically structured block of states held together by a gradient of power from a center to a periphery.”⁴ Germany, with France at its side, represents the center, which intends to be considered a “benevolent hegemon.”⁵ This power-structure claims to represent our most respected moral values: democracy, individual freedom, technological development, economic discipline and performance, and the

³ DAUVERGNE Peter, LEBARON Genevieve, 2014: *Protest Inc.: The corporatization of activism*, London: Polity Press.

⁴ STREECK Wolfgang, 2019: *The European Union is a liberal empire, and it is about to fall*, London School of Economics website, March 6th 2019, <https://blogs.lse.ac.uk/brexit/2019/03/06/long-read-the-european-union-is-a-liberal-empire-and-it-is-about-to-fall/>

⁵ STREECK Wolfgang, 2019: *The European Union is a liberal empire, and it is about to fall*, London School of Economics website, March 6th 2019, <https://blogs.lse.ac.uk/brexit/2019/03/06/long-read-the-european-union-is-a-liberal-empire-and-it-is-about-to-fall/>

rule of law. Between the center and the periphery to the South and the East, a logic of exchange has been established: the center seeks to impose a social, economic, and legal structure that is adapted to its own material interests. Combining virtue and domination is a strategy used by many forms of hegemonic power to build a façade or moral acceptability. However, this cladding cannot hide the basic contradictions of the configuration, and people and organizations that fail to show due respect for the imperial authority of the center are attacked with unprecedented violence, e.g. in the treatment of Greece and the Syriza political party in 2015, and the attempts to change the government in Italy. On the other hand, those who understand this logic can reap substantial benefits. This is why the UE formally criticizes highly reactionary leaders, such as Viktor Orbán and Lech Kaczyński, who show little respect for democracy and individual rights, but refrains from preventing them from doing as they please—as long as they do not question the economic and political hierarchy of the empire. The recent theoretical success of the distinction between “liberal” and “illiberal” political currents is probably due to the fact that it enables repression of this reality.

Romania has never had a government that could understand this system, or put itself in a position to assert its own interests. Together with Bulgaria, it represents a secondary periphery. Although it has been a EU Member State since 2007, the European Commission (EC) has retained some reservations. Romania and Bulgaria are subject to the Cooperation and Verification Mechanism (CVM) concerning public administration, management and the combat against corruption. A CVM report is published annually by the EC. Although it does contain a share of truth, it is more an instrument of coercion than a tool of actual measurement. In Romania, no political party could take the risk of criticizing the EC or the EU, for fear of exclusion; the hope of entering the euro monetary zone and the Schengen space are a mirage that still enables the population to dream a little. Allegiance is therefore not merely advisable, but imperative. On the other hand, a German or French diplomatic compliment always produces a significant advantage for a political party engaged in electoral races. Romania is the most Europeanist country in Europe: the public faces and accepts to some extent the idea that it is qualitatively inferior to the civilizational center of the West. It is in the interest of local political parties to be recognized by the central powers of this center, and to seek their approval.

Romania, however, is also the second-largest country in Eastern Europe territorially and demographically, and has some substantial resources to offer in exchange: among them, several social categories with a high level of competence. Hospitals in Europe and the USA are keen to employ Romanian doctors, for example. But above all, it has a large low-skilled population: a reserve army for European capitalism, ready to accept lifelong labor in order

to earn small amounts of money in a short time. Romanians are the first to accept unstable employment in Italy, Spain, France, and Germany... As social protection is weak in Romania, the specter of death by inanition haunts some places, and subjective poverty creates a phobia of being assigned to the lowest levels of the social hierarchy. The expatriates of the precarious labor are very often seasonal workers: mainly in agriculture, tourism, construction, and catering. At specific periods of the year—in summer and during the year-end holiday season—this transnational proletariat fills hospitals in Romania. Health being in many cases the responsibility of the country of origin, in particular in “moonlighting” arrangements, this system has proved a remarkably effective tool for destroying public health services: loss income from taxes on work weakens State budgets while maintaining a standard levels of expenditure, whence a structural deficit. With the confinement declared in Italy and Spain, this population has become jobless overnight. The first consequence of the epidemic has been a rediscovery of a previously invisible mass of individuals and families in the working classes. Over a million and a half people crossed borders in the weeks that followed the announcement of containment in Italy. The public authorities then adopted strict enforcement measures of quarantine in hotels. Initially, the people involved were left to their precarious fate, and forced to organize on their own. Police services placed new entrants wherever there happened to be vacancies. As the “quarantine” lasted for 14 days, newcomers could defer confinement for the same period. These temporarily incarcerated people took it in turns to monitor room assignments and oppose the placement of new arrivals, as this would have resulted in an extension of their time away from their families. The logic of resource-management clearly came into conflict with that of epidemiology. But the conflict did not stop there: the government seized the opportunity to reduce the visibility of infection: in the first analytical protocols imposed by the health public system, to be tested, one had to have come from a “red zone” (Italy, Spain...).

The digitization of reality and the power of the financial markets are generally considered to be the driving forces behind the transformation of the contemporary capitalism. We often forget that globalization works only if there are massive migrations of labor. The concentration of capital creates inequalities, but it also calls for a free flow of labor. Without this, Doha would never have seen the light of day, nor would the skyscrapers of Singapore. As to the lifestyle of the wealthiest social categories in “*The Global City*,”⁶ it would simply not exist. An important proportion of the population from Eastern Europe has assimilated this speculative dimension and made it their *modus vivendi*. In the West these mobile categories are

⁶ SASSEN Saskia, 1991: *The Global City: New York, London, Tokyo*, Princeton: Princeton University Press.

looking for higher wages than those in their own country, and specifically in precarious jobs in which integration can be quick and competition slow. Besides this, certain activities that cannot be delocalized still exist in East Europe, for instance in agriculture and tourism. While Romania opted precipitately for a martial management of the epidemic through blind containment, after a few weeks, the mass media featured a strange spectacle: small crowds were invading airports that for several weeks had been deserted. Seemingly strange, because previously the lockdown had prevented movement between countries.

In their futuristic fantasies, Silicon Valley capitalists envision a universe of genetically modified grain fields, in which robots guided by artificial intelligence carry out the harvesting. Dominating the world often produces this sort of psychic detachment from reality. Containment in Europe coincided with the harvesting of white asparagus in Germany, a vegetable particularly appreciated there. The “intelligent robots” called in to do the work had the faces of Romanian citizens. There were just over 270,000 of them. Germany and Romania had negotiated an agreement to send these workers to the fields. They lived penniless, in disgusting conditions, crowded into barracks, where everything was used to exploit them: they had to pay for poor meals at overestimated prices, and were not paid for overtime; their papers were systematically confiscated, together with in some cases their mobile phones, and they were often reported to the police under false pretenses... This happened while European governments were haranguing the population to have it observe physical distancing and the lockdown. If SARS-CoV-2 had been as lethal as it was officially declared to be at the outset of the pandemic, these populations would probably all have perished. The health measures prescribed—social distancing, masking, sanitation of facilities, basic hygiene—were impossible to observe. Fortunately, in the absence of solid knowledge, we were closer to fantasy than to reality. It is interesting to understand the logic of these exchanges between center and periphery. On the one hand, Germany, like other Western countries, needs a hard-working workforce to handle underpaid, labor-intensive tasks. This relationship with the borders of the empire allows the center to maintain inflated wages internally and also its status of leadership among the dominant nation-states that compete with it. Thanks to its reputation for rigorous government, Romania can maintain its image of a docile “hardworking learner” in the eyes of financial markets. On the other hand, the Romanian liberal political class, because it has been calling on the West, as a center of civilization, for help ever since the fall of the Wall of Berlin,⁷ now finds itself a captive of its own discourse (refuted by the facts—

⁷ HEEMERYCK Antoine, 2015: “The Imaginary Debt of Communism: Political Conflicts and Historical Legitimization in Romania” in Hours Bernard & Ould-Ahmed Pepita, *An Anthropological Economy of Debt*, London & New-York: Routledge: 127-148.

but that's another matter) and also in a subordinate position. This, however, is outweighed by the European money that these masses of workers bring back to Romania—although a significant part of this is taken by Romanian intermediary companies with subsidiaries in Hungary (as Romanian legislation prohibits this spoliation). All of this being said, without the lockdown, the crowded airports would not have surprised anyone. The pandemic and the policy that followed it in response merely highlight practices that are common in Europe. The situation of Romanian workers in agriculture in Germany has always been well known. For several years, the German labor unions provided migrants with hotlines in their native languages and pressured their employers to pay them properly for the work they did, respecting the law. This problem does not concern only Germany. For the reasons outlined above, Portugal, Italy, and Spain have regularized some migrant populations. The magnifying-effect of the epidemic has enabled citizens to see clearly from the point of view of its periphery the functioning of the EU, and to realize the ways in which States establish these systems based on low wages and a weakening of social and democratic norms.

Political State versus Therapeutic State

At the beginning of the pandemic, the strategy of the Romanian Government was the same as that adopted by many European countries: herd immunity or, to employ a less euphemistic formula, a controlled contamination of the population. Put differently, it is a deliberate endangering of the people to reduce the material costs of the pandemic in the short run. The calculation is perfectly cynical: it corresponds to mental confinement in a neoliberal doctrine of cuts in public spending, combined with a phobia of all political alternatives. The Romanian government will no doubt reconsider its decision in the near future. Should the health structures—under attack by various governments and international institutions for several decades—prove unable to cope with the expansion of the virus, the progression of the pandemic would have to find a buffer to slow down its uncontrolled spread. The public hospital and its staff would be called upon to play this role. Declaration by the Romanian Prime Minister, “We have discussed measures to increase the risk of infection in hospitals, medical executives and patients.” *Lapsus linguae*, no doubt. Sigmund Freud has taught us that this sort of mistake is not really due to clumsiness and/or fatigue. The passing of a specific law purportedly to support caregivers corroborates this interpretation. Magnanimously, the government proposed financial compensation for the burial of employees who died during the Covid crisis, together with allowances for their children. However, the lack of protective equipment in hospitals stems directly from a managerial calculation that led to cuts in spending. In Romania—as in many

Western countries—the authorities have undertaken a complex task with the greatest rigor, maintaining at all costs a shortage of testing equipment, which coincides exactly with the shortage of protection equipment for health personnel.⁸ This requires complicated planning, but the underlying reality has become quite clear to many health workers. This is why several dozens of these workers left their jobs within a few weeks. Three explanations can be suggested for this phenomenon. Firstly, many of the doctors who resigned were over 65, one of the categories most vulnerable to the virus. As their retirement pensions are low, they had little choice: they had to work longer. This is why medical careers last so long in Romania, and why so many young doctors in major cities are forced to take temporary jobs in private clinics. The epidemic has brought to the fore matters concerning public services, social solidarity, and the role of the State in the public pension system and in employment issues. The second cause is the lack of minimal *protective equipment*. The third is simply *fear* of the disease.

Meanwhile, the government has switched from its usual managerial rhetoric to a more martial verbiage—immediately followed in this by the mainstream media. Discourse of this sort is designed to block certain professional categories so that they act as shock absorbers in health policy, a risky field. Doctors who refuse to march in step are branded as “deserters”. The government has even threatened to withdraw their right to free practice, and to force them to give 90 days' notice of resignation.

Hospitals are spaces that concentrate pathologies, even in normal times. During coronavirus pandemics, and without proper equipment, the hospital is a super-spreader that has been institutionalized. In the hospitals of Suceava (90,000 habitants), almost 500 employees were infected and the entire conurbation eventually had to be quarantined. Here too, however, the government found a way out. As each new scandal broke out involving its responsibility, it took the managers, doctors and nurses to court. It used this as a lever to intimidate and silence its critics. However, at that time, it took from five to nine days to get the results of the Polymerase Chain Reaction (PCR) test.⁹ This being the case, it was not always possible to intervene timeously during the viral phase of the disease. Suffice it to say that the usefulness of these tests is seriously questionable. Hence the doctors' particularly bitter declaration: “Here we have no Coronavirus patients; all we have is deaths”. But public authorities also envisaged other schemes. For instance, the Ministries (of Internal Affairs and of Health) inquired as to the military situation of male doctors in hospitals with the idea of putting them under the military administrative regime, far more binding

⁸ DAVIS Mike, 2020: “In a plague year” in *Jacobin Magazine*.
<https://jacobinmag.com/2020/03/mike-davis-coronavirus-outbreak-capitalism-left-international-solidarity>.

⁹ With the progression of the pandemic, the situation has considerably improved in hospitals specializing in infectious diseases.

than the civilian one. Significantly, during the pandemic Romania suspended its collaboration with the European Court of Human Rights. The government's unmentionable maneuvers, however, did not mislead the medical profession. The Romanian government, like almost all governments, lied about the actual number of victims, changing a protocol here, adding a criterion there, or simply refraining from taking action, e.g. testing, in order to bring down the figures. To take two other examples: to date, Germany has not carried out any post mortem investigation,¹⁰ and for several months France counted only the deaths that occurred in public hospitals, and not those in private nursing homes for the elderly and disabled, until it was forced to do so.

Knowingly making martyrs of public-health workers, however, calls for measures of another sort, to be taken in compensation. It has thus been important to encourage the hospital personnel on the one hand, and on the other for the government to whitewash itself morally to preserve its image in the eyes of the population. A premium of about €500 was offered to workers who had been in "Corona-contact". Yet the monthly bonus for employees in an infectious disease service would come to 100% of their salary, far more than the €500 proposed. Furthermore, without testing, how could one know who had been in contact with the virus? Finally, as usual, the bonuses were distributed in some public hospitals, according to established clientele and nepotistic networks. This is not really surprising: often a large part of these institutions' financial resources is unlawfully diverted by political parties and members of the ruling local class.¹¹ As Paul Lafargue put it, "Philanthropy steals wholesale, and gives away retail."¹² The bonus illustrates this dictum pretty well. A few months after the government's declaration, public health workers' unions had to strike to obtain the promised €500. Violence and care appear to be parts of the same strategic instrument of power, used to compel/convince particular social and professional categories. But the second aim is merely to paper over the moral fissures opened up by the first. What is at stake here is the role of the State; here it is behaving as if it were a capitalist corporation.

Either way, what we see in public hospitals is a brutal submission of the therapeutic State to the political one, the latter having taken on an authoritarian form during this period. Interviews with doctors¹³ have shown

¹⁰ With the exception of the *Land* of Hamburg which requires, since March 2020, an autopsy for all patients dying from Covid-19 with RT-PCR confirmed infection.

¹¹ Hospital managers may have no knowledge or training in the health field. The most unfortunate case is undoubtedly that of a former restaurant waiter who became acting director in the city of Câmpeni. He was appointed to this position by the Minister of Health according to an exceptional procedure that only existed during the state of emergency.

¹² LAFARGUE Paul, 2009 [1883] : *Le droit à la paresse*, Paris, Le Passager clandestin.

¹³ I conducted ongoing interviews with 4 doctors and had discussions with a dozen of them. Paradoxically, the pandemic and the confinement that separated the actors, had a reverse

that the *dirigisme* of the State has become so rigid that an evening talk on television will give rise to nervous reactions the next day in health-care facilities. However, this authoritarianism, contrarily to conventional wisdom, does not favor order, but rather a delirious disorganization of the public authorities.¹⁴ Doctors were able to observe its evolution, day by day. Maria, a 38-year-old gynecologist working in a hospital in Bucharest, where she lives alone and has no children:

They didn't give us medical gloves, no masks, no protective equipment. I told them, "Give me the equipment, or I'll send the patients round to *your* office!" She continued: "They had put a container with disinfectant at the entrance [of the section], but there was no liquid left in it. For people it was an infection trap! When people always put their hands in the same place without washing them, they transmit the virus and bacteria." She concluded ironically: "Then instead they [the authorities] put a mixture of water and alcohol, about as effective as holy water!"

Ana, 40, is head of the internal medicine department of a major regional hospital:

[At the beginning of the pandemic] the manager walks down the hall and says to one of my medical assistants: "What do you all have to wear masks for?" Completely panicked, they came to see me. "Just observe all the necessary protections," I told them. "Don't go near a patient without being fully equipped. We mustn't save money with our lives." Anyway, [as head of the section] I'm the one legally responsible, and not him [the manager of the hospital]. And they are *my* nurses! They have families, children, grand-children. I will not expose them just because he [the manager] prefers putting the money in his own pocket! The following week, they had a meeting, and the manager came, completely hysterical, and yelled: "You mental retards! Put on masks and gloves!"

Throughout this period, doctors have spent much of their time studying the military ordinances that establish a state of emergency, and discussing it all among themselves. Conflicting orders were not only an obstacle to the practice of medicine; the doctors were also all afraid of being sued. Fear of legal exposure corresponds in this situation to physical and mental insecurity. Ana, 41, is a general practitioner, married, and has two children, of 5 and 7. Her mother was seriously ill and she did not know who else could look after her children if she and her husband were infected. Her greatest fear was that the social services would take them away. Manuela, 38, is a surgeon, married, with two children of 14 and 12. Her husband has multiple sclerosis

effect in the hospital staff. Not only were they directly affected by pandemic exposure and faced with similar issues (family contact management, quarantine, etc.), but they are also in the category of those who were not lock downed. Some information has been deliberately modified to remain anonymous.

¹⁴ MISCOIU Sergiu, 2019: « Le spectre du peuple politique: l'éternelle transition roumaine » in DELSOL Chantal and DE LIGIO Giulio, *La démocratie dans l'adversité. Enquête internationale*, Paris, Éditions du Cerf, p. 925–944.

at an advanced stage, a serious comorbidity. She went into quarantine by herself in a hotel to avoid infecting him, and working at the same time. Her mother came to their home to take care of him and their children. Maria lived in an almost pathological state of fear—fear of contaminating her family, who live in the same building in the center of Bucharest; voluntarily, she excluded herself physically from their life. This isolation has led to intense psychological strain. Her particular phobia stems from the idea that the doctor, as a healthy carrier of the virus,¹⁵ may himself bring about the destruction of his own family, and of society in general. Impacts like this can be very heavy. Medical staff, in particular, feel that they have to combat both the spread of the disease and the grip of politics and the State. Their fear is a corollary of uncertainty—uncertainty as to clear rules, tests, and effective knowledge of the disease. Actually, some doctors in Corona-contact have spent more than 20 days in quarantine, having had to wait four weeks for the results of their PCR tests. Others have never even been tested, by order of their managements: during the summer, hospital managements did everything they could to prevent testing. Why? In order to reduce the number of reported infections (which will subsequently soar once the data become known)? Yet the centrality of this policy is fairly obvious. Why else would anosmia, ageusia, and diarrhea have been removed from medical protocols? These symptoms, in the case of adult patients, are among the strongest signs of Coronavirus infection. Then too, as hospitals have adopted a capitalistic business logic, quarantine brings about a loss of money, and this jeopardizes their existence in a very short term. Under conditions such as these, slippage from the public health system to the business of care, which is mercantile, should also be taken into consideration. As public health now follows a private-property management model, it is unable to face a pandemic. But this reality has also to be hidden at all costs. During the pandemic, the conflict between the service of the public and its management as a capitalist enterprise has never been publicly discussed. Could a basically conflicted organization of this sort have had an adverse effect? Peaks in mortality and infection occurred in the mid-summer...

On another level, many private companies have taken the initiative and made noteworthy efforts. Those involved in pharmaceuticals have donated drugs—azithromycin, for example—and protective equipment—masks, disinfectant, ultraviolet lamps, etc. Doctors have made requests to companies working in other fields and received positive replies. Some hotels have offered free rooms to hospital staff who work in contact with the virus and, to avoid contamination, can no longer return home. There are numerous examples of this. Though these acts are no doubt not entirely selfless (as the saying goes, there is no such thing as free gift), they nonetheless do show a willingness to relieve hospitals and to advance the end of the pandemic.

¹⁵ The last research shows that asymptomatic subjects do not transmit the Covid-19.

Following several misunderstandings, the doctors realized that the donations sent to them personally were not reaching them, because the management of the institution involved appropriated the gifts without informing them, and in some cases even went so far as to prevent the doctors from using them.

These players have the impression that the political State, represented in the hospital by its management, has by its lack of organization, its willfulness, its incompetence, and its unbridled obsession with money, been the main impediment to an effective treatment of the pandemic as a public health issue. This situation stems from a contradiction between, on the one hand, the need to collect money by treating patients in a just-in-time flow and, on the other hand, the application of the precautionary principle. Orders are informal, and are often incompatible one with another. The logic of privatization of risks, for which medical personnel are forced willy-nilly to take responsibility, has increased to breaking-point the tension between the therapeutic State and the political State. It is understandable that some bizarre calls to solidarity (the Minister of Health addressing doctors as “my brothers”) have been interpreted by doctors as an additional expression of contempt for them.

From the summit of the State to the most concrete level of its institutions, several factors can explain this behavior-pattern. It started with an irrational panic, linked to a lack of skills and knowledge of the virus. This was reinforced by unpreparedness, linked in turn to a deliberate desire to disinvest in public health, the underlying objective having been to cut spending down, and ultimately to open public health structures to private capital. Throughout this period, what the government was afraid of was to face politically and legally the need to actually manage this epidemic.

The State against Society

Society against the State, a classic work by Pierre Clastres, deals with societies in South America that reject all centralization of power, and will even kill their own leaders if they come to represent an authority.¹⁶ This exciting early study was subsequently questioned in part by researchers.¹⁷ The current political configuration of several European countries can be interpreted in a perspective that is the opposite of that of Clastres in the 1970s. Indeed, it now seems quite timely to put his formula the other way round and to talk about *The State Against Society*. This is exactly how the question of the transformation of socio-political structures can be seen in Romania. Throughout the pandemic, the President of Romania and his acolytes have made infantilizing, authoritarian declarations that have been

¹⁶ CLASTRES Pierre, 1974: *La société contre l'État. Recherches d'anthropologie politique*, Paris, Éditions de Minuit.

¹⁷ DESCOLA Philippe, 1988: « La chefferie amérindienne dans l'anthropologie politique », *Revue française de sciences politiques*, 38-5, p. 818–827.

taken up by the mass media, by sports, film and television stars, all of whom have chanted with naive enthusiasm the slogan, “I’m staying at home”. To call for responsibility is to assume the existence of irresponsible behavior. But this propaganda can only work if the mass media keep the public in a continuous state of terror. Infection figures published unframed—so that it is impossible to assess their real significance—, morbid images from Spain, Italy, and France, as well as people showed stuck in isolation wards in Romania... All of this contributed to shaping a “reality” and an inter-subjective sphere that were dominated by xenophobia and agoraphobia. If these phenomena had so powerful an effect, it was because the population was confined in a situation of semi-lockdown in their homes. The Internet and mass media were the largest—and usually the only—windows affording a view of the outside world, apocalyptic but... carefully curated. Without this alliance between mass media and government, there could not have been the third scapegoat: the population itself. But the first two players—the State and the Media—have somehow fallen victims to their own marketing methods: in a curious Pygmalion-like effect, they have ended up believing in the frightening universe they themselves have put on the stage. The institutional “Super-Ego” represented by the media, counter-balancing the influence of the State, is weakened and begins to disappear.

At the beginning of April, various government officials tried in vain to hide their sense of pride when they announced that law-enforcement had fined citizens over 20 million euros for non-compliance with containment rules. Underlying all of this, there was of course the usual desire to fill the coffers of the State at the expense of the citizenry, while avoiding all taxation of capital, in whatever form (Romania has a flat-rate tax), even temporarily. This has to be seen within the horizon of doctrinaire neoliberalism: 20 million euros in a few weeks is the sign of a well-managed action, based on performance and efficiency. It also substantiates the view that the country is full of indolent people who have to be disciplined and punished. Sometimes, however, history stutters and fumbles: the ordinance that enabled these sanctions was invalidated by the constitutional court. Willingness to subdue the population at all costs, and to subdue it not only to the State, but also to State propaganda, can also be perceived in other operations. In mid-April, the media went into a “loop” of clashes between neighbors, and of places where the lockdown rules were not being properly observed. The ill-doers often belonged to Gypsy communities. The town of Țândărei was particularly targeted, for example, as its inhabitants barely observed confinement instructions, e. g. in holding a funeral ritual that created a cluster of infection. The town was quarantined with the help of the army. In working-class neighborhoods in southern Bucharest, police harassment led to some violent reactions that actually put the police to flight. The next day gendarmerie helicopters were monitoring the recalcitrant areas. State authority is correlated to its ability to protect its population. In the

Romanian situation, this task is not only difficult, but the rulers' options have made it even worse. On the one hand, a demonstration of force can show that the State is still able to constrain the population by means of violence. On the other hand, there is a technique fairly well known in the history social and emancipation movements: exceptional treatment can be brutally applied to limited segments of society—in this particular case in a negatively ethicized context—to restore the relationship of trust and domination between the State and society, and subsequently to extend it to society as a whole.

At the beginning of the pandemic, a courageous medical officer volunteered to go to Suceava, at the time the main zone of infection in Romania. A few days later, he published a long letter on Facebook, explaining that his optimism had been tempered by the real working conditions in the hospital: chaotic, without adequate equipment and therefore without any great hopes as far as the patients were concerned. The moral of the story was cruel: without active and well-organized institutional structures, all the courage and determination in the world would not suffice to change the situation. The publication was not linked to his personal Facebook account showing that he was aware of the risks involved and the possible reactions of the authorities. The latter immediately responded by taking action against him. It took them less than 24 hours to identify and deal with him.

These few examples show that there is a dialectical dynamic between this return of a repressed reality, i.e. that the State is not there to protect the population, and that it uses its authority to repress awareness of its moral irresponsibility. This issue—accountability—contains *in ovo* a trial of the political, economic, and social elites of Romania. A constant and remarkable feature of government action is its accusing the people exposed to the virus of causing its spread. But to exploit a need for security brought about by the precariousness of life is a short-sighted strategy. The health system is too weak; it does not enable the authorities to deal effectively with the epidemic. And panic, once it had started and set in, went on and became permanent. Disorganization is massive as a result. In a context marked by uncertainties and tensions, this makes it impossible to distinguish true assertions from false ones. And this is indeed the state of exception: public authorities ask citizens to suspend their rights (more or less partially), so that in exchange they (the authorities) can effectuate a rapid exit from the crisis, and thus provide a minimum of protection. But this tacit agreement has now been shattered. The position proved untenable in the short term. A few days before Easter, for example, in the busy markets of Bucharest, masses of people were wearing masks when it had not yet been made mandatory. With the authorities locked in a political ideology that had led them, for example, to refuse to tax capital and excessive wealth, and to aid first and foremost banks and large corporations, while providing no protection for people in

debt, and attempting to put public servants out of work—all at the same time as stubbornly avoiding testing the health of the population... Facing decisions like these—in the context of a pandemic, virtually unintelligible—the population began to organize itself on its own. This is what we saw, for example, in the donations by the public to hospital staff, and the teenagers who offered in several neighborhoods to walk the pets of the elderly, or the food-businesses that delivered free meal-trays in hospitals and other public health establishments. By the end of April, in the evening the districts of Bucharest were filling up with neighborly gatherings that ended up bringing society back. Countless examples show this oscillation between active self-organization and unwilling submission to a State that evades its responsibilities.

Conclusion

The pandemic context provides an exceptional opportunity to enforce a political agenda that under normal conditions could not be implemented at all. The government's calls for national unity illustrate a totalitarian propensity that is partly present in the ruling class. The latter is determined to silence challenges to the authority of the State and to prevent all questioning of the mistakes and faults of the holders of power—whether the questions be legally justified or not. In this configuration, the population, ethnic minorities, and hospital staff¹⁸ all function as moral derivatives on to which is transposed the responsibility of Romanian governments since the fall of communism. This political maneuver is not new. For a long time, it has been said that the unemployed are simply “lazy”, people who receive social benefits instead of working, and that people murdered by police services are “wrongdoers”; and so forth. What is new here, is that the social categories stigmatized in this type of discourse are not the usual ones. Instead of showing the strength of the State, they show its weakness. To stick to the principle of marketising reality and to support predation by the wealthy, the State has to fight against society. To put this more precisely, the pandemic has forced political institutions to expand their battle, and to take on broader and broader segments of society. Using class conflicts to prevent coalescence of criticism is a reasonable strategy. However, attacking medical personnel is politically dangerous. Medical institutions mediate between life, the body, disease, and death. Medical knowledge cannot really be challenged. Despite everything one hears about the corruption that allegedly reigns in hospitals, a positive image of medical personnel is firmly anchored in people's minds, as part of the very notion of medicine. Moreover, health is a priori an equalizer: anyone can catch a disease.

¹⁸ We can add to this list the Constitutional Court and the Defender of Rights who, by strictly playing their institutional role, which is rare enough to be emphasized, found themselves accused of being obstacles to the fight against the epidemic.

Although inequalities in this area can be established objectively, this equalitarian representation remains embedded in the collective mind. Now that the government has made enemies of the hospital and its personnel, it has dissociated itself from the figure of the therapeutic State. It can no longer take on this role, despite all its efforts to claw its way back. One even gets the strange impression that the government is desperately seeking to recover this lost legitimacy by its current recourse to paternalistic discourse. In this configuration, it now seems relevant to speak of a radical failure of health governance.

The pandemic has thus had a double effect, revealing and magnifying the socio-political workings of this peripheral European society. Neoliberalism aims, among other things, at replacing with private interests institutionalized solidarity in all its forms; it involves “verticalising” the organisation of power, and thus inevitably increasing its tensions. Certainly, whatever its configuration, the state of emergency is a suspension of the rule of law. In such contexts, all political systems tend to become authoritarian. International comparisons give us a better understanding of this phenomenon. South Korea is usually presented as a successful example of epidemic management, thanks to its strategy of screening-tracing-isolation. In Korea, most of the measures applied during the Covid crisis had been adopted in a democratic context, long before the epidemic occurred. The establishment of a “health government”¹⁹ exemplifies this interpretation. The Korean Centers for Disease Control were effectively given partial authority over the Ministries of Health, of Justice and of the Interior. This upstream preparedness was supposed to transform the period of the pandemic into a mere parenthesis; institutional prerogatives remained limited by little more than an imperative mandate. However, the state of emergency and its restrictions are still applied. China exemplifies *a priori* the opposite instance. After conducting a policy of repression, and censoring information, the Chinese authorities focused on demonstrating their own strength and on deploying surveillance technologies, the purpose of which is not so much to control the pandemic as to stifle contestation. Representatives of the Chinese State hastened to offer these technologies to Western governments. Several observers have expressed concern at the admiration subsequently aroused by “the world’s leading power”. However, it is clear today that if the Chinese propaganda has been so seductive, its effect is due mainly to the contrast between Chinese decisiveness and the bumbling and fumbling of Western governments (with a few exceptions). The Chinese State seemed driven, on the one hand, by a desire to assert its hegemonic rank as a world power and,

¹⁹ AMBLARD François, 2020: « Comment la démocratie coréenne a-t-elle dompté le Covid-19? Analyse et récit », 10 janvier 2020-15 avril 2020 », Ulsan, 2020.
<https://static.mediapart.fr/files/2020/04/20/covid-en-coree-du-sud-rapport-amblard-partie-i-200417-diffusion-large-1.pdf> (dernière consultation le 5 août 2020).

on the other hand, by the need to mask the inadequacies in its management of the pandemic.

This whole pandemic episode makes one wonder whether the Corona crisis has not revealed the shape of things to come. With few exceptions, authoritarianism seems to prevail as a means of containing society and subjecting it to the reality of increasingly dystopian regimes, which tend to generalize surveillance, to resort to repression, to dilute and dissolve social relations, and to spread xenophobia.

CAMEROON FACING THE HEALTH CRISIS

Patience BILIGHA TOLANE¹

The Covid-19 health crisis has highlighted the economic, social and health vulnerability of many countries. Africa is one of the continents affected by this pandemic. Cases of contamination have been confirmed in most countries on the African continent, and the number of deaths has been increasing steadily ever since April 2020. According to the report of the African office of the World Health Organization (WHO), as of August 9, 2020 Africa had 1,022,084 registered cases, with 22,491 confirmed deaths and 705,016 recoveries.² The spread of this pandemic in Africa, particularly in countries such as Cameroon, the subject of this study, reveals a pre-existing fragility of the health system. Indeed, since the official announcement on 6 March 2020 of the first case of Covid-19 in Cameroon, the number of cases has constantly increased, making this, as of May 2020, the second most affected country in sub-Saharan Africa (the first being South Africa).

Based on videoconference interviews conducted between April 2020 and August 2020 with Cameroonian social workers, doctors, nurses, shopkeepers and sex workers, and on declarations by Cameroonian political leaders relayed by local and international television channels, I will study in this article representation of the management of the pandemic by the Cameroonian government, and try to decipher the political, economic and social controversies surrounding the emergence of the pandemic in Cameroonian territory. What are the strategies adopted by political leaders to

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² WHO, *Covid-19, Situation Update for the WHO African Region. External situation Report 29*. 17/09/2020. <https://reliefweb.int/report/south-africa/covid-19-situation-update-who-african-region-external-situation-report29-16>

curb the spread of Covid-19, in view of the high urban density, poorly controlled in Cameroon, with a health system that is almost non-existent, and where reactivity is slow in detecting and reporting the chimerical waves of the epidemic? Taken together, these elements are all factors that contribute to an increase in the economic and sanitary vulnerability of the country. In addition to this pandemic, there are conflicts with Boko Haram in the far North, and since the end of 2016 also conflicts with the English-speaking separatists in the North-West and South-West that are currently raging, putting the system of governance under yet further strain.

In the first part of the article, we focus on the political conflict between the governmental majority and the opposition party, the Movement for the Rebirth of Cameroon (MRC), while facing this health crisis. The second part consists in an analysis of the economic consequences on household resources of the emergency measures taken by the government. The third part analyses the marketing of different drug treatments against Covid-19 used by people outside the medical field, who are trying to respond to the urgent need to find a treatment for the disease and to curb its spread through Cameroonian territory.

Between a health crisis and the political crisis

The Covid-19 health crisis has deepened the political rift that opened up between the governmental majority and the opposition MRC party following the presidential election of October 7th, in which the incumbent President, Paul Biya, was re-elected for an eighth term, provoking anger and indignation in members and supporters of the MRC. In some democratic countries the Covid-19 pandemic has had the effect of creating political solidarity; in Cameroon, however, this is by no means the case: the fracture between the majority and the opposition has become even greater, hiding the priority that should be given to national unity in the battle to slow the spread of the pandemic. Since 6 March 2020, Cameroonians have been expressing first and foremost their political differences, with some political leaders showing concern for the population by opting for humanitarianism, and others asserting their leadership by giving preference to a strategy of economic stability.

Choosing between contagion and economic recession

After the announcement of the first case of Covid-19 on 6 March 2020, the Cameroonian authorities did not anticipate a rapid, massive contagion of the population. Some political leaders of opposition parties called for the implementation of containment measures, as in some European countries; the Cameroonian authorities, however, felt that this was inappropriate because, as the Minister of Communication, René Sadi, explained, “containment seems unlikely to succeed in an essentially informal

economy.”³ In view of the evolution of the pandemic, however (there were 48 confirmed cases by the end of March),⁴ and realising that the explosive progression of the disease would make people aware of the need for hospitals (in the whole country there were only 20 beds for intensive care),⁵ on 17 March 2020 the government announced thirteen measures, closing borders, suspending entry visas, postponing sports events, closing schools and universities, and setting a closing time for bars and restaurants (6pm). In addition, masks were made compulsory in all public places, with a fine of 6,000 CFA francs (€9.15) for non-compliance;⁶ overloading of public transport was forbidden; and it was prohibited to leave home after 6pm.

The Minister of Communication explained the government's strategy, but reported that containment would be only partial as, according to government authorities, the informal sector employed almost 80% of the population, who had to leave home every day to earn their living.

It is difficult to experiment with the option of total confinement in our country, as many Cameroonians have to live from hand to mouth and day by day. They can't afford to buy food in advance for a fortnight or for a month. We don't think that we should decide, simply out of mimicry, to imitate what is done elsewhere.

If one takes into account the unemployment rate, which for the year 2020 oscillated between 25% and 30%, and that of under-employment, between 70% and 80%, one can understand this reluctance. If total containment were to be imposed, political leaders would have to manage not only the health crisis, but social, economic and political crises as well.

Maurice Kamto, leader of the MRC, announced figures for the evolution of the disease, as at 17 April 2020: 1,163 confirmed cases and 9 serious cases in intensive care. He felt that the government could have imposed total confinement, and at the same time provided support for the population by making certain services free of charge, and supporting enterprises. His proposal was criticized by many Cameroon economists, in particular by Max Owena, who found it “inappropriate, as Cameroon does not have the means to set up support measures as strong as those seen elsewhere.”⁷

Limiting contagion while avoiding an economic recession is now becoming the preferred strategy of the authorities. To implement it, the Cameroonian government is to reassess the amount budgeted to deal with

³ CRTV, *Point de presse MINCOM*, 12/03/20, 13 :30.

⁴ Ministry of Public Health, *Cameroon: Covid-19 Situation Report, N°12, period 28 to 29/03/2020*, Yaoundé.

⁵ Nicole FOUA, *Médecins Sans Frontières supports the COVID-19 response in Cameroon*, Yaoundé, 11/04/2020:

<https://reliefweb.int/sites/reliefweb.int/files/resources/M%C3%A9decins%20Sans%20Fronti%C3%A8res%20soutient%20la%20r%C3%A9ponse%20COVID19%20au%20Cameroun.pdf>

⁶ 1 € is equal to 655 F CFA.

⁷ Anicet SIMO, a journalist on the local TV channel, Canal 2. Interview of the economist Max OWONA, 17/04/2020, 12/24 pm.

emergencies. About 2.3 billion Francs CFA (€3,507,452.85) of additional public expenditure has been allocated to the health sector to set up protective measures and deal with the surge in the number of cases of infection. The government is also to finance an intensification of associations' communication and awareness-raising programs on Covid-19, aiming to reduce the rate of transmission of the virus. Despite the implementation of these measures, many citizens are expected nonetheless to express dissatisfaction with what they consider to be restrictions that affect their economic activity. To take the case of Bertrand, a taxi driver in Yaoundé: he is 38 and has a wife and four children to support. In our *WhatsApp* interview, he was indignant. "The minister said that taxis should not be overloaded any more. Now he says there should only be four of us in the taxi, whereas before we used to fit in five or six customers. That's a big loss of income. We're going to end up sinking even deeper into poverty!"⁸ Although in Cameroon taxi drivers have to register with one of the four existing unions (the National Union of Taxi, Bus, Coach and Similar Drivers of Cameroon; the National Union of Taxi Operators of Cameroon; the National Union of Urban and Interurban Transport Drivers of Cameroon; the National Union of Taximen), and pay the applicable taxes, the fact remains that taximen are not salaried; their income consists of earnings that vary from day to day. Not unreasonably, they disagree with the emergency measures.

Taking into account the non-existence of social security, many Cameroonians, whether in salaried employment or not, soon found themselves in precarious economic situations. The issue of economic recession and the citizens' anger led the government, acting through Prime Minister, Joseph Dion Ngute, to end the confinement on 30 April 2020, by authorizing the opening after 6pm of pubs, restaurants and places of recreation. In addition, restrictive measures on the number of passengers allowed on public transport were to be relaxed, compensated by an obligation for all users to wear masks. The Cameroonian Prime Minister justified this decision by the positive results recorded in the conclusions of a study⁹ conducted by the African Development Bank of the socio-economic impact of the Covid-19 on the Cameroonian economy, which argued that Cameroon had been less weakened economically by this health crisis than any other country in the sub-region (which includes e.g. Angola, Gabon, Chad, Central African Republic, Chad, Equatorial Guinea, Democratic Republic of Congo, Republic of Congo, and Sao Tome and Principe).

Solomane Koné, Director General of the African Development Bank (ADB) Central Africa Division, has estimated the falloff in Cameroonian growth at only about 3% for the year 2020, with a deterioration of the budget

⁸ Interview in Visio on 03/05/2020 at 3.12pm.

⁹ AFRICAN BANK GROUP, *African Economic Outlook in the Context of Covid-19*, African Development Bank Côte d'Ivoire, 2020.

balance of about 2.8%, and a decline in the current balance of 1.4%.¹⁰ This hypothesis has been relayed by the economist Robert Beidi, who believes that the measures taken by the Cameroonian government during this health crisis have helped to allay the negative impact of the crisis on the economy. This economic analysis, an apologia for the government's "satisfactory" management of the health crisis, has nonetheless failed to convince members of the opposition, who pointed out on 5 May, 2020 the consequence of this move to relax the partial containment: an increase in the number of patients, to 2,104 confirmed cases and 64 deaths. However, this aggravation has not sufficed to change the government's mind; yet, according to Solomane Koné, the economic crisis caused by the spread of the virus will no doubt lead to a global recession worse than that of 2008.

The political battle relaunched

In many African countries opposition parties have been working together with the government to reduce the spread of Covid19 on their territory; in Cameroon, however, the very idea of national solidarity has lost almost all meaning. Representatives of the political opposition agree in castigating the government—and in particular the President's lack of involvement in the management of this health crisis. On April 15, 2020 Maurice Kamto asked members of parliament to initiate procedures to establish vacancy of the presidential post, denouncing as "irresponsible" the prolonged absence of President Paul Biya since the announcement of the first case of coronavirus on 6 March, 2020.¹¹ On 16 April 2020, however, a video of President Paul Biya's audience of French Ambassador Christophe Guillhou was aired on national television, putting a stop to rumours that the President was no longer in Cameroonian territory. Despite this, on April 17th, 2020, Maurice Kamto asked to meet the President in order to confirm that the latter was actually present in Cameroon. His request has not yet been answered. The absence of the President of the Republic from the Cameroonian public scene remains a bone of contention between members of the government and the opposition. On May 18, 2020, when the Communications Minister, René Sadi, announced the new statistics for Covid-19 (5,436 confirmed cases, 177 deaths and 1,996 recoveries), many political leaders called for the President to explain the strategy adopted by the government to deal with this increase in the numbers.

¹⁰ Sylvain ANDZONGO, "Investing in Cameroon: What is the extent of the shock linked to the emergence of the Covid-19 pandemic in Central Africa in general, and in the CEMAC zone in particular?" Interview with Solomane Koné, 17/04/2020.
<https://www.investiraucameroun.com/>

¹¹ CRTV, Speech by the President of the MRC, Maurice Kamto, to the Council of Deputies, 15/04/2020.

I interviewed Arthur, 47; he is a social worker from the EDIMAR association in Yaounde, an organization that deals with footloose youths and school dropouts who have been given government grants to carry out surveys on the pandemic. Arthur explained that the President of the Republic is important insofar as he is liked by Cameroonians. I asked him how willing the opposition would be to take President Biya's pronouncements seriously into account.

"He is our father," he explained, "and we are his children. And like any child, if one is to be reassured, his father must speak to him and give him some hope. That's why we are angry that he hasn't spoken yet—if he were only to speak out, it would be as if the Corona were over." This opinion¹² was shared by Paule, 28, a nurse at Laquintinie Hospital in Douala. She believes that "Paul Biya is the father of the Cameroonian nation; if he speaks and gives us instructions, we will take heed."¹³ Hearing what Paule and Arthur have to say, one is inclined to wonder what role exactly has been played by the Cameroonian president in founding the country and establishing its political regime. The title of "Father of the Nation" that some Cameroonian citizens apply to the current office-holder stems from the fact that the Presidential addresses are generally conditioned by specific events. The evolution of his speeches highlights, as Claudine Ambomo, doctor in language sciences, explains, "the anxiogenic nature of a situation that results from the need to construct the present reality."¹⁴ Analyzing the content of the Cameroonian President's addresses from 1982 to 2002, Claudine Ambomo scrutinizes his political discourse when he is facing various crisis situations in his country. History and discourse in Cameroon are basically linked. Over the years the President has acquired a double "symbolic and ideological" legitimacy¹⁵ that is expressed in the extension (prorogation) beyond their proper context of the use of slogans and political actions in his discourse. Despite the discredit into which the Cameroonian political majority has fallen, President Biya's discourse does not leave the population indifferent; it is still broadcast far and wide to mobilize public opinion.¹⁶

After President Biya's address on May 19 2020, I asked Paule again for her opinion. She said she was relieved, as "he had given the money from his own pocket—and that proves that he loves his children. He also talked about young people. We don't need Kamto's money... The President told us to trust the government, and that's what we have got to do, because our father

¹² Interview in Visio on 18/05/2020 at 21:13.

¹³ Interview in Visio on 17/05/2020 at 8:32 pm

¹⁴ Claudine AMBOMO, *Analyse d'un discours politique présidentiel : étude lexicométrique (Paul Biya, Cameroon, 1982 to 2002)*, p. 81. Doctoral thesis, University of Franche-Comté, Vol. 1, 17 June 2013.

¹⁵ Jean-François MÉDARD, « Autoritarismes et démocraties en Afrique noire », *Politique Africaine*, n° 43, 1991.

¹⁶ POURTIER Roland, 2008: "Cameroon." *Encyclopedia Universalis*.

has spoken.”¹⁷ Thus the pressing nature of economic issues and the health crisis, is counterbalanced by a discursive construction of national solidarity, while giving a privileged place to youth employment. The address to the Cameroonian people on May 19 2020 has enabled many Cameroonians to trust the government in the management of this crisis. Various interlocutors told us of their “veneration” of the President of the Republic. This feeling is by no means shared by members of the MRC, who find the actions of the government in the fight against Covid-19 incomprehensible. A political battle has thus developed between the ruling party and the MRC.

After the announcement by the Director General of the African Development Bank (ADB) that the impact of the health crisis on the Cameroonian economy had been less hard than in other countries in the region, the Minister of Health, Manaouda Malachie, rejected a grant from an organization, *Survie Cameroon Survival Initiative* (SCSI), that was represented by Maurice Kamto, who offered to distribute 10,000 barrier masks, 6,800 surgical masks and 950 screening tests for Covid-19. The Minister of Health, in an interview on *RFI*, justified his rejection of the offer, arguing that the initiative “had no legal basis”. The proposed donation, he explained, would contribute nothing whatever to the reduction of the pandemic—yet at the same time he took care to mention that anyway, 350,000 masks would be issued to health workers.¹⁸ A decision incomprehensible to health professionals such as Richard, 62, a doctor at the Yaounde General Hospital, “I don’t understand this decision of the government’s. We need those masks. We need the medical equipment to fight against the disease. Instead of fighting one another, we need to stick together to defeat this disease. This pandemic hasn’t got a political color.”¹⁹

His 42-year-old colleague Pierre, a male nurse at the Yaounde General Hospital and a member of the opposition party MRC, mentioned to me that Cameroonian government had blocked the accounts of a fund-raising campaign launched by the party.

In addition to this, several families were indignant at the lack of proper care in hospital facilities. “The staff are refusing to take in my son, telling me that they don’t have masks and that they’re afraid of catching Corona,” said Fabienne, 33, an assistant accountant in a telecommunications company in Yaoundé. “I’m tired—the President should just accept Kamto’s donation.”²⁰

To say the least, the spread of Covid-19 is not exactly contributing to a convergence of ideas on the health crisis. Politicians are using the crisis as

¹⁷ Interview in Visio on 20/05/2020 at 10:10 pm

¹⁸ Polycarpe ESSOMBA, correspondent of RFI in Yaoundé. Interview with the Minister of Health 12/05/2020 at 14:25. *RFI*.

¹⁹ Interview by Visio on 17/05/2020 at 18:10.

²⁰ Merveille SIMO, journalist from the *Vision 4 TV* channel. Interview carried out on 12/05/2020 on the 1.30 pm news.

an opportunity to point accusing fingers at the faults of their opponents. Professor Eugène Sobngwi, vice-president of the scientific council at the Ministry of Health, explained in a televised interview on *CRTV* that Cameroon, as a result of this pandemic, could become “the laughing stock of the world because of the government's lack of forethought and its unprecedented laxity.”²¹ Roger Kaffo, Secretary General of the National Autonomous Union of Secondary Education, pointed to a lack of much-needed caution in the government's decision to reopen schools, colleges, high schools and universities on 1 June 2020. The number of cases was to peak in June: at 6,397 confirmed cases, with 199 deaths and 3,676 recoveries. The Minister of Health felt, in his television interview on *CRTV* on 1 June 2020 that these assessments “should not alarm us, as so far the government kept full control of the situation”. Yet by 19 July 2020, there were 16,157 confirmed cases, with 13,728 recoveries and 373 deaths.

We have studied in the first part of this article the impact of the health crisis on the political battle between the ruling party and the MRC. Cameroonian leaders have opted—in a country with a very high unemployment rate—to confirm, towards its end, a confinement that lasted 44 days (18 March to 30 April 2020)—during which household incomes slumped. Many Cameroonians found themselves technically unemployed or redundant because of the falloff in activity.

Sharing economic and social suffering

The economic consequences of the health crisis and confinement in Cameroon have put many households in precarious positions. In a country where promiscuity is widespread, the barrier measures, with bars closing at 6pm and overloading of public transport banned, productivity has declined. We will now look into the experiences of some Cameroonian workers in unstable sectors. How have they experienced this period of confinement and what impact has it had on their economic activities?

The economic consequences of containment

Restrictive measures by the Cameroonian government took effect on 18 March 2020; they have not been favorably received by the majority of the population. These measures were intended to restrict the spread of the virus, but for people who are not registered wage-earners, they have had negative consequences, particularly in households facing food insecurity. The Cameroonian population is thus threatened not only by the disease, but also by lack of income, which is perceived as being just as detrimental as Covid-19 itself. Our interviewee Arthur stressed his incomprehension regarding the

²¹ Evelynne OWONA, journalist at the CRTV. Interview conducted on 24/05/2020 on the 8:30 pm news.

government's containment measures. "This is not a wealthy country... What are we going to eat? There are a lot of resourceful people here... Let them work! We mustn't take the bread out of their mouths."²² People who are self-employed, and not in formal jobs, and are not working in proper, decent conditions saw their financial profitability collapse between 18 March 2020 and 30 April 2020. This is the case, for example, of sex workers in Cameroon.

Marie, aged 33, is a sex worker in the city of Yaoundé. I met her through Arthur; she tells me about the financial difficulties she faced during the partial confinement. "When the minister announced on 17 March that bars were to close at 6pm, I said, for us *wakas*²³ now, there's death, that's all. How were we going to eat, to pay our rent? We couldn't even do our juggling acts [as a sideline] any more—the police were out there at 6pm to enforce the curfew."²⁴ Heartlessness in the treatment of sex workers was followed by the arrest on 17 March 2020 of some prostitutes who had been in physical contact with quarantined people, and had tested positive for Covid-19—but this test served merely as a justification. It was the dearth of clients that led my interviewee to agree to requests for sexual services that she did not normally offer, and to have sex in dark, risky alleyways beyond the reach of the police. "I used to be able to go to a brothel, but the police shut it down. Sometimes I used to do it in a car—or even out there in the street, just like that. When Corona set in, I started hiding in the dark streets where one can have one's throat cut; I started agreeing to take a penis in my mouth, just to get a bit more money,"²⁵ she explains. Confinement made the situation of sex workers even more dangerous than usual. Prices plunged, because of the slump in demand. "We've gone down from 1,000 CFA francs (€1.52) to 250 CFA francs (0.38 cents)!" The pandemic has had highly negative effects on the real economy of sex-work: supply has outweighed demand by far.

Street vendors have also been affected by the confinement and the curfew. These entrepreneurs have no wage-income, and cannot afford to go for weeks without any money coming in; most of them have practically no savings.

Adeline, aged 56, a trader at the Essos market in Yaoundé, reports on the consequences. "Since April, the confinement has done a lot of damage. Before, I used to buy the 50-kg bag of Okok leaves for 15,000 CFA francs (€22.87); now it has gone up to 30,000 CFA francs (€45.75). On resale, we have to put up our prices to make a profit."²⁶ The health crisis has led many traders to put up the prices of basic necessities. Adeline explains this

²² Interview in Visio on 18/05/2020 at 9:13 pm.

²³ *Waka* means sex worker.

²⁴ Interview in Visio on 20/05/2020 at 1:20 pm.

²⁵ Interview in Visio on 20/05/2020 at 1:20 pm.

²⁶ Interview in Visio on 11/05/2020 at 7:26pm.

increase by the higher cost of transport. “When the government said no more overloading of cars, the price of transport went up—because, taximen also have to eat, just like everybody else.”²⁷ As she sees things, the partial containment measures have had a negative impact on the smooth running of her business, as they have markedly slowed down her supply.

The rise in food prices—one of the primary consequences of the confinement in Cameroon—has led to an increase in the level of poverty. As the health economist Albert Ze explains, soaring food prices in Cameroon - even if this particular trend has been short-lived - will have long-term consequences on the incomes of household’s dependent on both the informal and formal sectors.²⁸ Like traders, farmers have also felt the blow of the health crisis. With the closing of borders, producers have been forced either to sell off their production or to leave their produce to rot in the fields. Jean, 63, a tomato producer in the town of Bafoussam, tells us about the financial loss he is now facing. “I invested about 8,000,000 F CFA (€12,199.84) in this field of mine. I took on debts that now amount to 7,000,000 CFA francs (€10,673.82) for this particular field. Now I can't even pay my employees. Before, I used to sell off at a loss, but now I've decided just to stop altogether and just let the tomatoes rot in the fields.”²⁹ According to W. McKibbin and F. Roshen,³⁰ in view of its multi-sectoral effects, the Covid-19 health shock calls for a mobilization of monetary support (to keep up demand), and of fiscal support (to keep production going and rescue vulnerable households). The Covid-19 pandemic has slowed down trade between Cameroon and other countries in the sub-region.³¹ Countries like Gabon and Equatorial Guinea have cut their trade with Cameroon by 20 per cent; between March and May 2020 the closing of borders with Nigeria cut exports of Cameroonian products to Nigeria by 17.25 per cent.³²

The economic deficit

The economic consequences of the Covid-19 pandemic in the Cameroonian economy have been severe, with their double shock on supply (a drop-in productivity brought about by a slowing of productive activities)

²⁷ Interview given to AFP on 04/06/2020 at 4:33pm

²⁸ Interview given to AFP on 04/06/2020 at 4:33pm

²⁹ Interview in Visio on 26/08/2020 at 9:36pm

³⁰ MCKIBBIN Warwick & ROSHEN Fernando, 2020: *The Global Macroeconomic Impacts of COVID-19: Seven Scenarios*, Australian National University

³¹ On 11 March 2020, in order to curb the spread of this pandemic in the sub-region, the countries of the CEMAC zone adopted a *Prevention, Preparedness and Response Plan for the Coronavirus Pandemic* (Covid-19) and a roadmap of emergency actions for the months of March, April and May 2020.

³² Prime Minister's Office, Communiqué of 03 June 2020. See also the report of the Directorate General for Road Transport, Radio-press release n°0026/L/MINT/SG/DTR of 28 May 2020.

and on demand (fall in consumption because of the confinement of individuals...). Focusing on the period from 18 March 2020 (date of the start of partial confinement) to August 2020, we will show that a general decline has been observed in the Cameroonian economy. We will substantiate this by analyzing the effects of Covid-19 on the country's economic growth. This will lead us to focus on the economic results of companies in the various sectors, and this in turn will enable us to show the effect this pandemic has had on the unemployment rate and on social inequalities.

Before the outbreak of the Covid-19 pandemic, the Cameroonian government projected growth of around 4% for the year 2020.³³ This figure was based on several assumptions, such as the price of a barrel of oil, limitation of inflation to around 2.2%, implementation of the emergency plan to boost economic growth, pursuit of work in progress on major infrastructures, and completion of construction work on sites for the 2021 African Cup of Nations. The containment measures taken to combat Covid-19 have impacted all of these assumptions, resulting in a contraction in growth of around 3%, compared to 2019.

As to the involvement of Covid-19 in the activities of enterprises, an employers' union, the Groupement Inter-Patronal du Cameroun (GICAM), conducted a survey from 19 March to 20 April 2020, to assess the social and economic impacts of this pandemic on Cameroonian companies. According to the GICAM report, 58% of service companies (transport, warehousing, communications, hotels...), 92% of large public enterprises (in agro-industry, forestry, textiles, chemicals, mining, water and energy, construction, printing...), and 38% of micro-finance and financial services companies, recorded a decline in turnover.³⁴ The abrupt halt of air transport has had as a direct consequence a drop in the price of oil, from 56 USD³⁵ the barrel (30,968F CFA, equivalent to €47.22) in November 2019, to 23.8 USD (13,161F CFA, about €20.07), as of 18 March 2020.

The pandemic has also had highly visible negative consequences on religious organizations that owe the State tax. As there were no longer religious services during the confinement, there were no longer collections, chaplaincies were no longer receiving money, and there were no longer the events, such as administration of the sacraments (baptisms, first communions, etc.) that usually yield a substantial income.³⁶

³³ Jean-Christophe ONANA, *État des lieux et bref aperçu des effets socio-économiques potentiels de la pandémie du Covid-19 au Cameroun*, 2020. <https://hal-enpc.archives-ouvertes.fr/hal-02781372>. Ditto.

³⁴ GICAM, *Cameroon: Negative impact of the Yaoundé*, 22/04/2020. www.apanews.net.

³⁵ 1 USD is equal to 553 F CFA.

³⁶ Oscar KUIKEU, *L'impact économique du COVID-19 au Cameroun : une approche par la Modélisation VAR*, University of Douala, 20/04/2020, p.8. <https://mpira.ub.uni-muenchen.de/99727/>

As to the unemployment rate, measures that closed drinking establishments and restaurants at 6pm, banning gatherings of more than fifty people, closing schools and training establishments, have had the effect of inducing inactivity, and slowing down the achievement of Sustainable Development Goal number 1: the elimination of hunger and extreme poverty. During the period from 18 March to 30 April 2020, many households were unable to earn a daily income, and this kept them in an overall situation of insecurity. Added to this were the differences in educational opportunities for people in rural and in urban areas—differences that were made even more marked by the closing of schools.³⁷

On 23 July 2020, at the information and discussion meeting between the government and GICAM on the impact of the pandemic on companies, it was mentioned that the number of companies affected by the pandemic had increased from 92.5% in April 2020 to 96.6% in June 2020.³⁸ The employers' organization also mentioned an increase in unemployment: 53,300 employees were technically unemployed (i.e. 13.6% of private companies' permanent workforce) and 13,834 had been made redundant.³⁹ The increase in the unemployment rate in Cameroon shows that the measures taken by the Cameroonian authorities were not part of a trade policy, but were intended primarily to combat the pandemic.

Despite an increase in the number of vectors of Covid-19, and the negative impact of containment on the growth of gross domestic product (GDP) for the year 2020—contributing to a significant loss of some 92% in the competitiveness of private sector companies—Cameroonian political leaders are now encouraging the population to resume normal economic activity. According to members of government, medicinal strategies to contain the spread of the virus by creating immunity in the population are being developed by both the international community and Cameroonians.

In search of a medicinal strategy

In Cameroon, as in many African countries, the treatment and prevention of diseases has been based mainly on herbal medicine. Since the appearance of the first Covid-19 case in Cameroon in March 2020, many Cameroonians have opted in favor of herbal medicines to prevent and treat this disease. A large number of videos have been circulating on social networks, explaining what types of plants to use and how to use them. The aim is to lower the cost of access to treatment. It is with this in mind that a treatment devised by the Archbishop of Douala attracted the attention of both the government and members of the scientific community, as many Cameroonians in the media

³⁷ UNESCO, *Impact du Covid-19 sur le système éducatif du Cameroun* Yaoundé, 25/03/2020. www.unesco.org.

³⁸ GICAM, Cameroon: Negative impact of the Data available at www.apanews.net.

³⁹ Ditto.

vaunted the merits of this medicinal strategy. In the race to come up with an effective medical treatment, the World Health Organisation (WHO) is encouraging herbal research, albeit under proper supervision.

From hydroxychloroquine to the traditional pharmacopoeia

In France and some other European countries, Professor Raoult's method of treating Covid-19 has given rise to considerable debate; although the WHO has suspended hydroxychloroquine treatment, in Cameroon this drug strategy is still very popular with politicians and some health professionals. On 9 April 2020, the Cameroonian President issued orders to have hydroxychloroquine and azythromycin tablets manufactured on Cameroonian territory. Dr. Alain Etoundi, director of the fight against disease, epidemics and pandemics at the Cameroonian Ministry of Health, interviewed by *France 24*, stressed the importance of Prof. Raoult's protocol, asserting his belief that "the issue of the alleged toxicity of chloroquine has been addressed and dismissed by the scientific council attached to the Cameroonian Ministry of Health. The results that we have received since the establishment of this protocol seem satisfactory," he said.⁴⁰ In much the same perspective, Professor William Ngatchou, cardiovascular surgeon at the Douala General Hospital, interviewed by *France 24*, explained the effectiveness of hydroxychloroquine. He felt that the dual therapy combining an antimalarial with an antibiotic was demonstrably effective against Covid-19. "This protocol has been in use for almost two months now for patients suffering from Covid19. I myself have seen significant improvements in patients thanks to its use, and the debate about the side effects of chloroquine seems to me to have been highly exaggerated."⁴¹

The epidemiologist Yap Boum II, interviewed a few weeks later on *France 24*, emphasized the need to pursue research and clinical trials. Cameroon is one of the countries that opted very early on to administer hydroxychloroquine to Covid-19 patients. Despite the WHO's decision to suspend this treatment, the fact remains that, as Yap Boum explained, "WHO does not offer an alternative solution, and this makes it all the more difficult to cope with patients who are increasingly coming to Cameroonian territory [for treatment]."⁴² He also mentioned the choice of many health professionals in Cameroon to administer hydroxychloroquine, and the rapid increase in treatments launched by people outside the medical field to fight against Covid-19. The Yap Boum II interview reminded me of the Archbishop of Douala, Monsignor Samuel Kleda, who declared on 28 April 2020 that he had worked out a plant-based protocol to cure Covid-19 infection. After this announcement, made in the newspaper *La Croix Africa*

⁴⁰ Interview conducted live from *France 24* on 30/04/2020 at 13:37.

⁴¹ Interview conducted live from *France 24* on 02/05/2020 at 15:37.

⁴² Interview conducted live from *France 24* on 26/05/2020 at 13:36.

and relayed by the periodical *Jeune Afrique*, on 30 April 2020 the Cameroonian Minister of Health posted on his *Twitter* account a statement that “clinical trials carried out by Cameroonians have yielded positive results,” and mandated a group of scientists to contact the bishop.

Ever since 1 May 2020, many Cameroonians suffering from Covid-19 have been visiting Bishop Kleda to take the treatment, which he administers free of charge. According to the Archbishop, “to deal with the symptoms of people who are presented as having the coronavirus, I apply herbal recipes, and these people then feel an improvement,”⁴³ he explained. Many Cameroonian academics—but also representatives of opposition parties such as Maurice Kamto—have welcomed this medicinal solution, feeling that it is a reason for “national pride.” Pierre, 43, a bank executive who lives in the city of Douala, who had taken Bishop Kleda's treatment, testified on a nationwide television network, *CRTV*, that he had obtained satisfactory results after taking the potion:

I tested positive for Covid-19 in Douala on 27 April 2020, after I had approached someone who had returned from Italy a month previously, and who was [subsequently] said to have died of Coronavirus. [...] As I am a parishioner, a friend of mine at Church, who works with Monsignor, asked me to go and meet him. I went to see Bishop Kleda and his team. They offered me free medicine on 29 April 2020. I have felt better ever since.⁴⁴

Kleda's treatment attracted crowds. Vanessa, a nurse who works at Saint Paul's Catholic Hospital in Douala, declared on 26 June 2020 that she had recovered from Covid-19 after following the Archbishop's protocol.

In order to show that the product he offers to treat Covid-19 is not the result of some “divine revelation”, but of normal knowledge, Bishop Kleda tells of the interest he has always taken in the use of medicinal plants and the African pharmacopoeia, mentioning that the manufacturing protocol for this product is known only to him personally, and that it does not present any risk of toxicity.⁴⁵ Since the announcement of the effectiveness of his medicine, the Archbishop has been receiving material support from individuals, from the government and from opposition political parties. Amougou Belinga, for example, president and CEO of the press groups *Anecdote*, *Radio Urbaine Satellite FM*, and *Vision 4*, has donated 50,000,000F CFA (i.e. €76,241.57) to further the research into medicinal plants initiated by the Archbishop of Douala. According to A. Belinga, the aim of his donation is to make “Cameroonians autonomous in the fight against Covid-19, so that they do not have to listen to the French researchers who merely want to test their vaccines on Africans, as if we were so many

⁴³ Interview conducted with the Journal *La Croix Africa*, 26/04/2020 at 5:35 pm.

⁴⁴ Pierre, interview conducted on 16/05/2020 at 10:25 am, *CRTV*.

⁴⁵ Interview conducted with the Journal *La Croix africa*, 26/04/2020 at 5:35 pm.

guinea-pigs.”⁴⁶ This statement follows a discussion on 1 April on *LCI* between Professor Jean-Paul Mira, head of the intensive care unit at the Cochin hospital in Paris, and Professor Camille Loch, director of research at the Institut National de Santé et de Science Médicale (INSERM) in Lille, on testing a vaccine against Covid-19 in Africa.

WHO’s scientific support

As of 22 July 2020, there were 16,522 confirmed cases of Covid-19 in Cameroon; 13,728 people had recovered, 382 had died, and some 1,262 had been hospitalized. On 2 August 2020, I approached Marcel, 40, a collaborator of Bishop Kleda’s, to find out whether the treatment had been monitored scientifically by the group mandated by the Minister of Health. Despite positive feedback on the effectiveness of Kleda’s medical treatment, the number of patients in Cameroon was still on the rise. According to Marcel, “people came, saying that the bishop should work with them to have the drug recognized worldwide by WHO. But Monsignor has not yet given his answer, as he wants this drug to remain the property of Cameroon.”⁴⁷

With a view to accompanying the various countries of Africa in their search for a medicinal solution, and to reduce the spread of the virus in African countries, on 26 July 2020, Dr Matshidiso Moeti, Regional Director for Africa, set up a partnership with the African Centres for Disease Control and Prevention (CDC Africa), creating an Expert Advisory Committee to provide independent scientific support and advice to countries on the effectiveness and quality of traditional medicinal therapies for Covid-19. The objective of this support is to promote clinical trials of herbal medicines in accordance with international standards. It is with this in mind that the WHO is encouraging the development of research into traditional therapies, the cultivation of medicinal plants and the manufacture and marketing of medicines derived from them—advantages in terms of socio-economic development.

To go by the testimony of Cameroonians who have been cured of Covid-19 by the Kleda medicinal treatment, the Cameroonian government should make traditional medicine part of the national health system, in order to give it proper legitimacy. Our interviewee Marcel mentioned the fact that the treatment devised by the archbishop was free of charge, and stressed that it had been accepted by a substantial proportion of the population. On 4 August 2020, the Archbishop announced that he had cured 6,000 patients suffering from Covid-19.⁴⁸ This claim has given rise to an ongoing debate in Cameroon on the WHO’s lack of reaction to the supposedly effective

⁴⁶ Interview carried out on 29/04/2020 at 8.30 pm on the *CRTV* channel.

⁴⁷ Interview in Visio the 02/08/2020.

⁴⁸ Statement made to the *CRTV* on 04/08/2020 presented to the 8:30 pm news.

treatment offered by the Archbishop, and also on the silence of the Vatican, which has made no declaration on the subject of Bishop Kleda's medicine.

A bankrupt political system

With Boko Haram attacking in the far North and English-speaking separatists demanding independence in the North-West and South-West, the health crisis has contributed to a further deterioration in the political, economic, moral and social fabric of Cameroonian society. All of this has been added to the inadequacies of the educational system. Since the closing of schools on 18 March 2020, the Minister of Education has imposed distance-learning. But the majority of Cameroonians live below the poverty line, and an adequate Internet connection for teachers, let alone pupils and students, would require financial resources that are not available; it has been impossible for many students to access a proper monitoring process, and this remains highly problematic. The Covid-19 pandemic in Cameroon is a health crisis that has brought out a political crisis, and a general need to revitalize politics.

Bringing out the value of work by giving it "social recognition and by remunerating trades" is now⁴⁹ becoming absolutely necessary. Certain professions—generally occupied mainly by women: nurses, care-givers and health assistants in general—but also agricultural workers, grocery shop assistants, clerks, delivery personnel and social workers, are now in the forefront of society's struggle to survive.⁵⁰ With the exception of doctors and business executives, however, occupations of this sort receive little social recognition. It is this that is needed in Cameroon to enable the people doing this essential work to live a gratifying and respected life. The presence of the Church and the treatment it offers to people facing the pandemic reflects this overall situation, raising, against a backdrop of political divisions, basic questions about the management of the pandemic.

Politicians continue to brandish legislation against the opposition's initiatives to fight the pandemic, multiplying punitive actions aimed at the MRC. The latest of these was the arrest on 11 May of six members of the MRC who were distributing masks and hydro-alcoholic gels to the population; they were accused of "conspiring to rebel". According to Ilaria Allegrozzi, a senior researcher at Human Rights Watch (banned from visiting Cameroon since 12 April 2019) this "highlights the government's desire to suppress, by fuelling political divisions, any effort made by the

⁴⁹ Interview of Dominique MÉDA on *France Culture's* Catherine PETILLON on 28/03/2020 at 4:20 pm.

⁵⁰ BHATTACHARYA Tithi, 2020: *Theory of social reproduction, and why we need it to make sense of the Coronavirus crisis*.
<http://vaneromlouise.canalblog.com/archives/2020/04/20/38216470.html>

opposition to improve matters.”⁵¹ Repression and arrests also took place in some cities (Yaounde, Douala, Bafang) on 22 September 2020, in the course of the demonstration organized by the Cameroonian opposition. A “march” intended merely to express the discontent of the population, and calling for the departure of President Biya, it was described as an “attempted insurgency” by government authorities, who consider that any gathering during this health crisis is an act of “terrorism” —as the Prime Minister has phrased it.

The current situation, with a health crisis coming on top of an ongoing political crisis, calls into question the whole existing political system. Is Cameroon still a democratic State or has it become a dictatorial one? Since the end of the single-party regime in December 1990, a political paradox has been observed in Cameroon: the coexistence for three decades (1990-2020) of a multiparty system on the one hand and on the other non-alternation in the presidency; this coexistence of incompatibles has now locked, forming a system. Despite a return to a multiparty system - that was brought about by violent means—Cameroonians have in fact never actually experienced real democracy. To stifle dissent and consolidate his political regime, Paul Biya has set up an inert government that maintains itself by means of renunciation, immobility, and cruelty, and an administration composed mainly of members of his own ethnic group. “Weaponizing” government institutions for personal, family and ethnic ends remains the rule. The political struggle—between the ruling party and the MRC—has been reduced to a battle with no real meaning: neither of these political parties has any vision of what society should be. The current health crisis in Cameroon is proof of this: limiting contagion is not a real concern of either the majority or the opposition. Under the influence of Covid-19, this has become worse: the political divide has become an aggravating factor, because of the government’s extremely bureaucratic, dictatorial approach to political power. The government is no longer a producer of norms needed for the welfare of Cameroonian citizens. Its objective is merely to perpetuate existing inequalities—by taking the population hostage.

In the light of the facts that characterize the health situation in this country today, to speak of the Cameroonian political system as a “democratic dictatorship” is to normalize the model of governance that President Biya has kept in operation for 38 years. Niches of corruption persist; the population and political opponents are being muzzled increasingly—as seen in the imprisonment and release of opponents who contest the President’s power. The Covid-19 pandemic in Cameroon is exposing this stagnation of the government and its 'stationary' politics.⁵² But

⁵¹ Interview by journalist Anicet SIMO 14 May 2020 - <https://sptnkne.ws/CyUk>

⁵² EBOKO Fred, AWONDO Patrick (ed.), 2018: « L'État stationnaire, entre chaos et renaissance », *Politique africaine*, Paris, Karthala, Vol. 2, n° 150.

the pandemic is also an opportunity to show up the problematic role of the public authorities, and hopefully to move towards more democratic values. This health crisis is thus an *analyser* of power relations⁵³ that brings out the pervasiveness of systemic corruption and violence in Cameroonian politics.⁵⁴

The gangrene eating away at the political system as it faces this health crisis is not confined to politics; it is also active in the Cameroonian media. In March 2020, local media channels gave information on the number of positive cases of Covid-19; but since July 2020, no further information has been provided. Informing the population on the evolution of the pandemic enables people to protect themselves—e.g. by respecting distancing and other barrier-measures as best they can. But the political leaders continue to muzzle the press, under the pretext of “fighting against misinformation”. Freedom of the press is constantly being reduced by a façade of regulatory activity, the objective of which is in fact simply to control the population and oppress it. Nor is it inconceivable that the leader of the MRC, claiming to be implementing humanitarian action in the fight against Covid-19, might be doing this simply to endorse his own image as a politician “attentive to the needs of the population”. The opposition party's repeated donations could also be a political strategy aimed at riding the wave of the pandemic in order to win new voters.

⁵³ FOUCAULT Michel, 2013 : *La société punitive: cours au Collège de France, 1972-1973*, Paris, France, EHESS/Gallimard/Seuil.

⁵⁴ LINHARDT Dominique, MOREAU DE BELLAING Cedric, 2005: “Legitimate violence? Enquêtes sur la réalité de l'État démocratique”, *Revue française de science politique*, Vol. 55, No. 2, p. 269–298.

“WE ARE GIVEN ORDERS...
THAT'S ALL”
MANAGEMENT OF THE PANDEMIC
IN ALGERIA (ORAN)

Mohamed MEBTOUL

This article calls into question the patriarchal attitude of the Algerian government in its security management of the Covid-19 pandemic, over the last six months. We will examine, this from the point of view of the population stigmatized by the government and a substantial part of the media as ‘unconscious’, ‘uncivil’ and ‘undisciplined.’ The population has been targeted as a scapegoat for the pandemic—a citizenry said to be “unable” to understand the risks involved in the complex interdependence of people facing a pandemic that calls for physical distancing. As a result, the population is held to be “responsible” for the increase in the number of cases of contamination despite the fact that between 15 March 2020 and 20 August 2020 the number of cases on record has not exceeded 700 and that fatalities have never averaged more than about ten deaths per day. On the basis of recent socio-anthropological research,¹ it seems important to us to draw attention to the socio-political stakes involved in the Covid-19 pandemic. Far from being passive, the population has elaborated, basing its thinking on its own social experience, a plural “sense of harm”² that it uses to organize the relationships it sets up to with society and with politics. The Covid-19

¹ Our field research on the meanings of the Covid-19 pandemic attributed by the population, was conducted in the different districts of Oran. It was based on 29 in-depth interviews with people from diverse social backgrounds. The research was conducted with the participation of the Sid El Houari Health Association and the Oran Regional Health Observatory during the month of August 2020.

² Marc AUGÉ, Claudine HERZLICH (ed.), *Le sens du mal, Anthropologie, histoire, sociologie de la maladie*, Paris-Montreux, Éditions des Archives contemporaines, 1984.

pandemic, far from being ordered exclusively by the paradigms of medicine, is also affected by the politics that govern—and is lie at the heart of—the management of people’s bodies.³

A liminal survey of a number of social areas in Oran revealed a paradoxical phenomenon, instead of being treated as a central actor that should be implementing best public health practices in the management of the pandemic, local society has been given a “peripheral” status, it has simply been blamed for the spread of infection. A different approach would have been possible. An active, concretecommunity-based pedagogy, mobilizing health professionals to work in decentralized community care structures⁴ could have given meaning to the public dialogue. Instead, public health doctors had been included in the general confinement of the population, and thus excluded from the battle against the coronavirus. This resulted in the adoption of a hegemonic curative model implemented by and in the centralized public hospital system.

The alternative, based on local social and health prevention, was favored by our interviewees (‘we want to be heard’). It was not adopted by the political authorities, who were afraid that society would no longer be under their control. Emmanuel Hirsch has shown clearly that the exercise of “political responsibility in a time of disaster entails a venturing into a different practice of democracy, into another understanding of democracy”. In contrast, here society has been seen as an empty vessel that merely needs to be filled mechanically with knowledge and attitudes in order to produce collective discipline, and to give an air of the correctness to the decisions taken by the holders of power. Refusing all self-criticism, the latter have used a theory of internal conspiracy to justify the socio-organizational weakness of Algerian society and its institutions, the constant dithering of decision-makers that compromises their socio-economic projects, and the lack of technical and human resources for hospitals. ‘It’s not us, it’s the others, who won’t apply our decisions,’ say the political leaders, turning themselves into ‘victims.’ In an even more unbalanced way, they also point fingers at the executives in the local bureaucracy—whom they themselves have co-opted—as being at the root cause of the ‘counter-revolution,’ as a senior politician calls it. ‘Good citizens’ are those who are ‘disciplined,’ well-behaved’ and ‘obedient’ to the laws of the ‘New Republic,’ promised by President Abdelmadjid Tebboune, winner of the contested presidential elections in December 2019. However, it should also be noted that citizenship,⁵ as we define it here, in accordance with a logic of political emancipation, is being deconstructed to its very foundations by the current

³ Didier FASSIN, *L’espace politique de la santé. Essai de généalogie*, Paris, PUF, 1996.

⁴ Mohamed MEBTOUL (ed.), *Les soins de proximité en Algérie. À l’écoute des professionnels de santé et des patients*, Oran, L’Harmattan-GRAS, 2015.

⁵ Mohamed MEBTOUL, *Algérie. La citoyenneté impossible ?* Alger, Les éditions Koukou, 2018.

political system. For five decades, this system has continued constantly produced exclusion, humiliation and moral harm that remain firmly set, deep in the memory of most of the population.⁶

This new power combines populism with repression—the repression in particular of political prisoners. Ambiguously, it recognizes the importance of the popular movement, the Hirak, opting for a “responsible freedom”, that involves tracking all news critical of the government, and sending protesters to prison on the recurrent and highly ideological grounds that they are ‘undermining the security of the State’ presenting critics as a “radical minority” to disassociate them from Hirak, the authorities unhesitatingly use the full force of law to repress them. This unilateral legalistic forcing has been reproduced in the authoritarian management of the Covid-19 pandemic. Legal dispositions in the form of multiple decrees are hastily drawn upon the obligation to wear a mask, on the ways in which the four curfews are to be implemented, and on a ban on movement between wilayas (provinces), in order to contain the spread of the coronavirus.

This crude legalism, however, has not had the desired effect on society. Political uproar in society and the media on the protective measures prescribed to fight the virus (masks, protective acts, hand washing), has obviously not produced the collective discipline desired by the authorities. It has had quite the opposite effect, multiplying ingenious circumventions of the curfew: to meet friends in the in the neighbourhood, and “sinister” confabulations of other sorts.

During the Covid-19 crisis, urban spaces have not been redeveloped significantly; this might have made it possible, for example, to observe the influx behavior of inhabitants at the informal markets in the different districts. No indications of health were noted; they could have made it possible e.g. to trace compliance with the physical distancing rules on the main streets, and the application of the decree obliging people to wear masks. Neither local nor general health precautions were taken by the local authorities. Omissions of this sort are linked to socio-political misunderstandings between local authorities and the populations they administer. The local authorities have limited themselves to delegating health management of the pandemic to the police. In fact, supervision of health has been more lax than strict, depending more on the mood of the police officer involved than on strict application of rules and regulations. When it comes to public health, the police are themselves caught up in a professional logic that is foreign to them. “Even they [the police] do not fully understand their role,” as one of our interviewees put it.

The authorities are looking for what they call “stability” in society. On the one hand, their cautious, patriarchal management of the pandemic enables the government to avoid a resumption of Hirak, which was

⁶ Mohamed MEBTOUL, *Libertés, Dignité, Algérianité*, Paris, L’Harmattan, 2020.

suspended on 13 March 2020 by the demonstrators themselves, precisely because of the infection. But there is another aspect to this. The population, far from being submissive, has been developing pointed social criticisms of the administration's management of the Covid-19 pandemic. It does not recognize the relevance of the decisions taken by the High Security Council confinement and deconfinement, both of which involve use of a very markedly—and unfortunately—military term, curfew. The government has unwittingly used a metaphor to infantilize the population; but the population has seen this the other way round could the authorities be treating it like a 'soccer-ball' to be dribbled from right to left and left to right in the multiple proclamations and reversals cancellations of the various curfews about which the population has never been consulted, and to which it has not agreed. It is society that has been excluded from the decision-making process.

Pushing Society to the Margins

We move on to describe the local context, according to our observations in several districts of Oran. There is—and never has been—a political will to transform living spaces and to adapt them to the need to combat Covid-19. Itinerant markets for various products crowd on to tiny open spaces, huddle on street corners and sidewalks. At present, there are a lot of itinerant vendors after the pandemic having coincided with the two Eid holidays. A few days before the end of Ramadan, on 7 June 2020, under pressure from a number of shopkeepers' organizations, the government hastily decided to authorize the opening of pastry-shops and certain clothing stores. A few days later it was forced to close them. The vendors were not ready for this, and were reluctant to commit themselves to rigorous compliance with social and health regulations. Shopkeepers are not always able to afford the cost of cleaning of the premises thoroughly every day, and purchasing the necessary disinfectants, etc. Eventually, the population simply went back to its usual festive practice of consuming more than usual, as the only available way of giving meaning to the celebration of Eid. This is also the way of children, who want put on new clothes, to avoid losing face with their classmates.

The vagaries of management of this discontinuous, apparently unpredictable health crisis can be read in the balance of power between the different categories of dominant social actors. Those, close to power, even if only in a rhetorical, populist way, usually emphasizes the priority of the principle of protecting health, if need be to the detriment of the economy. But on the eve of Eid El Kebir, power games were reactivated and put on show. On the political side, sanitary rigor disappeared when the power-holders needed to join forces with the religious elements. The sacrifice of a sheep to celebrate Eid El Kebir, on which the religious authorities explicitly insisted, with the silent consent of the political authorities, became a crucial

factor. The Covid-19 scientific and monitoring committee, and a minority of the social elite, (most of whom are doctors), did suggest rather meekly that the sacrifice of the sheep be dropped, pointing out the health risks linked to family gatherings during the feast. But this request, which they presented as rational and modernistic, failed to raise the desired echo in society. The festivities went ahead. And the government resumed its patriarchal discourse, merely requesting the population to respect protective measures and avoid the spread of the virus when people crowded together for the slaughtering of the sheep. It also appealed to family members and neighbours to help.

Out on the fringes of society, the destitute were left to themselves. Local authorities and the ‘representatives’ “of the population never appear in these particular neighbourhoods.

In my opinion, the government is absent. They checked only on the beaches. In my working-class neighbourhood there was a soccer tournament. Nobody wore a mask. The state is absent from vulnerable neighbourhoods, because they only deal with big neighbourhoods like the downtown area, but the biggest percentage of the population is in the suburbs (masonry instructor, 38, single, Les Planteurs neighbourhood).

The unconvincing implantation of local authorities and ‘representatives’ in stigmatized, lower-income neighbourhoods reflects a lack of political credibility in those population groups. It is only to the political and administrative injunctions of the central government that local officials are anxious to respond smartly. On a socio-political terrain in which everything seems to come from ‘above’, privileging verticality (‘we have decided’), the disorder that afflicted lives prior to the health crisis is reproduced identically during the crisis itself, and after it: garbage is deposited haphazardly on the ground, overflowing sewers are rarely cleaned, bread is sold out of baskets in the open, and so forth. The burdens, uncertainties and tensions that lie at the heart of the everyday life all remain. For example, the lack of financial liquidity to pay pensioners causes delays, so these elderly people have to wait for hours, bunched together in the local post office, in the hope of getting their money. Water shortages are still numerous—and so forth. All are situations that show that the new order of life promised to come after the pandemic, does not seem to integrate the “new Republic” promised by Abdelmadjid Tebboune after his presidential election—the result of which was in fact decided by the military command. Today, it is the High Security Council that takes final decisions to apply the various curfews-confinements-deconfinements in Algerian society.

Our research clearly shows that the population does not support with much conviction a management that seems to have diverted it from its true course, leading it away from what it expected—a rigorous and total confinement for a set but adequate period of time, followed by freedom. Social criticisms concern in particular the variability of the different

curfews—always decided on somewhere “above”, without consulting the population.

Rejection by the population of management of the pandemic

The political decision to declare unilaterally different curfews during the pandemic did not correspond to the rigorous total containment—but for a set period of time desired by the population.⁷ The latter is not enthusiastic when it obeys the multiple injunctions of power, centered on multiple curfews that are apparently wreaking havoc with normal life.

The first period was fine, people were afraid, but confinement is not the same thing as the time [curfew]. There would have to be total containment for 24 hours. That would have been better! It wouldn't affect people economically or psychologically as it does now. In the first period, people were receptive to the situation that everything would be closed, because they had bought everything they needed. (Woman, 30, single, accountant, Les Planteurs neighbourhood).

Our interviewees are indignant, and do not understand the way social distancing is being managed; they perceive it as a form of contempt, and this adds to their mistrust of political power. Their explicit straightforward criticisms of the various curfews organized by the public authorities brings out the ambiguities of the measures imposed on the public. Clearly, the measures did not amount to ‘real’ confinement. ‘Managing’ them is inevitably hazardous. Expectations, of clarity, transparency and consultation have been disappointed.

Faced with a serious pandemic, the population was ready to make sacrifices. It would have preferred total confinement for three or four months in order to halt or reduce significantly the spread of the virus; it was thought at the time that radical approach of this sort would allow the population to resume its professional activities as quickly as possible. This was a crucial factor in the precarious, uninsured socio-professional categories of the informal sector (constructions and public works, transport, retail distribution, etc.). People were baffled by fluctuations in the management of the crisis: “It [the government] closes, then opens; it just opens and closes certain businesses”. Instead of listening to the population, to the media, and sensing the political surge, the authorities have stuck to a one-dimensional awareness of fear more than anything else—and a simplified, standard dramaturgy that, ‘silences the social’⁸ — it and turns a blind eye to the aggravation of social inequalities brought about by the pandemic.

⁷ Mohamed MEBTOUL (ed.), « Vivre avec la pandémie Covid-19 à Oran », in Preliminary research report, with the participation of the Sid El Houari Health Association and the Oran Regional Health Observatory, 2020.

⁸ Dominique MEMMI, « De la dénégation au déni ? La mise en scène du social dans les campagnes française de prévention », in *Le diabète, une épidémie silencieuse*, Préface de François BOURDILLON, Paris, Le Bord de l'eau, 2013, p. 111-135.

My daily life has changed in terms of social relations. You are afraid for the children, you are afraid of people, you don't know where they come from, God only knows that; you have to take precautions every day, you have your doubts about things. There are breadwinners who are struggling to buy food. From what I have heard, people who used to help beggars, are now begging in their turn. The State will have to make an effort, to realize all the unhappiness and suffering of people like me. I am the father of a family, I have four people to look after, and I haven't got a stable job. The State will have to help us. They have made promises, but we haven't seen anything yet. How are we going to live, with our children? My life has been like this, I have no insurance or anything. At least I should be able to live well with my children! But, you know, there is an insurance, God's insurance. I was registered twice on the list of beneficiaries of the State aid—but I never got anything; so the aid was probably embezzled, diverted, God only knows... (Unlicensed taxi driver, 49, informal, married, 3 children, Boutlélis)

People cling to 'God' the only symbolic figure 'who knows', when they are sucked into in the socio-political vacuum left by the disappearance of autonomous mediating bodies. Mediation would have enabled the destitute to set out their complaints and socio-economic claims. Socio-organizational vagueness prevents this. This particular political system has always functioned in secrecy in the intimacy (the "inter-self") of family and clan. This mode has the perverse effect of precluding an adequate analysis of society (i.e.. of "under-analysing" it). Today, it is difficult to tell exactly how many people are destitute in Algeria, because there are no reliable statistics produced by a trustworthy—i.e. autonomous—scientific institution. One can only assume that information on sensitive subjects would automatically be censored for political reasons. All of this results in a blurred picture of the situation. The sheer complexity of accessing intelligible—let alone reliable—data on social stratification in Algeria is made even more difficult by the existence of a large, diffuse and opaque informal sector, which functions by itself and for itself, ignoring the State and ignored by it. To sum up, the power-holders, operating through their centralized administration, have of little or no grasp of the social and economic realities of Algeria. One often hears, in conversing with the population, that "the State has deserted society." In other words, who are the real beneficiaries of the very modest financial support distributed by the State, presumably to the "poorest" strata of the population? The question leaves one perplexed.

In the following extract from an interview, our interviewee anticipates a question that we have not yet asked—about food supplies during confinement!

The public authorities didn't follow the population up enough to enforce confinement. Even the schedules they set up are just a lot of waddle! People should have been confined to their homes for two weeks; total confinement would have been the only [real] solution: not a soul out of doors—nobody. We would have helped the most deprived by providing them with food for two weeks; at the time, the public

authorities could have forced people to confine themselves for that whole period. It would have been the way to stay healthy and to save the people. We get the impression that the State does not actually have the means to provide for all the people who are living in poverty: it's a purely economic problem. (widow, 76, no profession, Es-Senia).

When confinement-deconfinement is managed from “on high” by simply issuing politico-legal injunctions, the population becomes suspicious—suspicious that are heavy and recurrent. They eventually become unshakeable convictions and challenge explicitly the selective management of the pandemic by the authorities. Our interviewees unfailingly refer to the numerous “free-passes” that people have—influential of people with “contacts” (“address-book capital”), that enable them to move about just as freely after the curfew as before it. The drama of curfew and confinement has been played up to such an extent that the actual compliance with these health regulations is neglected or ignored. Instead of doing something about this, the authorities have taken a patriarchal stance, imploring, by the population to protect itself from the virus for its own sake. This has widened the gap between the governors and the governed. The curfew is being evaded in many ways, in attempts to forget the miseries of confinement. Confinement is repeatedly spoken of as “a prison”. People talk in cramped domestic spaces speak of moral “torture” when they are forced to stay at home, and have to “invert” the social time they used to spend outside, until the pandemic arrived.

There isn't much to be said in favour of the public authorities' management. Against it, there are points that should be made: they just left the people to its fate... The curfew? It does not do much to improve the health situation; the shorter the time slot, the more people there are in the streets. There are even vehicles that drive around after 8pm. One can only suppose that all these people are very important indeed, to be allowed to do that [laughter]. I've heard that one can get traffic permits for money—what's the point of that? I really don't get it. There hasn't even been collaboration with the association movement to set up the material means needed. Confinement should be carried out by first organizing the necessary means needed by the population. The public authorities have ordered the reopening of shops and economic sites only so that they don't have to feel responsible for the households' difficulties. (Civil servant, 40, married, two children, El-Karma).

Management of the pandemic has suffered from the lack of an explicit strategy, transparent and well developed from a pedagogical point of view. Our interviewees refuse to see themselves as mere toys of an event as important as the pandemic: as obedient subjects, forced mechanically to bow down to the powerful. They want to be stakeholders in the decision-making process: this explains to a great extent why a majority of the population is so passive; they refuse to play an active part in the measures taken by the public authorities, preferring with respect and confidence to take advice from their

own families and relations. The opacity of the public authorities is reflected in the dissemination of fragmented daily news, read rapidly in jargon by the president of the scientific committee, and also in the monitoring of the pandemic—limited to daily reminders of the statistics on the number of cases of contamination, deaths and recoveries. There is no, such thing as critical debate on the social, economic and political issues raised by the pandemic in Algeria.

“We are given orders, and that’s all...”

The problem is not the way it’s been handled. My son is always telling me that there isn’t enough information: we are given orders and that’s all, one day it’s go out, two weeks later, don’t go out any more; if the strategy had been explained to us from the beginning, it would have worked better, in my opinion. There is no dialogue, no one talks to us, no one listens to people, when all we want is to be listened to; wherever we go, we are just given orders, and we have to apply them without grumbling. I think the people could help the authorities a lot in managing the crisis, “*ndiro el yedfelyed*” [hand in hand] but nobody gives us a chance to speak, no one asks for our opinion. They are human beings like us, what rights do they think they have, to know what’s good for us much better than we do? (Widow, 74, retired, Hai El Dalia).

She lucidly invokes the dominant political past, built up over five decades—but on lies. This political habitus apparently, as she sees it, cannot be erased soon. It is rooted in the collective memory that conditions the current relationship of memory to politics. Politics cannot suddenly begin to tell the truth when the entire path of its actors has been dominated by the blind, forceful appropriation of power, with little regard for what the population thinks.

“We have been lied to so much that it is difficult to create a social bond”

I think that at this point, people are not really afraid of the corona anymore; we have been lied so much, and about so many things, that it’s difficult to recreate a link, scaring us is useless; if I protect myself, it is only because my son informed me and encouraged me to do so—and all the people who do so, at least most of them—I’m sure it’s because of someone they know, and not the authorities. (Widow, 74, retired, Hai El Dalia).

The long duration of the pandemic produces a heavy, tense social routine; it is tiring, tiresome, and puts nerves on edge. Yet one has to go on living all the same. One often hears the expression “live with it...”. It indicates, some people say, that one is trying to forget. For others, going back to work will enable them to renew social ties, even if these lack the relational depth that existed before the health and social crisis. For many of these people, uncertainty as to the future is linked to a reversal of former situations. The

management of crisis, has got something to do with this. People do not understand the series of orders and counter-orders; the latter, intended to reassure the public, seem in fact to have disturbed it more than anything else. In dialectal Arabic, the popular expression “kawrona” metaphorically means “to be made a fool of.”

The first few days, it was something new to us, we talked about it all the time, and we were really scared; we were looking for information, the number of deaths etc. Now we just live with it... I call it “kawrona”, which means that they are dribbling us around like a soccer ball: add 15 days, add 10 days, close down, then open up, it’s 5 months now that we’ve had to live with this joke, *raham ghi ykawro fina* [They are driving us crazy]. (Student, 22, male, single, male, Medioni).

Management of the pandemic by the public authorities, far from being planted offensively in the quick of society, produces on the contrary a sort of “vacuum” that not unlike social distancing, which is perceived by the population as an institutionalized form of contempt. Everything becomes, unimportant a dash contradiction of rigor in health matters. Pretending to comply becomes a significant factor. In informality, one can invent new social forms to cope with, e. g. the closing down of cafés and restaurants for more than five months. It is easy. For example, when the café is closed, customers can easily be served in a back room, and then reappear with cups of coffee or tea to be consumed outside, off the premises. Mask is can be taken off, but if one see a policeman, one can put one’s mask on again. This game of cat-and-mouse with the health regulations is popular and widely played. It clearly shows that administrative management of the pandemic, that consists in issuing circulars and sending them to the various levels of the politico-administrative hierarchy, is unable to achieve the controlled monitoring of the health situation that explicitly or implicitly it promises. Responding to the failure of this management by a form of remote-control, in which the controller keeps to a certain distance from society, the authorities have finally abandoned the terrain of reality and taken refuge in fiction, claiming that the Algerian health-care system is the “best in Africa,” and making utopian of promises: “We are already looking for the vaccine in some countries.”

“We close down, then we open up, first we reassure, then we scare”

I don't think it [the pandemic] was really managed at all; it feels as though the decisions were made by default: first we open up, then we close down, first we reassure, then we scare. When you compare this with what they do in other countries, where there are real measures that have been taken, and real sanctions too... Here in Algeria, everyone just does whatever they feel like, the more conscientious people apply the protective measures themselves, more out of fear of the disease than of the government, while others are careful only when they are facing the police out on the street, no sooner do the police stop watching, than they take off their masks; and then

there are the rebels, who play at being the smart guys who do whatever they feel like, and seem to defy the virus. On the other hand, there are also the people who work hard and have to make do from day to day; we should cater for these people too. We must not let people down, and then complain that they are rebelling. Of course, there are acts of solidarity too—Algerian people are very generous and supportive—but we have to think about the longer term. (Salesman in a ceramics store, 25, single, El-Hamri).

Afterword

Arrangements with and accommodations of health standards, are many and various in public space, providing leeway to enable law enforcement to avoid sanctioning. This also applies to curfew violations. Police officers are having to learn to play a role that is not theirs—that of health professionals. At present it is oriented towards health prevention, often obliging themselves officers to be cautious of sanctioning, particularly in the many cases that seem dramatic to them (cramped living conditions, moral and material misery, high cost of masks not reimbursed by social security, etc.). But this caution does not seem to be systemic.

The fine for not wearing a mask can amount to 10,000 DA (about 65 euros), nearly 50% of the guaranteed interprofessional minimum wage (SMIG). Repression can easily come in the form of social indifference or withdrawal, particularly when the management of the health crisis is markedly patriarchal. It then will consist in treating society as infantile (and thereby infantilizing it). Power enables the father-figure to be either authoritarian or complacent with his child—or, if need be, both. This double posture, both populist and repressive, has structured the mode of management of Covid-19.

Part of the political normalization attempted by the new powers is the erasure of other fields of the possible, such as the re-emergence of Hirak in public space. The demonstration by Hirak, on Friday August 21st, 2020, was still timid, but nonetheless led to intimidation and arrests. The government is trying to stop all forms of political protest, by imposing de facto a new draft constitution, that was to be approved by referendum on 1 November 2020 in a troubled and uncertain social and health context, and without any public debate at all. The purpose of this legislation was to enable the government to act urgently to and consolidate its wavering power.

In this context of multiple, cumulative, plural and global crisis, the population is returning to its usual social habits. People are forced to survive. They have now to envisage a “naked life”⁹, a life without any appeal, leaving by the wayside, on the margins of society, of a multitude of compatriots without financial resources. Almost 10 million workers have no social insurance; paid from day to day in the informal sector that represents 40% of

⁹ Giorgio AGAMBEN, *Homo sacer. I. Le pouvoir souverain et la vie nue*, Paris, Seuil, 1997.

the Gross National Product of Algeria, many of them work in construction companies, 60% of which have now been forced to stop activity. The political authorities are now facing a double uncertainty. On the one hand, how can they reduce social misery, which promises soon to become dramatic without the substantial oil rent that was squandered throughout the decades 2000 and 2010 by the various clans of the political regime? On the other hand, what posture should they adopt in confronting the Hirak, the people's movement that plans to gradually resume its demonstrations as of September 2020?

AN END OR A NEW IMPETUS TO THE REVOLUTIONARY PROCESS IN SUDAN?

Barbara CASCIARRI¹

The health and economic crisis spurred by the Covid-19 pandemic has hit all societies of the globalized world, reminding us, almost cynically, of one of the ambivalent aspects of globalization. It is now clear that in situations of this sort, human beings do not have the same right as capital, security and military equipment to move freely, and also that viruses can still spread freely over the planet; for them, perhaps even more than for anything else, there is no such thing as a border. The irony of interdependence! Its apostles (among them some anthropologists) praised it from the very first debates on globalization, caught up in the underlying mystique and its oblivion of dependencies that persist in a broader context². The ostensible “homogenization”, “hybridization” and “democratization” of globalized societies was to be realized in 2020 in the form of sharing this “common evil”³. However, though the virus has affected everyone, we are by no means all in the same boat, and the intrinsic inequalities of global capitalism have been displayed and enhanced in the current crisis. Could *this* emergence be the real “emergency”? We should think in particular about contexts in which the health crisis has been grafted on to the results of successful political struggles—revolutionary processes that have already completed their initial phase by overthrowing a dictatorial regime and were preparing to rebuild the “new world” for which the people have fought.

¹ University Paris 8 Saint-Denis, LAVUE.

² Bernard HOURS, Monique SELIM, *Anthropologie politique de la globalisation*, Paris, L’Harmattan, 2010.

³ Mauro VAN AKEN, *Campati per aria*, Milano, Elèuthera, 2020. Here the notion of “common evil” stands as opposite of the notion of “common good” (in French “*mal commun*” vs “*bien commun*”).

This has been the case in Sudan, where the Corona⁴ has taken the form of a kind of “double punishment”: the effects, already shown elsewhere, of the profound, multiple impacts of the Covid-19 crisis (on health and the economy) have been coupled in Sudan with a forced halt in a revolutionary process that began in December 2018 and that—despite problems encountered along the way—was being pursued vigorously until the end of January 2020.

Sudan is the country where I began my anthropological research more than thirty years ago: I first went there as an MA student in January 1989; I continued visiting Sudan until I had finished my doctoral thesis (1997); after that, I lived there for three years (2006-2009), and since then have gone back there once or twice a year. After what is locally thought of as the “Third Sudanese Revolution” (the previous two, in 1964 and 1985⁵, having been doomed to failure) or simply called “December”,⁶ the month when the insurrection broke out in 2018 I was able to return to Sudan twice: in September 2019 and in February 2020. In an atmosphere of widespread enthusiasm that I had never experienced before, I then began my inquiry. This happened almost “naturally”, as the only thing that people wanted to talk about was this unprecedented event, and my empathy overcame any reluctance due to “researcher’s detachment”. The object of my inquiry (and participation) focused on what seems to me to be its most striking feature (from a scientific and political point of view): the constitution of “resistance committees” (*lajna mugawama*).⁷ These self-organized bodies, still clandestine during the initial phase of the uprising, were subsequently to gain recognition—after the dissolution of the “people’s committees” (*lajna sha’abiya*) fostered by Islamists, following the collapse of the regime in April 2019—as the organisers of a “bottom-up” government led by the “people” (*sha’b*), the apparent protagonists of the revolution. My background as an anthropologist of Sudanese pastoral societies led me to envisage an extension of this investigation to the rural margins of the

⁴ I prefer to use this term, rather than « Covid-19 » much widespread in France, as it seems to better fit the uses in discourses (also the official ones) about this object in Sudan, when « Corona » refers both to the virus and the situation created by its spread.

⁵ W. J. BERRIDGE, *Civil Uprisings in Modern Sudan: The “Khartoum Springs” of 1964 and 1985*, London, Bloomsbury, 2015.

⁶ For more details about the chronology of 2018-2019 Sudanese Revolution and the main catchwords which animated its movement, see: Clément DESHAYES, Elena VEZZADINI, « Quand le consensus se fissure. Processus révolutionnaire et spatialisation du soulèvement soudanais », *Politique africaine*, n° 154, 2019/2, p. 149-178. Barbara CASCIARRI, Stefano MANFREDI, *Freedom Peace and Justice. A Glossary of the Third Sudanese Revolution*, Working Paper n.2, CEDEJ, Khartoum, 2020. <https://cedejsudan.hypotheses.org/3052>. Barbara CASCIARRI, Abdalbasit SAEED, “It all started with bread-and-butter issues”. Interview with Abdalbasit Saeed about the 2019 Sudanese Revolution », *Le Soudan : jusqu’au bout du régime al-Ingaz*, dossier *Politique Africaine*, n° 158, 2020/2, p. 175-186.

⁷ Magdi EL GIZOULI, *Mobilization and Resistance in Sudan’s Uprising: From Neighbourhood Committees to Zanig Queens*, Rift Valley Institute Briefing Paper, 2020.

country; at the time I could only sketch this out, and subsequently I had to set it aside, after the cancellation by the French government of all missions outside Europe during the initial phase of the spread of Covid-19. I nevertheless remained in contact with my Sudanese friends, especially by telephone; though our conversations were first and foremost a way of reassuring one another as to our health, the fate of the revolution in this crucial phase was never far from our thoughts. When the idea for this book came up, I wanted to find out more, and from a distance conducted three formal interviews. It is on the latter that the reflections in this chapter focus, particularly in the second part, the first being devoted to a presentation of the general context in Sudan shortly before and during the pandemic.

The general context in Sudan during the Corona crisis

I will try here in the first place to provide information the reader will need to understand the accounts given by witnesses later in the chapter, and secondly to suggest a way of tracing the impacts of the Corona crisis. I was able to form a preliminary notion of these impacts from second-hand sources (press, radio, social media) that I followed regularly, and from sporadic conversations with my contacts in Sudan, using knowledge of the Sudanese context that I had built up during and after the revolution.

A model of “crisis-management” imposed by “rich countries”?

Shortly after the formation of the transitional government that emerged from the revolution (in September 2019), the Sudanese saw the first indications that the Western powers had satisfied themselves with a “transition” that did not seem to amount to the radical change demanded by the revolutionaries,⁸ who called for justice and socio-economic equality. Expert assessments and consultations had taken place over the previous months when the IMF Executive Board,⁹ welcoming the opportunities opened up by the “regime change”, concluded summarily (leaving no space for either appeal or dissent) that it was imperative to pursue the restoration of “economic stability”. More specifically, with regard to the daily lives of millions of Sudanese people in this period of scarcity and runaway inflation, the Board denounced the policy of subsidies (particularly for bread and fuel), while maintaining an overall framework of demands for liberalization and structural adjustment. Against this backdrop of uncertainty as to a possible post-revolutionary improvement of material conditions, soon after the alarm

⁸ This adjective with function of a substantive (*thwar*, in Arabic, from *thawra*, “revolution”) does not bring a Leninist perspective, defining so-called avant-gardes or revolutionary elites: it rather corresponds to the term used to call each other by people who variously supported the movement.

⁹ <https://www.imf.org/en/News/Articles/2020/03/10/pr2083-sudan-imf-executive-boardconcludes-2019-article-iv-consultation> (retrieved 22/10/2020).

triggered by the global pandemic, came the economic diktat of globalization, followed by implementation of restrictive measures based on guidelines developed by the WHO, using a model more suited to the prosperous countries of the global North than to the struggling South. In Sudan the device of lockdown (*ighlag*, in Arabic) seemed to many people to be frankly appalling, given the context. In the first place, local practices are densely imbued with a sociability and conviviality; then too—an all-important factor—in Sudan there is no welfare state whatever: the lockdown condemned the large sections of the working classes who live in the informal sector and earn their living from hand to mouth and day to day, to both precariousness and misery. From the very first weeks in which these measures were applied¹⁰ (between March and April 2020) people were saying: “Here it’s not Corona that we’re dying of—it’s hunger.”¹¹

The doctors’ “White Army” back once again on the front line

Doctors in particular and health workers in general had played a major role in the 2018-2019 revolution in Sudan. At the political level, the hospital staff section of the Sudanese Professional Association (SPA) was one of the most active components of this new unionist formation that guided the discourse and practices of the demonstrators for several months during the uprising. In the actual dynamics of the struggle, doctors and nurses were also in the front line; the regime’s force of repression attacked them brutally, even inside the hospitals to which they had retreated, and where at the risk of their own lives they were treating demonstrators. This “militant capital” was reinvigorated by the Corona crisis; doctors once again moved into the front line of a new battle —the battle against the virus; health structures had in the meantime been completely disorganised by 30 years of Islamo-liberalism. The metaphor of a ‘war’ led by these health fighters was taken up again in a song: “*Shukran jeshna al-abyad*” (*Thank you, our White Army*) which circulated on social networks around the month of April.¹² While the

¹⁰ In Sudan a total lockdown has been applied after a first phase of curfew between 6am and 6pm.

¹¹ The exacerbation of economic crisis following the pandemic is at the core of one of the first reports on Sudan by Mohammed Amin in the online newspaper *The Middle East Eye* (16/4/2020) which tells the witness of an inhabitant Omdurman (Khartoum) : “How can the government want us to stay at home when there is no water or electricity? It is too hot and we have to wash our bodies and hands.”
<https://www.middleeasteye.net/fr/reportages/coronavirus-soudan-les-gens-doiventse-battre-pour-avoir-du-pain> (retrieved 14/10/2020).

¹² This song is available online: <https://www.youtube.com/watch?v=1eY8CawE800> (retrieved 13/10/2020). Together with images of medical staff healing sick peoples, it shows the portraits of Sudanese thanking “our white army”, whose captions evoke links with the revolution (fathers or mothers of martyrs killed by the régime, *kandakat* or revolutionary women). Signed by Sudan YouTube, the video mentions the support of Sudanese Health Ministry.

ordinary army presence in state bodies, and the military presence in the streets continued to be targeted by demands for a truly civilian government (*meidaniya*), it was clear that the only army that would really combat on the people's side would be the "White Army" of doctors and nurses.

Re-territorialisation of subjectivities and locking of common spaces

The Sudanese revolution was also an extraordinary moment in opening up new spaces and reappropriating of old ones by finding new uses for them and giving them new meanings. The repeated presence in the streets of a series of demonstrations (*mawkib*, *muzahara* or *milioniya*)—their vigour unchecked by state repression—was massive and constant, not only from the beginning of the insurrection to the fall of the regime (December 2018 – April 2019), but also during the months that followed. This presence also produced and gave prominence to new political subjects—women and youth—and invented new spaces of sociability and liberation, such as the Sit-In in front of the army headquarters from the beginning of April (fall of the regime) until 3 June 2019, when it was brutally dispersed. In the local neighbourhoods as well, the use of common spaces had intensified, leading to a new interpretation of this practice, which now was no longer seen as a "persistence" of quasi-rural habits, but rather as a sign and symbol indicating that the revolutionaries' claim to "commons" was being maintained. The "street" (*shari'*) had become a metonymy of revolutionary action, of "staying outside", in order both to go beyond the boundaries (of gender, class, age) upheld by the previous regime, and to go on sharing the revolutionary programme and, if need be, contesting the established order together. The long confinement imposed by the Corona restrictions (first the curfew, then the lockdown), pressed men and women back into domestic, individualized spaces: after they had begun to build together new everyday practices, for a different society with new values, this had been seen as a step backwards. Strict re-territorialization inside homes—for the most part devoid of Western comforts—had political repercussions. These were all the more striking as the experience of a collective re-appropriation of spaces had just been inaugurated by the revolution. As Khartoum is built on the banks of three rivers (Nile, White Nile, Blue Nile), the compulsory closing of bridges linking the capital's "Three Towns" brought back recent memories of security measures imposed during the initial phase of the uprising—measures that had not only cut into the social networks of the inhabitants, but also isolated even more people who were already marginalized, living on the peripheries and on the outskirts in rural areas.

Street mobilisations, between the risk of counter-revolution and a new critical impetus

In the last months before the Corona crisis, street mobilizations had almost come to an end. The general attitude—corresponding to the orientations of the Forces for Freedom and Change (FFC), in alliance with the new cabinet—was to “give this transitional government a chance,” and concentrate instead on reorganizing everyday life. When the economic crisis became acute (shortages of bread and gasoline were felt most keenly), supporters of the former regime, the *Keizan*,¹³ tried to call for demonstrations, but only a few dozen people turned up. It was the Corona crisis that apparently gave a new impetus to this “counter-revolutionary” attempt. Although discredited by most activists, the *Keizan* succeeded, nevertheless—between spring and summer, 2020—in gaining some credibility, and support from those sections of the population most strongly affected by the economic impact of the pandemic. Since August 2020 and in Autumn 2019 (when this chapter was written), the economic crisis peaked, and there were once again mobilizations of some magnitude. The *Keizan*, preaching a return to the pre-revolutionary situation, find themselves “taking to the streets” at the same time as the revolutionary forces, especially those linked to neighbourhood resistance committees. The latter, disappointed by the government, which ignored promises of change made by the transitional authorities, began to withdraw their support, and to advocate launching a “second revolution” to satisfy the demands that had been betrayed.

The Resistance committees at the heart of the battle to “save the revolution”

Initially formed as clandestine networked cells during the uprising phase (2018-2019), the “resistance committees” (RCs), *lajna mugawama*, evolved, after the fall of the regime and the dissolution of the former “popular committees” (*lajna sha’biya*), as the only form of bottom-up organisation applicable to aspects of material life, and also to share the debate on the “New Sudan” to be built on the principles of the revolution. As a genuinely new collective actor in this revolution (the previous ones had not questioned the hegemony of the parties), the resistance committees—despite the variety of their configurations (derived from the models of self-organisation from which they all drew inspiration)—were able to gain political recognition from the inhabitants of the neighbourhoods in which they operated, and to weave a dense network of initiatives, whether punctual or lasting, which

¹³ This term, whose use spread during the revolution, defines former members or supporters of National Congress Party (NCP), the party at power during the Islamist regime. *Keizan* is the plural of *koz* (small tin or terracotta cup used to drink in Sudan) and its metaphoric uses for talking of Islamists stems from a speech of their ancient leader, Hassan Al-Turabi, who compared religion (Islam) with an ocean and its disciples with the cups allowing to drink from (CASCIARRI, MANFREDI, *op. cit.*, 2020, p. 33-34).

undoubtedly helped to maintain revolutionary enthusiasm. These initiatives provided the initial support for the transitional government. In the first months of the Corona crisis, the RCs pursued their action, constantly bringing aid (medical supplies, food, gas for cooking at home, etc.) to the inhabitants of the neighbourhoods, and in particular to the most precarious among them. The government benefited from their presence and activism, delegating to them both aid distribution and the strengthening of the consensus in favour of revolution. Over time, however, dissent finally emerged. Some RCs dissolved themselves, and those remaining took up criticism of the transitional government: today a fair number of these RCs actually oppose the transitional government, accusing it of having betrayed the revolution and of not having started the real changes (in particular on the economic and political structures) for which the Sudanese people had fought. Their discourse evokes the government's instrumentalization of the RCs, and its failure to give them the authority they needed as actors of the revolution and as genuinely “bottom-up” organizations.

Health crises and global revolutions: three Sudanese voices

The three people interviewed in this second part of my article are professional contacts, friends and neighbours. Conducted by telephone (WhatsApp) or by videoconference (Zoom), in English (1) and Arabic (2), the interviews were noted in the course of our discussions: they are thus not “literal transcriptions”, but reconstructions, bringing together (and crossing) the main elements of the various sections. Initiated by my formal questions (asked in several cases about the relationship between the Corona crisis and the revolutionary process in Sudan—about which we had already talked), then went on more freely as a conversation. Linked to the communication context (physical distance and sometimes poor connections), the particular nature of these sources, compared to that of my usual field interviews, and their limited number, precluded any generalization. The interviews nevertheless appeared interesting as testimonies, subjective but clearly situated; added to my knowledge of the speakers and of the contemporary Sudanese context, they possibly provide a grasp of the meaning of the Corona crisis as experienced in Sudan.

The first interviewee was Mohamed Bakhit, 44, Assistant-Professor in the Department of Sociology and Social Anthropology, University of Khartoum. His research focuses on the peripheral neighbourhoods of Greater Khartoum;¹⁴ he lives nearby, and has studied socio-spatial inequalities, reflecting on the disparities underlying the unitary image of the

¹⁴ Mohamed BAKHIT, *Identity and Lifestyles Construction in Multi-Ethnic Shantytowns: A Case Study of Al-Baraka Community in Khartoum, Sudan*, Berlin, LIT Verlag, 2016.

revolutionary phenomenon in Sudan¹⁵. The second interviewee was Mahasin Yusif, 38, lecturer at the University of Bahri and doctoral student in history, mother of two children, coming from a progressive family from Khartoum Bahri, and herself an activist close to the Sudanese Communist Party. The third interviewee was Arifi Mohamed, 24, a young linguistics student, activist member of the resistance committee of Deim, a working-class district with a long history of politicisation and revolt, where I myself have lived and where I also work:¹⁶ the *lajna mugawama* of which he is a member is one of those on which I began my research in 2019-2020. In selecting and editing their responses to my questions I have done my best to respect their discourse. I have chosen to reorganise the material in blocks (and to subtitle them), focusing on the parts (informative, analytical) that seemed to hold most interest for the purpose of this chapter, and for the transversal links between the three discussions¹⁷.

Mohamed

Mohamed speaks as an anthropologist but also as a Sudanese who has lived through and actively supported the revolution of 2018-2019. A colleague, with whom I have been collaborating for 5 years, his family comes from one of the rural areas of the country and he lives on the outskirts of the capital. His thinking reflects a vision “from the centre”, expressing the doubts of someone who is well aware of the socio-spatial inequalities that lurk in the idea of a “people united” in revolutionary striving.

Otherness and inequalities in the perception of Corona crisis

Sudan is so vast and diverse that I could not say that there has been a single perception of the crisis and “only one” reaction. But if I were to note what the shared element was, I would say that a large part of the Sudanese people thought that the Corona was a problem that concerned restricted categories only. On the one hand, there was the idea that the Sudanese would not really be affected, partly because of the hot climate and partly because of a resistance due to their immunity to other endemic diseases (e.g. malaria). On the other hand, in the common imagination, there was a tendency to see Corona as a disease that affected only a small part of the population, people

¹⁵ Mohamed BAKHIT, “Shantytowns Identity *versus* Middle Class Identity. A Reading of the Historical and Geographical Dimension of December 2018-April 2019 Uprising across Khartoum”, *Cahiers d’études africaines*, n° 240, 2020: « Soudan : Identités en tension ».

¹⁶ Barbara CASCARI, « Être, devenir et ne plus être *janûbi*. Parcours de l’identité « sudiste » entre le CPA et l’après 2011 dans un quartier populaire de la ville de Khartoum (Deim) », *Égypte/Monde arabe*, n° 14, 2016/1, p. 65-84.

¹⁷ My three interlocutors gave their consent not to be anonymised, which, in my opinion, reflects their spirit of commitment to the revolutionary process under way and their hopes for its future development. In sharing their feelings on this subject, I thank them all sincerely for the enlightenment they offer us with their discussions.

who travel and have frequent contact with foreigners, who are finally also primarily urban dwellers, and secondly well-to-do. And in a way, I would say, also people who participated more significantly in the revolution, more connected in terms of social networks and information, with a higher level of education than others. Rural people, the inhabitants of the many shantytowns, it was thought at the time, were not really in danger. The potential Corona patient was conceived of as “other”, different from most Sudanese. But this identification of the “other” (the Corona patient or bearer) with the West, was not readily apparent, and I did not notice any discourse criticising restrictions as having possibly been imposed in accordance with the model and interests of the Western powers. Be that as it may, where there actually was some talk of this sort, it was not at all in terms of opposition to global capitalism: on the contrary, it was rather the *Keizan* who had used it to attack the transitional government. And this anti-government talk that emerged from the revolution also circulated as a more general expression of dissatisfaction—discontent at the State habit of forcibly imposing its decisions on the inhabitants—not very different in this respect from what used to happen in the past, for example, with “round-ups” (*kasha*) that the State promoted to repress and racketeer informal workers and other marginal categories.

Continuity between revolution and Corona: the central role of doctors

Medical staff, especially doctors, have taken it upon themselves to fight the spread of the disease and to treat the ailing, and they have done so with the health infrastructures in Sudan in a highly critical state. Medical professionals provided the strongest support for the transitional government; they had already been the main supporters of the revolution; now they were markedly present in their professional organisation in the SPA, at the very basis of the revolution. Some of them also took the initiative of handing around their personal telephone numbers and answering calls from the public.

The role of the Minister of Health has been crucial: Akram Al-Tom is well known: he is one of the ministers who was appointed in September 2019, and who took part in the revolution. He lost no time in enacting restrictive measures, and in pressing to have them respected, including a ban on the return of Sudanese who were abroad. He also showed firm determination in the battle he led within the government to give the health sector priority as a sector in State economic investment. Already unpopular because of his rigid enforcement of health restrictions (in particular the ban on the return of Sudanese abroad, which alienated him from some influential social categories: ordinary people do not go easily abroad), he also came into conflict with the Ministry of Finance, and in July was dismissed from the government. He was replaced by a politician who did not have the same record of service in the revolution. As for the doctors’

image, it seems to me that it has remained very positive in the eyes of the population, because of their real efforts throughout the crisis. Moreover, it should be noted that doctors in Sudan are still notables, a prestigious, respected category... A video of the song “Thank you, our White Army”, shows this, and the high esteem in which the doctors are held—although I am unable to say exactly who produced it, I am almost certain that it does not come from Sudan; it must have been produced and broadcast by Sudanese from abroad, the diaspora—who helped a lot with donations during the Corona, as they had already done during the revolution.

“Insufficiently revolutionary” measures by the transitional government

There are measures that force me to admit that this government has after all done things to face this crisis that the previous regime would never have done. The first was to support the “tea ladies” (*sittat ash-shai*¹⁸). They were the most precarious of a larger category of informal vendors (with their families, they live exclusively on the daily sale of tea, which the lockdown made impossible); the government awarded them an exceptional subsidy: an allowance of 3,000 SDG per month, in addition to the food and other staples to which the most impoverished families are entitled. The second initiative was the requisitioning of a new private hospital in Khartoum: it was in the hands of the members of the former Security, well-known for their affluence. The hospital was unfinished, or possibly was finished but had not yet opened. When the crisis worsened, and hospitals were unable to deal even with ordinary cases, the government turned the hospital into a centre for the treatment of Corona virus—unimaginable under the previous regime.

In general, however, the overall impression remains that the government has not done enough, not so much in its management of the Corona as that of the social and health crisis; but above all in its lack of determination in dealing with the economic crisis, which the Corona has worsened. Basically, the government is being criticised for being too slow in bringing about the profound changes it had promised during the revolution. The government replies that on the one hand it has inherited the problems accumulated during the 30 years of Islamist power, and that on the other hand it does not really have effective power, as the military still control the main orientations of policy. The government has nonetheless been highly supportive, thanks to the resistance committees, to which in these times of crisis it has delegated a

¹⁸ The term “tea ladies” indicates a particular category of precarious street vendors. In Sudan, the presence in markets, near workplaces or simply on the street, of women who set up shops to sell tea or coffee, sometimes food, became widespread from the 1990s onwards, first as a result of the closure of public cafés when the Islamists came to power, and second by the arrival of single women (bachelors or widows) who were refugees or displaced by the civil wars. Priority targets of the brutal repression by the previous regime, their role was made visible during the revolution.

lot of its interaction with the population (distribution of food and protective equipment—masks, gels—information campaigns on the Corona, etc.).

*From support to break-up
scenarios after the alliance with the resistance committees*

The resistance committees had already been at the heart of the revolution, and the Corona crisis made their importance evident once again. It was they who made themselves totally available to the inhabitants to alleviate the effects of the crisis: informing them, explaining what the Corona was, how to protect oneself from it, and so forth. They distribute house by house masks and disinfectant gel—most of which comes via the Ministry of Health, from donations by foreign countries and NGOs. Subsequently, when the lockdown was declared, they continued, bringing food, so that inhabitants would not have to go out, and also to help the families who most needed help. This was all done in conjunction with doctors' organisations and the Ministry of Health; but if it succeeded, it was because they relied on people who had been rooted in the neighbourhoods ever since the beginning of the revolution. They also launched solidarity initiatives (*nafir*¹⁹) to help areas and population groups that were particularly affected. In addition to this, in the meantime, other problems had sprung up in Sudan: e.g. recent floods had drowned people and destroyed homes. Here the revolutionary committees really linked the revolution to the Corona combat, reviving the *nafir*, a very old practice, in the name of revolutionary solidarity, during the mobilisations of 2018-2019. The role played by the RCs during the Corona crisis has really been essential, even if during the revolution some RCs in the better-off neighbourhoods (Shambat, Burri...) were more active than those in marginal areas.

But at a certain point this all began to change: the RCs began to withdraw their support: they could no longer cope with the people's discontent over the crisis, and the perception that the government was not taking effective steps to solve the crisis, and that the usual economic elites—the very same as before—were being left undisturbed... This rupture was acted out in a demonstration (*milioniya*²⁰) on 17 August 2020, when, on the anniversary of

¹⁹ *Nafir* is a very ancient practice in Sudan, mainly disseminated in rural contexts, where people in a village or camp come together to provide labour (agricultural work, house building, herd care, etc.) and to assist community members in difficult situations (see Barbara CASCIARRI, "Between Market Logics and Communal Practices: Pastoral Nomad Groups and Globalization in contemporary Sudan", *Nomadic Peoples*, 13, 2009-1: 69-91). In a spirit of solidarity and reciprocity, that deliberately excludes commercial exchange, the beneficiaries of this aid offer a meal to the carers. Considered to be a rural practice of the past, the *nafir* tradition was reactivated during the revolution (and in some cases even before by militant groups) and valued as an example of shared generosity among those fighting for a common cause.

²⁰ The term *milioniya*, is a neologism which spread during the revolution to define a street demonstration particularly important and followed. In fact, we can translate it in English as

the agreement on a transitional government after the revolution, the RCs called for the effective government-driven change that people had been waiting for ever since the revolution. A way of “correcting” the government... From the very beginning of this process, the RCs had taken on this supervisory role, seeing to it that the principles of the revolution were respected. In 2018-2019 the movement had been truly autonomous: independent of parties, and even of the classic opposition parties; there had also been the idea, which has persisted to the present day, that we have to beware of the party logic that could become dominant and ignore the mass of the population. The RCs were not heeded in this, and I believe that this negligence may play out in the future. The Sudanese revolution, after the fall of the regime, was based on an alliance between the transitional government, the resistance committees, and the people. This alliance also held during the first phase of the Corona crisis. Now that it has broken down, and that the economic crisis has worsened, and also that there will probably be a second wave of the epidemic, it is very likely that this government, which was meant to be based on the revolution, will not be able to resist.

Mahasin

Lecturer at the University of Bahri and a doctoral student in history, Mahasin is an activist, close to the SCP. A feminist long before the revolution of 2018-2019 that she passionately supported, her political training has enabled her to make a more general analysis. The latter is by no means limited to a (relatively justified) impression that the evolutionary process currently in progress is failing, and that it is at risk, especially now that the Corona crisis has crossed its path. In her opinion this should all be read first and foremost as an economic crisis.

Doctors: management of health crisis as a revolutionary duty

During the Corona crisis, doctors have played the same central role as in the days of the revolution, trying to keep alive among themselves and in the population the spirit of revolution and of solidarity. At the beginning of the crisis, they were already doing a great deal: informing, and raising awareness, explaining to people that Corona infection was in fact a really serious disease, and indicating how to prevent it—what one has to do, wash hands, change social practices, and so forth. Doctors went on to television and other media to reach out to the whole population, explaining that in Sudan the state of hospitals was catastrophic, and that it was crucial to curtail the spread of the virus. They worked closely with both the Ministry of Health and the locally-based resistance committees. They went out into

one-million-march, and today it almost became synonymous of a huge demonstration against the government (CASCIARRI, MANFREDI 2020, *op. cit.*: 39).

schools and universities to train people. They devoted themselves entirely to their work, inside and outside hospitals, and even abroad—one of the first doctors to die from Corona in Britain was a Sudanese. Commitment to combat Corona was like a continuation of their activity during the revolution. Initially the doctors' discourse helped to ensure that proper health standards were respected

Subsequently the situation deteriorated. The doctors' front split: on the one hand, some pursued the battle, giving themselves totally to the cause; but others began to break ranks, declaring that they would no longer work without bonuses, and in some cases even going so far as to spread doubt that there really was Corona infection in Sudan. This split recreated the rift between doctors who had been in favour of the revolution, and those in favour of the policies of the ousted regime. The controversy became a conflict, and at the same time a conflict broke out with the Minister of Health, Akram, eventually forcing him to resign. On top of all this was the problem of hospitals—inadequate, overflowing, and in very poor condition—that could no longer take in patients for other illnesses than Corona, even if they were seriously ill, and for ordinary needs, such as childbirth. To make matters worse, a large number of the hospitals in Sudan are privately-owned; they are very expensive, well beyond the means of most Sudanese. They are practically all in the hands of the *Keizan*. The government, afraid of deepening divisions among practitioners, has not been able to intervene. But the fact remains that the doctors, in general, have done a very good job, despite the lack of means at their disposal.

Resistance committees: allies of the “White Army” serving the population

The work of doctors could not have been done without the support of the resistance committees. The RCs were the real relay, taking the struggle from hospitals to local neighbourhoods. For them too, taking action in the Corona crisis was defending the revolution; there was a very good understanding between the committees and the doctors—as had already been the case in the streets during the revolution. The resistance committees also worked on awareness-raising, using social networks and music. The video “*Thanks to our White Army*” stages this link between the medical staff and the values of the revolution that the RCs safeguard. I believe that the expression “white army” applied to medical staff is not new, but in Sudan it has taken on a new meaning. After the revolution, the main debate was (and still is) about demands to remove the military from power entirely, once and for all (currently they still hold a lot of power). This is what revolutionaries mean by *meidaniya* (civilian government), one of their main watchwords. The video, when it deals with Corona, is actually about this: the doctors are the *real* army that protects the people. This repeats the political demand for freedom once and for all from the military stranglehold. At the same time,

the video used music to put across a political message: this was a creation of the revolution; in Sudan, music hadn't been used like this before. The same applies to other forms of art, in particular tagging: as in the revolution, a series of murals appeared on the theme of the Corona.

The resistance committees were also prominent in the neighbourhoods, distributing masks and food. The population appreciated the fact that they were doing this for everybody without distinction, and not just for the destitute; a friend of mine who lives at Idd Hisein, on the southern outskirts, told me that the RC had left a cardboard box of staples (sugar, dates, flour, lentils) in front of everybody's door. If one didn't need the contents, one could give them to a neighbour. These supplies didn't come only from government aid; the committees themselves collected money, redistributing gifts from shopkeepers and from people who were in a less critical situation.

Then, at a certain point, the RCs realised that things were getting more difficult: not only were people being hit harder and harder by the economic crisis, but the government was not providing enough support, nor was it giving the RCs the recognition they deserved. The RCs too began took up demonstrating against the government once again, demanding a return to the principles of the revolution. The first important demonstration was on 17 August 2020. Before that, the only time they had called on the population to take to the streets had been on 30 June: as Corona was still there, they had demonstrated in masks, and keeping their distance, but they simply couldn't *not* demonstrate: it was the anniversary of the first great *milioniya*, the first time people took to the streets again following the June 3rd Sit-In massacre. Keeping memory of the revolution alive was far too important.

The Keizan: counter-information and counter-revolution

The *Keizan*, who support the old regime, also played a part in the Corona crisis. They call themselves "*Zahf al-Akhdar*,"²¹ the term appeared before the Corona. The *Keizan* have neither support nor an audience; their counter-revolutionary actions have discredited them. It was the crisis of the Corona, and especially its economic effects, that gave them an opening; they seized the opportunity. They began to suggest that Corona did not really exist, that it had been invented by the government; they also fell back on religious beliefs, telling people that they had nothing to fear, that salvation depended on God alone, and so forth. This sort of discourse eventually began to resonate—also because a fraction of the doctors' union, after the split I have already mentioned, supported them, giving credibility to their claim that no

²¹ The term can be translated as "green walking", the first term, *zahf*, indicating something that moves forward and insinuates itself like a reptile. An offshoot of the NCP, the party in power during the Islamist regime, this group was formed a few months after the revolution, in the form of a movement, to carry out infiltration and mobilisation actions based on demagogic discourse and with a strong reference to Islam.

virus was there. The *Keizan* went around inviting people to ignore the lockdown and go out; they were very active. They went into the streets to demonstrate, and when the economic crisis made itself felt, people began to follow them. They led 3 or 4 demonstrations that were larger than before; the police allowed this. Emboldened, when the State opened a special Corona treatment centre in Jebra, they invaded it, inciting the local population to revolt, telling them that a centre in their neighbourhood would infect them. The Minister of Health came to explain to the public that all of this was untrue. On several occasions and in several places, the *Keizan* counter-informed patients who were about to be treated, arguing that they did not really have the Corona, that it was an invention of the government's and of NGOs that were trying grab business in Sudan. It is true that the *Keizan* used the Corona to destabilise the country, trying to regain power by taking advantage of people's discontent and difficult living conditions. The *Keizan* were trying to break up the support that the revolution had so far continued to enjoy.

Economic crisis, inequality and the return of corruption

If the Corona crisis has done so much damage to the country and to the revolutionary process, it is largely because it has done a lot of damage to the economy—in fact, far more damage than to health: all in all, there have been relatively few deaths in Sudan. The economic situation was by no means good at the outset, and the restrictions applied during the Corona crisis have been disastrous. People with modest but precarious jobs have paid a high price; not being able to go out to work meant that they lost all their resources, and could no longer even afford food. Inequalities thus increased not only in terms of access to healthcare, as I have already pointed out, but also in terms of more basic needs, such as food. The revolution had promised to do away with these inequalities, and seeing them increase to this new level made many people turn away from it.

Subsequently—a secondary effect of confinement—corruption resurfaced. Road checkpoints, bans on movement from one region to another and at times even across the bridges in Khartoum, brought back an age-old venality and practices that were supposed to have been abolished by the revolution. Baksheesh to the military could once again open up roadblocks and bridges. Only people who could pay could get themselves out of this. This also had repercussions, of course, on revolutionary momentum and on support for the principles of the revolution. Before the epidemic, people had discussed the ongoing revolution, but now Corona became the main theme, and conversations focused once again on economic problems. It was as if everyone had refocused on personal concerns, and no longer wanted to talk about any of the public matters that had interested them before the epidemic.

Today inflation is sky-high, money has no longer got any value. Prices have quadrupled, there is no flour, no bread, no petrol, and electric current is always “down”. The government is the target of all criticism: it hasn’t managed Corona properly from an economic point of view. I personally believe that even before all of this, this government had little or no intention of making significant changes in the economy, and that in the end Corona has provided it with a pretext to forgo radical economic change. Basically, the army and the *Keizan* have seized the opportunity offered by Corona: the worsening economic crisis has given them a chance to undermine the people's support for the government and the revolution, and to bring them both down, disabling them in the current battle.

The visible impact of Corona on patterns of socialization

This situation has also changed sociability—the ways in which one lives with other people. When someone died, for example, everyone used to offer condolences in person, by visiting the bereaved; today people don’t do this anymore, partly because of economic problems (transportation), but also because they are simply afraid: who knows whether this death is due to Corona or to something else? So one still offers one’s condolences—but by telephone. When a neighbour was ill, we used to visit them (an obligation, very important, in all ceremonies: funerals, weddings...); today we just phone, to get news... Out in the countryside it’s still rather like it used to be, but in town, it’s not like that any more. There are things that we couldn’t even have imagined. An episode in Berber, in the north of Sudan, struck me. A man was taken ill—Corona infection, we thought. He was taken to hospital, and he died there. Sadly people gathered for his funeral; meanwhile the result of his Corona test came out: it was a negative: he had not died of Corona. As soon as this was announced, the funeral gathering started launching *zagharid* (“you-yous”), something that is never done at funerals; *zagharid* express joy. Corona has reversed everything, it had turned the house of mourning (and sadness) into the house of marriage (and joy)...

Could women be the real victims of the Corona crisis in Sudan?

Women, both young and adult, have been major actors in this revolution, as is well known. I would say that the Corona crisis has led a step backwards from this role and the genuine recognition it had brought them. We’ve seen this in several aspects of the current phase. The most obvious is that the lockdown ordered people out of the street and back into their homes: from political into private space. For women, who had just gained access to the public sphere, the blow has been even harder than for men. This particular confinement (now justified by Corona) has meant that women have once again been relegated to domestic space, to child-care and to household chores. And to make it all worse, in a context of scarcity: it has often been

impossible to get enough food to feed one's family. Confinement to the home has also increased violence against women—everywhere, and also outside the home. Medical staff—in most cases female doctors²²—have been assaulted by exasperated patients or by the military in the course of street checks...

However, I personally don't believe that there is only this passive aspect. We should not overlook the active role played by women during the revolution; it too has left its mark. An obvious case is that of the "tea ladies". At one point the government took measures in their favour (giving them a salary of 3,000 SDG per month, to compensate for their loss of livelihood during the lockdown)—one of its more admirable initiatives. But it did so *also* because during the revolution they had managed to gain real political visibility. Women made their presence felt in the streets, at the Sit-In, not only as workers, but also as activists. They gained awareness and strengthened their existing association. Thanks to this, they were able to mobilise quickly, to link their demands to the epidemic, and to get the government to take measures like that in favour of precarious women like the "tea-ladies". Today, their association is growing from strength to strength—in Khartoum alone it now has 12,000 members, and it is also growing at the national level. When the State ended its subsidies, women mobilised again, and they have recently held a press conference. There are other examples that give us reason to hope: the case e.g. of a woman in a rural village—the sort of village that is usually held to be unaffected by change in the traditional role of women; standing on a cart—the sort used to carry water, she drove around crying information to the villagers on the Corona epidemic and what was needed to contain it...

Arifi

Arifi says he is worried about the outcome of the revolution: that is the question he would like to talk about more. He also complains that "everything is getting too expensive" (bread and petrol, for a start); that "nothing works properly any more" (electricity, transportation); but in his discussion about the current situation economic problems are mentioned only in passing. They do come back later—but more in fear: fear of the "counter-revolution" scenario that would be played out if the people were to lose patience once and for all—the patience they showed until the Corona crisis came. Shorter than the other discussions, Arifi's focuses more on a

²² These episodes of attacks on doctors, by patients or by the military, had been reported as early as April: on this subject, see the article in *The Middle East Eye*: <https://www.middleeasteye.net/news/coronavirus-responding-crisis-sudanese-doctor-stillunder-attack> (retrieved 15/10/2020). On the ambivalent role of women during the revolution, see also Azza ABDEL AZIZ, "Sudan Revolution: how Women Participation Reveals Societal Fissures", *The Middle East Eye*, July 4, 2019.

young militant's vision trying to imagine possibilities and duties for relaunching the revolutionary process.

The economy has killed this revolution; we now need a second one

Corona, we can now say that it's more or less over in Sudan, and that all in all it hasn't even caused that many deaths—a few hundred, perhaps? A lot less lethal than other diseases we have had in this country. On the other hand, everything has become about 4 times as expensive since the beginning of the year (when prices were already too high for most people). Nothing works properly any more, it's impossible to use public transport, there are frequent cuts in electricity (often 4 or 5 times a day), and they last too long. The economy is “down”, and the situation for most people has never been as difficult as it is now. Before, there used to be queues, queues like the ones you saw when you were in Sudan in February; but today it's far worse: one can line up for a whole day to get some petrol, and even to get bread. Khartoum today is nothing but queues, queues all over the place, everywhere.

The transitional government has not come up with what it promised

The basic cause of our current economic problems is the Corona crisis—right? But also, finally, the fact that this transitional government (it's now been more than a year since it took over) hasn't been willing or able to get a real grasp on economic change. It left economic power in the hands of the *Keizan*, the elite that was in power until the revolution came—the very same people who still own all the businesses and control the production and trade of staples (flour, oil). The government that came from the revolution didn't dare to touch their economic power, condemning the revolution to failure. Even the alliance of the FFCs, born in the revolution, started playing the traditional game, and forgot the principles of the revolution. They too got involved in the power-hunt, trying to get posts and ministries, and this caused internal rifts. People today wonder why they fought for almost a year, only to see their material situation get even worse than before. Before Corona, there was still some hope; the economic situation was already difficult, but people—incredibly—put up with it: they discussed things among themselves, saying that the damage the Islamists had done for 30 years couldn't be undone in a few months. Today their tune has changed; there are people who are even beginning to regret the old regime: all in all daily life was no doubt hard, but it was better than it is now, they say. This sort of talk is dangerous; if there is a new insurrection—and I think we're heading for one; in the coming weeks we'll see—it won't be like the previous revolution. People risk being co-opted by the conservatives, the former *Keizan*. On other levels too, this government has disappointed the people who brought about the revolution: the peace agreements they signed at the beginning of October were not a real victory, and some of the armed

movements have already rejected them. And other steps taken by the government have also put off the population, for example the recent cooperation agreement with Israel, which is unacceptable to most Sudanese.

The government has betrayed the revolution and the youth who bore the brunt of it

Everyone agrees that young people were the backbone of the revolutionary movement in 2018-2019. It is we young men and women who supported the uprising from the very beginning. It is also we who have paid its price. In the beginning there was a lot of talk about youth. And in the first months of the revolution, we were also given recognition for our work with the resistance committees in the neighbourhoods. Not only did the State respect us, but also the people, of all ages, of all types, all came to us, and trusted us. We played our part to the full, involved in a host of activities: not only material questions of daily life, but also in seeing to it that the principles of the revolution were kept intact. Today it's clear that the youth have been side-lined in the power games that are being played out between political forces—in accordance with their ideologies or, even worse, with their personal and family interests—just as it all used to be before the revolution. The same thing happened in the two other Sudanese revolutions, in 1964 and 1985. These revolutions were also started by young people who were subsequently marginalised. But this time we really thought it would be different. Today, we see that no, it's the same story all over again. But we are not losing hope, we are convinced that there will be another revolution—a real one—and soon.

A difficult position and a challenge for the resistance committees

Of course, we are still working as a resistance committee in our neighbourhoods. We meet, we discuss, we keep up our activities, helping the people of the neighbourhood; we've also done a lot during the Corona crisis. But it's not the same as it used to be; today people are tired, they don't want to talk about revolution anymore; now conversations are always about everyday problems: bread, petrol, electric current, water... The link between the population and the RCs is not as strong as it used to be—in some neighbourhoods the RC has even been dissolved because of this. At home, in our particular neighbourhood, we in the RC are trying to carry on, to stay active, but here too, the government, which used to support us, now even sends in the military to stop us! Yesterday, for example, we were helping people as usual in the queues at the bakeries, helping with the distribution of bread, seeing to it that people kept their proper distances, and talking to them about their problems, about all the things that are going on at present. At one point—a moment of discontent—we started a demonstration as usual, blocking the crossroads. It wasn't much—not more than that: it was simply

to show that people were unhappy and discontented, and that they couldn't stand it any more. The authorities immediately sent in the *Tatcherat*²³ with the soldiers, and they dispersed us all. Of course, this wasn't nearly as bad as it used to be—so far there have been no arrests and beatings, no torture; but the authorities are still preventing us from protesting, and still using the army to do it.

The resumption of demonstrations and the opportunism of the Keizan

We are still active nevertheless, organising rallies and demonstrations. At present we're planning a rally (*mawkib*) for October 21st, and another one in December—it should also be a *milioniya*—you know, December was a very important month for the revolution. What is happening—and it's different from a year or two ago—is that now even the *Keizan* are calling for the same demonstrations as we are, and on October 21st they will probably be there too... This does raise problems, of course; it could give rise to clashes within the demonstration. But when I say “the *Keizan*” I don't mean the cadres or the political elites of the old regime; sometimes the *Keizan* are just ordinary people who had accepted the regime, but, when the revolution started, opened their eyes and joined in. But today, with the negative image the government is giving of the revolution—it's as if nothing has changed, or if everything has even got worse—these people regret the *Keizan*. They're trying to indicate that they don't agree with the transitional government. So you have a strange situation: the RCs, both the roots and the fruit of the revolution, call on people to take to the streets, and find themselves followed by or rubbing shoulders with the *Keizan*... Both we and the *Keizan* would like to put an end to this government, but not for the same reasons, not with the same objectives.

* * *

Covid-19 is not simply a global phenomenon, as the prefix in the term *pandemic* (which soon replaced the term *epidemic*) indicates, it is also a phenomenon that becomes a “crisis” in the context of global capitalism. In addition to its imperatives in the field of health management—which sometimes has deeper and more lasting socio-economic effects than a mere count of deaths, contaminations and recoveries—the ideological framework of health management also seems to impose its own conception of crisis, seen as a pathological state that can lead only to aggravation and even disaster.²⁴ However, the notion of *crisis* was forged in antiquity and

²³ *Tatcher*, *Tatcherat* in plural, is the local name for the light trucks mounted with machine guns used by previous governments in all the civil wars (Nuba Mountains, Darfur, Southern Sudan) in Sudan. They are still used in the intervention to put down urban riots.

²⁴ Josep Maria ANTENTAS, “Notes on Corona crisis and temporality”, *Dialectical Anthropology*, 2020, 44, 3: 315-318.

subsequently taken up in certain approaches (from Marxism to the philosophical thinking of Walter Benjamin or Daniel Bensaid) that lent it a more complex meaning: that of a “turning point”, or “a moment of truth—a moment in which several alternative futures collide in the present.”²⁵ The situation in countries like Sudan, where the Corona crisis, coming on top of an ongoing revolutionary process, reveals its connotation: a profound socio-economic crisis, making it plausible to question the future outcome of this triple encounter (pandemic, economic crisis, and revolution). Three years after the Egyptian revolution of 2011, within the cycle of struggles labelled (not without ambiguity) as an “Arab Spring”, a Marxist geographer was already questioning the “dialectic between revolution and climate change”.²⁶ taking the same critical approach to the notion of crisis, seen as an opening on to possible futures, he proposed scenarios in which a counter-revolutionary throwback was just as conceivable as a new beginning of the revolutionary process. In their subjective dimensions, aware of and worried about the inevitable pressure brought to bear by the economic crisis that currently weighs on the daily lives of the Sudanese, the three testimonies considered in this article would seem to enable us not only to see the pandemic situation as it is experienced in “other” situations than the one in which we are ourselves immersed, but also to open up thinking on the possible futures of the Sudanese revolution during, after and despite the passage of Corona.

²⁵ *Ibidem*: 316.

²⁶ Andreas MALM, “Tahrir Submerged ? Five Theses on Revolution in the Era of Climate Change”, *Capitalism Nature Socialism*, 25, 2014, 3: 28-44.

UNDER THE VIRUS CHINA'S HEGEMONY

Monique SELIM¹
Wenjing GUO²

More than a year has already passed since the first signs of the Covid-19 pandemic were announced in December 2019, and almost the entire world has experienced the ordeal of containment. But almost everywhere, the epidemic is has been coming back, at first surreptitiously, then openly, plunging governments into turmoil. Meanwhile, the Chinese situation has changed considerably, and at many levels. In the field of health, the drastic measures applied by the Party State have borne fruit, limiting contamination. As a result, economic recovery is now certain. On the other hand, political authoritarianism has increased and repression has intensified, first in the National Security Law applied in Hong Kong, provoking demonstrations of resistance that continue today and, as a corollary, an implacable censorship that silences Internet users. A deafening silence now reigns on the Web, where one looks in vain for critical messages, while health security seems to be more and more clearly asserted. What has happened? How is the current period perceived in mainland China? This is what we will try to understand from digital testimonies, and also by questioning people we know well.

The digital explosion

First of all, let us recall that, contrary to visions of China current in the media, Internet users, expressed themselves as soon as the confinement was announced, abundantly and with biting humor, as these following examples show:

¹ Associate researcher at CESSMA UMR 245, IRD-University of Paris-INALCO.

² Associate researcher at CESSMA UMR 245, IRD-University of Paris-INALCO.

Even the virus has to obey the Party: it is the Party that decides whether you are ill or not.

As long as we listen to the Party, we have nothing to fear from the coronavirus!

And can this type of civil servant manage the virus? Well, when they can't manage the virus, they just manage people.

The virus must be blamed—for not complying with the Party's instructions!

A prisoner explains how he got into prison: "I'm lazy," he says.—Why? asks his cellmate.—I talked to a colleague about the coronavirus online. I thought I'd have time to report him the next day, but he went earlier than I did."

The Prime Minister is visiting Wuhan and asks the manager of a supermarket about the state of stocks. The latter replies: "Medical equipment? God only knows how much we've got!—But, comrade, we are a socialist country and we don't believe either in God or in his knowledge, answers, delighted, the Prime Minister.—That's OK, so we just don't have any more masks. »

Three ghosts meet in a street in Wuhan. The first died of coronavirus, the second died in prison after spreading rumors online, and the third, who was in charge of Internet surveillance, succumbed to overwork.

A doctor has fallen into a river, and calls for help; two officials are nearby, but his plight leaves them indifferent. The doctor shouts that he'll publish a call for help on Weibo, without going through the government. The officials save him—and then immediately arrest him.

The day before yesterday, I woke up, and had only 5 days of vacation left. Yesterday, I woke up, and had 7 days of vacation left. Today when I wake up, I have 14 days of vacation left, and I hardly dare to fall asleep for fear of waking up already a pensioner.³

They spent 2019 preventing Hong Kong residents from wearing masks in demonstrations, and they will spend 2020 convincing them to hand them over.

An anecdote: A Chinese woman tells her friend that the town of Sanjiao, in the municipality of Meizhou, encourages residents to denounce people who hide the fact that they have been in contact with people from Hubei province, or who have travelled there. The authorities reward them with thirty masks. The woman says: "It all reminds me of the Cultural Revolution; the real problem is that so many people are not even given treatment. Since January, the news has been totally unreal. »

Then came the death of Dr. Li Wenliang: he represented in the Chinese imagination the breaking point between the politics of the party-state and the Tian An Men Square movement which he brought back to light and to public notice 20 years after it was repressed; he will be remembered for that. Dr. Li was one of the 8 coronavirus whistleblowers, arrested and kept in custody by the police. His death, on the night of 6 February 2020, stirred Chinese Internet users. There was some doubt as to the actual time of his death, and the internet discussions centred on his figure—was he a hero, or just an ordinary man?—illustrate the crystallization of the emotions experienced by the Chinese since the Chinese New Year in mid-January: fear, anger, anxiety, worry, indignation, feelings of injustice, etc. His death, has revived a

³ The Chinese government has imposed vacations during confinement by extending the New Year's vacations twice.

censored theme—the management of the epidemic—that touches the heart of Chinese society, which sees this young doctor as a victim with whom everyone can identify. His death marked the beginning of a collective fear that has gripped all Chinese ever since January. It has become a symbol of a mobilization that is demanding more transparency, more security and more freedom.

There is no need to recount over again the effects of a health crisis that has caused tens of millions of people to desert the streets of China's metropolises; it has slowed the hitherto unbridled consumption in this consumers'paradise; today the main items purchased are masks and hydro-alcoholic gels. The health crisis has eroded what little confidence the population had in the party-state and its willingness and ability to protect its citizens. The health crisis—admittedly overshadowed by economic growth—has highlighted jarring notes in the “harmonious society” and discrepancies in the “Chinese dream” that every citizen is expected to promote. Many Internet users are tired of living out a lie, of honoring heroic figures, of admiring model workers always ready to sacrifice their lives for socialism; they admired, rather, Dr. Li—the whistle-blower who died contaminated. They no longer believe that exemplary punishments inflicted on a few corrupt cadres will stop officials from looking down on “the happiness of the people”. Liang Wendao, a well-known Chinese journalist, writes that “a country that needs heroes is an unhappy country”. The management of the epidemic has marked a break in the march towards the “society of average prosperity” announced by the party-state. The year of the Metal Rat has not afforded iron protection to the legitimacy of power.

Following Dr. Li's death, Chinese Internet users, first demanded his rehabilitation as a whistleblower—despite the fact that the authorities had initially presented him as a rumor-monger. After he had warned his university colleagues of similar SARS cases—at a meeting of their private discussion-group on WeChat—he had been called in by the police, and had to sign a “letter of promise”, in accordance with the usual government orders, which require accused persons to repent, promise not to repeat their criminal behavior and declare that they have understood the negative consequences of their actions. After his death, Dr. Li's acquiescent responses became symbols, not by commission but by omission of the demand for freedom of expression. “I can [stop doing illegal things]. I have understood [that there would be consequences if I continued]. “On the web there have been photos of people wearing masks that with “Can't, don't understand” written on them; or a drawing of a mask floating at half-mast, like a flag. The song from the film *Les Misérables*, “*Do you hear people sing?*” has become a common reference for Internet users, and excerpts are quoted to indicate that the government is deaf to the demands of the population.

An image of the *whistleblower's whistle*, signifying the *whistle-blower himself* is accompanied by phrases such as: “We will not let those who have

gone to fetch wood for others die out in the cold; we will not let those who open the path to freedom get trapped in the undergrowth.” In early February, before his coronavirus infection had been confirmed, Dr. Li, already in hospital, told the popular Chinese newspaper *Caixin*: “A healthy society should not speak with a single voice.” By this he meant that what is needed for a healthy society is a multiplicity of voices and opinions—precisely the multiplicity that is precluded by the Chinese government’s claim to be the one and only legitimate voice. On the Web there were also photos and indignant addresses dealing with the student agitation in 1989 in favor of freedom of expression, and the more recent people’s movements in Hong Kong, known generically as the “umbrella movement”: these demonstrations against the ban on speaking about Dr. Li’s death.

Censoring the death of Dr. Li, the actual time of his death and the conditions surrounding it, were all the subject of passionate online debates on the Chinese Internet. Users had been kept locked up in their homes for more than eight weeks, with only the Internet to break their isolation; the debate amplified emotions. Some voices on Weibo—authorities in cities other than Wuhan—also expressed incomprehension: the time and circumstances of Dr. Li’s death, were not really known; voices were raised to ask that he be “left to rest in peace”. According to some online “rumors”, he had been kept alive artificially for 6 hours to prevent him from dying at an inconvenient time (i. e. when the Internet-users were still awake and could react). Officially Dr. Li died at 2.58am on February 7th; but according to an unauthorized hypothesis he actually died of cardiac arrest at 9.30pm on February. “Well,” commented an irreverent Chinese internet surfer, “he simply put on a political life-saving operation instead of a medical one.”

Some other examples of Chinese voices raised on the Net at the time—and sharply critical of the party-state:

Unlike American television series, in which the announcement of someone’s death is made by the medical authorities, in China the only entity authorized to do so is the propaganda service; it makes the announcement—and also decides on the death.

Other voices cite the work of Lu Xun, a revolutionary writer who dropped out of medical school because “medicine cannot save the Chinese.”

I understand why everyone thinks of him [Dr. Li], that “he is you, he is me”. He likes fried breaded chicken, I love *bubble tea*; we both wait for the next episodes of the soap-opera; we go home after work; we have our families that we love and that love us; what happened to him could happen to us —simply because we all live *here*.

To announce [Dr. Li’s] death directly would cause too much anger. You have to neutralize the anger, and wait for a miracle that could save him; but no miracle takes place [despite all the government’s efforts], and the result is great disappointment. People are calm, sad—but don’t ask for anything.

Before his death, he was a rumour-monger. After it, it was his death that became a rumour.

Ask not for whom the bell tolls, it tolls for you.

Dr. Li; best ophthalmologist in the world? In record time, he has restored the vision of millions of Chinese.

Close the mouth [Dr. Li's]. Close the city and quarantine it. Die. Then close the mouth. The heart stops on the 6th, following [the Party's] decision; his death has been authorized for the 7th.

In addition to all the online frenzy, multiple attacks have been recorded—on doctors, by patients or their relatives. On January 20th, an ophthalmologist working in a Beijing hospital was seriously injured; at the end of December, a doctor was killed by the family of a patient while he was at work in the emergency room. A video of these events was circulated online, and aroused anger and indignation—until it was censored. Studies of these outbreaks of violence and of the tension between doctors and patients usually focus on dysfunctions in a health system in which a logic of finance prevails, with money outweighing the lives of both patients and doctors. Doctors have become scapegoats and are held to be responsible for patients' misfortunes and for the failure of therapies. In China, when the hospital stops treatment, patients become impatient, so to speak.

The Chinese government showed great intelligence in rehabilitating Dr. Li and his 8 deceased colleagues, and in setting them up—before 2 April 2020, the Day of the Dead—as martyrs who died for the nation. This put an end—momentarily, but only apparently—to the resentment of the population that, mingled with anguish, was directed against the party-state. The latter had failed in its symbolic mission as therapist and protector of the population; it had become its assassin. All of this was signified by the heartbreaking figure of the late unfortunate Dr. Li.

Dr. Li's Weibo account has become in the eyes of internet users a site of personal remembrance; each post gives rise to comments, to a sharing of experiences, thoughts, and feelings. This dimension has become more and more important since Dr. Li's death; his Weibo account is now a Chinese version of the Wailing Wall. On 19 June 2020, internet-users noticed that all comments on Dr. Li's Weibo account had been deleted. This censorship aroused anger; people had become accustomed to posting messages on Dr. Li's account to commemorate his death. On his last post, more than a million comments were posted. "The Jewish Wailing Wall has lasted for 2,000 years, the Chinese one lasted for only 4 months," noted an indignant Internet user. Following these waves of protest and indignation, Internet users observed the "reappearance" of comments—now arranged in chronological order and no longer by degree of popularity; they had been invisible online on June 19th. According to Weibo, the disappearance of these comments was linked to a "computer bug in the anti-spam and anti-malware function". Obviously, censorship was not advanced as the reason for this "technical glitch" in the response by the Weibo service provider—which happens to monopolize the market in China.

On this “Chinese Wailing Wall”, Internet users continue to post comments, breaking the silence that has been stifling online news about the Covid-19 pandemic. Their thoughts go to Dr. Li, today a symbol of the victims of the pandemic as well as of the hardening censorship exercised by the Chinese party-state. They mourn the fate of Dr. Li as well as their own, and regret the intensification of censorship. They share their daily lives, their experiences, their feelings, their determination to continue posting their inner tears, and so forth. One of them wrote: “Dr. Li, if one day your Weibo account disappears, don't be afraid, don't be sad, in our hearts we have a stele [for you] that has no inscription on it. Another user took up the term used by a health executive who at the beginning of the epidemic: had declared that this virus is “controllable and adjustable with prevention” (*kefang kekong*): “In fact, what is controllable and predictable is not the virus, it's us. »

Some users have gone even further; comments in the Web archives that date back several years, provide data that can be compared with the data of the current period, giving a picture of the future as it was imagined at that time. For example, a user posted the following on Weibo on 19 December 2010: “It was better ten years ago [in 2000]; the Internet was a lot more open.” A comment, dated March 2020: “Today, ten years later, one could write the very same thing.” In the summer of 2020, when there was flooding in many Chinese cities, there was widespread astonishment on the Net. Users claimed to live in a different world, and failed to recognize the one described in the press and other media: “On *Moments* [the share function on WeChat], all you see is flooded houses; but in newspapers and on TV, you only see enchantments and life in rose-pink. Perhaps we don't really live in the same world?” It is not only on Covid-19 and the death of Dr Li that silence is imposed, but also on all themes and current events felt by the governing class to be potentially destabilizing. An Internet user notes a similarity between the victims of the floods and the victims of the pandemic: “Doctor Li, why don't we get to read any reports on the floods? In the online commentaries, all we read is calls for help from our compatriots.”

Ironies on online censorship

Two images show once again in concrete terms the extraordinary ability of Internet users to subvert and ridicule the censorship of the party-state. In the first of these, the green WeChat logo is transformed into WeCheck (surveillance) by addition of the symbols of government—the stars of the Chinese flag and its dominant red. The second comment consists in a page entirely composed of small black squares: *censored*. A user gives the reader to understand that he can no longer deliver any message.

The following comment illustrates the sophistication of censorship:

In the beginning, online we could talk normally; then we could use this or that strategy to replace a sensitive word or two; then we could turn the words into images;

then we could flip the images; then we could add lines to the images; then we could blur the images; then... we couldn't send messages; then... there was no next.

Silence

On the Web, since these moments of discontent and frustration were expressed prolifically, the public has been portrayed in the media as being “satisfied” with the widespread digital tracking and other surveillance measures that are supposed to prevent a second wave of the epidemic. The virus has been trivialized in these representations, and everyone now accepts government measures that will hopefully protect them as far as possible. Covid-19 is no longer a central concern in everyday life; though its threat remains, in the minds of the population it has been tamed, and no longer disrupts the rhythms of work, family life and leisure. This normalization contrasts sharply with the situation in European countries and particularly in France, where, in the last quarter of 2020, the State untiringly stressed fear of a return of the epidemic bought on by the reckless and undisciplined behavior of its citizenry; restriction orders finally confirmed that a second epidemic wave was in fact taking place, though this was never explicitly declared.

The headlines of European and American media focus on Uighur prison camps, and arrests of political opponents in Hong Kong and in mainland China—the main themes in news from China. They seem to have no echo whatsoever on the Chinese Internet. In the Xinjiang region, however, the Beijing government has launched a new method—unexpected, to say the least—of fighting Islamism: Han agents are billeted on Uighur families for anything from a few months to a year, monitoring their objective compliance with and subjective adherence to the Party's guidelines. This is presented as part of a symbolic brotherhood—and not cousinhood as *xiong di* has been mistranslated into French; the Han agents actually live with the Uighur family and share the family life.

We note that the National Security Law itself, despite its outrageous excesses, has not given rise to comment—as though the current administration had succeeded in its wager of submitting everything to Party rule, and penetrating so deeply into minds and hearts that families strive to eradicate all risk, even the slightest, of becoming suspect in the eyes of the Party-State. A concrete example sheds light on this obligation to be unfailingly loyal, that has now been entirely internalized; it is exhibited in intra-family digital communications; in WeChat groups of relatives there are now manifestations of loyalty to the Party and the country. It is increasingly common to see on the Web pictures of the Communist Party and Chinese flags on display in offices on national holidays, and on the anniversary of the founding of the Party. While Mao's portrait has become merely banal—Mao has become a protective deity in homes and vehicles—the figure of Xi is

gradually emerging, endowed with symbolic properties. Flags—both the national Chinese and the Communist Party versions—also take on a protective function when displayed on worksites and housing premises; the apposite photos are posted on social networks, notably in *Moments* on WeChat. In family and friends’ discussion-groups, participants carefully avoid mentioning events that could be censored or unfavorably monitored: most Internet users do their best to say little or nothing, to ignore current events, to avoid anything politically risky that could lead to an intervention of the police. In one of these friends’ groups, some people insinuate—prudently, in the (dis) guise of a good joke—that participants can chat freely, thanks to the fact that the founder of this particular WeChat chat group lives abroad—and therefore does not risk imprisonment. In an intimate discussion within an extended family that lives near Hong Kong, questions about the situation in the cities on the border between Hong Kong and China are promptly answered with declarations of loyalty to the Party and the nation—accusations being leveled at the young demonstrators who are “sowing disorder” in Hong Kong. Standard nationalist sentiment is shared by the whole group, and the rising prosperity of China is played up in contrast to the decline of the West, imputed to all these “disorders” and street protests. “Maintaining order” is seen generally as the key to China’s economic prosperity, according to Internet users’ comments on reports of demonstrations in other parts of the world.

This complicity helps to drown the discussions of politics in these WeChat groups. Food and entertainment are the favorite neutral topics. It is difficult to know—even when one is very close to the actors—whether this silencing of political discussion (or its avoidance) springs from fear or from genuine conviction. It is increasingly rare to observe lively controversies on issues such as the umbrella movement in Hong Kong, in which friends once used to clash and express their views frankly. It is very difficult to follow online debates closely when they are marked by this “silence”—the result of a censorship that is both sophisticated and deeply internalized. No one wants to risk being arrested, with their being families kept in the dark about it, as is now perfectly legal. Recently, Xu Zhangrun, a law professor and renowned jurist, was expelled from his post at Tsinghua University; he was charged with frequenting prostitutes, and arrested by police. Accusations of this sort, based on private life, have often served to mask the real—political—reasons for the arrests: criticism of Xi and the Party. In an article entitled “Virus Alert: When Fury is Stronger than Fear,”⁴ published in February 2020, Xu Zhangrun criticized the Party and its governance, calling it “big data totalitarianism” (*Dashuju jiquan zhuyi*) and “WeChat terrorism” (*Weixin kongbu zhuyi*). On the management of the Covid-19 pandemic, he pointed

⁴ <https://www.chinafile.com/reporting-opinion/viewpoint/viral-alarm-when-fury-overcomes-fear>

out an intertwining of nationalism and xenophobia feeding the myth of the almighty leader, and the legend of the government as 111avior of the people.

Sanctions on all “problematic” online speeches can go even further, especially on WeChat, the most widely used communication application in China. At the beginning of March 2020, a new regulation aimed at “ecological governance” (*shengtai zhili*) of online content came into force. It required going beyond the binary market + government model, and highlighted the role of four players: government, business, society and Internet-users, in a quadruple relationship described as “partnership”. It is within this putatively participatory framework that “self-discipline” is now expected of Internet-users, government oversight, corporate accountability and social supervision. By specifying explicitly the red lines that must not be crossed and the content that should be promoted, this new regulation holds as responsible persons and companies that produce online content—i. E. Service providers (such as WeChat, Weibo, TikTok, etc.) and their clients (or people who respond to them), disseminating and circulating content. The promulgation of this regulation during the pandemic period in March in China did not meet with many reactions online; the reasons for this are unknown: censorship, self-censorship, fear, or simply ignorance? This new regulation prohibits practices such as “hunting human-flesh”, i. E. Revealing personal privacy and contact information, as deduced from traces of information posted online; it also prohibits the fabrication and marketing online of false figures, comments and accounts. One Internet-user reacted on Twitter:

We still have one day left in February. As of March 1st, the new regulation on online content will come into force. The good news is that from then on we'll only have good news, and the bad news is that you'll have a hard time finding the bad news. Shout for joy, O gallant fellow-countrymen !

In the Party's regulations, a new amendment took effect on 1 October 2020, penalizing—with penalties that could go as far as exclusion from the Party—any behavior on WeChat that amounted to “non-alignment with Party policies”: statements supporting “capitalist liberalism,” criticism of policies, and “demonization of national models and heroes,” i.e., lack of respect for people presented by the Party as exemplary. On the renowned Douban site, well known as a reference in cultural activities, Internet-users in general can still express themselves with relative freedom. However, in September 2020, comments on a documentary dating from 1987, and dealing with Taiwan's national security law, as well as comments on a book about China's current national security law, were all suspended. Play on the words “national security law” could lead to a suspension of the commentary function. This particular act of censoring has prevented Internet-users from spontaneously rating these two products with anything but a single star. Faced with this censorship, Internet-users reacted with irony: “How can we

rate with only one star when we have grown up in the shadow of five stars?” This alludes to the Chinese flag and the ritual of education of young Party pioneers, and also to the “five-star” quality of life in today’s Chinese society.

Trump’s gesticulations against China after Huawei attacked the TikTok application gave the impression that an economic war was being waged as if it were a ridiculous American comedy, but with the opposite effect. It has contributed to a strengthening of an already powerful Chinese nationalism. Whereas the image of Barack Obama is usually construed by Chinese Internet-users as that of a subordinate of President Hu Jintao’s nicknamed Guan Hai, a reference to the gift of a calligraphy evoking the poetic image of “looking at the sea and listening to the waves” (*guan hai ting tao*; but *ting tao* can also be interpreted as listening to Hu Jin Tao), Trump is seen, according to the keyboards of Chinese Internet users, as a comrade of the infiltrated Communist Party—“Comrade Trump”—called Chuan Jianguo (*chuan* is the first character of his name translated into Chinese), which literally means Construction of China—a revolutionary first name that is banal. Chinese Internet users humorously call for support for his presidential candidacy, pointing out that to support Comrade Trump is to support the Chinese homeland, since the divisions and disorders he sows in the United States contribute to weakening the economic and political hegemony and the credibility of the USA. Ironically, they call on both protagonists not to reveal the “true identity” of Comrade Trump, who has infiltrated the United States in order to destroy the enemy from within and from the top. General Zhang Zhaozhong—a high-profile figure and the butt of jokes made by Chinese Internet users—has even declared that Trump will, by his re-election, be the first president to lead the United States into decline. In their comments on videos of this general, Internet users have made their own interpretation: Comrade Trump will be under the direct orders of this general, who himself is nicknamed “prophet” and “director of the strategic propaganda agency” (*zhan lue huyou ju*, here *huyou* means “to reel” in slang).

A photo in the approved style of the Cultural Revolution shows Trump gazing into the distance, accompanied by a young Chinese man with a frank, direct look, his eyes straight ahead; internet user’s comment: “The enemy of our enemy is our friend.” The user explains that “Chinese citizens want Trump’s re-election because he marginalizes America and makes the whole world hate it, and this helps to strengthen China’s unity, and makes international news a comedy. In addition to Trump’s exfiltration into the service of the Party, and to Obama’s obedience to Party orders, there is the Director General of WHO, Tedros Adhanom Ghebreyesus, aka “Mr. Tan” to Chinese Internet users: he is considered to be a faithful ally of the Party’s, especially in its fight against Covid-19.

“We have been waiting for them for 100 years; neither Mr. Democracy (*De Xiansheng*) nor Mr. Science (*Sai Xiansheng*) turned up, but Mr. Tan has arrived. “Indeed, *Tan De Sai Xiansheng* (his first and last name translated

into Chinese), contains the two Chinese characters for “democracy” and “science,” according to a Chinese Internet user on his Twitter account. The call for support by Mr. Tan (Director General of the WHO) springs from the same logic as support by Obama and Trump: a singular, unexpected decoding by Chinese Internet users of the new international relations that have been set up by the Covid -19 pandemic. Triumphant China, and its luminous Party State...

Digital nationalism is complex, as Séverine Arsène has said.⁵ It is expressed here in the form of a relatively simple logic, registering the struggle for economic hegemony in a new context: the United States now severely weakened by its erratic management of the pandemic, and by a presidential figure involved in multiple ridiculous episodes. Europe, meanwhile, is proving unable to implement a unitary policy; internal disagreement is spreading and weakening it. Reduced to silence, Chinese Internet users take up the governmental theme of their nation’s greatness, framing astute comments by means of initiatives that lead to passionate debates, but without crossing the red line.

Figures of women

During the confinement of Wuhan on 15 February 2020, women doctors and caregivers from Gansu Province were portrayed in the media as positive sacrificial figures: men shaved the hair of these heroic women before they left to join their brothers and sisters in Wuhan. The only man in the group, however, has retained his hair. This staging has been heavily criticized by Internet users and especially by Chinese feminists, who have found it “disgusting”, according to some commentators. The latter also pointed out that during this period of the combat against Covid-19, the media focused on the bodies of these professional women: their hair, their menstruation, their pregnancies, in order to emphasize the sacrifices these women made in the difficult struggles of the present.

A few months later, in September 2020, a television series was aired about doctors and caregivers during this trying time; the scripts came in for a lot of criticism. On Douban the series was rated 0.7 out of 10, an exceptionally low score. As an example, an episode entitled “War between daughter-in-law and mother-in-law” will help us to better understand these criticisms. The episode is focused on a nurse; it examines in a stereotypical mode the relationship between her and her mother-in-law. The nurse tries to show that she is a “perfect” daughter-in-law; she does this to appease her mother-in-law, who takes a dim view of the inclusion of the daughter-in-law’s family name in her grandson’s first name (normally he should take his father’s name). A few scenes illustrate the nurse’s health struggle: the

⁵ Séverine ARSÈNE, “Complexities of Digital Nationalism”, *Chinese Perspectives*, 2020, 2.

viewer's gaze is focused on her private and family spheres, neglecting her professional work; she is presented first and foremost as wife, mother and daughter-in-law.

Scenes from this sequence neglect the professional role of women and their willingness to help the sick and fight the epidemic in Wuhan; only men are shown doing this: the series provoked indignation in Internet users—and not only women. Here are some of the comments:

Did only male drivers volunteer to leave ? Has the only female driver in the team dropped out simply because her boss, a man, persuaded her to do so ?

A female doctor, with experience in fighting Ebola, was discreetly asked to “stand aside” in the operating room, as she was a “fellow-woman”.

Another female doctor, an ENT specialist, was removed from the list of volunteer doctors on the initiative of a male colleague, who argued that her advanced age and the need to care for her husband, who had suffered a stroke, should prevent her.

A nurse [who has volunteered to go to Wuhan] is not allowed to leave [for Wuhan] by her team leader, because her husband has forbidden her to leave the family home.

In this series, the workers who worked on the construction of the two new hospitals in Wuhan are represented exclusively by men, while in some episodes the women spend their time gossiping among themselves. However, in a documentary directed by Huanqiu, one of the Party's spokesmen, Secretary of the Council of State, declares that more than 70 per cent of the caregivers who volunteered to go to Wuhan were women. While some Internet users feel that the critics have “overreacted” to a mere television series, others worry about the image that this health struggle will leave, when series and programs like this one falsify reality, depreciate women and overvalue men. In February 2020, when the media focused on the sacrificial figure of a nurse who, 9 months pregnant, was still active on the front line in Wuhan, who would have thought that in September of the same year some Internet users would see this as a blatant lie: “Bullshit! 9 months pregnant and still on the front line? Do you take people for fools?”

Controlling the epidemic and the people

The effectiveness of management of the pandemic in China is undeniable; the epidemic seems to have been contained as of September 2020, when there was a return to “normal” life, with many people working without wearing masks. This situation contrasts with that in Western countries, particularly the United States and France. Exactly how has the party-state managed to control the pandemic? We give two concrete examples of mobilization of the “masses” that implicate the Party model, based on self-discipline, control, surveillance and individual accountability.

A temporary sales assistant, recruited for a promotion campaign in a high-end supermarket in Shenzhen, tested positive for coronavirus on

returning to spend a few days off in her hometown, several hundred kilometers away. Shenzhen reacted in less than a day, closing down about twenty stores of the supermarket chain that employs her. Covid-19 tests were administered to all the employees, permanent and temporary, who had worked there during the possible contact period, and also to all inhabitants of the neighborhood where the infected saleswoman lived. A call for vigilance was made over local news channels (television and WeChat). Organs of the Residential Zones Party were mobilized, and in turn immediately alerted clinics and hospitals, police, and the companies concerned. The pandemic is a collective concern; it calls for everyone to take responsibility. A few asymptomatic cases were detected, and a week later the supermarkets reopened.

In Shenzhen, a child in our family was feverish. The nursery does not accept any child with symptoms that could possibly be related to Covid-19. So a test was made in the neighborhood clinic, which specializes in detecting coronavirus; the result—obtained in less than two hours—was negative. Antipyretic treatment was prescribed; the purchase of the medication, was checked by the police, and the Party set up a neighborhood committee: telephone calls to both parents increased after the visit to the clinic and the purchase of the antipyretic medication.

A degree of transparency that borders on breaching confidentiality⁶ is one of the keys to the efficiency of Covid-19 management in China. On their applications, residents can view a map of the areas frequented by patients who have tested positive for Covid-19, with real-time statistics of confirmed positive cases.

Comments of Internet users in this context are today increasingly difficult to translate for the benefit of French readers, as the Chinese users camouflage the meaning of their messages in an attempt to counter censorship, which is increasingly drastic and invasive. The following reactions illustrate this:

Time passes very quickly, between 1997 and 2020, 50 years have passed.

The main contradiction in today's society is: one waits for it [the government] to apologize, it waits for one to be grateful to it.

Gui Minhai, a Hong Kong bookseller from Ningbo, China, who obtained Swedish citizenship in 1996, edited, published and sold books that are banned in mainland China; he disappeared while traveling in mainland China. A few weeks later, it was learned that he had been arrested and sentenced to 10 years imprisonment for “providing information abroad”. The

⁶ At the beginning of the pandemic, personal information (ID, address, telephone number, etc.) had been disseminated online, creating discriminatory behavior among residents and relatives, while mobilizing them for better surveillance of people. Sometimes this information was disseminated, not only by local authorities, but by companies, neighbors and even family members.

government announced that during his detention, the bookseller had applied for reinstatement of his Chinese citizenship; this had been granted in 2018.

Journalist Li Chengpeng, echoing the censorship on the pandemic and other sensitive issues, wrote in April 2020: “I never thought that in my own homeland using one’s mother tongue was a clandestine act. So every time you write, it’s like engaging in smuggling that one can’t admit. »

I can’t Tweet, answer Internet users to the tweet of the spokeswoman of the Chinese government who had written *I can’t breath*, to support the Black Lives Matter movement.

My Weibo account was deleted because of my posts during the pandemic—not because I’m wrong ; on the contrary, I’m right on almost all counts.

Currently in public opinion, energies are defined as positive or negative by the people in power : those that are allowed are positive, those that are forbidden are negative.

All those who want to convince me to delete my online posts have mobilized [...] all nooks and crannies in our family are being meticulously searched, says Gou Jin,⁷ a schoolgirl who was robbed of the result of her final secondary school exams and her admission papers to university.

There are three ridiculous phenomena in the Chinese press. People’s Daily : We are the best in the world ; *Can kao xiao xi* : The whole world confirms that we are the best ; *Huan qiu shi bao* : The whole world is jealous because we are the best.

There is a new word that describes today’s society, half feudal, and half Internet [...]: in a car, when the driver is crazy, all the passengers will end up... —especially when it accelerates on turning left.

Scrambling, emotional nebulae

In mid-October 2020, Xi Jin Ping, without a mask, and surrounded by a hundred people who were also not wearing masks, was shown on television doing walkabouts and mingling with the crowd. Message: the epidemic is over. The message was confirmed by a second television series, accessible online, with English subtitles, showing the battle against the pandemic. Unlike a former program—we have already mentioned its cartoonish portraits of women—which was a flop as far as the party-state was concerned, the current series is getting very high ratings from Internet users: 8.7 out of 10. These two series bear witness to a profound transformation in propaganda. In the first, *Heroes in Harms Way*, the protagonists are depicted summarily, unquestioningly obeying higher orders and performing military salutes, their uniforms sanctifying their devotion to duty despite conventional family reticence and anxieties that in the end they overcome.

⁷ This young girl was the victim of a scam: another person stole her baccalaureate results and her admission to the university where she took her place. The authorities tried to cover up this scandal: she was pressured from all sides to remove what she had published online — about the injustice she had suffered, her questions and demands for justice — including using blackmail and threats, searching for anything in her family history that could be considered scandalous.

The second series, *With You*, in which filming began in June 2020, is based on actual facts; the viewer sees individuals who are caught up in inner dilemmas; their subjective autonomy allows for an identification and projection of emotions. The propaganda is subtle, psychological, not unlike that of Hollywood, and carefully targets the population's expectations. The patients are as moving as the doctors, with their weaknesses and their courage; both categories are shown in several generations and in contrasting social strata. Medical personnel use common symbolic kinship terms in addressing grateful or recalcitrant agents, representing the diversity of the inferior "masses" and their spontaneous levels of incomprehension. The party-state, resplendent in the first series, exalting hierarchy, authority and command in classic "revolutionary" style, fades out in the second series, allowing personal feelings, experiences and collective exhaustion to unfold in a more romantic way, staging the understanding and dialogues of the teams, and overlooking statutory hierarchies. Over and above this noteworthy evolution in the style of propaganda, increasingly sophisticated, the two series deliver nonetheless the same positive, decisive message: there are no longer—there were no longer—*victims* of the pandemic, but only *heroes*—who leave and will continue to leave their mark on people's minds. The unfortunate Dr. Li and his colleagues have been dropped from history, as though they had never existed—thereby relieving the State of responsibility not only for their death but also for the deaths of the thousands of people who succumbed to the virus. All that remains and will remain is this heroic activity, magnificent; plunging into a tragic everyday, it emerges in a victory that is shared by all; the triumphant nation achieves the union of its cadres with the people. The lesson is masterly, and could inspire many governments; it requires, however, performances that are difficult to achieve in all fields—but in which China excels.

The hyper-dictatorship that China is setting up, now that the pandemic seems to be over, could be seen as a tempting political model for other party-states involved in a race for economic hegemony. Algeria, which has brought to an end to the *Hirak* demonstrations that lasted for nearly a year, is a good example, multiplying arrests and imprisonments, in particular of journalists and intellectuals. India, Turkey, Belarus—not to mention the republics of Central Asia—are all either moving or beginning to move in this same direction. Populations that have been reduced to silence, digital or real, under pretext of health security are today many and various. In contexts of this sort, the pandemic has taken on much the same function as terrorism, against which a global struggle has been declared, involving the declaration of states of emergency and restrictions of rights.

Generally speaking, in the field of rights, the situation is being blurred by three factors. The first of these concerns work. The economic recession caused by containment is being invoked to limit labor rights and pressure workers to resume growth. The term "worker" was never praised during the

confinement; this had the effect of eliminating from people's minds the historical subject of work. Secondly, health prevention measures—the obligation to wear a mask, physical distancing, limits to the number of participants in events, and so forth—objectively restrict social and political rights, even if subjects are unaware of this additional blurring of the boundaries between democracy and authoritarianism. Last but not least, extremist right-wing groups, seizing this opportunity to restore their image, are multiplying in all countries, claiming freedom of conscience and expression in order to gain popularity.

An example: in a small village in the Ardennes, a retired truck driver and his mother, formerly housekeeper at the local “château”, explain, leaning against the fence of their pretty garden, that “The virus doesn’t exist; it’s all just a fiction, to do with big money. It’s the little people who’ll pay, the poor who’ll suffer, and the rich who’ll get even richer. The government is lying—and it’s going to do it all over again. When? We don’t know...”

Victimhood of this type is generally constructed using a conspiratorial matrix that obscures the logic actually in operation: subordinate social strata seize an event to protest against domination, against their marginalization, their isolation. Reactions to imaginary persecution by phantasmagorical powers can largely be explained by the yawning gap that has arisen—an abyss—between populations and their governments. This is all the more obvious when the governments pursue neoliberal policies that enrich the upper strata of society, their allies. The pandemic has, in fact, increased inequalities considerably.

China seems to have resisted this generalized, confusedly persecutory temptation. There it seems possible to distinguish much more clearly between the two fields involved: that of dictatorship and that of the health struggle—even though they may be intimately linked, with the latter serving the former—undoubtedly a *habitus*, long established by daily personal and collective political surveillance. In democracies, on the other hand, a stolid individualism—based on consumption and the chimerical status it offers—entails a readiness at the slightest opportunity to slash anything that might limit its scope; all of this is perceived against a backdrop of permanent mistrust of the State, which today has come to represent only itself and its submission to market forces. When political democracy, with its ideas of manipulation and conspiracy, thus produces tangible class persecution—while at the same time failing to eradicate disease—couldn’t dictatorship do a better job in generating health? This question promises to torment democracies for the foreseeable future; its impact has been increased tenfold by the Covid-19 pandemic.

Finally, we are forced to recognize the technical power and efficiency of China; this became evident in January and February, when it supplied medical masks and gowns to the entire world after two months of shortage; in October 2020 it became evident once again when 10 million tests were

carried out in 3 days in Tsingtao, verifying that no confirmed case of Covid-19 had been recorded. With the virus, hegemony comes to the fore politically, economically, in health, and scientifically, both in publications and vaccine trials.

II

IN THE INTIMACY OF THE HOME :
TERRITORY AND SUBJECTIVITY

MEDIA, TEMPORAL AND SPATIAL WITHDRAWAL FIRST *CONFINEMENT* (LOCKDOWN) AND COVID-19 IN PARIS

Catherine DESCHAMPS¹

Paris, Tuesday, March 17th, 2020, late morning: Rue de la Jonquière and a few of its perpendicular shopping streets on avenue de Saint-Ouen are crowded. Queues have formed in front of the pharmacies—even though the announcement in the window states that they are out of hydro-alcoholic gel—in front of the big supermarket, as well as the checkout stands of little shops. It is said that certain essential things ranging from toilet paper to pasta are running out. In the stores close by to where I am used to shopping, a line winds around the rather full shelves. The customers are trying to keep their distance from one another but the narrow aisles are making this difficult. A man, who is attracting sneakily angry looks, seems to be doing his best to come close to the other customers, while coughing dramatically. No one dares confront him. People are caught up in the old rules of urbane politeness described by the sociologist Carole Gayet-Viaud.² The aim of these rules was to prevent situations from becoming confrontational. Today people are caught up in new fears and restrictions, linked to coronavirus, that disrupt these rules on the one hand, and the imminent lockdown on the other—that will begin officially at noon. This morning only a few people are wearing surgical masks, holding their heads high as if wearing trophies.

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² GAYET-VIAUD Carole, 2008: « Les disputes de politesse dans l'espace urbain: quand la politesse tourne à la violence », in C. MOÏSE, C. SCHULTZ-ROMAIN (ed.), *De l'impolitesse à la violence verbale*, Paris, L'Harmattan.

Others are hiding their mouths and noses behind scarves, eyes seeming secretly to look for other eyes as much as trying to avoid them: a disruption of normal reflexes. Most have bare faces and seem to be in a hurry—this is no time to be strolling. Despite the large crowds, social contact in the street is reduced to a bare minimum. [My ethnographic notes of March 17th, 2020]

In the spring of 2020, the confinement put in place by the French government and a few other countries to counter covid-19 seem to insinuate a “dream of a post-Covid world”. It is difficult to say whether it refers to a restriction, a collective illusion, the negation of history, or just a show of stupefaction. The possibility of this dream or nightmare is based on a new experience for generations living in European and North American countries. The “moral panic” and the health emergency caused by the coronavirus announcement in the winter of 2019, is also a new experience. This dream or nightmare is possibly both a godsend and a double paradox. It is a godsend for those who, since the ecological breakdown and new developments in technology, have been crying out for a radical and epistemological break, without a sufficiently concrete and visible basis to be able to convince on a large scale. The double paradox is that of a retreat to tiny and largely private, traditional islands—this “future world” is rather a “return to the future”—that of public pressure and the public voice being ineffective in seeing their demands for change materialise. The dream or nightmare immediately becomes a projection with no foundation.

Beyond the grandiloquent desires or anxieties, the choice of the political class to fight against the spread of disease does not come without consequences: when the French President Emmanuel Macron announced on March 12th 2020, that France would pay the entire bill in the name of health, “whatever the cost” (*quoi qu’il en coûte*), this was necessarily a pious wish, one that ignored “sociomateriality.”³ It is not as if aid and subsidies to assist companies as well as individuals could not be lavishly distributed. However, the creation of equal treatment in the face of a health risk comes with the consequences of social inequality. It is certain that the collapse of the economy linked to lockdown and home-based work—not all paid activities can be carried out in a dematerialized and computerized manner—will have a higher cost for most of the poor and least qualified. That refers to people whose activities are not necessarily the distribution of food or providing what are seen as indispensable services. The cost is political as well: after a calm period at the end of August 2020, the number of contaminations rose again in France, and the strict confinement had been relaxed for three months. A wealthy Parisian entrepreneur cynically told an architect friend of

³ This expression was coined by anthropologist Paul Farmer, who entitled his introductory session at the Collège de France in 2001: “Structural violence and the materiality of the social” (*Violence structurelle et matérialité du social*). He observes how, in face of illness, reduction of the poor to an abstract category prevents action *in situ* to reduce their vulnerability.

mine that he hoped that covid-19 would be kept at a low level and without an effective treatment until Emmanuel Macron's quinquennium came close to its end. By this he meant that if potential opponents could not hold large demonstrations and street rallies, the liberal and pro-business reforms he was expecting from the French government would go through.

What is the purpose of the following thoughts? Rather than a scientific essay they could be seen as a chronicle: the consequence of solitarily wandering for 56 hours over 56 days in unusually empty and silent streets, and, of watching news channels *ad nauseam* over the same period. This article borrows from sociology and anthropology but is based on my own research and concerns.⁴ There is no pretension to meet academic standards. Something else comes into play: the ethnographic study of the contemporary world, its time and place units, is the favoured method for anthropologists. Yet the absolute shape that this "presentism" takes, and the interruption of rhythms epitomised by two months of confinement in France, throws the validity of this method into question. The first parts of our thinking will make up this enquiry and the temporal and sequential relationship beyond that. Then, in this extraordinary period, under the guise of providing one of the few windows on the world, between the lack of information and the construction of an obsession, it will be necessary to describe some of the characteristics of the media, that correspond to two months of lockdown. The closing thoughts will focus on the question of space, place, and displacement. Lastly, and not overlooking some encouraging developments linked to the revival of local sociability, the common thread is that of withdrawal. There is the self-discipline, the repetitive days, the need to constantly be available and to have continual access to information—all in a small and shrinking space. In several ways, our retractions represent the "previous world" rather than our dream of a world to come.

The limits of the present and the instrumentalization of storytelling

Paris, Tuesday, March 17th 2020 in the early afternoon: the streets of Les Épinettes neighbourhood are deserted, the sun is shining and I am looking at the buildings that are part of my daily life, and which just days ago I did not even notice. The "consumers" who are talked about so much have disappeared. This allows the architecture to re-emerge (regain our attention), "its clear geometric contours"⁵ typical of formal urban spaces in normal times. Even the streets, their tarmac, their facades, "give the

⁴ The majority of my research has focused on sexual minorities and HIV, street prostitution in the Ile-de-France region, gender in the urban spaces of Paris, public space temporality of (*Les Épinettes*), a Parisian neighbourhood, and the itineraries to small provincial towns of exiles in France. My teaching in an architecture school has sensitized me to the stories of place and space in the social sciences.

⁵ SCHWARTE Ludger, 2019 : *Philosophie de l'architecture*, Paris, La Découverte, coll. « Zones » : 22.

impression that they are bringing the clear sky above them back into the centre of the city, creating a sort of atmospheric sculpture.”⁶ It all looks like a scene from a film or like an architectural student’s cardboard models. There are no longer any humans to distract us from the Faubourgian, post-Haussmannian, or modern forms that make up the contrasts in the local fabric of this triangle of north-western Paris. The buses criss-crossing the neighbourhood are almost empty. They glide like ghosts along the asphalt, transporting invisible men and women who have no choice but to take public transport. Their work is both necessary for our collective survival and cannot be done from home. Along the sidewalks there are more parking spaces available than usual. We find out the same evening that a significant proportion of Parisians have relocated to the provinces and to the coast.⁷ *Les Épinettes*, still working-class but starting to show signs of gentrification, also seems to have been emptied of part of its population. This resonates with my work on gender in public space.⁸ The feeling is that passers-by have all become women. To be more precise, even the men appropriating urban space by remaining static and forming a group, are no longer there: they have to keep on moving, just like the vast majority of women had to do before lockdown. At the corner of Rue de la Jonquière and Rue Berzelius, even the onlookers of the small local drug trade, our neighbourhood’s “notorious secret,”⁹ have vanished. This makes me wonder about what the prostitutes are in for who hustle at the Porte de Clichy along the Boulevards des Maréchaux at night¹⁰. *Noli me tangere*, “Don’t touch me,” Jesus tells Mary Magdalene: these instructions to prevent covid-19 are not exactly compatible with maintaining sex work. And the visibility of soliciting is discouraged by the lockdown.¹¹ What also comes to mind during this first walk is that the night is going to become dangerous for those who risk going

⁶ *Ibidem*.⁶ My translation.

⁷ An INSEE study (April 8, 2020) shows that overnight stays in intramural Paris have decreased; before the confinement, the corresponding figure was 610,000. After the confinement, the figure was 580,000. This decline references non-residents (nationals or foreigners) and residents (11% of people with their main residence in Paris having left) departure from the capital.

INSEE, 2020 (April 8th): « Population présente sur le territoire avant et après le début du confinement. Premiers résultats ». Viewed online, May 12, 2020.

⁸ DESCHAMPS Catherine, 2018: « Le genre du droit à la nuit parisienne », in F. Guérin et al., *Cohabiter les nuits urbaines. Des significations de l’ombre aux régulations de l’investissement ordinaire des nuits*, Paris, L’Harmattan.

⁹ SIMMEL Georg, 1996 [1908]: *Secret et sociétés secrètes*, Strasbourg, Circé.

¹⁰ For a long time, I was an observer of a certain field, street prostitution in Ile-de-France DESCHAMPS Catherine, 2006: *Le sexe et l’argent des trottoirs*, Paris, Hachette Littératures

¹¹ During lockdown, the online press mentions, taking the precaution to write in the conditional, that party-goers, “dealers” and prostitutes are squatting in Parisian Airbnb apartments (*Le Parisien*, May 8, 2020; *Le Point*, May 9, 2020; etc.). It also mentions that in Paris smuggled drugs are being circulated as part of food deliveries (*Le Temps*, April 21, 2020).

out: witnesses such as pedestrians, clients or motorists who have a tempering effect on the desire for aggression are no longer there. Windows of night bars and restaurants looking out on the streets have become blind. This partly irrational fear already makes the establishment of curfews such as several mayors of large cities have done in Nice, Mulhouse and Perpignan... obsolete. With the exception of a few refractory people whom no municipal decree manages to subdue, between self-policing and self-censorship, these curfews do not need to be made into a law to actually take place. The first Parisian evenings of confinement are deafeningly silent, punctuated only by rare laughter, seemingly thunderous and abnormally distinct. [Reconstructed from my ethnographic notes of March 2020]

Like many anthropologists, almost as a reflex or possibly sublimation, I wrote down from March 17th to May 11th 2020, everything I saw, heard, and felt during my daily one-hour stroll and when I went shopping.¹² To maintain part of their services, clandestine activities have resorted to deception, and I too, in these reclusive times, have allowed myself some “arrangements” or “integrated adaptations”¹³ using the “waiver travel certificate” (*attestation dérogatoire de déplacement*) to make the most of public space. The hour sometimes has gone beyond 60 minutes and the kilometre, as the crow flies, has been more than 1000 meters. Subsequently to the numerous videoconferences, telephone exchanges or “WhatsApp aperitifs”, I also noted the words and emotional expressions of my interlocutors, colleagues, students and relatives associated with the virus and the lockdown. Nevertheless, street observations and noting one’s feelings in writing in order to remember them does not constitute an analysis. Ethnography is a raw material that has not yet passed through the sieve of classification, order, resonances and discipline. Furthermore, it is the archive of one’s present experience that has been made more absolute by one’s own amazement, from which I can hardly withdraw. On the one hand, at the time of writing these lines (in late summer 2020), Coronavirus has hardly stopped being, at times, lethal. On the other hand, confinement whose duration has been limited to two months, has made access to the long time needed for observation impossible, accentuating the anthropologists’ attention to the present. *De facto*—and even if in “normal times”, many of my colleagues do not take notice of history’s genealogy. According to my knowledge of epidemics, quarantines and “moral panics”, disparate snippets of the past

¹² This observation has also been inscribed in a continuity: I have been doing an ethnographic study of my neighbourhood for almost 5 years, to analyse the effects of urban spaces materiality and its different temporalities (day/night; week/weekend; according to the seasons) within various social categories. Doing this has allowed me to have a comparison with the ethnography conducted during confinement.

¹³ GOFMAN Erving, 1961: *Asylums. Essays on the social situation of mental patients and other inmates*, New York, Doubleday and Company.

highlight my observations, bits and pieces picked up here and there, despite the fact that they are without depth. At best these echoes are a form of erudition. But they certainly do not provide a precise understanding of a phenomenon that might contribute to scientific knowledge and identify potential leverage for action. Although erudition can nourish it, it does not make up research.¹⁴ So, in the face of confinement and covid-19, the methodological tools of anthropology might be undermined. There is not only the possibility that politicians and the media are able to instrumentalize us as mere makers of narratives that “fix” the situation—narratives that put some soul into disembodied data—an instrumentalization that has been in place for a long time—by truncating so as to forget the lessons that they carry and the approaches that they encourage.¹⁵ But we ourselves might be caught up in this role, being unable for the time being to insert the present narratives into the longer-term, complex social mechanisms underlying them. This is unless we try to justify the research through political commitments, a tautological approach if ever there was one, rather than the other way around or to distinguish the one from the other.

Emergency and accident

Moreover, we are confronted with two distinct phenomena that are often abusively confused, each in its own way; they raise the question of whether it is possible to do research not *on* emergency but *in* emergency. The first is a virus that has never been known before in our territories—though in the 1980s, HIV also was a disease over which medicine was also at first powerless. Even though the characteristics of these two pathologies are consequentially different in terms of our relationship to space, place and time, and in regard to the sociological profiles of populations affected by it, it is tempting to draw on certain lessons learned from AIDS in order to understand the coronavirus. Although he overlooks HIV, which until 1996, remained almost systematically lethal all over the world, the architect Philippe Rahm¹⁶ goes on to note about covid-19:

The impending catastrophe is not new. It has been part of the daily life of human beings ever since the dawn of time, except for the last fifty years. One should

¹⁴ In French graduate schools of architecture, this confusion between research and erudition is commonly found among architects who are trying their hand at research, but without having to pursue a PhD. I myself have experienced this confusion about what is said about coronavirus and lockdown without taking time into account.

¹⁵ Few anthropologists or sociologists however, were, during confinement, invited onto news channels—fewer proportionally than during the usual period. On the first “scientific council on covid-19” that was chosen by the French government on the 11th of March 2020, only one anthropologist, Laëtitia Atlani-Duault, and one sociologist, Daniel Benamouzig, were brought in (other members of this council were for the vast majority medical graduates).

¹⁶ RAHM Philippe, 2020: « Coronavirus ou le retour à la normal », *Analyse, Opinion, Critique* (AOC), 10 mars 2020. Viewed online, 26 March 2020.

remember that [...] Le Corbusier recommended tearing down overcrowded neighbourhoods in Paris, that were labelled insalubrious, to prevent the spread of cholera and tuberculosis, which nobody knew how to cure.¹⁷

The stage is set: while critical illness is confined to hospitals and old age to retirement homes, ordinary urban and spatial structures have an impact on health. What is more, coronavirus could become a regular occurrence, returning whenever conditions are ripe for its transmission. Seen in this way, it is by no means certain that the present moment is exceptional: we will perhaps have to learn to live with it, and with permanent worry about our teenagers' education and our elders' health. We will be obliged to come up with solutions that do not turn retirement homes for elderly people who are dependent (EHPAD¹⁸ in French) into modern-day leprosy asylums, isolated from society not so much out of fear for the elderly as out of fear of their passing disease on to the younger generations.

Then there is the lockdown, an experience that is unprecedented for people living in European democracies today; with the exception of imprisonment for crimes, obstructing freedom of movement is incompatible with Article 13 of the Universal Declaration of Human Rights of 1948, and with Article 18 of the Maastricht European Treaty, which is still in force. Admittedly, public health requirements are among the reservations to the treaty. Being confined to our own homes and neighbourhoods is primarily the consequence of an initial lack of preparation in France (shortage of masks, of virological and serological tests, of beds in intensive care units). This could soon prove to be not only a first, but a unique experience.¹⁹ On a human level, this double aspect could transform it into an *accident*.²⁰ As an accident, the disease would aggravate and caricature the physical distance between strangers' bodies (those of close family members and possibly of some colleagues the only ones one is allowed to touch) that could be lying in ambush each time the epidemic returned. The rules of hospitality would be disrupted. The possibility of resisting by means of protest would be disrupted as well. But all this is already the case: the emergency health law

¹⁷ My translation.

¹⁸ Établissement d'hébergement pour personnes âgées dépendantes.

¹⁹ In the history of epidemics, we find the practice of quarantine or isolation has always existed. However, the confinement linked to covid-19 has brought in a twofold change: the affected territories are huge and the measures have been applied indiscriminately to all people living there.

²⁰ The original version of this article, in French, was written at the end of September 2020. In this later English translation (early January 2021), I decided not to change anything. Since then, we have had a second confinement in France, in the fall of 2020. This was however a more flexible confinement than the first, which in this case continues to be a unique experience.

that took effect in France on March 23rd, 2020 for two months,²¹ enables the Prime Minister to ban all gatherings. However, no matter how difficult it may become to oppose coronavirus, it would still be conceivable to oppose confinement, a consequence of political and governmental choices.

At this point a new question arises: is it possible to write *in* urgency and *about* accidents, when one is overwhelmed by a continuous stream of commentaries, partly contradictory, communicated by the ever more pervasive media? This is an exercise in uncertainty, which is frequent, and urges us to be humble and willing to “be affected”²² before taking the necessary step back. But to give up thinking about the present, amounts to a refusal to admit that all research (or proto-research), is based on preliminary assumptions and intuitions. Research has always stirred up controversy. It has led to studies and counter-investigations, and shown that the exceptionalism of a given time does not eliminate the ability to draw on an existing stock of knowledge in order to throw light on the question, even if this involves some waiting. I am taking the risk of writing while still stunned, and risk seeing my writing soon turn into mere material for historians, rather than attaining the status of science. All of this should encourage us to approach our recent experiences as an occasion to reassess favoured anthropological methods and their biases when dealing with history and with possible projects. Projection is an ability to offer answers to social questions. In other words, how can the lockdown, having narrowed down time and flattened out rhythms, and having pinned down the present, ultimately and paradoxically reposition anthropology in relation to the three fundamental temporalities: the past, present and future—and in particular, experience, practices and projects?

Elimination of rhythms: monotony and the “flattening curve” of time

Closely related to the two questions of permitted areas and restricted mobility, the confinement has brought to light by the twin effects of contrast and deprivation, two areas we no longer think about: duration and rhythm.²³ In our daily lives these are so essential that they are not even thought about. To be more precise, we had overlooked the way in which rhythms and the variety of activities build up a sense of permanence, and can even give the impression of slowing down the ageing process.²⁴ Well, the confinement has

²¹ On the last day of the lockdown in France this law was prolonged and finalized, on the 11th May, to apply until the 10th of July 2020.

²² Jeanne FAVRET-SAADA, 1990: « Être affecté », *Gradhiva*, n° 8, p. 3–10.

²³ Henri Lefebvre, an urban sociologist, towards the end of his life encouraged a development of what he called “rhythmanalysis”. Henri LEFEBVRE, 2019 [post-mortem]: *Éléments de rythmanalyse et autres essais sur les temporalités*, éditions Eterotopia, coll. « Rhizomes ».

²⁴ Some research (by Brian Yates or Adrian Bejan in particular) talks of the feeling of an acceleration of time over the years: months and years being similar. *Routine* and lack of new stimulating experiences (pervasive for younger ages) explain this. If one accepts these

gradually brought to a stop some of the rhythms that—for many employees—are linked to basic social rights: the 35-hour working week in France; the working day, i.e. the maximum number of hours spent at work successively in 24 hours; the weekly break; the right to holidays and a vacation. The only rhythm that has not been changed and regulated is that of the seasons, regulated by the climate. In Paris for the duration of the two-month-long ban on leaving one's private home, the weather was consistently fine. This reinforced a sense of monotony, of never-ending repetition. So, day would gradually fade away into night, so unobtrusively that the duration barely had any rhythm left at all. Admittedly, some groups of friends, or separated lovers, some dispersed families did have aperitifs together, on WhatsApp or on Skype, after work or on weekends, in slots usually reserved for "holiday work". In a way the aim of these gatherings was to reinvent and reset rhythm. But despite these efforts, during confinement work ended up consisting of seemingly endless videoconferencing, which accumulated. The initial recreational purpose, aimed at separating professional from private activities and interactions, was defeated.

Generally speaking, videoconferencing and teleworking from home ended up blurring the boundaries between daily, weekly and monthly activities or "temporalities". Some people in my own professional environment felt in mid-March 2020 that their activity was slowing down; but a month later these same people had the impression that they were slaving away again at some master's will: they had to be at home all the time and, try as they may, they couldn't find any reason, whether honest or fallacious, to miss out occasionally on a meeting they themselves considered unnecessary.²⁵ Worse: to accommodate different agendas, meetings in the world of academia are usually planned well ahead; but now they were decided on overnight, or even on the fly during the day. I personally feel that these meetings have multiplied compared with normal academic practice. The current demand to be constantly available has emerged not only in the professional world but elsewhere too: when a group of teachers who did not know one another decided to take advantage of a time when nothing much was going on to stage a protest against the long-standing aberration of unequal pay, not only were the protests held on a Sunday, on the grounds that "everybody was at home", but they continued to occupy the same Sunday slot until the end of August 2020—as though rhythms had been

hypotheses, the sudden development of coronavirus factors in an impression of time slowing down, while maintaining the confinement over time gives the impression of acceleration.

²⁵ The most overwhelmed were colleagues with children: not only did they have to carry out their professional activities from a distance, but they had to have multiple screen-based meetings all while making sure that their children attended their classes and followed their teachers' instructions. The parents even had to compensate for what they considered to be pedagogical shortcomings. There were also accounts of fights between the parent's professional needs and the needs of children, over a lack of computers in their homes.

disrupted completely once and for all, and social time-frames had become entirely porous.

Disturbances of rhythm affected perceptions of duration—and not only by “flattening curves” or by standardising linearity—throughout the period of extreme restriction of movement. Employees to whom I spoke felt a shift from a slowing-down of time at the beginning of the lockdown to an acceleration at the end. It was those who earned least who felt that the length of time was gradually taking its toll, —sometimes with a shift from a sense of windfall in the beginning to a worrisome drying-up of resources:

During the first week of confinement, at the exit of two small supermarkets in the vicinity, I repeatedly saw unusual scenes: it was no longer the homeless who approached passers-by or supermarket customers when they had finished shopping. This time it was the shoppers who approached the homeless—in most cases men—and took a chocolate bar, a cookie or some ham from their bags... To be clear, I am not just talking about giving some food to this young man whom I had never seen before and who from mid-March to mid-April sat, reading a paperback, at the door of the more upscale of the two shops. I'm talking about customers who go so far as to look for homeless people, calling them to give them the food they have bought for them on their own initiative. A friend tells me on the phone that he has not seen anything similar where he lives. I wonder how the social makeup of Les Épinettes has influenced these donations. After the first week it took some time before I noticed again anything particular about the interactions between the homeless and people with homes. Then, as the lockdown continued, after I noticed that the homeless had become more active, one of them told me, on Monday, May 4th: “At first it was great, people were really cool. Now, well, it's just the opposite. I've got to talk people up”. As the days and weeks go by, at the lunchtime distribution in front of the church, Saint-Michel's, the queue has got longer, and now stretches the entire length of the Passage Saint-Michel, and back on to the Avenue de Saint-Ouen; an informal “service d'ordre” now has to distance people from one another. In the queue, the homeless, both those well-known in the neighbourhood and the less familiar exiles, gradually mingle with parents holding their children by the hand. [Reassembled from my ethnographic notes from mid-March to mid-May 2020].

A shrinking world and generalized under-information

What about the world beyond the one I have access to personally?

From March 17th to May 11th 2020 in France, for the majority of the population who have no reason to travel long distances, knowledge of the world beyond the sanitary zone surrounding each confined home, still exists, but only indirectly, by means of television, computer, tablet and smartphone screens. As days go by, the very same medical experts who have been

invited *ad nauseam* to the TV programs are morphing from health experts into political pundits. In HIV epidemic, the medical profession was knocked off its pedestal, and the patient simultaneously transformed into a “social reformer;”²⁶ sociologists and anthropologists earned a new credibility. In the current context—and despite numerous doubts—doctors are being crowned as kings by the media.²⁷ The global facts they comment on are saturated with statistics and worldwide comparisons concerning coronavirus and the different measures being taken to reduce lethality. This media obsession implicitly points towards competition between the countries that have been hit by the pandemic; like the rivalry between major capitals²⁸ that Saskia Sassen²⁹ described, it is paradoxical: all the other topics that have shaken the world are ignored, definitively glossed over by the mass media, just as before globalization. The over-abundant language and imagery dealing with covid-19 and the soft or hard lockdowns contrast with the vast silence on other subjects: there is hardly any mention of the bridge that collapsed in Tuscany on April 8th, and rather than questioning the dilapidated state of Italy's infrastructure, media insist that travel restrictions have saved lives. Strictly targeted over-information, is thus accompanied by a widespread lack of information.

This phenomenon is reiterated at the more local level: overkill on coronavirus and its derivatives, and virtually nothing on other subjects. Very little is being said about the high level of tension in the Essonne département after law enforcement was implicated in the death of a motorcyclist on April 18th, under problematic circumstances. An attack on the car of two policemen in Colombes on April 27th, in the Hauts de Seine, and attributed to Daesh, did not make it into the headlines. Crime reports are at a low. Like the chauvinistic comparisons of the death-tolls between different countries, it is now the cities that are squabbling over Covid: Paris versus Marseille. Even the matter of the “Yellow vests” (*Gilets jaunes*) has been brought up by the defiant Professor Raoult—whose professional establishment in

²⁶ Daniel DEFERT, 1994: « Le malade du sida est un réformateur social » (entretien), *Esprit*, n° 203, p. 100–111.

²⁷ The other difference between HIV and coronavirus: until a treatment was found AIDS was fatal, although an HIV-positive person could live for a few years; covid-19 is a disease that where treatment is quick and one survives, or one dies fast. Also, HIV was affecting a population in its prime, active age. The fatal forms of covid-19 mostly affect people who have retired. And lastly, homosexual men, the people who paid a heavy price for HIV, had access to militant community support networks.

²⁸ In fact, health is a diplomatic issue between large countries. It is a factor in maintaining national “levels” and enrichment, in establishing zones of influence (for example, around AIDS in French-speaking African countries for France: see Lucille GALLARDO, 2020: *Africagay contre le sida, un « combat africain »? Approche relationnelle d'une mobilisation inter-associative franco-africaine*, thèse de doctorat en sociologie, sous la direction de C. Deschamps et C. Broqua, Université Paris Nanterre.

²⁹ Saskia SASSEN, 1991: *The Global City: New York, London, Tokyo*, Princeton, Princeton University Press.

Marseilles doesn't seem to have much to do with territorial depopulation, struggling to make ends meet by the end of the month, or the sense of being one of the people abandoned by the State.

Series of studies in virology, epidemiology, biology and computer simulation—which often contradict one another—are in the headlines. There are countless comments by partisans and adversaries: controversies—hopefully between schools of thought—are gradually taking shape. Peer evaluation is out in the open and is sometimes roundly derided. This large-scale unpacking in the mass media of what research should be about has led from the “path of controversy”, commonly found in restricted milieus (in this case, the academic sphere), to “crisis”³⁰ Within this crisis, for those who are not familiar with scientific conventions, medicine can be seen as messianic, just as it can be demonized. Confidence in a particular person can be just as blinkered as losing trust in all the disciplines of research. In allowing themselves to be tempted by the media, at the same time as acknowledging that they are treading dangerous ground, doctors are risking something that is beyond their profession. It could be they have inadvertently taken this risk. On the street—and although the majority of people interviewed said afterwards that they had from the outset believed that masks were effective (a classic phenomenon; replaying the past in the present)—the conflicting narrative that most people have been subjected to in the news seems to me to have had an impact:

In my neighbourhood, people wearing masks are seldom in the majority, but this fluctuates according to the rhythm of the rhetoric the media puts out. Just after the beginning of the lockdown nobody wore them (available masks were needed for the caregivers), and then gradually they appeared. At first they were made of fancy cloth, often by hand, to show that the caregivers were not being deprived. Then, when the official narrative endorsed their effectiveness and the stocks had apparently been replenished, the surgical masks reappeared. In turn craftsmen, plumbers, electricians and construction workers—towards the middle of the confinement—gradually reappeared in public space (apart from delivery vans, craftsmen's cars were among the first to take over the pavements again)—and their big asbestos duck masks, reappeared. The masks seemed to suffocate them, as they were wearing them more often around their necks than in front of their mouths and noses—at least in the street.³¹ [Reconstructed from my ethnographic notes from mid-March to mid-May 2020]

³⁰ Cyril LEMIEUX, 2007: « A quoi sert l'analyse des controverses », *Mil neuf cent. Revue d'histoire intellectuelle*, n° 25, p. 191–212.

³¹ This article is based on observation of the first lockdown period of the in Paris. But as I wrote these lines, at 8 a.m. on Friday, the 28th of September, 2020, wearing masks had become mandatory in all Parisian outdoor spaces, and risked being interpreted as a punitive measure and therefore creating resistance. The following day and for the first time, a majority

In operating theatres and ICUs, caregivers wear masks, normally to protect the patients, who do not wear masks. In the case of Covid-19, after numerous French TV shows suggested that masks were not useful except in medical facilities, the media went so far as to suggest that wearing masks could even be dangerous. Then, at first, the use of masks was taken up in hospitals and subsequently became widespread: but masks were still intended to protect others, not oneself. Preserving the health of others was expected of healthcare workers, but this did not apply to people outside of the world of professional healthcare. Outside of healthcare, people were apparently more inclined to protect themselves than others, especially if their close entourage was not seen as constituting a risk: even before the lockdown was established, many of the people I spoke to spoke of coronavirus deaths being linked to old age, and excluded themselves from the so-called “high-risk population.”³² Regarding HIV in Europe and North America, condoms and syringes were for strictly personal use only and were above all a means of protecting oneself. The message was simple and effective. But this was not enough to constitute the “imaginary and symbolic protection against AIDS”³³ needed in the field. This type of protection was based on social representations, on “screening” partners, on perceptions of the environment in which one met, on a time frame of relationships, contractual alliances, etc. Furthermore, non-professional “prevention arrangements” for health are based on the margins left open to interpretation by the official regulations, i.e. on their lack of accuracy, their possible revision, as much as on an interpretation by non-professionals of statistics on disease.³⁴ The surprising thing that comes up with Covid-19 is that urgency and amazement seem to have made it difficult for the media, and for the people they invite on to their shows, to take an interest, if not in the socio-history of risk and prevention, at least in its vulgarization and the shift in viewpoints (“shifting of the gaze”). Obsession exclusively with one topic, brings about a widespread lack of information on others. There is a one-sidedness about the declarations that have been authorized, (e.g., those of the doctors), and in addition the focus is entirely on the present.

of pedestrians in my neighbourhood were wearing masks. Between March and September of 2020, there was a complete reversal in political statements and decisions, from the counterproductivity of wearing a mask outside of a hospital to its widespread use.

³² During confinement, in reaction to what was supposed to be the perverse effects of this reading of the statistics by the general population, journalists and medical professors tried to highlight the rare deaths of covid-19 as exceptions. On March 26, 2020, announcement of the death of a 16-year-old girl is emblematic; it made the front page of DTT news channels.

³³ Rommel MENDES-LEITE, 2016: *Des mots, des pratiques et des risques*, Lyon, Presses Universitaires de Lyon : 2017.

³⁴ Catherine DESCHAMPS, 2017: « De quelques arrangements avec la prévention », in Philippe COMBESSIE (ed.), *Corps en péril, corps miroir. Approches socio-anthropologiques*, Presses universitaires de Paris Nanterre, p. 39–54.

Strangely enough, the comparatively lengthy experience and the “model” of contact with toxic products in the construction industry, is the opposite of that in hospitals. The aim of construction workers is to protect themselves, not others—but no one seems to have picked up on this. By law these workers are required to wear the masks that their employers are obliged to provide. As the workers in nuclear power-plants described by the anthropologist Françoise Zonabend, sheer familiarity with this obligation to protect themselves or to neglect it and brave the possible risks involved, the obligation enables these workers to reinforce unconsciously their own gender and class. The result has been a lack of awareness of links between the occupational dangers in their daily lives in their sector, and the universal dangers that everybody is facing today with the emergence of this new epidemic...

Local (sociability) intensification

The narrowing down of the world to a single obsession, to a given time (the present) and to a single profession also constitutes a political reduction. *De jure* if not *de facto*, the law behind the creation of the health emergency in France was adopted a week after the confinement began. It gives the State excessive power, far from the accepted perception of what constitutes a democracy. The right to demonstrate, to take to the streets to voice one’s disagreement has been smashed to smithereens. This undermines a use of public space. Just before the curbing of freedom to move and to assemble, people were already up in arms, particularly against pension reform and the pluriannual research law. Even the staff of the architecture school, who in recent decades have not been much inclined to voice dissatisfaction, were mobilising.³⁵

In this context, with connection to the world being narrowed down, and public debate being suppressed, with shared space being restricted, today the perimeter is gaining importance. Beyond the familiarity of the home, it provides the only opportunity to interact with other people, at least to look at them and to be seen oneself, for a few brief exchanges at a reasonable distance. In this sense it becomes a *major terrain*, a terrain which, as it is not far away, must be conquered, as practices on the American frontier have shown. After a month and a half of lockdown, the streets and alleys of Les Épinettes hold no more secrets for me. I have even gone so far as to pore over a map of the neighbourhood to make absolutely sure of some details. Daily outings felt like explorations of an unknown universe, fostering the sense of new surroundings that is so cherished by ethnologists. Except that

³⁵ Camille NOÛS, Catherine DESCHAMPS, Barbara MOROVICH, 2020: « Les écoles d’architecture: cobayes d’une mise à mort », *Journal des anthropologues*, numéro spécial « Revues en lutte », on line.

what Claude Lévi-Strauss calls a “view from afar” coincides in this instance, with what some of his detractors have called “DIY anthropology”.

Confinement emphasises pre-existing urban qualities. Wandering around, I took note of the merits of Les Épinettes. Firstly, it is a neighbourhood where apartment buildings and local shops predominate, as opposed to work hubs (although there are now some co-working spaces, thanks to gentrification). There are not many tourists, and it is poorer than the average Parisian equivalent. The result is that a good part of its population lives there, bringing the streets to life, exuding human warmth. In contrast, the new Batignolles sector to the south behind Pont-Cardinet has a lot of offices and hardly any small shop fronts. Hardly anyone was to be seen in the streets until the confinement ended. In this ultra-contemporary enclave, an aesthetic appeal came through because people were not there to disturb one’s appreciation of the architectural aesthetics—and it is by no means certain that this is able to convey a sense of well-being to anyone living alone there, without relatives sharing their home.

Confinement imposes a withdrawal into the family and the domestic realm, from which the only escapes are the urban spaces nearby. In any case, the isolation makes the sacrosanct “social distancing” unnecessary; the existing physical distance between people is more than enough. It is not an obstacle to social interaction either in the street or in grocery stores. Although these interactions have generally been brief, they have become more frequent than previously:

Saying hello and thank you to the cashier, and asking the cheesemonger and the greengrocer how they are getting on, the neighbour who suddenly surprises one by taking his cat out on a leash for a walk, having a laugh with the shopkeeper who jokes, a bit too loudly, that the fathers out and about with children on scooters look as if they are walking the dog... The weeks of confinement were accompanied by kind or humorous remarks, coupled with smiles and friendly glances. Vacillating between being too polite and kind and being too aggressive (mainly in supermarket queues), varied according to the urban and social characteristics of the place, as well as to the times, peaking at the beginning of confinement as well as when the ending date was announced. Several friends spoke of the atmosphere in their neighbourhood deteriorating during the lockdown period, especially in March. The different ways of seeing things here could also be a matter of personal bias. [Reconstructed from my ethnographic notes from mid-March to mid-May 2020]

People draw warmth from these fleeting exchanges, which are also able to bring strangers together in a *compact city* in times of confinement,

thanks to the “protective film of anonymity.”³⁶ Each person becomes skilled at making the most of it in a short space of time. Thus the fact that some apartments are cramped does not mean that the capital does not have particular advantages that help one to cope with the difficulties of isolation—advantages that break the solitude that in certain remote rural areas could be total. If seeing nature without pollution is tantamount to seeing architecture without cars, the large gardens in rural areas praised by the media do not, beyond their fences, have people to make up densely populated territories and ease one’s isolation. Put in another way, the private space of a comfortable house with a garden—and the sense of wellbeing that greenery brings, are offset by an absence of the richness and variety of social interaction in communal spaces in the city – interaction that the lockdown has made more visible. Without resorting to the city versus countryside controversy, that Louis Wirth and Robert Redfield wrote about in the early days of the Chicago School, the point is to highlight the inadequacies of most places. Some places foster personal fulfilment, while others facilitate collective enrichment. I saw the same young man twice, climbing the fence of the garden in Boulay Square at Les Épinettes. There is no denying the provocative temptation of the greenery that one passes by but is not allowed to enter.

However this may be, the lockdown did achieve something that the ecological debate struggles to deal with: the reintroduction and materialization of locality. This resurgence, seemingly incompatible with the cosmopolitanism of Paris, has been intensified by interactions—although brief and rapid—in public space. This intensification has been caught in a short but dynamic and adaptive time-frame:

During the first week of confinement, drug-dealers’ local watchmen vanished from their checkpoint in front of the tobacconists’ at the corner of Jonquière and Berzelius streets. Then some of them discreetly crossed the street and stood at various times in front of the bakery that had stayed open. They could have been mistaken for any of the customers who went into the shop one at a time. The group reassembled in its usual “workplace” on May 1st when the tobacco shop reopened. they all now wore masks, just like all the proper shopkeepers in the neighbourhood.

Thursday May 7th was a day of joy and renewal: the shopkeepers who had been forced to close down, started cleaning up to get ready for reopening. They spent as much time updating their news as sweeping.

The same day, two of the dealers who had previously been invisible, wished me a “good day”, bowing, smiling, and stepping aside to respect the safety distancing. Friday the 8th was a day of celebration: far into the night, the muffled sound of music came from a building that I could not pinpoint. It

³⁶ Colette PÉTONNET, 1987: « L’anonymat ou la pellicule protectrice », *Le temps de la réflexion* VIII : la ville inquiète, p. 247–261.

was a very different sound to that of the first nights of lockdown. So, without necessarily having to reach the stage of resilience or acceptance of the lockdown—which is not supposed to last anyway—we can read these timeframes like those generated by news of serious illness. After the initial shock, there is denial (no, not me), then anger or sadness (why me?), and bargaining (yes, me, but...), as Janine Pierret³⁷ mentions in the context of HIV. [Reconstructed from my ethnographic notes from mid-March to mid-May of 2020]

Windows to the city

I wrote in my field diary on April 11th 2020, before I left for a walk: “My rounds in the city are becoming a bore; they need some purpose”. At the time, it seemed to me that ethnography no longer sufficed as a goal. Between the ring-road and the Boulevard Bessières, bordering on the *Parisian cemetery of Batignolles*, I set out to photograph some of the new buildings in Les Épinettes. The idea was to produce some images that I could perhaps re-use for my classes at the architecture school. It was the early afternoon, when during lockdown the streets had been the least crowded. To come back to the subject of rhythm, it seemed to me that the inhabitants of my neighbourhood have always almost all kept to the usual lunch hours, separating the day in two.

The avenue du Cimetière-des-Batignolles is deserted, apart from a man in his thirties. He stops me: “Can I ask you a question?” I nod. “Look, what I want is to quit heroin”, he says. “Do you think it's possible?”. We begin to have a little conversation. He tells me that it is not hard for him to get his fix, but that he is sick of craving for it. He is not aggressive at all, his speech is not slurred, his movements are slow. Still, I am a bit worried: there is nobody around, no bystanders. In this area between the ring-road and the Boulevards des Maréchaux, there are no apartment buildings where somebody could possibly see us. A couple tranquilly pushing their child in a pram arrives, cuts our conversation short. [Extract from my ethnographic notes of 11 April 2020]

My first reaction is to examine the encounter looking for the specific risks that confinement creates. But what worries me first of all... is what I have already mentioned in the second entry from my ethnographic notes. On how difficult it is for a woman to navigate the city at night alone—but here we are in broad daylight, under a blue sky. Not only that; the street in which where our interaction takes place is normally deserted at best, and even more so on weekdays, except during rush hours. But what is not normal is not exactly what one might think. To be sure, this scene is a caricature of what

³⁷ Janine PIERRET, 2001: « Vivre avec la contamination par le VIH », *Sciences sociales et santé*, n° 19/3, p. 5–34.

one “feels” (in this case, anxiety) and of the “gender space policing paradox.”³⁸ What is the most unusual about the situation though, could easily be missed: the unremarkable presence of the couple with the child. In fact, what is noticeable since the lockdown are the families and couples strolling, arm in arm, at leisure in the streets. We have got used to seeing them bustling about their shopping on the weekend, but during the week the pavements are mostly full of people hurrying by themselves, separated from other people. As a result of the withdrawal caused by the health crisis we have seen the emergence of small private clusters in the public sphere, the private homes that make up collective housing. *De facto*, by repeatedly walking around my neighbourhood to do research on the interaction between gender and urban time frames, I have ended up recognizing and being recognized by quite a lot of regular inhabitants. These are the people who are in the street when it is less busy. During lockdown and in conditions of comparable human density, I was discovering a whole new group of faces. At the same time, colleagues and friends were complaining over the phone about separations and thwarted relationships forced by the lockdown—not that many of them actually broke the rules: a certain lover one could no longer see because they did not live in the same area; the now closed or abandoned “sexual hunting” zones³⁹... The lockdown revived traditional relationships – with the exception of couples who did not live together anyway – as is frequently the case in Paris, where the trend is for unmarried and well educated partners and for divorcees to live together informally⁴⁰ – and also of brief encounters.

As a corollary of families’ return to the urban sphere and of the closing of schools and apart from the above-mentioned issues, children also were making their mark. On March 18th four boys of about twelve took over the Rue Collette to play badminton in the middle of the street. In some apartment buildings, signs hung on the street doors to remind people not to play games in the courtyard, although in others this was tolerated. Mine had become the inhabitant’s dog garden; dogs were now no longer on their leashes. In the later afternoon, the courtyard was for the children. As the weeks went by adults began increasingly to systematically take their deckchairs to get a bit of sun when it was high, replaced by people “doing”

³⁸ This sequence is made even more caricatural by the fact that domestic violence has exploded during the French lockdown. The Interior Ministry has reported that during the first week of confinement there has been a 32% increase in domestic violence (between couples or adults and children) in the gendarmerie district (gendarmerie) zone and a 36% increase in the Paris civil police zone (The districts are run respectively by the civil and the military police). DESCHAMPS, 2018, *op.cit.*

³⁹ Laurent GAISSAD, 2020: *Hommes en chasse. Chroniques territoriales d’une sexualité secrète*, Nanterre, Presses universitaires de Paris Nanterre.

⁴⁰ Arnaud REGNIER-LOILIER, 2019: « Être en couple chacun chez soi, une situation plus fréquente après une séparation », *Populations et société*, n° 566, mai. Viewed online, 28 August 2020.

sport, when it got cooler. These completely new initiatives brought together inhabitants who before the lockdown had hardly known one another. In the long run, this could encourage architects, housing associations and co-proprietors open up to the idea of courtyards becoming once again a *common* space. This could be done, without overlooking the need to maintain at certain times for people working from home a minimum of peace and quiet. Courtyards which at the moment are used mainly for rubbish bins and bicycles, would once again become a link between public and private space—the interface of a hospitable city.

A propos of transitional spaces, laundries have played a special role. There are many laundries in Les Épinettes; one of them veered away from its intended purpose becoming part a cultural hub.

The sole bookshop in the neighbourhood had to close until April 22nd. Then it reopened for three hours every afternoon, but paging and browsing were not allowed. From the end of March a palliative appeared, in the streets, in the form of boxes of free novels, in the Passage Pouchet, for example, and the Avenue de Clichy. A few days later a new “book spot” was born in one of the three laundromats in the Rue Guy Moquet. The choice of this particular place is not without significance. The characteristics of this self-service laundromat brings to mind the little things (petits-riens) in the threshold designs that Hertzberger⁴¹ describes. These can change the lives of the elderly who live in retirement homes: a long street window and a hip-level inner ledge provide a place to put things ranging, from the drinks—for people resting or waiting for their laundry—to paperback books. As with storefronts, apartment windows are another intermediate feature, in between inside and outside. They became cornerstones for a worried and confined community. This new role was most noticeable in front of a store on Rue de la Jonquière, “Le champ des rêves”. The shop typifies the beginnings of gentrification in Les Épinettes; it sells organic and seasonal products that come from local farms, but without the usual intermediaries. During the confinement open hours there was always a long queue in front of it. Above leaning out of his first floor apartment window, was a man who, day after day, was delighted to chat with the customers while they waited. Apart from this example, I have seen more than once the neighbours conversing from one window to another in the narrow streets, or elderly people delighted that pedestrians raise their eyes to see them and who wave in return. [Reconstructed from my ethnographic notes from mid-March to mid-May 2020]

This *threshold of the façade* in the form of a window is at odds with what Gérard Wajcman,⁴² in interpreting Alberti, describes as a place from which

⁴¹ Herman HERTZBERGER, 1991: *Lessons for Students in Architecture*, 010 Publishers.

⁴² Gérard WAJCMAN, 2004 : *Fenêtre. Chroniques du regard et de l'intime*, Paris, Verdier.

one sees others without being seen. In contrast to the modern window, which ensures intimacy, the lockdown window is an interface from which one chooses to see and be seen, not only as a spectator of the world but also as an actor. At 8pm every day, caregivers were applauded from windows. From windows one could count one's neighbours and be counted by them, and judging and displaying civic-mindedness, possibly also speculating on one's neighbours' political views. Windows in other words, replaced the public arena for demonstration—though here to thank (and sometimes also to demand).

In this specific context, having a window on the street becomes prestigious again. If social health is linked to keeping one's distance from disease, then the most precious thing would be the ability to make a whole miniature world out of one's urban environment. To be neighbours with a view of the microcosm of buildings, and to be able to let the air circulate freely, to blow the virus away. This connection between sociability, hospitality and hygiene requires multi-faceted apartments, a rarity in collective housing. However, health is not the exclusive domain of specialized institutions: it is developed (or not developed) in urban and architectural schemes, which can prevent (or fail to prevent) both disease and social problems, as well as promoting emotional health. Cholera and tuberculosis contributed to the development of efficient sewerage systems, and thus to a more civilised habitat. Let us hope that over and above whatever coronavirus and the lockdown have brought to light, it will compel architects, urban planners, civil commissions and even condominium management to re-think some of their practices.

This article is partly a draft and partly a patchwork. Yet there is one thing that the confinement shows and will continue to show: that space, place mobility, time and rhythm are fundamental, both philosophically and materially, and inescapably frame our personal, social and professional lives. Reciprocally—as the bleakness of new, elegant but empty neighbourhoods reminds us—architectural and urban designs and projects only make sense if they integrate seriously and intimately into the core of their planning, homes for women and men who are not only active but are also key actors. One of the few satisfying lockdown experiences, from this point of view was to see the transformation of façades into a vertical public dimension.

Whether or not we will take to heart the lessons that coronavirus has taught us, is in my opinion uncertain. The critique of the French government in the preceding pages is focused on the way in which it created a media obsession and led to an unreasonable exposure of healthcare professionals. This should not be confused with criticism of its hesitancy when faced with a new disease. There will always be a margin for trial and error in this

respect, and not to keep this in mind would be the Promethean conceit of a demiurge. Science and politics are forever caught up in epistemic and historical assumptions, just as the objectives and the results of research are implicated in social constructions and viewpoints. But passing political choices and moral assumptions off as certainties, and decisions as basic facts—i.e. asserting authority—while at the same time short-sightedly, asserting with *aplomb*, opinions without nuance, in black and white – all of this amounts to turning a blind eye to the complexity of experience, of knowledge, of interpretation, and of all non-professional discussion. This shifts political responsibility to responsibility that is exclusively individual. It requires others to be coherent without being coherent one self. In this respect, the way the State has dealt with Covid-19, particularly after the confinement, may well lend force to a transition from health as a basic right for all people, guaranteed by the State, to health as an obligation incumbent on society as a whole, and its economy. During the first decade of HIV in English-speaking countries the philosopher Paul Rabinow⁴³ was among the first to raise this issue.

How should we reassess this strange dream of a “post-covid world” that I mentioned in the introduction to this article? In the end, it is just one of our many unfulfilled dreams, dating from the Chernobyl disaster (1986), September 11th attacks on New York (2001), the Bataclan massacre in Paris (November 2015), to the Amazonian forest fires (Brazil, 2019) and Beirut explosion (Summer 2020). These all happened locally, had global causes and their consequences have plunged us into what Ulrich Beck⁴⁴ calls the “Risk society”. It is a society that converts its threatened future into a present obsession. In it risk is no longer individual prowess, but an assault on humanity and life on earth. Coronavirus raises a fundamental question of solidarity: who (and what) should be protected, and from what? The anthropologist Mary Douglas shows in the following excerpt the awkwardness of the issue:

The nuclear medics are saying that they are not taking chances with their patients' lives or exposing the rest of the population to danger. The nuclear phobics deny this: they know that all medicine entails a risk. [...] To brush this aside would be dishonest. Medical knowledge and skill can never be quite enough. Having rejected the claim that no danger is involved, some of their interest focuses on the trade-off between the ill who have been saved and the whole population that has been endangered: no one has the right to decide who shall be sacrificed for the good of others. In riposte, it is argued that the nuclear phobics are arrogating to themselves just such a decision, since they are putting the rights of the healthy before the lives of cancer victims, diabetics, thyroid and heart cases, and the new-born babies who will be mentally retarded, and who could be saved by the powerful new diagnostic techniques and

⁴³ Paul RABINOW, 1991: *The Foucault Reader*, London, Penguin.

⁴⁴ Ulrich BECK, 2001 [1986] : *La société du risque. Sur la voie d'une autre modernité*, Paris, Aubier.

treatment. The strategic answer is to decline the honour of choosing between sacrificial victims: this involves insisting that alternative medicine and good diet would improve our life chances just as well as nuclear medicine—if only they were given an fair and equal chance.⁴⁵”

⁴⁵ Mary DOUGLAS, 1986: *How Institutions Think*, Syracuse, New York, Syracuse University Press: 3–4.

DISTANCING STANDARDS

Annie BENVENISTE¹

Social relations in the neighborhood have been profoundly modified: cafes and restaurants are closed: both those that serve quick meals to office workers at lunchtime, and those that, in the evening, also serve beer drinkers at outside tables or standing on the sidewalk. Employees, financial and insurance executives are at home, busy teleworking. The streets around my house are deserted. The main activities have moved to the shopping street that is lined with take-aways and convenience stores. Could the primary need today be eating? There is a lot of talk about heroic professions and workers on the front lines. We are at war and the front faces the enemy directly—the enemy that the media like to portray as invisible, invincible... yet contained for the time being by security barriers. Safety: our heroes—doctors, nurses, nursing assistants—protect our safety, each in his or her proper field. Including—we should not overlook them—the electricians, laundry workers, cleaners, and even the gardeners, as our society (at last) recognizes the importance of maintenance work. One of the gardeners at the Pitié-Salpêtrière hospital actually had an article about him in *Le Monde* (on April 28, 2020), signed by no less than Sylvain Tesson, the well-known travel author, who saved him from anonymity... and also from being axed by the hospital management because he was not really an “essential cog” in the health machine. The gardener makes his case to Sylvain Tesson, “I put some color into the White Plan.” The harmony of the lawns is one the benefits produced by the multiple “cogs” of the health set-up; the public applauds them every evening at 8 o'clock.

Over the media the authorities celebrate the safety that caregivers and their helpers ensure. But its actual implementation stems from the new law on health emergency. Adopted on Sunday March 22nd, 2020, it provides a legal framework for provisions that are exceptional, and lawyers have

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expressed the fear that these temporary provisions might settle in the long run and set into what is seen as normal. The PM, Édouard Philippe, presented the new health emergency as a derivative of the “state of emergency under common law”, established in 1955 in the context of the Algerian war, and subsequently revived in 2015, in the wake of the terrorist attacks. The groups targeted by the 1955 law—activists in favor of Algerian independence—and those in 2015—Muslim extremist activists and sympathizers—have today been succeeded by the entire population of France—which is now being confined and subjected to measures, many of which, according to many authors, are part of the disciplinary power that Michel Foucault describes as “bio-power” that is exercised over people’s bodies by means of surveillance techniques and punitive institutions. The control of the population analyzed in Foucault’s *Surveiller et punir*, and the measures adopted in the 17th century to fight the plague all resonate strangely with the provisions enshrined in the Act of March 23.

The authorities have constantly reminded the bodies subject to the constraints of confinement of their happy lot compared to the people whose mission is to treat them, to sell basic foodstuffs, and to clean up their leftovers. The same applies even to the people who have to supervise them all the time, checking their exit permits—the permits of which we now all have to be the authors, writing them out for ourselves! A call to order reminded us of the ways in which it was henceforth to be licit to use public space. It was implemented by the police force, and relayed by the media, which reported acts of offenders: mainly people from working-class neighborhoods who, lacking both private space and work, have failed to adopt the latest standards. As for us, academics with access to both a sufficiency of interior space and to teleworking, we drew up the rules of our particular confinement all by ourselves, and performed, whether out of fear or in voluntary servitude, the required gestures and approved acts, while respecting the proper distances.

Have we really emerged from the situation in the 17th and 18th centuries described by Michel Foucault?

An important phenomenon has occurred: the invention of a new mechanism of power which has very specific procedures, very new instruments, a very different apparatus and which, I believe, is absolutely incompatible with the relations of sovereignty.. This new power mechanism relates first of all to bodies and what they do [...] It is a type of power which is exercised continuously by surveillance and not discontinuously by systems of fees and chronic obligations. It is a type of power that assumes a tight grid of material coercion rather than the physical existence of a ruler.²

² Michel FOUCAULT, *Surveiller et punir. Naissance de la prison*, Paris, Gallimard, coll. « Bibliothèque des histoires », 1975.

Between the call for denunciation, whether more or less insidious or openly displayed in halls of buildings of a working-class district in the Essonne *département* by the decision of the local mayor, fear of the virus has been turned against the people fighting and possibly carrying it; the image of the Other, perceived as a threat, is an invitation to base all explanations on fear of foreigners, on the immigration crisis, and the scarecrow of terrorism. “In addition, it has been noted that black workers in public space (street cleaners, garbage collectors, delivery men, etc.) are sometimes ostensibly kept at a distance by other city dwellers (with people deviating from their paths, changing to the other sidewalk), the distance-spacing amplified by the the distance of difference,” reported the online magazine *AOC* on July 9, 2020: “Who are the most-feared individuals during an epidemic? The people infected, or the people who give in to violence and cynicism?” The author, Raphaël Kempf, recalls various situations described in the relevant literature.

The same article cites as an example the case of South Africa, where special phone-lines have been opened to ensure anonymity. This succeeded beyond all hope; as one member of a neighborhood group put it: “It is our responsibility as citizens and our mandatory obligation [sic] to report people to the police.” What does this example reveal? That when a situation dispossesses citizens of one of the dimensions of their freedom to move as they see fit, either coming together or avoiding one another, some people opt in favour of the standard that prescribes avoiding. That this takes place in South Africa is not irrelevant: respecting distances revives the space of the past—apartheid. Physical distance—called “social” in the French government’s health instructions—apparently standardizes behavior, subjecting everyone to the same rule, regardless of their status. The standardised distancing has possibly also imposed models in urbanism and architecture. According to *AOC*: “The large squares, ramblas and other boulevards that yesterday were still high places of urban sociability were born of the health crises of the 18th century.”

In French, the formula prescribing the “practice of distancing” focuses on the active aspect of the conduct to be adopted, assuming not only observance of the norms involved but also the involvement of citizens in their production. The degree of active participation then introduces a differentiation between citizens. According to a report from the Economic Policy Institute: “Less than one in five black workers and roughly one in six Hispanic workers are able to work from home.” Fernando Machuca, comments, in the *New York Times*³ (April 5, 2020), on these data concerning the relatively most fragile population groups: “Stay home and risk starvation or go to work and risk contagion.”

³ <https://www.nytimes.com/2020/04/05/opinion/coronavirus-social-distancing>

Inequality between citizens facing a pandemic is a situation that Norbert Elias's book, *The Established and the Outsiders*,⁴ can enable us to approach. He studies a suburb where established residents practice the exclusion of new arrivals who differ from them not by class or race, but by their recent installation, which is seen as suspicious. The well-established keep newcomers well away from the sites of decision and power, adopting behavior-patterns of avoidance and rejection—that also play a part in turning the Other into “a foreigner”. At the start of the current pandemic, confinement locked us up in our neighborhoods; the only visitors we now saw were people whose function was to clean up, to supply or to monitor us and our situation. As the “well-off” fled to their second homes, traffic was reduced, and cafes and restaurants closed, the newcomers became all the more visible.

There were the cyclist deliverymen whose situation, usually unenviable, was becoming critical. These men enabled teleworking executives to eat fairly well, without taking risks. A segment of the France Culture program, “Les Pieds sur Terre”, which aired several months earlier, gave the mike to Jules, a videographer who was looking for work in the “fooding” sector. He comments: “Should we really sweep away two centuries of social gains, just to satisfy some keen execs who want to stay slim by eating grated carrots packed in plastic boxes and delivered in 7 minutes flat to their design agencies by slaves on bicycles?” The videographer analyzes with clairvoyance the social dimension of a novel status: *self-entrepreneurship*, together with the mechanisms involved in its exploitation. During confinement, the condition of deliverymen who pedal away like galley-slaves to enable other workers to enjoy the privilege of their own immobility. It is once again a class relationship that underlies the situation described today in the “Diary of non-containment of a Deliveroo deliveryman” on the show “Les Pieds sur Terre”. And what constitutes it is the discrepancy between on the one hand, the arduousness and the riskiness of a job managed by an invisible platform, and on the other hand the sheer futility and uselessness of the goods involved. The possibility of acquiring at a lower cost products “that are not basic necessities” is based on the exploitation of workers who designate themselves as “slaves”. This brings to mind the situation of the miners who mine precious metals in Africa for the benefit of distant operators—the situation shared by the new illicit gold-miners who risk their lives to harvest the precious nuggets for the benefit of parties they do not even know. An article in *Le Monde*, “Gold fever in the Ivory Coast”, lists the protagonists involved in the circuit of illegal gold panning: at one end of the chain are immigrants in search of a new destiny, who have to manipulate cyanide and mercury to rid the gold of its impurities; at the other end, is the outside investor, who delegates to intermediaries the

⁴ New York, Sage Publications, 1994.

remuneration of the gold diggers and dealmaking with local chiefs and political authorities. It is the harvest of a few nuggets by immigrants that dictated this comparison with the deliverymen, who are mostly immigrants, and (except for the unemployed videographer who uses the term “slave on a bicycle”) work for an invisible platform, without any contact, other than by text, with their managers—and all for a daily wage that, after deduction of costs, is minimal. In his “non-containment diary”, the deliveryman explains that in view of the risk of contamination involved in going to the many contact areas in a building, he calls his customers down to the street door. During a pizza delivery, “one customer asked him if he was not using the coronavirus as an excuse for laziness...” He adds:

I was delivering a lot of ice cream and a bottle of wine to the 16th arrondissement [the wealthiest part of Paris, no doubt a long way far from the delivery company’s source of the goods], and even some little decorations to put on the cakes [...] The curfew brought a falloff in business. But people keep getting things delivered that they could easily buy downstairs in local shops. Today I delivered beers, ice cream and sushi. Those platforms are playing with our lives – and all for what!?

We see here a radical opposition between two types of “good things”: life, which is immeasurable, and confectionery that is almost worthless, delivered at the risk of life. On the one hand, life that is qualified (*bios*), the life which the operators live; on the other, bare life (*zôè*), that is suffered by the executors. It is this that is the object of biopolitics, according to Giorgio Agamben.⁵ The executors are “exposed without mediation to the exercise, on [their] biological bodies, of a force of correction, confinement, or death.” Paul Preciado, taking up the analysis of the concept of immunity developed by the philosopher Roberto Esposito from the Latin notion of *munus* – gift, charge, function—deepens the opposition between people who are immunized, “gifted” and exempted from the obligation to perform tasks and pay taxes, and those who, ungifted and without privileges, benefit by no exemptions. The ungifted, “underrated bodies,” however, learn to survive in a context that rejects them, living outside the protection of the norm and the law.

During a pandemic, the poor are among those who work at the risk of their lives. Work, in times of pandemic, is subject to health rules that reinforce managerial standards. The rules of the Centers for Disease Control and Prevention (CDC) recommend ways of applying social distancing to the world of work: ways of tracing infected employees, e.g. by replacing access cards with cards that provide for tracing, and thereby reduce the risk of exposure to the virus. In controlling, tracing is the key word; it can ensure safety, leading to the detection of infected people, so that others can distance themselves from them. The modern world of work, governed by standards of

⁵ Giorgio AGAMBEN, *Homo Sacer, le pouvoir souverain et la vie nue*, Paris, Seuil, 1997.

supervision and efficiency, is now also being subjected to norms of avoidance, for the sake of personal and civic protection. These norms should inevitably lead to the dismantling of such practices of collaboration and solidarity as still exist.

Social distancing is one of the main ways in which citizens can be protected. It assumes that citizens play an active part in drawing up its rules. When it comes to protecting our lives, these rules are meant to be followed by all, as all of us want preserve our lives. The rule, like all conduct in society, assumes implicitly the principle of reciprocity. The pandemic thus provides an opportunity for us to “remember our manners” and to keep up social ties and maintain fundamental urbanities—all of which are threatened when fear of contamination reigns.

COMPULSORY CONFINEMENT AND DAILY LIFE IN A PARIS NEIGHBORHOOD

Louis MOREAU DE BELLAING¹

I am not testifying on this subject, but trying to grasp the socio-ethnographic configurations and the socio-anthropological significance of this small space (an apartment, a boulevard, streets) and time (two months) of compulsory confinement. I am also trying to grasp the meaning and significance, not only objective, objectifiable and objectified, but also subjective, subjectifiable and subjectified. I am trying to grasp even things of which we are relatively unconscious, both in the speaker (me) and in the “other” (M.) with whom I live, and finally my perception of other people (I have tried to think of myself, impersonally). Other people, to the extent that from time to time they appeared in the apartment, and sometimes—very rarely on the boulevard and in the streets—and when their presence was felt in the noises of the neighbourhood, and they were seen and heard on the computer screen.

Successively and very briefly in the next few pages, I will try to broach the realm of the objective and the objectifiable, the subjective and the subjectivable, and finally, on the basis of a few symptoms, what seemed to me to emerge from the individual and socialized unconscious.

I found the confinement difficult to bear, bordering on the intolerable. From a subjective point of view, the experience and the feeling of being together, for M. and for me, was admittedly intimate and warm, but it was traversed by sadness—due to the absence of others—and by fear. Some of the symptoms showed difficulty in investing interest in the outside world as well as a difficulty taking an interest in other people.

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Difficult—almost unbearable

The difficulties of the confinement are related not so much to the space we inhabit, as ways in which one can look at the neighbourhood and one's whole relationship to the outside world. These difficulties become almost unbearable.

An unbearable view of the neighbourhood

In this lively neighbourhood, where there are so many pedestrians, and there are a lot of cars on the boulevard, the streets are lined with wholesale clothing stores. They are constantly receiving truck deliveries of fabric. Right from the first day of confinement, a Tuesday, I go for my authorized walk for an hour, with the requisite certificate in my pocket, duly signed. The empty boulevard stretches out in front of me, and all the stores and restaurants are closed. Although the weather is beautiful, all I see in the course of my hour is three cars and five people with masks covering their faces. Only towards the end of the confinement, near the building on the corner of the boulevard and my street, do a large sidewalk café and a bistro re-open. Old man that I am, this takes me back to the 1939-1945 war. In the small town where I lived from 1940 to 1944, the shops were hardly ever open, as they did not have much to sell. The rare cars were driven by cumbersome gas-generating contraptions, and the only days that the square was full were market days and sunny days in Summertime.

Relationships with the outside world

The difficulties in dealing with the outside world were mainly the concern of M., who was in charge of the shopping. The opening and closing hours of a nearby grocery store and of the *Monoprix* had changed. They were strict, and were no longer the same as they had been for so long before the confinement. The *Monoprix* was no longer open in the evening or on Sundays. As for the grocery store, it now closed between 6:30 p.m. and 7:00 p.m. which was much earlier than the hours it had kept before the confinement.

The shelves in the *Monoprix* were often bare—as they were everywhere else. The obligatory distance between people was followed only approximately. M. was surprised by an old lady who suddenly brushed past at a noticeably close distance. “Ah” said the lady, “these distances, I always forget about them.” One by one, customers came into the grocery store. When two customers were inside the store, a third could not enter until one of the two left.

In the evening people would come out on to their balconies or stand at their windows applauding the caregivers.

To the limits of the intolerable

The limits of the intolerable are not produced by the immediate neighbourhood, but by neighbourhoods that are far away. Night is not the same any more. We no longer hear cars passing on the boulevard, or the sound of voices much. The silence is complete. And every night in this silence we hear a distant radio blaring songs and music from ten in the evening until about three in the morning. This is the only background noise. It stops one from falling asleep and, at times, wakes one up. This will continue until the end of the confinement.

In the privacy of the home there are no “barrier measures” (keeping one’s distance, wearing a mask, washing one’s hands, etc). We do not come across them much outdoors either, as one rarely bumps into someone else. In stores these measures are more the exception than the rule. Some of the previously commonplace barrier measures have become a purely subjective matter. I will come back to this.

From an objective point of view, the confinement has afforded us a glimpse of a deserted urban area, with infrequent social interaction—an area in which, nevertheless, the intolerable abruptly surfaces.

Subjective warmth and intimacy shot through with the saddening absence of others and with fear

It is more difficult now to discern the subjective element in all of this. If mandatory confinement has changed things somewhat, it is the barrier measure that have had the most marked impact. The slight change comes from the fact that our emotions are now sometimes more acute—although they calm down more quickly than before. But the piercing sadness brought on by the absences and by presence asserted only through images (because of barrier measures) is not only emotionally disturbing, but also socially disturbing, affecting the ways in which we interact subjectively.

Intimacy slightly reshaped by mandatory confinement.

The constant presence—being close to one another (except for the occasional errand run, and one’s hour’s exercise break)—creates warm, close intimacy when one is faced with an individual and collective threat. One of the partners comforts the other, who is possibly in tears, having just heard that a friend has died. Grief lingers on, but the oppression that sometimes accompanies tears immediately stops. Under normal circumstances, this “anti-barrier gesture” might not have had the same effect.

The sadness of absences

This is the hardest to bear. Family members are far away, in other provinces. They (children, grandchildren) can only be reached by telephone. Or by videoconferencing on one's computer—which is not much.

My daughter and grandson live in the suburbs. They used to visit us regularly in the past, and we would visit them. My daughter has caught the virus: anxiety, we wait. There are no complications. As a cautionary measure, they come to see us only once or twice, towards the end of the confinement. We no longer see them, except on video.

If the outside world still exists, it is only through family and friends' phone calls and e-mails. Sometimes we hold a meeting of an association by video-conferencing. But those faces, usually turned towards each other, with their looks and gestures, now appear each in its own little square, as if it were just an image; this creates a form of visual imbalance. We are alive but we are old. We wonder if we will ever see these faces in the flesh again.

Fear

Fear can be latent or apparent. Sometimes fear may not appear at all—which does not mean that it is not actually there at all. Lastly, fear can at times turn into individual panic. To me, fear seems to have been and continues to be the most salient feature of this compulsory confinement. It is still there, to a greater or lesser degree, even after de-confinement. As in everyday life—but with greater urgency—we have barely had recourse to analysis of anthropological invariants or sufficiently precise limit-markers, to allay our fear. In this particular case, invariants such as justice, equality, what is permitted and what is not, transmission, otherness; everything that we have in common and which, at best, has been inscribed in our values, utopias, positive ideologies, morals, laws and rights. As for the law, penalties were quickly put in place. As for the rest—the informal or non-judicial, as the legal experts put it—each and every one of us, from the individual to small groups, did what they could (and/or wanted to do) with the indispensable differences (or discrepancies)—sometimes quite great—between oneself and everyone else. Did making the common invariants and reference points clear, however, suffice to ensure that the feelings and experiences of these invariants would really safeguard us against the pandemic threats? How do we prevent them from being delegitimized, and becoming illegitimate? In other words, are they explicit enough to prevent harm to others? And in doing this, do we avoid harming ourselves?

How are we to define this obscure fear that stems from the pandemic threat? This worldwide fear and threat that unite us, almost despite ourselves? It is an indecisive threat, that scientists do not know much about. Ill-defined, it lurks, ready to strike one or the other of us at any time. One of

the first victims was the top executive of an organization: he died within three days at the age of 75, while still fully active.

The President's announcement of a compulsory lockdown was an official recognition of the threat of the pandemic. The President's announcement was necessary. The population had to be protected from the virus. This was the first time I had ever heard a French President instruct the public to observe strictly the custom of regularly washing one's hands (although no penalty was attached to non-compliance). The President's role is usually to unite the population (in crises proclaiming *l'union sacrée*), this was the first time I had ever heard a President call for the application of "barrier measures".

Gestures of friendship and tenderness express feelings. The threat of a pandemic obliged the President act on social relationships. Social relations are never just an accumulation of individual and inter-individual interactions, but they cannot emerge without individuals bringing to them something that they have in common. And here the President was having to warn the population against important elements of the spirit they shared, such as politeness, friendship and affection. No doubt he did not have too much trouble in convincing his collaborators, nor most of the cognitive psychologists, the sociologists and the anthropologists. Because, apart from a few psychoanalysts, anthropologists and historians (some of whom have lost out as a result), the Humanities, in France as elsewhere, do little or nothing to analyse human subjectivity, either individual or collective. This makes it possible to put words like liberty, equality and fraternity on the facades of public buildings without bothering to ask what they have always subjectively meant to people... But we must move on.

Just as we all were, the President was no doubt worried about his relatives, his friends and about himself, but could not say so. This inexpressible, latent fear is perhaps the reason why his speech—usually presidential speeches are rather wooden—was for once so moving.

Fear can be actually expressed, implicitly or explicitly—but through individual panic.

One morning during the lockdown in a nearby building, a young woman was crying, repeating over and over, "I'm bored, I'm so bored..." Could her boredom have been due to the mandatory confinement, compounded by fear?

When people begin to imagine that their discomfort or pain can be attributed to the virus, panic can break out at any time. In the evening, it can assume the shape of anxiety—which is not always that easily dispelled. And in small groups this fear undoubtedly can become collective.

It could be argued that individual and collective subjectivities—even though they may persist—have been and continue to be unnerved by the threatening virus and the mandatory confinement. In opposition to all social

logic, these private subjectivities have morphed into a sort of public space, protected by the State and dominated by fear.

Virtual impossibility of outgoing investment, and the lack of investment in other people

By these rather complicated expressions, I mean that to no longer be able to invest fully in the outside world has consequences. “Barrier measures”, which concretely prevent us from properly engaging with other people, counter what we aim for in social relationships.

The virtual impossibility of outward investment

Even with or without mandatory confinement, investing in the external dimension has its limits. Humans have always separated the space which they inhabit from the space of the so-called “natural” space which they do not live. Some animals, such as dogs and cats, have become domesticated and have lived beside humans from the very earliest times. Other animals became domesticated during the sedentary period before the Neolithic age (10,000 years ago). As Pierre Bourdieu points out, oxen and cows were initially used as sacrifices before being eaten and/or being used to produce milk for human consumption. But apart from domestication, human space has always been distinct from that of animals, trees, and plants.

For lack of a better term, what I call a symptom has put me on the track of a deliberation that has been nourished by conversations with a friend who lives in the countryside. As a former primary-school teacher, she is more aware than I am of the relationship humans have with their environment. She argues that urban encroachment has brought humans into closer contact with animals, and in this way perhaps, has opened the possibility of pandemics such as the current one. As a result, a sign, a symptom that had at first seemed amusing, has taken on a whole new meaning for me.

One fine morning during the confinement, with the windows of the apartment wide open, two pigeons which previously had never ventured further than the balconies or windowsills, came right into the apartment and perched there. There was no longer anyone in the streets, and the crumbs that the pigeons fed on by pecking between the cobblestones had disappeared. The hungry pigeons—at least these two—ventured into inhabited spaces. In a society like that of China, today given over to economics and profitability, unprofitable waste, such as dead animals, is left in the open. That is probably where—in Wuhan or elsewhere—the virus originated. I will come back to its dissemination. The cycle of contamination has made compulsory confinement a necessity. With rural areas shrinking, human and animal spaces tend to converge, and this implies a multiplication of the associated risks. And confinement, when it contributes to certain animals starving, no doubt reinforces this connection.

Non-investment by others

Another sign or symptom of what I call human recklessness—harmful not only to others but also to oneself—is the indifference that groups of people and individuals affect towards wearing masks, “barrier gestures” and limiting groups. Public gatherings are forbidden, and public authorities have advised against gatherings of families or friends—although these gatherings are not punishable by law.

The apparent indifference to contagion shown by groups and individuals can be seen in the refusal to wear a mask, or to respect “barrier gestures”, and above all in choosing to gather with one’s family and friends. As I see it, this feigned indifference is probably a way of hiding fear. This fear is just as strong as the fear of those people who avoid coming together in groups to avoid the risk of contamination. To defy these risks and the fear that comes with them, is a mere pretence of ignoring them. These attitudes result in *clusters* of friends or households; they are difficult to legitimize socially and politically. A single person carrying the virus can transmit it to several people at once, exposing them to the pains of intensive care and possibly death. Better explanation of the transmission could help to prevent this kind of refusal. Transmission of the virus is an anthropological invariant. It marks the limits of possible efforts to de-legitimize (or il-legitimize) realities to which it gives meaning in societies. The feeling and experience of transmission—a feeling that we all know—may not be enough to make it into something of which we are commonly aware.

The circulation of the virus is only possible if individuals and groups spread it. Just as the virus emerged because individuals and groups were indifferent to the way unprofitable waste was treated. Grouping of family members or friends that goes unpenalised, not wearing masks and not applying the “barrier gestures” (these are penalised only if they take place in a public setting), all of these legitimise relationships that are socially and politically illegitimate, by harming other people almost deliberately, as well as oneself. Indignation in these cases, is both redundant and useless. Where public sanction is not allowed to intervene, however, social and political legitimacy can be maintained by explaining what transmission is: what it feels like, and how it is experienced.

The difficulty (and potential impossibility) of making outgoing investment brings to the fore the invariable “permitted/forbidden” alternation, and what it means in society today. The meaning and significance of the terms “permitted” and “forbidden” are indefinite; their transmission cannot simply be objects of study for socio-anthropology or other social sciences. Their meaning could profitably be debated among people of all opinions (other than the most radical conservatives) in “live” meetings, on television or on the Internet.

Mandatory confinement is the consequence of a pandemic caused by people, not so much out of deliberate negligence or indifference, as because in some societies unprofitable waste is simply abandoned. This has had a heavy impact not only on the inhabitants of the Parisian neighbourhood in which I live, but also on other European cities, and on regions, and countries throughout the world. Counting the diseased and the dead is statistically indispensable—but when the numbers are not too high, are decreasing or rising only slowly, it tends to decrease awareness—except in people who have been contracted the disease themselves or have relatives and friends who have been through ICUs or have died.

Coming back to my local area, the circulation of the virus and mandatory confinement have disrupted my immediate environment. The bistro next door has suddenly changed its staff and curtailed its catering services. Suddenly the comfortable neighbourly relations that had been set up between the bistro regulars and the employees, and between the employees themselves, were disrupted. Relatively prosperous clothing wholesalers' stores were turned into meeting rooms that were rented out by the hour. Worries about children's schooling and young people's professional training, has replaced a relative optimism. In this particular Parisian district the circulation of the virus has called into question both the subjective and the objective, the subjectifiable and the objectifiable. The obligatory confinement that circulation of the virus made so necessary has been followed by a deconfinement that is neither unambiguous nor without risk. The understanding of what is always common to all of us, in our small or large groups, whatever our individual or collective differences—a more explicit understanding accompanying our subjective and relatively objective knowledge of what we share—seems to me to be one of the requirements of this time.

COVID-19: INVISIBLE AND UNTOUCHABLE LIKE OUR SOCIAL BONDS

Ferdinando FAVA¹

Kant defines space simply as “the possibility of being together”—this then is sociological; *interaction makes the formerly empty and null into something for us; it fills it, in that it makes it possible.*

Georges SIMMEL²

In these lines, I would like to broach briefly a series of questions that should be developed. The lines should be read not as a finished text, but rather as a few pages of field notes—preliminary reflections on space as it was reconfigured by the irruption of Covid-19 into our social universes in February 2020. How, during these eight months of our “coexistence” with the virus, with the Damocles’ sword of infection hanging over our heads for relatively long periods when we were confined. And now, as we write these notes, facing an exponential resumption of its spread—how has all of this affected our personal and collective experience of space? This “virus” with its morbidity, both tragic and banal, has tested our ability to detect the complex ways in which it functions. It demands continual redefinition of the therapeutic protocols used to deal with it; these protocols are as always merely tentative, as our evidence-based medicine gropes in the dark to feel its way forward, hoping to come upon a solution. This “virus” continues to reveal that it is actually also an agent of analysis that highlights, among our multiple collective responses to the viral characteristics of its contagion and

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² Georg SIMMEL, *Sociology Inquiries into the Construction of Social Forms* [1908], [Translated and edited by Anthony J. Blasi, Anton K. Jacobs Mathew Kanjirathinkal], 2009, Boston, Brill, p. 545. Underlined by F. F.

to its clinical effects, the ways in which our social universes function: i.e. our social, cultural and educational institutions, and our socio-economic environment. All of this, whatever the horizon and on any scale: an *analyseur* that thus seems to be sui generis, with the features of a “total social fact” in the process of being accomplished, bringing to our phenomenological attention tensions and conflicts—sometimes already known and sometimes still latent—between all the social fields of our contemporary societies.

In the meantime—between the arrival of the virus and the (messianic) expectation of a vaccine that could block this pandemic rapidly, and reduce the current pandemic to a limited episode, a mere accident in the course of our history—resignation to coexisting with it and “coping with it” day by day is turning out to be lasting longer and longer. The social sciences, and anthropology in particular, are already questioning and analysing the transformations wrought by political management of Covid-19 risk by States—in their health systems, and collective, economic and symbolic decision-making and public communication (languages, narrative strategies, etc.), and in the production of knowledge,³ etc. on the subject of the disease,

In this article I would like to focus, for heuristic purposes, on the dimension of spatiality. In these notes, I will try to sketch out (in the framework of thinking rooted in my approach to my research, i. e. in the anthropological *modus operandi* that pays attention first and foremost to the micro-social scale of individual interaction), an exploratory reflection on space, based on the characteristics of the experience of space in times of pandemic as the direct effect of risk-management policies and, ultimately, as an indirect effect of the putative 'action' of Covid-19 itself.

From “barrier gestures”—distances to be respected in queues for local services, reminders of obligatory “social distancing” in the form of adhesive “footprints” stuck to the floor in railway stations, on platforms in the metro and at bus stops; signs at shop entrances, bans on assembly in public spaces, and even maps that diagram instantaneously, in “real time”, statistics on the distribution of contagion, deaths and clusters, locating them by region, country and continent (cf. Google's services that one can activate on Google Map; the sites of university centres for data-collection and analysis, etc.): in short, spatiality, as the medium in which both contagion and prevention take place, has also generalized its language, its representations and their

³ Already from April 2020 onwards, several social science journals, and long before that social media blogs, have been collecting analyses from anthropologists, geographers, but also articles from sociologists and political scientists. *Anthropology Now*, Vol. 12, April 2020: “An Anthropology of the COVID-19 Pandemic”. *Social Anthropology*, Vol. 28, May 2020: “Forum on Covid-19 Pandemic”. *Dialogues in Human Geography*, Issue 2, Special Issue: “Geographies of the COVID-19 Pandemic”, 2020, Vol. 10. *Tijdschrift voor Economische en Sociale Geografie*, Special Issue: “The Geography of the COVID-19 Pandemic”, Vol. 111, No. 3

framework, and has done this on multiple scales, becoming a distinctive element central to this particular “total social fact.”⁴

I would like to begin by pointing out two features (both seemingly banal “truisms,” but significant all the same) of the approach that I intend to develop here. Covid-19, like bacteria, and like microbiological and genetic material, etc., is to the ethnographer both “invisible” and “impalpable”. One cannot experience it as a direct object of sensory perception. We have of course “seen” it, but only in a way, indirectly, in images that are social, scientific, aesthetic and/or political creations: with a red crown or corona, or anthropomorphised in comic strips, and so forth. It is on the basis of an act of faith in the ‘scientists’ that the various risk-management systems have formulated the prescriptions that constrain the spatiality of our works and days: an act of trust that we can connect via the dialectic of seen and believing (“unseen and yet believed”),⁵ to bridge the gap between the visible and the believable that lies at the base of the whole range of choices that we make—a gap that elsewhere lies at the origin of all the movements that deny the existence of the virus and fight against the political uses of information that result from it.

At the origin of this centrality of space, there lies of course the centrality of the body, the primary space of reproduction of the virus. This is nothing new: the body frames all infectious diseases (plague, cholera, Ebola, and Sars...), of which the various forms of contagion (the aerosol of respiration with its droplets, and so forth) affect in different ways the relationships between bodies and their interaction in space. It is this essential spatiality of the individual infected body (whether the infection has been declared/detected, or not), the measure of its extension, the space it occupies, its volume, that is the object of measures aimed at protection, containment and tracing. The position in space and the volume of the threatening body have to be known if these measures are to have any efficacy. The infected

⁴ In this total social fact, and therefore in these lines, I refer to different denotations of spatiality: simple descriptor of the spatial aspect; dimension of a phenomenon that cannot be reduced to the location and relative positions of social realities, integrating its genealogy and its multiple, ideal and material forms of manifestation; dimension of the interaction of the operators of a society. In short, a concept that allows the junction between “the order of spaces and what comes out of social actions”. See Michel LUSSAUT, « Spatialité » in Jacques LÉVY, Michel LUSSAUT, *Dictionnaire de la géographie et de l'espace des sociétés*, Paris, Belin, 2013, p. 947-952

⁵ I refer the reader to Michel de Certeau's analysis of the letter that the mathematician Cantor wrote to his colleague Dedekind to found an anthropology of belief, through a matrix of combinatory and possible transformations in time between the positions of the “seen”, “believed”, “unseen” and “not believed”. These positions express the relationship to a belief, regardless of the nature of its content, and indeed, “beliefs are not observed”. By analogy, a Covid-19 anthropology could also imply an analysis of the operations, in language and in action, that we put in place with that which, including the virus and its threat, escapes direct grasp. Cf. Michel DE CERTEAU. L'Institution du croire. Note de travail, *Recherches de science religieuse – Le Magistère*, Paris, tome 71, n° 1, janvier-mars, 1983, p. 61-80.

body is the threat that has to be kept at a distance; this cannot be done unless its actual position is known.

Localisation, whether carried out by electronic information systems using geo-reference on software on mobile phones, or by administrative identification by public services, make it possible to apply relatively rapidly to cities in their entirety Foucauldian policies of individuation and control. The individual infectious body has to be continuously located; but this does not suffice; all the bodies in the city need to be located if they are to be protected from it. What is needed here, for this prospective view, is an isotropic Cartesian space to enable the controlling authority to project a unique, measurable identification of the position of the infected body and measure its distance in relation to other bodies. This analytical framework, while not false, does not take into account the inter-subjective dimension—the interaction seen on a micro-social scale—that is usually neglected as authorities hasten to apply the “rules of the plague-stricken town”.

The body, in phenomenological terms, encapsulates our significant relationships with the world—inter-subjectivity, inter-corporeality, as Maurice Merleau-Ponty would have said. I would like to focus on the spatiality of this scale under the Covid-19 regime, returning to my liminal quotation from Georg Simmel. Facing the physical distancing required by prescriptions intended to limit the risk of contagion, and in view of passage to an on-line mode of many of our interactions, we could ask today whether this distancing also implies, in Simmel's words, that we empty this physical space of the content it normally holds for the interacting parties, and thus finally cancel it out. In other words, if this is also a social distancing in Simmel's sense, i.e. an absence of reciprocal action, it would cancel the very action that “gives rise” to the space in question. As in our liminal quotation, Simmel redeems the meaning of space by means of social interaction. If, for Kant, space is merely the possibility of coexistence, i.e. of mere juxtaposition, it is reciprocal action that transforms this juxtaposition into space as we know it, by converting “an empty space into a full one” for the inter-actants. However, in this case physical distance in itself would not produce any effects, because it is not distance but interaction that gives it its meaning. What gives us a sense of closeness is not mere physical proximity, but something more than that; similarly, physical distance is not enough to give us a sense of strangeness. It is our mutual interactions that give space its multiple meanings. This implies that each and every individual body, isolated within its spatial limits, “fills” with its activity the place it occupies *illico*: between its place and the place occupied by another, there is nothing, nothingness. If, on the other hand, these individual bodies enter into reciprocal relations, space emerges as a meaningful and animated place for those involved in this reciprocal action. Interaction is, of course, a process

that is immanent to each actant, but it happens—it takes place -between them in a spatial sense. Space that is lived is no longer isotropic.⁶

The digital medium, which had not yet emerged in Simmel's time,⁷ has enabled us to weave relationships in a different way, of course; and this mutual action⁸ between family members, friends, students, telework colleagues, all of whom interact with one another, will have to be analysed in due course. We will have to ask how to think out interactions through e.g. *Zoom*, *Teams*, *Meets*, and what kind of space they generate—if we think on this inter-individual scale in a Simmelian way. What would count then would not be the concrete, visible and palpable people, but what takes place between them, the reciprocal action, the invisible threads that bind them together, as both cause and effect of the space; physical distancing would not imply a social distancing (significant interaction⁹); interaction by means of a digital medium opens on to another spatiality.

Ethnographic senses detect only individuals and nothing else; between individuals, in this view there is nothing: only emptiness. Social bonds are not visible and palpable; like the virus, they are recognisable only indirectly, through signs, symptoms, as we would say in the case of Covid-19—indexes and icons (in C.S. Peirce's sense), standing for reciprocal actions that are always in the act of happening. The physical distancing required by the prescriptions of risk-management seems to mean an absence of interaction only in contacts in public space between biographical strangers,¹⁰ as it would have taken place, and as it would have been experienced well before Covid-19 burst in on the world. Where the interactions filled the space between subjects, forming bonds between them, today the digital medium has transposed them to a different means of communication, endowing them with a certain continuity that they formerly lacked. To consider these new inter-actions as “virtual” would be unduly reductive: the *inter-action* of the

⁶ Confinement to the home has reinforced the production of this space, putting domestic life, which is a space of use, memory and social bonds of proximity, back at the centre of daily experience

⁷ For Simmel, social interaction fills the space. While recognizing that the spatial dimension of social configurations should not be confused with the real causes of social processes, Simmel does not only treat space as a social construction: space, once created, retains a reality of its own. It lies between spatial determinism and the social constructionism of space. See Frank J. LECHNER, “Simmel on Social Space”, *Theory Culture & Society*, 1991, 8: 195-201.

⁸ The dialectic of presence-absence that *Zoom*, *Teams*, *Meets* software develop, mutual presence experienced by the image and its (almost) synchronous sound, absence experienced by the other body, cannot only be understood in analogical comparison to face-to-face interaction: it should be analyzed as another possibility of reciprocal action.

⁹ “Social distancing”, understood as the gap between the reciprocal positions of individuals in relation to the hierarchy of economic opportunities and resources, is on the other hand increased in a pandemic regime. Preventive measures, such as the shift to teleworking and distance learning, have demonstrated the deep divide in access to these resources.

¹⁰ Lyn H. LOFLAND: *The Public Realm. Exploring The City's Quintessential Social Territory*. Chicago, Aldine Transaction, 1998.

subjects is effective, real. Preventative physical distancing—a direct effect of the invisibility of the virus and the mode of its diffusion obliges us to think out all over again the invisible nature of our social bonds and the forms of spatiality to which they can give rise.

THE FIGURE OF THE JOGGER AND THE MASK IN A PARISIAN SUBURB

Lucie GUI

The thoughts shared in this paper started to take form at the beginning of confinement. After going back to work in Paris, they were first drawn up in September 2020. This is the account of a citizen's return to the sources of anthropology. It is an observation of an unprecedented global event seen from a micro level, that is questioning and personal. My spouse, my young daughter and I were confined in a small apartment in the Parisian suburbs. The following presentation is based on my own experience, as well as on my social networks (a private Facebook group¹ of my city, Facebook contacts who share information on their Facebook pages, conversations with friends in my building, as well as through social networks, particularly WhatsApp, in the city). It is also based on the walks I took with my daughter, my duly completed *declaration* in hand. While this experience of confinement is new, and imposes a management of the Covid-19 pandemic that is unprecedented for each individual, it also reveals a wide range of daily commands; political, health oriented and social. The challenge is to question what the mechanisms that were played out during in the lockdown period revealed through the figure of the jogger and the mask, which seemed central to me. I wanted, through these figures, to examine how the parties I came into contact with managed and interpreted the crisis.

From rumour to confinement

The confinement officially started on Tuesday, March 17th 2020 at 12.00 am. The nurseries, middle schools and high schools were closed the day before in the morning, but the announcement was made the week before.

¹ To be part of a closed Facebook group, one must be invited by someone who already is a member of the group.

On Thursday March 12th 2020, a few hours after the speech made by the President of the Republic, I find out that all childcare facilities for children and toddlers are going to close. I was on holiday with my family at the time, in an overseas department far from the stress surrounding the spread of the Covid-19 virus in Paris. I come back to metropolitan France on the morning of Friday March 13th. After going to the office on Monday morning, March 16th, my supervisors send me back home. As I no longer have access to day care for my daughter, they give me leave of absence. I listen attentively in the evening to the President of the Republic's speech.

March 16th is a strange day, punctuated by information and contradictory information from my friends. I am informed about the confinement through WhatsApp or other messages, that assure me that this information comes from "reliable sources." I am told that the confinement will last for at least 45 days, that the army will be dispatched to the streets to enforce it, and that there will be a curfew. I am also told to do my shopping very quickly as I will no longer be able to leave my home to go to the grocery shops. I am very sceptical of these rumours, but the fact that they are so prevalent shows that there is strong sense of anxiety concerning the virus and its spreading. It is worth mentioning that these rumours highlight the general tension and expectancy faced with the expected political announcement. The most worrying rumour for me, and I am the only one of my friends whom this worries, is that of the army being dispatched to the streets. In my ideological and political view of the French state, I am especially worried by this rumour because it would mean that the status of France as a free country would be thrown into question. I take note nevertheless, that none of my contacts see this potential development as a contradiction.

On Monday evening March 16th, the President of the Republic's speech reassures me. Even though the metaphor is of a country at war, the army is not summoned to enforce confinement in the streets. We are also allowed to leave our houses, for personal needs or to do a little physical exercise, "trips necessary for physical exercise."² The discrepancy of the announcements between rumour and reality is big. The fact that the political powers are allowing outings for physical exercise piques my interest immediately. Compared to the confinement policies imposed on Spain or Italy—regularly emphasized on the social networks that I frequent—it is inadequate. But compared to confinement in other countries such as Germany and Belgium—rarely coming up on my social networks—it is adequate. The fact that I pay close attention to getting out for exercise outings is most certainly connected to the fact that I live in a small apartment without a garden, with a young child full of energy, and that my partner and I are very sporty. Beyond my case however, it seems to me that going out of the house to walk, to run,

² President of the Republic's speech on the 16th of March, 2020

or just to think outside, plays an invaluable role in maintaining a healthy mind, especially when one has never experienced a lockdown.

The implementation of the concept of “confinement” is based on a speech by the Minister of the Interior. During a press conference he explains that throughout this period citizens having to leave their homes will have to fill out and sign a certificate. On Wednesday morning March 18th, when my friends tell me about this and send me the document, I at first think that it is a joke. I wonder what the point is of imposing self-permission on individuals to leave their homes? The certificate is very long, and has to be printed or handwritten; it states, among other things, the decree to which it refers, the person’s name, date, birthplace and address. The person specifies the reason for the outing by ticking the corresponding box, declaring the time and date, and then has to sign the document. I smile to myself when I see that the checkbox for walking one’s pets is the same one as for doing sport and consequently, for going out with children. On Wednesday March 18th, I fill in my authorization and go out with my daughter.

This first outing is worthy of a television show. The streets are deserted. There are no passers-by, nor any cars. We are alone and the only noise is that of the birds and my daughter’s tricycle wheels. Suddenly we hear a car approaching. It is white with an orange flashing light on the roof and a loudspeaker is broadcasting a looping message. I only understand the last part which is that: “The government has ordered a full confinement. Go home immediately”. My daughter is entirely oblivious to what is going on. She is enjoying the sun and her bike, but I am particularly stressed by the car and its message. I finish my walk at a brisk pace, feeling very tense. Even though I am not breaking the confinement rules (I am at a far distance from the few walkers that I meet towards the end of the walk, I have my certificate, I am close to home), it seems to me that my understanding of the government statement is far removed from that of my acquaintances. In my building where a lot of small children are, my friends there tell me that they have no intention of going out. Except for maybe twenty minutes a day, and just outside the building, because, and I quote, they are “too afraid”. They seem to be very scared of the virus, the seriousness of which I do not question. But day by day, I for one, am becoming terrified of my neighbours and the people in my city.

From social networks to joggers

As a member of a city Facebook group that is private. I see, as soon as the lockdown begins and for the first three weeks, posts multiplying of slogans urging people to stay home, and then denouncing those who don’t.

From the group members publications, I gather that their definition of the confinement is the following simplified equation: “I comply with the confinement, I stay home. If, for whatever reason, I go out—I don’t stay

home, so I'm "an ass." This simplified reasoning reduces the confinement to not leaving one's home. The guidelines, however, are clear that some outings—those that are absolutely necessary such as for shopping, taking a pet out, playing non group sports, are allowed. Applying the so-called "barrier gestures", washing hands or keeping a distance between two people not living in the same home, factors that help to fight the spreading of the virus, are, at least during the first fortnight, missing from this network... The definition of a person leaving their home becomes almost immediately synonymous with the insult "idiot" or "jerk". Again, there are numerous publications on this topic including these:

France is split in two: the confined, inside and "the complete" idiots outside...³

It used to be hard to tell the difference between a normal person and a moron. Now you just open your window and watch him them walk around. #STAY AT HOME.

Once again, the reasoning is cursory and simplistic, forcing a one-sided reading of the confinement. From the very beginning of the confinement, I also see messages asking, in all seriousness, how to go about denouncing groups of people on café terraces or visiting neighbour's homes. While all these posts really shock me, many of the comments reinforce the necessity of not simply staying at home, but of staying locked up in one's home and to denounce without hesitation anyone who dares to leave their accommodations.

Several people expound that behaviour of this kind should be reported to the police, for example. Others voice the need for a curfew or for the army to be on the streets to make sure people stay at home. A few commentators try to defuse the tension by pointing out that the Facebook group is becoming "Gestapo like", or by reminding people that some outings are allowed without being in antithetical to the confinement. But these counterarguments are also unanimously undermined by drawing on the notion of selfishness. According to the commentators, the people leaving their homes, referred to as "jerks" or "morons", are basically selfish, that is, that they only think of themselves. Worse, they are likely to contaminate other citizens and contribute actively to the prolongation of confinement. At the beginning of the confinement this second argument is used very often, but becomes weaker after the first two weeks. It should be mentioned that by the end of the third week of confinement, these messages became more sporadic, giving way to messages that call for solidarity between neighbours, shopkeepers and carers.

Reading the comments of the residents of my town in this Facebook group, points to a reading and a definition of confinement that is based on

³ The pun used in this post is that the French equivalent of "idiot" is "con", which is the beginning of the word "confined".

the individual's responsibility in preventing the spread of the virus. It is very difficult for me to gain any distance from what I am reading. On the daily walks with my daughter, I have to fight against my fear, not of the virus—as I am applying the recommended “barrier gestures” but of being attacked by the neighbours or by the neighbourhood inhabitants. It is only towards the end of the second week that I realise that I am seeing the same families every day, walking in the neighbourhood with their children. I realised that I might not be that out of touch with the reality of family life being put on hold for several months.

To stay abreast of the news, I regularly go to *Le Monde*'s website. The journalistic team have set up live feeds. Readers can ask questions about the confinement or about other national and international political news that is related to it. At 6.09pm on March 21st 2020, a reader asked a question:

Why are joggers so prone to ignoring the distance from others? Why do they pass within a few centimetres of you without batting an eyelid?

The first part of the question is open-ended and highlights the reader's lack of understanding of the joggers he meets. The final part of the question warrants special attention in my opinion:

Do you have the right to hit those who, regardless of your presence, come too close?

The *Le Monde* journalist's reply stresses the importance of not resorting to violence, as well as relying on “social distancing” to combat the spread of the virus:

Hello Baba, no violence! We are all in the same boat (confined). Even if it is true that joggers sometimes tend to take up more room on the pavement than they should, it is advisable to remind them of social distancing with a smile. Right now, we need as much good humour as we can get, don't we?

To me, as a confined person, this message embodies all the violence that I have been seeing for several days now on my cities' social networks. The violence is aimed at those who, during the confinement period leave their homes, respecting the government orders, to go for a jog or a walk with one's children. This type of violence against joggers, a group of which I am a sporadic member, can also be found on my towns' Facebook group, where a call is made to throw stones at passers-by and at joggers:

Every morning at 10am, everyone at the window with a slingshot to explain to passers-by the meaning of the word “confinement” [4 laughing smileys].

And so, as the days go by, I notice that the figure of jogger seems to crystallise the tensions in the way the term “confinement” is read. At the same time there is a developing violence towards those who leave their homes.

But this empirical experience of confinement also points to a causal link being made between the individual and the spreading of the disease. Underlying the link is an emphasis on each citizen's personal responsibility. It comes together in the image of the jogger and the walker – though surprisingly less when it comes to the dog walker than the one walking the child. The concept of solidarity invoked on a daily basis on social networks rings hollow. It is based first of all on the breakdown of a united and solidary society in favour of each individual's personal actions.

The experience of readings of my cities' social networks daily, but also from a more distant perimeter, that of *Le Monde's* live feeds, has brought the paradox of the very notion of "solidarity" – something I hear chanted daily during the "Covid-19" crisis – to light. While calls for solidarity between neighbours—for example shopping for vulnerable people or caregivers, or even financial solidarity—for funds for funeral expenses for those who died from the virus, by making masks—are being launched and disseminated via social networks, this solidarity is first and foremost embodied in the guilt of the ones who step out of their homes. They must be denounced for not complying to a certain way the system of confinement is interpreted, and of therefore being "selfish".

From State responsibility to that of the citizen

Beyond the tensions with the walkers or the joggers, my experience of the early stages of confinement show an individualisation of the crisis. This idea becomes even more clear when I read a Facebook post that asks people who leave their homes to sign a waiver, to agree to not receive hospital treatment in case they catch Corona Virus. Although this does not reflect reality, I believe it does show the correlation that has been made—on the social networks I frequent—between individual responsibility and the virus spreading.

France is a State governed by the rule of law. Its' social system is based on solidarity and public services that provide, among other things, access to education and to health care, throughout the country. Although I find compassion and empathy for caregivers on social networks, the same cannot be said for the individual needing to leave his/her home under confinement rules. Furthermore, I observe that during the first two weeks of confinement, the issue of the State recommendations for preventing the spread of the pandemic are absent from the social networks (the ones on which this empirical analysis of the lockdown is based). When it comes to my experience of confinement during this pandemic, there seems to be a twofold mechanism at play. The individual is placed initially at the centre of society. Then he/she becomes not only the carrier of the virus, but the carrier of the propagation of the sanitary crisis, as well as the one unable to drastically curb it. This double mechanism makes the State's responsibility in the

spreading of the virus void, as well as its inability to stop it. The State is no longer in charge of stopping virus's spread. Nor is it in charge of the exhausted caregivers or of the lack of hospital beds... now it is the individual's responsibility.

The mechanisms of this confinement's construction were similarly brought to light through the chief of police, Didier Lallement's statement on April 3rd 2020. He said "there is no need to recognise in order to see that those who are in hospital today, in [intensive care], are the same ones who did not comply with the rules at the beginning of the confinement. It's very simple, there is a very simple correlation!"⁴ The police chief quickly retracted his statement, saying that... "his intention had not been to draw a direct link between the failure to comply with health regulations, and the patient being in intensive care."⁵ Although this statement was inflected and criticized, it nevertheless underlined, the link that was made between individual responsibility and the health crisis during this period. This causal link led to a shift of responsibility from the State to the citizens. Through my empirical experience of social networks, the trend was apparent and made clear from the very beginning of confinement. By the end of the third week of confinement, however, it seemed to fade away, although not to disappear completely. Gradually the link between the figure of the jogger and individual responsibility in the management of the health crisis would be connected to a specific object, that increasingly crystallized social and political mechanisms as the weeks went by.

From mask to caricature

After resuming my professional activity in July of 2020, in Paris, I decided to focus on the mask; an object that made its appearance at the onset of the health crisis and to become a protean item. This analysis brings to light the political, rhetorical and citizen-led mechanisms taking place in the spring and summer of 2020. The mask becomes an object at the centre of the health crisis. It simultaneously becomes a key element in citizen action, as well as of the reversal of the political discourse. Attention should be paid to its analysis because it is an extension of certain elements that appeared during the confinement period.

Discussions surrounding the mask are very quickly raised on the social networking scene that I have been frequenting during the lockdown. A first post attracts my attention. It is an image of Zorro and his friend Bernardo. They are discussing the right way to wear the mask, bringing up the name of Sibeth Ndiaye, the government spokesperson. Bernardo asks Zorro "But

⁴. *L'Obs* article published on the 3rd of April, 2020 at 01:31pm and updated the 3rd of April 2020 at 1:49pm.

⁵ *Ibidem*.

how did you put on your mask?” And Zorro replies, “Sibeth showed me, Bernardo!”

My first reaction to this image is to laugh. From a personal point of view, I think that the author—who is anonymous—was particularly inspired to rework this image. However, when I try to gain some perspective on this image, I quickly realise that it reminds me of a medieval caricature of the political power in place. What is being criticised by the means of Zorro and Bernardo, is, according to the government spokeswoman, the inability of certain individuals to correctly wear a mask. But instead, it is an important political figure and *her* inability to wear a mask properly that, through this post, is being ridiculed and denounced.

What the caricature also shows is the proclaimed lack of effectiveness if the mask were to be worn incorrectly. This object is at the heart of the current political discourse that previously had claimed that it was useless—except in certain specific cases—in the fight against the spread of the Covid-19 virus.

After two months at home and from being cut off from direct social ties, the end of the confinement period allows for a certain perspective. This leads me to compare the caricature with another image on the social network; it surfaced at the end of July 2020, several weeks after the end of confinement. It shows two masks under the comment “Meanwhile at the bank...”

Once again, my first reaction is to laugh. This time the author shows two masks; one that “conforms” to a bank visit next to a “non-conforming” mask. The first is surgical and the second is a gangster’s mask. The rift in civil society is highlighted by putting the two masks side by side. Whereas before the health crisis, for security reasons it was strictly forbidden to go into a bank wearing a mask, it is now necessary to wear one. Although the mask now being used is not the same (as a gangster mask), this image disseminated through social networks, comically highlights the breach.

These two illustrations are an interesting entry point into the mechanisms that have taken shape through this object. In both cases, these images at first trigger laughter. But the comical way in which the mask is shown, makes it at the same time a tool for denunciation; first of the character of political discourse, and then of the situation in which society finds itself. Bringing these two images together also throws light on the changing political and health context that has taken place in the time between the two illustrations’ publication. At the time of the first publication, wearing a mask was deemed ineffective, to become obligatory by the time of the second publication. Through a parallel display of the object, comically presented, we can catch a glimpse of the deeper elements that surround it. These have to do with the political reversal that has taken place in the space of a few months.

In addition to creating a humorous craze on social networks, this object is gradually becoming something that must be obtained. Although it makes

people laugh and allows for criticism, it has for some citizens, provided a way to take action.

The construction of the citizen mask

At the beginning of the confinement the focus of the debate rapidly turns to the wearing of masks. Especially so because no more masks can be purchased. For several weeks in five pharmacy windows in my neighbourhood I see posters announcing that no more masks or hand-sanitizer are available. Although masks are deemed useless or ineffective in the absence of symptoms, this object is also at the centre of official instructions.

A member of my family works in contact with patients throughout the entire confinement. During the first fifteen days of the period, he is forbidden by his superiors to wear a mask while caring for patients. Caregivers are instructed to avoid wearing masks unless they show symptoms of the disease. The orders are based on instructions given by the Regional Health Agency's (RHA), in accordance with the political statement that have been issued. In parallel to these instructions, it seems important to remember how difficult it was to get medical masks at that time. The health context is thus shaped by two components that are presented as being distinct: firstly, the masks are supposed to be useless unless one had Covid-19 symptoms and, secondly, there is a shortage of masks for each individual. Faced with this situation, citizens will begin making their own protective masks, ignoring the official recommendations which were at that time being relayed by the media.

An article published on March 19th 2020 in the newspaper *Le Monde*, entitled "The home-made protective mask, a "wrong good idea?", supports this view. The journalist explains that the mask is not necessary for everyone. He goes on to say that the fabric used is not effective against the virus, and concludes by explaining that these masks "could be helpful in specific circumstances".

Despite the criticism of these "homemade" masks, I see the demand for this type of item increasing. A few blocks away from me, a shopkeeper starts to make masks out of fabric. They are free of charge and are for health workers or for people at risk. The shopkeeper frequently asks for materials (elastics, fabrics...) on my city's Facebook group. As the days go by, the inhabitants give her fabrics, elastics, and chocolates, as well as a lot of supportive messages. She also manages to reach some agreements with a few of the city's major retailers, who give her free thread and fabric. After the confinement is lifted, the shopkeeper tells me that she has made more than 1,000 masks that she has given away for free. It is true that these activities did bring attention to her business, and that after the confinement she started selling masks under her own brand. But to me, this does not seem

to have been her principal motivation, nor did she do it for personal profit, either directly or indirectly.

This action—that can be described as solidarity based, because there is no attempt to make money from the masks, nor is the shop immediately referred to during the exchanges—points to the various mechanisms at play during the confinement that surround the mask. The action first of all emphasises the need for some people—by developing a product, in this case a mask—to take direct action within civil society. This gives one the possibility to fight against the spread of the virus, whether it is effective or not. This personal action, followed by one of solidarity, allows one to counteract the governments' wishes, or rather, to counteract its incapacity to provide each person with a mask. Gradually, sewing a mask and then wearing a home-made one, becomes tantamount to taking individual citizen action. The action goes against institutional and political directives, and, paradoxically, implicates a civil society collective.

In this way during the confinement, the mask becomes a creative object, an artifact, as well as an extension of a civic act of solidarity. It also symbolizes the breakdown during the health crisis, between the State and the population. The mask creates a space for contradictions—between the imperatives of the State and the media and the real situation. This sheds light on the gap between the function of the French Welfare State and its failure to provide a resource that in the coming weeks will play an indispensable role in the fight against Covid-19.

The mask as a means of managing the health crisis.

Whether intentionally or not during the confinement period and its ending, the mask has been placed at the centre of debate. But between March and July 2020, its place on the stage changes radically, and brings to light another reversal.

As we have seen, at the beginning of confinement, wearing a mask was not recommended for the majority of individuals. At the same time access to masks continues to be problematic, even for medical staff and Covid assistance volunteers. When I make inquiries into the working conditions of several of my friends—doctors, medical students or volunteers—they tell me that they are not able to change their masks at the recommended frequency (every four hours) because there is not enough available stock. The problem of the masks' availability turns up often in the discussions with my friends, as well as on the social networks I frequent. The press catches on to it as well. In an article from April 1st 2020, in the newspaper *Libération* (“A French order of masks diverted to the United States on a Chinese runway”) a journalist describes how masks that had been ordered by the PACA region in China, had then been purchased by Americans on the runway of the airport. A few days later an article in the newspaper *Le Monde*, “Coronavirus: a “war

of masks” on the runway between the State and local authorities”, a “grotesque situation” is reported in which the State seized the masks that had been ordered and paid for by local authorities. The Minister of the Interior at that time quickly refutes the adopted expression “the war of masks”.

Beyond the unusual nature of the subject, these newspaper articles provide additional insight into how important the object, the “mask”, is during the period of confinement. The mask moves from useless object to something that is sought after by citizens, to then be fought over on the international political stage. It becomes a coveted object while the head of the State denies its scarcity.

On May 18th 2020 during a televised interview on BFM TV, President Macron says: “We have never been out of stock. It is true is that we have had shortages, it has created some tension”. However, the inability to provide citizens with a sufficient quantity of masks is real. It is a reality that I personally experience and that is present in the collective conscience as well. The fact that citizens are turning to their sewing machines to make their masks, of which the characteristics are constantly evolving and being defined (in particular with the emergence of the so-called AFNOR standards), is proof enough. On social networks this shortage is increasingly criticised. On May 19th 2020, *Les Répliques*, a socially committed website, reiterates the criticisms towards the Head of State’s shortage denial with this reply: “We have never been in breach of masks.”

The Facebook page managers subsequently propose to publish the rejoinder to this reply with the most “likes”, in response to the President of the Republic’s declaration that “We have never been out of masks”. The selected answer is: “We have never been out of masks! It’s just that they are in Benalla’s safe, and we don’t know where the safe is anymore”. This refers to the Benalla political scandal, while simultaneously highlighting the States’ incapacity to supply masks. The president will continue to insist that the masks have always been available, however, reversing his own discourse, and putting the mask back at the core of the fight against the virus’s propagation.

Masks quickly become compulsory in public transport because physical distancing measures are not practicable. On July 20th 2020, they also become mandatory in indoor public spaces such as stores. From this date on, masks—whether surgical or made of cloth—become available. When I visit my suburban cities’ shopping mall, I even find, somewhat to my amazement, that distributors for surgical masks—similar to those of cold drink or snacks—have been installed. Gradually masks become compulsory in certain outdoor areas as well—such as the Bercy Village in Paris, or other markets in French cities—the choice being left to local prefects or mayors. When walking down the street I see masks almost everywhere, on faces, around wrists, in cars. This object which previously played no role in public space, has within a few months become an indispensable part of everyday

life. The societal aspect seems to be the visible part of the complete reversal that this objects' status has undergone in managing the spread of the virus. The change coincides with and draws attention to a series of rhetorical and political reversals. At the same time, it highlights the emergence of a citizen-based response in managing the health crisis.

The mask, in the initial stages of confinement deemed unnecessary, becomes compulsory; first in enclosed spaces and by the end of August 2020 in all public space. In the Paris region, from August 28th 2020 and for an indeterminate period, if one is seen walking without a mask, one will be subject to a financial penalty for breaking the law. Still, and we can note this with a certain sense of humour, jogging without a mask is still allowed, at least for now.

FRENCH MUSLIMS FACING THE COVID-19 PANDEMIC

Fatiha KAOUÈS¹

The emergence of the Covid-19 pandemic in the fall of 2019 has led the world into a major crisis on multiple fronts, regarding social, health, economic and political issues. In France, the mounting number of hospitalization cases, in particular in intensive care units, led authorities to impose an overall containment from March 17 to May 11, 2020. In October 2020, the situation still gave rise to considerable concern, and the government imposed new restrictive measures, such as a curfew in areas where the circulation of the virus was intense.

Events like this raise important questions, as they are likely to lead to major changes in sociability and subjectivity. Among the issues of particular interest to social science is the relationship between individuals and scientific and political authorities. In this article, we focus on the case of some French Muslims whom we interviewed as part of our contribution to a collective ANR research programme.²

The field and the interviewees

Choosing to focus on one category, that of French Muslims, is by no means self-evident: French Muslims do not form a homogeneous group; its landscape is fragmented. According to surveys, there are some 5 million

¹ Groupe Sociétés Religions Laïcités (GSRL/CNRS), Paris.

² The ANR-CIESCO (Confidence in State and Scientific Authorities regarding the pandemic of coronavirus) is a program, led by Alexis Spire (IRIS-EHESS) that studies transformations in the order of individual sociabilities and subjectivities, and the conditions of reception of state and scientific discourse regarding Covid-19. In charge of the “Religions” axis, together with Marion Maudet, I personally was interested in the specific case of French Muslims. In this article, I have selected extracts from 7 interviews conducted between July and September 2020, from the most significant with regard to the themes addressed.

Muslims in France, mainly originally from the Maghreb (3 to 4 million), with minority groups from Turkey (315,000) and sub-Saharan Africa (250,000).³

Another difficulty: Islam is now an integral part of the French cultural landscape, but it gives rise nonetheless to tensions that are partly based on contentions linked to a colonial past for which the French State has not yet assumed full responsibility. Raised regularly in public space, religious controversies, for example, indicate the emergence of a space for deliberation, revealing in turn theological and normative issues at stake. This tends to raise as a genuinely “public issue” the presence itself of Islam⁴ in France.

In this context, we questioned about a dozen French Muslims. In this article we present the 7 profiles that are most likely to provide useful information for our purposes.

Sarah, a 54-year-old English teacher, lives in a city in the Paris area. Nassima, 49, holds a Master's degree in Management and Sustainable Development, and is a cadre in the civil service. Joumana (46) is divorced, mother of a 15-year-old teenager; she is a city councillor, a community arts teacher, and a member of a humanitarian organization. Tlaitmass (38) is single, has no children and lives in Aix-en-Provence. She has a doctorate in Sociology, and works as a research engineer. Samia (28) is married, has two children aged 4 and 9, and lives in Paris, where she works as a marketing manager. Sherry (30) is childless, and lives in Paris; a business-school graduate, she is an executive manager in digital marketing. Lana (32) is married, mother of two children, and is an agent in a public administration; she lives in Orleans.

The first male in our corpus is Jérôme (52), father of a 17-year old boy; he teaches German in a high school in the Loir-et-Cher *département*. Karim (40) is a computer engineer; married, and father of two children, he lives in Blois. Last but not least, Mohamed (42), is an imam and works as a communication coach; married and father of 4 children, he lives near to Paris in the Seine-et-Marne *département*.

We drew up three groups of questions to put to our interviewees. In the first set of questions, we asked them which sources of information they preferred in following the evolution of the virus. After that, we asked them about official declarations—distinguishing those made by political leaders

³ Since it is not possible in France to use ethnic or religious criteria in counting groups, it is impossible to know how many French Muslims there are. We have therefore resorted to surveys, and in particular to the figures produced by religious institutions themselves, and especially to elements such as attendance at prayer, and the practice of Ramadan. The Pew Research Center has estimated their number at 5.7 million in 2017.

⁴ Claire DE GALEMBERT, « La gestion publique de l'islam en France et en Allemagne. De l'improvisation de pratiques in situ à l'amorce d'un processus de régulation nationale », *Revue internationale et stratégique*, vol. 52, n° 4, 2003, p. 67-78.

from those made by scientific authorities—to measure their reception and acceptance. Then we sought to determine the ways in which their everyday life had possibly been affected by the pandemic. In a second series of questions, we turned our attention to the interviewees' specifically religious practices in the current context. We asked them about the meanings found in, or lessons learned from the experience of the Covid-19 pandemic.

Information : a capital question

To learn about the pandemic, interviewees had to identify among a broad variety of news sources those that they found reliable. Internet, radio, newspapers and television produce an over-abundant, continuous stream of information, in which it is confusing and by no means easy to find one's way.

Nassima felt that Internet was the ideal source. "It's the most reliable, because the news or TV shows often invite the same doctors or infectious disease specialists who align with the government's announcements..." Moreover, Internet enables one to extend one's search to foreign media, not only in neighbouring countries, but also in the United States, China and Russia. "So we can make up our own minds," she says. For Sarah, too, Internet is the best place to learn about the virus. "I've read a lot of articles in English about scientific studies in China, Japan and the United States; about the origin of the virus, treatments, and how to protect oneself."

Confronted with the saturation of information, Karim decided to limit himself to websites that he carefully selects. Indeed, he notes, "Very quickly it became clear that even the main news sites relayed rumours and didn't necessarily check their information. Normally all information should be cross-referenced with other sources, such as foreign articles, laboratory studies, and so forth."

According to Joumana, however, this profusion of information remains problematic. As a result, she decided to limit herself to the main news channels. For Tlaimass too, if one has to sort through this mass of information.

Specific Internet sites devoted to virus news, broadcasting articles written by scientists, seemed to her to be a reliable enough source of information on the evolution of the pandemic. For Mohamed, the sheer volume of information continuously poured out is not the only problem. There is also the controversial nature of the debates, "You get the pro- and anti-Raoult invectives. Everyone takes himself for a scientist and acts as a know-it-all: it's complicated!"

Sherry too felt that selection was indispensable to deal with the continuous flow of contradictory information, "I preferred official sources such as government statements and the information published by France-Info. I've seen a lot of fake news circulating, so I preferred going to verified sources rather than to the unofficial information shared on social networks."

All our interviewees felt that measuring confidence in sources of information was complicated by the difficulty of distinguishing trustworthy from questionable data. This was made even more complex by the fact that most people had little or no expertise in virology or infectious diseases. To overcome these shortcomings and make an informed judgment on public policy, they mobilized “availability heuristics,”⁵ i.e. by giving up mobilizing a large body of documentation, and limiting themselves to information that was immediately available. One of the most common modalities of this particular strategy consisted in using one's own experience or that of one's family and friends to develop and legitimize judgments on the reliability of the information one is questioning.

Reception of official declarations: acceptance subject to conditions

During the pandemic, to justify the various measures they had taken, political leaders issued many declarations. Official statements came from President Macron and his ministers, and from medical doctors and experts who were called upon to give their opinions and to advise on the management of the epidemic. We asked our interviewees whether they kept abreast of all these declarations, and if they had received satisfactory answers to their questions, or if, on the contrary, they had perceived shortcomings or even possible contradictions in these public statements.

Sarah considered each official statement on its own merits, according to the reliability of its author, “I found some of the declarations thoughtful, but I did not like at all those of Blanquer, the Minister of Education; I saw them as totally disconnected from reality. His assertions were invariably contradicted by other ministers, or by the President himself.”

In Sarah's opinion, the young President was not quite up to his task, “It seemed to me that he merely followed the decisions of other governments rather than really making up his own mind about containment and closing schools.”

Almost all respondents reported that “contradictions” compromised the reception of official declarations. Nassima also felt this:

Yes, I did listen to the official discourse, regularly. What struck me most were the contradictions between the announcements made by the President and those of his ministers. A perfect example of this was the announcement of “de-confinement” made by the President a few days before our interview; it had come as a surprise to his ministers, who were announcing measures that never took effect - because the President announced measures that contradicted them.

⁵ Richard BALME, Olivier ROZENBERG, « Les motifs de la confiance (et de la défiance) politique : intérêt, connaissance et conviction dans les formes du raisonnement politique », *Revue internationale de politique comparée*, vol. 10, n° 3, 2003, p. 433-461.

Regarding the style and form of discourse on the virus and measures to combat it, the interviewees also found things to criticise. After listening to an address by the President, Sarah told us:

I found his tone very martial, and not really honest as to the caregivers, whose demands were overlooked by the State. I made my own recommendations, drawing from various measures advocated throughout the world. I didn't trust the government at all, in particular because of its mismanagement of the mask-supply and subsequent assertion, propagated by the media, that wearing a mask served no purpose.

Nassima thought much the same thing:

The announcements made by the President seemed too theatrical to me. His choice of words, "we are at war", was in my opinion totally inappropriate. Announcements by the former Prime Minister and the Minister of Health seemed on the contrary much more thoughtful, and had figures to back them up. The doctors interviewed on TV often downplayed the extent of the pandemic, unlike those in the field who raised the alarm.

Joumana summarizes an almost general view:

President Macron's discourse created anxiety; his speeches were too long and his vocabulary too military. The other ministers were less stressful, but they were full of contradictions. The doctors on the TV were more interesting.

Tlaitmass:

The President's first speech shocked me totally: his choice of words with a lexical field centred on war was far from reassuring. A dramatic tone is unsuitable, a president should be reassuring, pragmatic. But we were served a tragedy in three acts, like the great Greek plays.

Martial discourse was almost unanimously decried. Jerome found it inadequate, to say the least, "To speak of war is absurd. You can't compare a health crisis to a political crisis."

Karim did not appreciate the President's martial vocabulary either, but he nevertheless found that "it was moving in the right direction: taking strong decisions". Lastly, Mohamed was the only one to feel that the authorities had acted as best they could. "The pressure on them was altogether exceptional."

If the discourse of the scientific and political authorities is the object of scrutiny by the French "simple" citizens as well as the media, it is because it is part of a political decision-making process that shows, more or less openly, a plurality of interests.

Discourses of this sort are underpinned by what Peter Brown calls "styles of social exchange"⁶ that refer to "intimate gestures that reveal what people

⁶ Jean-François BAYART, « La domination, une affaire de style. Clin d'œil et hommage à Fariba Adelhah, javânmard de l'anthropologie », *Sociétés politiques comparées*, n° 51, mai/août 2020.

expect of each other,” and to “questions of status, etiquette, established control of the designation in others of qualities associated with legal or illegal pre-eminence “and what men and women felt they could or could not do.” Far from being a fixed and stable phenomenon, all of this is a *process* that evolves and fluctuates. In sequencing their acts and discourse, decision-makers are subject to the critical analysis by a range of actors, starting with the media, who ensure that they are not only aware of the situation they are dealing with, but also that they are aware of the consequences of their actions and discourse”, that is to say, their compliance with a code of good conduct.⁷

For decision-makers, the challenge lies in the reception of their speeches and their ability to gain the confidence of their listeners. John Locke proved that trust is an essential attribute of the sovereign, but observes that trust is always conditioned by the sovereign’s respect for his mission.⁸ Beyond the political realm, trust lies at the core of another phenomenon. It is only by reducing the complexity of society that political control and function despite the vagaries and uncertainties of the world, and this simplification can only be effectuated if there is trust. In this respect, trust in this particular form has affinities with the religious faith of Islam, defined as a “confident self-delivery” (*tawakkul*). The essential difference lies in the inseparability of Islamic faith from its unfathomable mystery. However, in times of uncertainty, e.g. in the midst of a pandemic caused by a new virus, trust in the authorities is like a wager, the object of calculation the outcome of which is unforeseeable. It is interesting to note that, in our sample, the actors most willing to trust the authorities are an imam and a municipal councillor, both well-versed in interaction and cooperation. Could this have enabled them to develop a form of relational legitimacy?

Resilient trust implies the existence of “informal control mechanisms” that limit the resulting dependency, and require a learning process.⁹ In this respect, the notions proposed by Niklas Luhmann, like the terms “familiarity”, “assured trust” (confidence) and “decided trust” shed light on facets of the confidence-building process. In a world in which perfect “familiarity” could be attained, it would be easy to do without critical reflection;¹⁰ if, on the other hand, like our interviewees, most of whom opt rather for reflection, one takes a different posture. In contrast to the regime of familiarity, it recognizes “the contingent character of the world”, whereas

⁷ *Ibidem*.

⁸ Michela MARZANO, “What is trust?” *RIMHE: Revue Interdisciplinaire Management, Homme & Entreprise*, 2012/1, n° 1, p. 83-96.

⁹ Hélène DELERUE, Céline BÉRARD, « Les dynamiques de la confiance dans les relations interorganisationnelles », *Revue française de gestion*, n° 175, 2007/6, p. 125-138.

¹⁰ Niklas LUHMANN, « Confiance et familiarité. Problèmes et alternatives », *Réseaux*, n° 108, 2001/4, p. 24. Quoted by Matias LANDAU, « Participation institutionnalisée et confiance : un lien conflictuel », *Raisons politiques*, n° 29, 2008/1, p. 93-105.

“confidence” requires that one admit the possibility of seeing one's expectations disappointed, or even betrayed.

In order to demonstrate their ability to act and to obtain the trust of the masses, decision-makers stage and mobilize discourse that is part of an apparatus or disposition designed to legitimize the order they wish to set up.¹¹

All in all, the institutions that guarantee democratic life (e.g. the media, education, parliament, trades unions, the health system, etc.) generate only a moderate degree of confidence. Confidence in institutions is linked to an appetite for conformity. Therefore, it is not surprising that actors involved in participation in the political world or in an institutionalized religious order tend to trust political authorities more than other actors do.

In the face of restrictions and the pandemic, diversified strategies

French people have been affected in various ways by the pandemic and the containment implemented in March 2020, and have changed their social habits in some respects. They have also responded differently to the authorities' official recommendations on avoidance or “barrier” measures. This theme lies at the heart of the questions we put to our interviewees.

Nassima, like most of the interviewees, was affirmative, “I respected the containment measures to the letter. I went out on errands only very rarely. The number of victims was growing steadily. Anyway, it was impossible for me to get on with my life “as before”, as though nothing had happened.

In her opinion, the “restrictions were more than necessary; they enabled me to protect myself and the health of my family and friends - and of the French population in general”. Indeed, “the measures were largely complied with, because they were indispensable and they had been properly thought out”. Far from considering the confinement as an ordeal, Nassima said that she had “got on very well” [...]:

It enabled me to think about many aspects of my life. Certain things that had seemed really indispensable, just seem ridiculous today. Some people who deny the consequences of the virus and have a totally astonishing approach, maintaining that the virus is not really dangerous as it “only” affects the elderly. It is hard to talk to these people, because they are closed off, obtuse. Perhaps by fear of death...?

Sarah too saw the official recommendations as appropriate, “As far as the restrictions are concerned, I found them completely justified. I particularly appreciated the distancing measures, and I think that the checking was justified, because in France a lot of people are not really civic-minded”.

Like most of the interviewees, Sarah said that she had even anticipated the travel restrictions. “As I kept abreast of the health situation in the world

¹¹Arnaud MERCIER, « Pour la communication politique », *Hermès, La Revue*, n° 38, 2004/1, p. 70-76.

and particularly in Asia, I was sure that here too we would eventually be affected. I bought a lot of gel, masks and soap, in particular to protect the vulnerable members of my family”.

In addition, she too got through containment pretty well, “I rested. I enjoyed the quiet, the absence of cars and crowds. I chatted a lot on the phone to my family and friends. But, I was also worried about all my relations who were finding the confinement in Paris difficult, especially the children”.

As to the meaning given to these restrictions, Joumana spoke about civic-mindedness, “I respected the instructions totally. The confinement was a daily topic of conversation, with everyone, both at work and at home”. However, she worried about the lack of resources for caregivers:

It was distressing to find out that even the professionals were being overwhelmed, and to discover that caregivers didn’t have enough resources - to find out that you could catch the disease, and might not get proper care because there wasn’t the right equipment. In my opinion, we should have worried about all that well in advance. Neighbouring countries had this virus before us - and there was our President going out to the theatre with his wife, as if the health problem hadn’t existed. The government failed in its duty; it should have taken precautions.

Tlaitmass also accepted the sanitary instructions without restriction. However, she took a critical look at the way they were implemented:

There was a contradiction between the ‘official’ recommendations and the behaviour of our leaders, who were going around in closed environments without masks, giving interviews without protection... In short, discrepancies that doesn’t exactly set a good example. The penalties were useful in bringing to order citizens who were reluctant to follow the rules. On the other hand, the penalties were totally unfair: fingers were pointed at young people when adults were no more disciplined than they were, and working-class neighbourhoods were stigmatised, while the so-called “better” social neighbourhoods were no more respectful of the rules. There was a sense of inequality in the punishments.

Tlaitmass also spoke of “civic-mindedness” when she formulated the values that had led to her choice.

Sherry felt that the recommendations were useful, but the government's volatile attitude made her uncomfortable:

Instructions were not always sincere, and sometimes they merely justified the lack of resources, especially in the matter of masks. This undermined my confidence. It failed to give an impression of transparency on the part of the government. I would have preferred transparency to those false statements about wearing the mask. People could have understand that it was better to wear a mask, but that the government didn’t have enough masks. The fact that they said masks were useless and sometimes even dangerous, gave the impression that it wasn’t really necessary to wear a mask at all.

Karim was also shaken by the divergence of opinions :

The measures came “too late and [were] not easy to understand. The masks were reported at first to be useless, and then made obligatory. For many weeks no action was taken to see that masks were available. We were fortunate to be affected by the virus only several weeks after other countries. We should have made sure, at least, that masks and gels would be available to each and every French citizen.

Professor Raoult's personality and the controversies over his persona disconcerted many interviewees. Lana confided:

I expect a lot of the ongoing commission of inquiry into the management of the crisis. Medical discourse was to a large extent represented by Professor Raoult's statements. It was difficult to know if his data were reliable or not, and it was relatively easy to succumb to a ‘conspiracy theory.

In this regard, Mohamed explained that he had had to do a lot to counter the “fake news” that was circulating among the faithful at his mosque.¹²

Most of the people we interviewed paid little attention to the awareness-raising discourse of the so-called representative bodies—such as the French Council of the Muslim Faith (CFCM). This shows how weak institutionalization of Islam is in France, as many researchers have already observed. When we asked our interviewees if they had followed the CFCM's recommendations, only Mohammed, the imam, said that he had taken notice of it. No doubt this state of affairs can be explained by the development of individualism and the democratic ethos and their impact on the religious universe of French Muslims.

French Muslims are equipped with critical skills. They were able to denounce perceived injustices and to reach justifiable agreement, demonstrating various logics of action.¹³

This cognitive dimension shows up in the sharing of subjective experiences and the highlighting of themes of solidarity. The statements of officials were not taken *en bloc* as an undifferentiated totality, but as objects of interpretations that, when examined from linguistic, semiotic and semantic points of view, differed from one speaker to another. This revealed the depth and breadth of the critical skills mobilized by our interviewees.

While they observed with eyebrows raised the government's recommendations and measures, our interviewees did not, however, question

¹² Some Muslim websites have become engaged in the work of correcting “fake news”. The online newspaper Saphirnews, for example, is committed to demonstrating the falsity of false news. E.g., in an article dated March 26, 2020: “It is in this context that an “information” massively shared among Muslims on social networks has emerged: chloroquine is said to come from the seed of nigella, reputed to be a “remedy for all ills except death,” according to the prophetic tradition. https://www.saphirnews.com/Gare-aux-fake-news-chloroquine-nigelle-et-coronavirus-chronique-d-une-desinformation_a27007.html

¹³ Luc BOLTANSKI, Laurent THÉVENOT, *De la justification. Les économies de la grandeur*, Paris, Gallimard, 1991.

the authority of the government and its legitimate right to issue rules that held for all and sundry, in conformity with the values and the principles of democracy.¹⁴

According to Francis Bidault and José-Carlos Jarillo, “an essential dimension of trust is the presumption that the other party is free of opportunism.”¹⁵ This inter-subjective dimension of trust is independent of individuals and of particular situations that are focused on particular functions. At the institutional level, this configuration requires mutual recognition of rules and pre-eminence of the presidential function, if it is to ensure the smooth working of social, political and economic life. As Georg Simmel shows, trust is always fragile and requires objective forms to reduce the risks associated with the inevitable uncertainty.¹⁶

When “ethico-political” trust proves to be indispensable, because it is the only way to “found a humanism of responsibility”, it entails a process: reciprocity. Conversely, systematic mistrust, when used as an instrument of struggle, has potentially deleterious effects, and can constitute, through its anxiety-producing effects, a powerful factor leading to panic and/or withdrawal.¹⁷

In this respect, the population of France, compared to that of other European countries with comparable economic characteristics, shows far less confidence. From this point of view, France is closer to countries of Catholic culture than to the Protestant countries of Northern Europe. Furthermore, France is undergoing a marked erosion of the little political trust that subsists, affecting both political institutions and political personnel.

This mistrust of politics also has apparently more to do with people's social vulnerability than with their cultural level or degree of education. Be that as it may, the French Muslims we interviewed, in the course of making political judgments, relied on moral or normative principles more than on religious precepts in judging the merits of the official measures to counter Covid-19; their confidence remains conditioned by the outcome of these judgments. Indeed, decision-makers are just as capable of “building up” the social capital that lies at the basis of trust as they are of “destroying” it.¹⁸

¹⁴ Following Arjun Appadurai, the plurivocity of the word is admitted. For the anthropologist, “democracy” has certainly become a major referent in today's world, but the term covers a wide variety of ideoscapes (cultural embedding of images and ideals).

¹⁵ Francis BIDAULT, José-Carlos JARILLO, « La confiance dans les transactions économiques », *Confiance, Entreprise et Société*, in Francis BIDAULT, Pierre-Yves GOMEZ et Gilles MARION (ed.), Paris, Eska, 1995, p. 109-123.

¹⁶ Georg SIMMEL, *Philosophie de l'argent* [1900], Paris, PUF, 1999.

¹⁷ Laurence CORNU, « La confiance », *Le Télémaque*, n ° 24, 2003/2, p. 21-30.

¹⁸ Éloi LAURENT, VII : « Politiques et idéologies de la confiance », in Éloi LAURENT (éd.), *Économie de la confiance*, Paris, La Découverte, coll. « Repères », 2012, p. 91-106.

Being a Muslim in times of pandemic— effects on sociability and subjectivity

What transformations has the Covid pandemic wrought in religious sociability? In many respects, the restrictions necessitated by health regulations (closing of places of worship or limitation of access to them; restrictions on grouping; cancellation of religious functions) have had an impact on the religious practice of Muslims. We questioned our interviewees about the concrete effects of the pandemic and the subjective transformations it had caused.

Nassima confided:

I've always been very religious, and that hasn't changed. Observing Ramadan while remaining confined was a first-time experience for me, because the whole meaning of Ramadan is meeting one's relations to share a meal. And also in giving the needy a hot meal. I was not able to visit my parents because they are elderly: this means they are at risk.

As to effects on religion, she thinks that the Covid might have made people think more about the meaning of life, and “understand that life in this world is not going to last. But the arrogance of some people has merely got worse.” But she was pleased to see that her co-religionists were respecting the government's health instructions:

The faithful have understood why mosques have had to be closed, and have scrupulously respected the closing. In all Muslim countries, the muezzins called on the faithful to pray at home. This has now become an integral part of Muslim practice; in cases of illness it is almost obligatory to stay at home to pray. Muslims have respected the restrictive measures and today many worshippers (including my father) continue to pray at home. I have not heard of any ‘refractory’ believers. Quite the contrary. In this regard, we have not heard of any clusters being caused by Muslims – in contrast to believers in other religions and to non-Muslims.

Nassima reminded us that the Covid-19 pandemic was not a new development in the history of Islam, which has adapted on numerous occasions to the need for restrictions imposed by health situations:

Mecca and the mosques were closed already more than a century ago because of a pandemic that decimated thousands of people. From a religious point of view, the restrictions were perfectly justified. It was a gathering of Christians that triggered development of the virus, and the faithful then spread it to several regions of France, causing many deaths. The declarations of the religious authorities were appropriate: they showed concern for the health of the faithful, above all else. This is an excellent thing.

Sarah also confirmed the need for pandemic-related restrictions. However, she had suffered from the loneliness associated with distancing, and from cancellation of Ramadan and related celebrations:

Regarding the closing of mosques, I found that the overwhelming majority of Muslims around me and on social networks approved of it. I don't know of anyone who is opposed to this measure. I find that Ramadan was easy, but it was also sad because we could not visit the family and eat together.

For her, the closing of places of worship was an unquestionable necessity, even from a religious point of view, because principle of preserving human life should prevail.

I listened to young imams on Facebook; they were highly satisfied with the closure measures and the precautions taken by mosque officials in general. Of course I agree with the restrictions on attending places of worship: the lives of the faithful and their families have to be preserved, and there is no reason why health security measures should not apply to places of worship.

However, to her regret, she noted some discordant voices:

On the other hand, I was very unhappy with the calls from a minority to reopen the mosques for *Eid*; I found these calls selfish and irresponsible, just as was the decision of the French government to reopen them. But I was pleasantly surprised to find that almost all the mosques remained closed.

For Joumana, beyond its festive dimension, Ramadan opens one to :

A reflection on life: finally, the confinement during Ramadan was an exception, but it was also a good thing anyway. We refocused on essentials. The Muslims around me had stopped going to the mosques even before the ban. No doubt because most of the faithful are old. Today the mosques are still sparsely frequented, even on Fridays.

She read sermons by imams on the Internet and was delighted:

I listened to the sermons of the Imam of Roubaix and to his wise advice. All the restrictions imposed that have served to protect us are understandable, including those concerning religion - especially since the gathering in Mulhouse and its terrible consequences.

For Tlaitmass, too, the “confined” Ramadan had its advantages, “I could meditate, pray at scheduled times. I could quietly cook balanced meals for *iftar*. I could rest if I needed to.” She also felt attuned to the sermons of the French imams, “I heard a sermon on patience and acceptance of the situation. Moreover, one of the imams I was following had contracted Covid-19. Now cured, he told about his experience in a video on Youtube”.

For Jerome too, the closing of the mosques was all the more necessary as an evangelical meeting in Mulhouse had been the site of a serious epidemic outbreak:, “We saw that the virus had spread thanks to all the hugging and closeness, so it was wise to slow down, even if many Muslims suffered from not being able to share traditional moments during Ramadan.”

Lana had heard of some home-groups saying the Ramadan prayers (known as *tarawih*) and breaking the fast together. “I found this particularly

lacking in awareness”. She discovered, thanks to Internet, alternative forms of meeting:

I followed some imams on Internet who did videos every day during Ramadan. I felt in tune and connected to the community. These were messages of peace, commentaries on verses from the Koran and the suras. I regretted the lack of initiatives around the *tarawih* to follow it from a distance, like so many services available to the Christian faithful, especially in the evangelical milieu.

As an imam, Mohamed admits that he was not aware

[of] voices disapproving of the closing of the mosque. There was almost total unanimity, I would say 99%. That's because it was explained from a religious point of view. I denounced catastrophist, apocalyptic discourse. In the history of Islam, this type of event has been frequent; epidemics like this one have forced people to take action. For example, the pilgrimage to Mecca - it was totally cancelled 40 times. I expressed myself on quite a few radio stations - the morning radio shows like RTL, but also Brut, and Mediapart, with people like Haim Korsia.

In our interviews of these Muslims, the axiological field appears clearly, mobilizing an ethical-moral dimension. Our interviewees seemed to be relying on an economy of the affects - the diametrical opposite of the model of identity closure - in justifying restrictions in matters of worship in the name of the lofty principle of the preservation of human life. In what Mohamed Arkoun calls the religious “regime of truth”, this type of discourse apparently implies a relational ethic that emphasises rules of civility, such as good deeds (*ihsan*) and moral integrity (*akhlāq*). Emphasis is placed on the need to set up links, promoting a “civil Islam” that facilitates living together, in accordance with a philosophy of tolerance.

For many Muslims, Islam promotes a number of specific conceptions of illness and death. In particular, “the view of illness tends to be seen as a test to which the believer is being subjected, rather than as a form of punishment.”¹⁹ The ordeal is then seen as a challenge to reach a “higher stage of religious devotion”. Muslims consider the “will of God” to be primordial. However, far from inclining believers to fatality, this posture encourages them to play, by means of prayer, an active part in the preservation of their health or, if infected, in the healing process.²⁰

¹⁹ Carine VASSART, « Les soins de santé face aux défis de la diversité. Le cas des patients musulmans », Fondation Roi Baudouin, 2015. CISMOC/IACCHOS : Célestine BOCQUET, Brigitte MARÉCHAL, Sofie VAN DEN ABBEELE, *Musulmans et non musulmans en Belgique : des pratiques prometteuses favorisent le vivre ensemble*, Université catholique de Louvain, 2015.

²⁰ A sura of the Koran states: “God charges a soul only as much as it can bear” (Koran 2:286).

Lessons of a pandemic

What lessons should be learned from so difficult an ordeal as a pandemic? In other words, what necessary or desirable changes can emerge from Covid-19, as regards our subjectivities and sociability?

Nassima: “The pandemic is a reminder of the strength of Allah”. She mingles religious considerations with ecological references:

Today, respect for others and for nature has little meaning. But thanks to confinement the air has now become more breathable, nature has regained its colours, the sky has become clearer and the pollution rate has never been so low. Human actions in the name of modernization and economic prosperity have harmed both nature and our health. But now life has resumed its course as if nothing had happened at all. For some people, however, the pandemic has given a new meaning to their lives: they have changed their way of life by moving to the provinces.

On a more personal level, however, Nassima does not consider that she herself has changed:

Personally, it hasn't changed anything for me. Believing in the power of Allah is nothing new to me. I sincerely hope that for many people there will have come a new awareness and a real questioning of our life here on earth, and in the hereafter. This pandemic has shown once again that man has no control over anything. However, it has reminded me that in life there are priorities...

In these turbulent times, religion must play a special role for its followers. Reminding them that priority must be given to the preservation of health, to respect for barrier gestures, and that during health crises, it is life that takes precedence. Religion must also play a calming role.

Sarah sees the pandemic:

As a real warning sent by God, and causing a large part of humanity to be confined. A warning to show us our priorities, the preservation of our planet, our environment, the importance we should attach to the quality of our life, of time spent with our families instead of the daily race for profit and professional success. And then humanity should also realize the close ties that unite its members, and show more solidarity.

Here again, religious references are intermingled with philosophical and moral observations, regarding the need to review one's priorities, to give more space to one's own family and to support the preservation of nature. In the words of these young women, the need to support ecological development, far from opposing God's plans, appears to be in conformity with a natural order willed by Him.

Joumana too supports the idea of a natural co-extension of a global ecological order and a humanistic philosophy of a life lived in conformity with the rules of the divine. By momentarily suspending the mad rush of a life ruled increasingly by economic and material necessities, confinement

has, according to Joumana, offered us a pause – the possibility of peaceful existential reflection:

The question has indeed arisen as to the religious meaning of this world, now in a pause mode. It links us directly to everything that comes to us from the Creator and that we are not respecting: nature – because of our over-consumption of everything, our selfishness. Religion can play a role in society when it is promoting peace, fraternity and respect for all living beings.

Tlaitmass, too believes that:

It is nature that is teaching us a lesson: the planet can no longer stand all the pollution; poaching of animals has run amok, and nature has turned against mankind. Man is entirely responsible for this epidemic, caused only by himself. The planet has been in better shape since the confinement, with less pollution, reappearance of animals that had seemed extinct, and so forth.

According to her, the role of religion extends far beyond the strictly spiritual:

Of course religion has a role to play in social cohesion! It advocates solidarity and the need to help the underprivileged. In the event of epidemics, believers should perform acts of charity. Places of worship could serve as relays for distributing food and other necessities. Lastly, ministers of religion could also assist individuals, to allay fears and anxieties that arise in the face of this unprecedented situation.

Thus, over and above discourse, Muslims could and should translate their values into action, in solidarity, and for the benefit of the needy.

As Samia sees it, the health crisis is a lesson that should serve humanity to reconsider with humility its proper place in the universe, “It is one of the natural events that totally escape man’s control, reminding him of the very limited nature of his abilities and his knowledge of the world around him.” Beyond that, she considers that an event of this sort, because of its dramatic consequences for so many people, “raises questions about in particular the progress of the scientific and medical world. And it also raises questions about economic practices such as hyper-globalization.”

Jerome, too, sees the health crisis as an “alarm bell” alerting us to human inconsequentiality in ecological and economic matters. As to Karim, he told us on the contrary that he “attributes no divine meaning whatsoever to this ordeal of ours. There have always been pandemics. This particular one has affected France and other Western countries—and that is the main difference between it and the pandemics of recent years: I am thinking in particular of Ebola”. He adds that this crisis is merely a single tragedy among many others, about which Westerners feel less concern than they should: “When I see the state of the world today (war in Yemen treated with near-indifference; persecution of the Uighurs, etc.), I don’t see how this ordeal can be interpreted as a sign.”

Lana supports similar considerations when she tells us:

I have not found any particularly religious meaning in this pandemic, but rather an even more pronounced awareness of our lifestyles and the state of the planet. I was comforted by our opting to change our lives last year, leaving the Paris region to live in a less dense environment and to have a better quality of life.

To Mohamed, on the other hand, the “religious” meaning of the pandemic seemed obvious, “In the Koran, much mention is made of the evidence of both good and evil. But that doesn't mean that God is angry! That isn't it at all...” As Imam, it is he who is angered by talk that suggests that the pandemic is a punitive act of an outraged God in response to human turpitude. Mohamed is exasperated by this sort of talk, which he sometimes hears in the course of his work. He tries as best he can to set it right, arguing from Koranic sources:

I think it's about time to whistle the end of the game. We've always had epidemics. I say in my sermons that one should know how to enjoy life, though not in an epicurean way. It's more the idea of enjoying the present moment. I think that in the little things there is something extraordinary, the mere fact of breathing the air... We should try to enjoy life to the fullest!

As Mohamed sees things, religion unquestionably has a role to play in society:

When you're a believer, you don't face this type of trial in the same way as when you aren't. It brings us face to face with death, but for us this isn't an end, it's just the end of a cycle, not the end of life. Baudelaire wrote about the place of the soul, of eternity. It's the idea that we should learn how to die, as Montaigne teaches us, that is to say, learn how to *live*. We must keep up our hope of a morrow that is better.

Reactions to the pandemic and speculation as to the “lessons” to be drawn from it are all part of a quest for meaning by “fragmented” individuals, as analysed by the sociologists François Dubet and Bernard Lahire. Placed in a situation of uncertainty due to the weakening of structures and of systems of integration (school, family, environment, work), and forced to constantly change social roles—all in the context of an all-out liberalism—human beings have little choice other than to accept their “fragmented” nature as individuals. This is how one finds oneself confronted with a loss of fundamental points of reference.

By asserting the prevalence of fundamental civic values over the principle of religious norms, French Muslims display the elective affinity that apparently exists between the religious and civic versions of humanism.

Conclusion

Contradicting a certain social and cultural determinism, most of the French Muslims we interviewed focused their explanations on their capacity

for choice and decision-making, in the context of a pandemic that is all the more complex to grasp as it involves cutting-edge scientific knowledge.

Following Durkheim, who considers that a society needs a national myth, what Rousseau calls “civil religion”, if it is to form a group, our respondents considered a project of this sort to be more necessary than ever. Every society needs a foundation of common values to achieve consensus, whether religious or not: a common narrative that is likely to make sense to the majority of individuals.

Most of our respondents, even though they were fully involved by their professional activities in a universe that is capitalistic, suggested that freewheeling liberalism can be braked by mobilizing values based on their religious faith. To the dominant instrumental rationality, they oppose a rationality “of values” in which the “ethics of conviction”²¹ prevail. This “other” rationality should be added to the dominant one.

This propensity to register their claims over and above the strictly religious domain seems to have an original objective: that of affirming the priority of the human community over the co-religionist one and, in doing so, to counter accusations of separatism and “communitarianism.”²² Developments of this sort can be seen as a “maximalist” vision of secularism. The latter is spreading through the space of public discourse - an instrument of control, proposing a “good Islam” as counter-poison to a “bad Islam.”²³

By relating the results of our survey to other surveys of values based on a wider public,²⁴ we find many common regularities. Firstly, gender does not appear to change attitudes to any great extent. Secondly, individuals with higher levels of education and income show a greater degree of trust in institutions. Beyond Islam, the relationship between trust and religious integration seems to support the hypothesis of a higher level of trust among people who practice a religion than in people who do not—or are simply non-believers; this has also been demonstrated in the Christian context. For Pierre Bréchon, this brings out a certain vision specific to the Christian world, in which the notion of loving one’s neighbour predominates.²⁵ In our case, the notions most mobilized by the Muslim respondents involve the idea of social justice.

²¹ Luc BOLTANSKI, Ève CHIAPELLO, *Le nouvel esprit du capitalisme*, Paris, Gallimard, 1999.

²² Abdellali HAJJAT, « ‘Bons’ et ‘mauvais’ musulmans. L’État français face aux candidats ‘islamistes’ à la nationalité », *Cultures & Conflits*, n° 79/80, 2010/3-4, p. 139-159.

²³ “Is it the role [of the majority society] to demand that Islam answer for its dogma and reform itself?” asks Thierry Boissière, questioning the relevance of this approach. Thierry BOISSIÈRE, « Les religions dans la société, La participation de l’islam au processus de sécularisation », *Cahiers français*, n° 340, Paris, La Documentaire française, 2007.

²⁴ Pierre BRÉCHON, « Influence de l’intégration religieuse sur les attitudes : analyse comparative européenne », *Revue française de sociologie*, 2002, vol. 43/3, p. 461-483.

²⁵ Pierre BRÉCHON, « Confiance à autrui et sociabilité : analyse européenne comparative », *Revue internationale de politique comparée*, vol. 10, n° 3, 2003, p. 397-414.

III

EXISTENTIAL LOGICS

CONFINEMENT/DECONFINEMENT: WHAT ABOUT THE LIFE OF THE MIND?

Olivier DOUVILLE¹

This is a psychoanalyst's text, that establishes, through his practice, both private and at the psychiatric hospital, the health policy linked to the effects of the pandemic on his patients' mental life.

Prelude

Saturday the 14th of March, 2020, here we are C.O.N.F.I.N.E.D. Later we will have to wear masks.

The news comes as a shock.

At the highest levels of government, the word "war" is being bandied about with a fanfare. On the 16th of March, 2020, President Macron emphatically announced: "We are at war—a sanitary war, admittedly. We are not fighting against an army or another nation, but our enemy is here, invisible, hard to pin down, and is progressing. And this means that we need to be involved. Yes, we are at war".

"War!" A word like that is rigid and insular, it is viral. It is above all a misnomer. Because when we look at international politics, yes, France *is* at war; this label "war" is usually masked by other labels such as "surgical" intervention or "security" operation, etc. To emphasize a warrior vocabulary is to open the door to a sacred national unity required on the basis of security. The coherence of this has been, to say the least, erratic.

Confinement is to find oneself in a moment that is too real and too unthinkable; we were to find out soon enough that it would be more than a mere digression. We are afraid now that it may return, and that, being aware that Covid-19 is freely moving about, is a source of great anxiety to the population.

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In the highest circles people are now delaying. The evening TV spews out its load of numbers, veering from the stock exchange rates to the anonymous death toll—which remains unweakened and is beginning again to increase.

I need to make a few points about confinement. Strong individualists will see confinement as a deprivation of freedom. This is so evident that I am still surprised that it has been talked about so much. And should we not, as citizens concerned as much about our duties as we are about our fundamental rights, make sure that the emergency health measures are not intensified and, above all, do not perpetuate an extensive system of population surveillance? The need for security and protection should not lead to a taste for self-imposed servitude.

The obligatory national unity is moreover imposed as a moral virtue because of the ideology that underlies it. But the creation of a disciplinary subjectivity that involves taking risks is undermined by the accumulation of human tragedies—deaths that relatives will consider as something that could have been prevented.

Confinement, however, is also a way of reflecting on what makes our life worthwhile: our separateness filled with intimacy, our social life characterised as much by the concern for ourselves as for others.

We cannot afford to be lyrical here. Nor do I want to delve into the nonsense of people who love sorrow and punishment; those who are giving us ecological lessons, ranting about the triumphant return of a vengeful nature. According to these high-minded souls, the prevalence of Covid is intended to punish us for crimes that we have committed against the ecological balance of the world. There is a great deal of comedic repetition in this Mother Nature cult, that of the Global Avenger. Politically speaking, Nature is simply what we do with it. As long as access to drinking water is a source of ignoble profit, the cult of Nature will be nothing more than a convenient slogan, bandied about in a miserable world where the aim is to eat healthily, but its conditions are more often than not short sighted. A few green-capitalist vegetable gardens will not suffice to bring about a decisive turnaround, nor to ensure that our so-called “natural” heritage is not plundered, and rendered useless—immediately leaving millions to starve or die of thirst, or both. Under these circumstances, it seems somewhat ludicrous to rejoice at the sight of ducklings waddling on the Champ-de-Mars, or of an otter taking a dip on the banks of the Marne.

And then, to put it bluntly: there is lockdown, and lockdown. Where are the people who have been left behind? Those whom my friends (in Aurore or the International Samu-Social) are so concerned about? Those left behind: excluded, nomads of distress. We are concerned about their mental and physical survival. But have we actually come across them? Heard them? Have we allowed them to teach us anything?

The homeless, unaccompanied with their subjective problems, are now invisible. They have been stranded, and have to find food and drink. They are facing insurmountable difficulties in their struggle to get medical treatment. Unfortunately, all of this characterises their combat in the inhospitable environment of our supposedly social world.

Yes, the result of this whole Covid experience, from which we have not yet emerged, is that the most vulnerable of us have become invisible. People who are seen as nothing, with a total absence of identity, and not even as potentially profitable figures claiming identity: the outcasts or the victims of a system based on historical violence. Abandoned, seen as nothing, being reduced drastically to even further destitution, they have been forgotten. Forlorn by an idiotic nationalist mindset and a righteous nation in a warlike posture, standing up heroically to a tiny virus. I would like to add that the citizens of this country are being treated both as children who have to be taught basic healthcare measures and as seasoned adults who have to safeguard the fine health of the world. Probably, had there not been this paradox, the public would have been far more sensitive, responsible and concerned about the fate of outsiders, the herded migrants and unaccompanied minors, all of whom have no voice. No, pointing out that the political handling of the Covid period has been extremely harsh on the people who have been excluded most drastically from the society and hospitality they need so much. But I am not trying to make the reader weep.

The government's incoherent announcements, a scientific debate turned into a spectacle, the flood of fashionable terminology, and the inconsistent measures taken, all create a foreboding mood. Is this the reason why there has been in our psychiatric wards an unprecedented influx of patients in severe emotional distress? No. This is not the case, and this surprising statement calls for further explanation. But already we have could maintain that the more the health-care providers invent new ways of living together, and allow for patients' voices to be heard, the more psychic creativity will not only be safeguarded but stimulated even more.

In the psychiatric hospital

Let us first talk about this hospital—the dreaded psychiatric hospital in Ville-Évrard. It has aged well: it has expanded thanks to the sector's policies and, for the past few years, has been providing additional health-care thanks to a few new “psychiatry and precarity” teams. Although techniques of remote working have been developed, and are perceived as a form of protection, remote work cannot be allowed to become too prevalent. There are always emergencies, seriously relapsed patients, and so on. But before we talk about clinical issues, let us point out the damaging effects that the “warrior” mentality has had on work relationships. Deep divisions have risen to the surface between health-care workers, and they have been further

exacerbated by the fear of contamination. Warlike language has infiltrated the institutional process and has undermined the cohesion that underlies professional relationships. People who no longer come to the hospital premises and work from home by telephone, are not appreciated. Have they merely been cowards, “sheltering behind the lines,” while the courageous and the committed who have crossed the hospital's threshold are treated as brave soldiers and as heroes? Psychologists have been far more affected than other professions. A lack of protection that lasted almost for a month (a shortage of masks and gel) caused a lot of anxiety, and rightly so, but—it also made people talk or write out of turn.

As for the patients, not all of them suffered from the confinement. And some of them, hospitalized in Ville-Évrard, were caught up in a collective health dynamic. After three weeks of confusion, the caregivers all put on gowns, along with masks and bonnets, and a conversation started. The patients felt that they were part of a care dynamic linked to a community based on health-requirements. The feeling was one of participating in a shared experience, combining anxiety and hope, each with his/her own interpretation of the situation. Participating in this way in a caring community imposed by Covid, meant that—rather than a feared flare up of persecution symptoms or of stigmatising—had on the contrary, a calming effect. This simple observation might ruffle the feathers of a feeble theorist, the kind who define psychosis as a loss of reality and common sense. Fortunately, the matter is more complex. Yet we had been informed, and we were amazed by the heroic beginnings of institutional psychotherapy in the aftermath of the atrocious Second World War. We were told that delusions, whether persecutive, melancholic or a combination of the two, saturated as they were and still are with the cruel encounter with death and destruction, nevertheless enabled some of our patients to face the current catastrophe and survive the encounter.

If one readily assumes that “paranoia”, “melancholy” or even “schizophrenia” are merely medical diagnoses having to do with biological medicine, then this is difficult to understand. However, the mental condition of those people who have been hospitalized, their symptomatology, is directly dependant on the type of social relations established by the health care institution. By not thinking of psychosis as a shortcoming, these people who have been hospitalized are now being encouraged to express themselves more freely and with greater inventivity. A delirium is not only something that incapacitates one. It can also be a means of not losing one's grip on reality.

The irony here is that the solidarity that has been mobilized to oppose covid is nuanced and has at times rendered the indefinable border between care and treatment, porous. Outside of the hospital patients successively come to our dispensaries to consult us, both to talk and to make sure that life is still going on, for us as well. Their words do not seem to show fear or a

sense of being overwhelmed. We have a feeling that the people suffering from severe phobias have had their narcissism reinforced; their phobia of physical contact has undergone a metamorphosis. The impenetrable nature of the phobia seems to have subsided, and has, in this instance, acquired the attributes of wisdom and clarity. I would like to mention some observations that have to do with my private practice, working with phobic children. Phobia is quite normal in a child's life. It is a turning point where a certain fantasy in the art of living plays its part, before the child ends up in an exhausting and dull normality. Like many of my psychoanalyst colleagues, I have heard children from the ages of 7 to 10—little budding male logicians—assure me that they were the first to know what was going on. Now the “grown-ups” (i.e., adults) are finally realizing how reckless they had been. Covid has proved that the childish contact phobias have been right all along. Listening to and having discussions with these young doctrinaires, now specialists in social distancing thanks to their contact phobias, quickly draws attention to a point of narcissistic exhaustion: if everyone behaved in the same way as the little phobics who advocated social distancing for their own use within the social bond, what had happened to their originality as inventors? The phobic symptom is a logical bricolage, which creates in the world arena, divisions between reassurance, anguish and difference. Now this compartementalised world is for the phobic an instruction manual on the user's movements, explaining how he orientates himself and also the company he keeps with others. The juvenile phobic is often proud to have invented a grid like this that enables him to move around within its boundaries. Then comes the triumph of having been right before everyone else, and the slight annoyance of now being copied. For some children's therapies, this rather amusing paradox turned out to be a godsend. I was able to indulge, with these young “contra-phobic” do-it-yourself theorists, in unerring logical discussions on what it means to be an exception, an inventor, etc., without the usual accompanying anxiety.

Coming back to my astonishment at the peacefulness of the hospital wards, I also was surprised by the severe melancholics' lack of identification with Covid-19. The feeling of a possible and foretold catastrophe, nevertheless, was in tune with their own *Stimmung*.

In the same way, the directors of the hospitals of Blain and Bouguenais confirmed that during the first moments of the health emergency there was no noticeable increase in symptoms. Nor were there requests for consultations or for people to be hospitalised. A psychiatrist at the Saint-Jacques hospital in Nantes made the same observation.

It is said that the forces of resiliency have managed to safeguard havens of peace. These forces prevent patients with certain dispositions to paranoia or melancholy from merging with devastation or with catastrophe. I am aware as well that the sorry state of psychiatry has revealed the material and

cultural collapse of medicine as a whole, a medicine of which psychiatry is the poor relation.

In private practice

Now let me turn my attention to those who consult in private practice. They are the patients who are said to be “ordinary”—or even “ordinary psychotics”—although in our constricted world there is nothing more extraordinary than undertaking an analytical cure.

What continues to be important I would argue, is a surprise! Even in an increasingly eroded existence, in these times of pandemic defined by the much touted self-control.

Yes, this “covidian” era has forced upon us a reminder of our fragility. Being reminded this way does not mean that the thoughtful, real, human, humane part of us is going to despair. Our need for others has not been destroyed by the confinement. It has shown us that our need for others is stronger than our fear of them. Yes, we have been confined. But isolation is something that we cannot and will not be able to keep up for too long. How hollow this term of social distancing rings! How overlaid it is with a phobic resonance, which shrivels up into a sharp and contemptuous fear of others in no time at all.

Will this reminder of our fragility be viewed as a fleeting experience, as a mere bad patch? I certainly hope not. Once we return to normal life, or to one considered to be normal, we will not be left unscathed by this intrusion into our consciousness, into the way we relate to other people, or into our connections to our bodies and their rhythms, or into the awareness that being alive is not to be taken for granted. Will the ideologies of “augmented life”, the post-human ideological fantasies of immortality, now come back with a vengeance? For people who want to build their lives with dignity and in joy, it is no longer acceptable to indulge in a second phase of infatuation for such insignificant stupidities.

What place does this unique type of social bond, psychoanalysis, have in society when the imperatives of emergency prompt us to value a subjectivity that is shaped by a hyper-adaptable urgency? In what way is the survival and the spreading of singular imaginations safeguarded by our analytical arrangements? In our practice, these are the questions we have come across, in the new technical paradigms.

The interruption of the course of a cure on the grounds that the sessions could only be maintained by changing their place, was a transgression of the cardinal principles of the treatment technique. But what was not a transgression in my view, was the thread of a voice, continued on the telephone. At least this is the stance that I have decided to take and to defend. Included in this position are the young practitioners whom I supervise, and who sometimes are captivated to excess by an overly austere ideal of what a

psychoanalytic cure should be. The real danger is the psychoanalyst who refuses to continue the analysand's cure by telephone; it is the analysand who needs connection the most. The analyst in that case will come to embody an omnipotent figure, one that nothing can move: he or she would end up in the gloomy pantheon of the all-powerful, the anaesthetized and the indifferent.

Our work routine changes quickly and holds surprises. For many therapists, the thread of the voice on the telephone is a strange experience. Unfamiliar. Tiring. The thread is taut, but the link must not be broken. The silences are worrisome; nevertheless the "shrink" has to give a sign of life, while trying to avoid the trap of conversation.

The patients' words are more temperamental; without warning, they go straight to the point; there are calls that are like urgent confessions; the rituals at the beginning and end of the sessions are shortened as the speech of one tangles with that of the other. On the telephone silence becomes a source of anxiety. The communication must not be broken. The background to the difficulties in tolerating the psychoanalyst's silence on the telephone is made up of death-related anxieties. We too find it difficult to remain silent; I have discussed this with colleagues. In an emergency there is a risk that the relationship that has been woven with the thread of words, will turn into a conversation. Time counts. The risk is that we forget discretion, that we allow our presence to be felt too much; we must be present but not too present.

Freud mentioned the telephone in his "Advice to Doctors..." in 1912. He writes:

In short, the analyst's unconscious must behave towards the unconscious emerging from the patient in the same way as the telephone receiver does towards the calling party. Just as the receiver re-transforms into sound waves the telephone's vibrations that emanate from the sound waves, so the doctor's unconscious manages, with the help of the derivatives of the patient's unconscious that reach him, to reconstitute this unconscious from which emanate the associations provided.

In this brief passage two things are mentioned: the analytical situation and the ambiance. A situation in which, in and through free-floating attention, the vocal equivalent of polyphonic density is found in the resonance of what is said. The ambiance is one of accompanied solitude, not of abandonment. It is not necessary to build up a wall deliberately so as to maintain a distant attitude, as if nothing has happened. We have rather, at our disposal in the psychoanalytical situation, the demand for words to be taken seriously, and to be considered as expressions of a singular plight. The plight reveals a social climate in which one is left with no answer and without protection. At the risk of obstructing the lack and the subjective void, to speak does not mean engaging in chatter of any kind. It is to reassure our

analysands about one thing: that the human world is still a world in which the word is accommodated and is alive.

I have never felt that the continuation of the analytical situation over the telephone—contrarily to widespread opinion and despite the obviously different framework—is negatively affected by the lack of a body. To be more precise, it is an excess of body reduced to the voice that invades the scene, dramatising the silence. What I have found is not an absence of the body, but a momentary absence of a connection between the gaze and the voice. And the words often rush into language, conjuring up anguish in a maniacal acceleration. This is how the conventional coordinates of presence are displaced by an analysand's telephone conversation with his psychoanalyst. And these sessions, where anxious speech strives to ascertain the continuity of the analyst's presence, nevertheless attack the workings of absence, of reverie in the session, of the wandering gaze. At times it is not surprising that there is a feeling of acceleration, as if it were necessary to stop wasting time and to get straight to the point. The theme of the preoccupational knot is made up of separation and loss. It is the nerve underlying the exchange. And finally, even though it is still too early to establish clear cut consequences, one of the effects of the spreading of a bellicose climate has been to pit violently generations against one another: the young were presumed to be without risk, while the old were "encumbering" the intensive care units. This was when they were not agglomerating in the mass of the anonymous dead at the EPHAD. This unprecedented way of pitting generations against one another in the face of death, could, as we may find out in a few years' time, reshuffle the deck of the usual Oedipal tendencies as well as their underlying supportive myths. I will risk the hypothesis that in the face of death a new form of social anxiety has created a new fabric of solidarity and of generational antagonism. This is all the more true as rituals of mourning have been worn extremely thin.

I should mention another aspect of these telephone "exchanges", which enable one to talk about one's fears (that of being contaminated, of contaminating, of failing to keep the house clean and tidy enough, etc.). By talking about what is frightening, one is also talking about one's own irrationality. In the short run, responding to these people who are in a state of panic by simply giving them good advice (barrier measures, masks, gel, etc.) might be reassuring, but not for long. The position of the frightened and/or distraught persons is that they already have all this preventative knowledge at their disposal. They apply the rules of the game, they know them off by heart, but nevertheless... the anxiety is still there. Without going on too much, I think that one of the effects of the telephone sessions is that the subject moves from fear to anxiety. That is to say that they move from a state of panic to one of being able to formulate other more intimate, personal and at times infantile fears. The demand for guidance or care can, at this point, be clarified. By identifying these fears, allying them, and

understanding them, one can use anxieties. Panic cannot be used. This is why I consider important the move from panic, which is merely bewildering, to a reasoned reckoning of fears, which can be overcome.

Psychic Deconfinement

I will conclude these thoughts on arrangements of the setting by mentioning those people who call the “shrink” whom they have never met before, and whose name they have found while surfing on the web. Because that is how they situate and specify their procedure and their request. What do we learn from this that is both unexpected and important? We have obtained an extremely precise picture of the subjective impact of the breakdown of social ties, of exclusion and of major psychic distress.

And picking up the phone, if only a few times, is already a way of surmounting the ordeal; it is a way of “deconfining” psychically, of coming out of a social and mental withdrawal.

I should add that, among the people who called, some subjects felt relatively sheltered by the confinement. These are phobic, melancholic subjects, who find it difficult and intimidating to go “outside”—quite the contrary of public opinion. There is no point in pressing them to return to the life they had before, in reintegrating them into ordinary social life. We need to understand how difficult this former life was for them, and how confinement allowed these subjects to feel strong and reassured. Now the caller could invent his/her own rituals—or at least habits—and modify his/her behavior.

I must emphasize that people also call us on the telephone simply to hear a humane voice, and to engage with someone who will take what they say seriously. This may seem to be an exaggeration. But I am sure that a fair number of callers who have approached me without ever having met me, have not had the experience, or at least not for a long time, of having someone to talk to who listens to them with respect. To begin a therapy in this way opens to people thirsting for human contact a possible way to reconnect with their psychic life through this type of exchange; to drink in the refreshing water of mutuality. Covid is the Real. There is not an “us”, a collective. Nobody faces reality in the same way. To be more precise, the task of an analysis is to facilitate the way in which a mass of traumatic anguish can be traversed and displaced by means of inventions that are unique. Of course, we can draw images of the virus, but the virus disturbs our imaginary bearings (what kind of body is it, if it is a body? Is it alive? Does this undesirable visitor embed itself in our home after we return to it?) The virus is also symbolic. Everyone reacts to it within the limits of his/her lived experience and self-knowledge, each one has his/her own singular symptom. Some clean up, creating emptiness—a salutary step for people who are afraid of being invaded by filth.

Nobody knows how to talk about the virus. Yet every day, with a fanfare of trumpets, the prophet, the guru and the intelligent lifesaver, all find the good old-fashioned potion that will get everyone back on their feet. These prophetic voices are gratifying; they carry within themselves the promise of a mass rising against the establishment. The house of cards collapses, is set straight and settles down once more. Then, in no time at all the *soufflé* of the day collapses. The latest *Lancet* study went headfirst against the treatment that Professor Raoult of Marseille promoted pro domo with all the assurance in the world. It proved to be methodologically flawed (e.g., there is little point in trying to find an effective average according to country), and upon this, the experts retracted their conclusions. The inappropriate publicity that was given to scientific research turned out to be harmful to scientific ethics. The public that waited anxiously for good, fresh news—in vain—was unlikely to find sensible and reasoned debate appealing. Is it necessary to repeat here that there is no such thing as pure science, free of ideological, political and financial ties; does this include medical research? Has this been overlooked? This was a rude awakening and revealed the demands made by public opinion on science. At the same time it lifted the cover from the race for results, which, for some researchers, was turning into a race for glory.

Power seems to be driven by an imperative to provoke as little anxiety as possible. This may have been a way of avoiding admitting responsibility for involvement in destroying the health care system—as well as for the shortage of masks and gels. At the same time the citizen had to be hyper-responsible, with police measures ready (a rather lucrative affair for the State). Returning to our very peculiar 2020 Spring, doesn't the fact that a policeman who checks our paltry permits, wears no mask at all, make him a pathogenic agent? During the course of a day, he has, without the slightest protection, met about a hundred people. He does this, if he has to debate with the so-called “uncivil”, or come into open conflict with them, with virtually no social distance.

The media counts everything, the handing out of fines, the revenues this brings in, the stock market prices... The media return to counting the dead with an impassivity that is obscene. They take an interest only in words, and reduce human life to words. No! A death is not a number that is more or less than another number. It is a part of ourselves that has been torn away. No more mourning or mourning rituals, and it is into the great abyss of nothingness, as Bossuet said, that part of us plunges. Vertigo, disorientation. An unfortunate sanitary mindset has come close to destroying the rituals that are part of the human condition. The human is a *Zoon Politikon* as well as a ceremonial being; anthropological habits are *habitus*. Is our relationship with death and the dead going to be swept away? The anonymity of the deceased challenges our relationship with our names and our *eros*. In the face of death, we do not live in the same reality as that of the economic discourse that counts units in increments or decrements. I have seldom seen spectacles and

stagings so gloomy as the pitiless death toll that channels, bent on the destruction of the critical mind, were churning out night after night.

Today the expression in vogue is that of “the world after”. This expression can be narrowed down to market adjustments, to the market’s economic revival when “the crisis” is over. The economic and political models of the market are presented as utopias that save us. This is true, but only given the acute fears surrounding employment (and rightly so). Yet it creates the idea that adaptation is limited, and can at times be deadly.

Now the requests to be listened to by “shrinks” (thanks to the rise in community life that our psychiatric hospitals are experiencing, despite the increase in precariousness that they are undergoing on a daily basis)... these requests teach us, or remind us, of the extent to which care initiatives support the subtle and imperious forces of our humanity. These initiatives are all the more necessary as they are free from the accounting logic that aims to reduce our lives to the presence and absence of a work force, as well as that of our institutions that have a humanizing effect. These include hospitals and extend to productive businesses and accounting firms.

We are now seeing an oscillating anguish that has become a cruel dance: confinement/deconfinement/the risk of being confined again? Now, sobered as we are by our anxiety, are we going to go back to what we imagine is the “life before”? What if, in some deep way, our rapports with others, with our elders, with our rituals, have also somehow undergone a mutation? There will be transitions, from the world as a reflection of an entity that should be protected to a world where Eros has been rediscovered. I can only hope that this will not lead to too much amnesia. I hope that the forces of joy and justice will manage to counteract the return of the self-indulgent, selfish egoism that can poison the human word. Medical care is a necessity, but the pan-medicalism that makes biology another name for the control of humans is a threat to any kind of democracy.

The state of our health is an important question and it should necessarily be paired with another question, that of knowing where we stand in our will for democracy. All the more so since the period known as deconfinement (and such terminology makes the term “confinement” even more resounding) is perhaps one that, because we feel as if we are on probation, is a real source of anxiety.

MONITOR AND CONTAIN

SCIENCES PO STUDENTS INVESTIGATE THE MANAGEMENT OF THE EPIDEMIC

David PUAUD¹

At Sciences-Po Paris, Poitiers Campus, I am² teaching a course entitled: “Introduction to Social Anthropology”. Following the decree of containment, I asked the students to carry out an ethnographic survey entitled: “Monitoring and Containment: Treatment and Management of the Coronavirus Epidemic. Between individual, collective and transnational political issues”.

This article is based on investigation carried out by students on multiple sites (in Mexico, Brazil, France, Honduras...) putting into perspective “imaginary social meanings”³ that are at work during this extraordinary period.

The day after

On 16 March, 2020, Emmanuel Macron, in an emphatically solemn address, repeated at least a dozen times: “We are at war”. After Italy and Spain, France went into the confinement mode. Travel on French territory was greatly reduced; only strictly necessary travel was authorised.” Any breach of these rules will be punished”. The aim was to brake the ongoing SARS-COVID pandemic. The President of the Republic repeated emphatically: “The enemy is here among us, invisible—and that demands a general mobilisation”. The army was being deployed to set up a field

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² The specificity of the Sciences Po Poitiers campus is its frequentation by many Ibero American students, mainly from South America.

³ Cornelius CASTORIADIS, *L'institution imaginaire de la société*, Paris, Seuil, 1975, p. 530.

hospital in Alsace, one of the most affected regions, and patients were being transported from this area to others that were less affected. On a global scale, with 7,000 deaths already having been recorded, the head of the World Health Organization declared this a “major global health crisis of our time.”

Following the confinement decision, my students had to make a draconian choice: either to stay or to leave. They had to take the risk of staying in Poitiers and being blocked there for several months, with rumours going around that borders were already being closed throughout the world, or to go home, to South America for most of them—and despite the high cost of plane tickets. Alexandra, 19, is Mexican:

The story of my 'strange journey' begins on Friday the thirteenth of March [...] I couldn't think clearly. My father called me: in a matter of hours all European nations would start closing their borders [...] In the midst of the chaos, we tried to plan our options. As long as they don't close Poland, we could go from there. That was our first idea - until they went and closed the borders. I think that on that weekend people enjoyed the last hours of social coexistence on the streets.

The students were also faced with the fear of transmitting the virus to their relatives through their travel contacts:

Anna, a Brazilian student, remembers:

It was a difficult decision, we knew that many Brazilians were trying to hurry home to avoid the French measures. I was almost certain that I had been in contact with someone who was infected. In addition, the authorities did not know yet what the general effects of the virus would be on the population. We only knew that the disease could be fatal for the elderly and for people with a chronic disease, but we didn't know whether or not we young people could catch it. I was freezing. I knew that if I returned to Brazil I could possibly be contagious, but if I stayed in France I wouldn't have emotional and financial support [from my family]. My parents thought of all the possible strategies, and we decided together that if we could, we would get through this situation together. My brother left Berlin on the morning of 16 March, and I left Paris that same night.

Faced with the same moral dilemma, Linda, a student from Argentina, weighed up her options:

I have relations neither in France nor in Europe [...] I had to choose between moving within a week, suddenly leaving all my friends, and catching the first plane back to join my family in Argentina, or staying confined in France with my best friend, not being jet-lagged, and going to my classes at Sciences-Po. The former situation reminded me sadly, though it was not really comparable, of that of a refugee who suddenly has to leave, and leave everything behind.

Augustina opted to go back to Chile, but leaving was complicated, as her friend Maria tells:

She tells us that her family has gone crazy with the confinement and that in general, as the situation is changing, she is worried that she won't be able to get back

into Chile again, so it made more sense for her to go home immediately. In less than two days, she sold her furniture, prepared to move out and bought a plane ticket. She says that there are hardly any flights left and that she managed to get on to one of the last: “I seem to be a fugitive, escaping almost clandestinely”. We enjoy our last minutes together, aware that this is goodbye, and that we don't know when we will see one another again.

Maria, a Honduran student, analyses the consequences of the pandemic in her country:

At the beginning of March, the situation becomes very alarming in this small country, which has already been ravaged by poverty and corruption, and where health conditions are very worrisome [...] In Honduras, curfews are being imposed in cities where the inhabitants do not comply with the rule of social distancing. Measures to control exits are appearing (the numbers of identity cards are now being used to record days of exit), in particular in attempts to control the waves of panic-buying in shops that sell basic staples. Apart from this, there are a lot of revolts in the cities—by people the most seriously affected by confinement: the unemployed, people without an income, and the homeless who do not even know where to spend the night. Humanitarian organisations are mobilising on a daily basis to try to help these people.

The students were well aware that these were their last hours together at Sciences-Po, their third year being spent individually at a foreign university. The day after the announcement of the confinement, they gathered spontaneously in the Sciences-Po amphitheatre, aware that they were living the last moments of their studies together:

The atmosphere is one of anguish and trauma that leaves me, really, without words. I can't understand what is happening. I watch my friends crying their eyes out. Groups of friends console each other, hugging. Comments: “It's the end”; “It must be a joke, the campus can't close”; “I just can't believe it.”

The apocalyptic feeling was reinforced by the administration's permission to organise one last evening on campus to close the year 2019-2020.

But it's not the closing of the campus that makes us cry; no, it's the end of a whole little world—our world. Our student life at Sciences-Po has been like a bubble in which each of us was hyper-busy and hyper-connected to the others. (Angelo, an American student)

Nina pointed out that for her, these surreal moments constituted a brutal breakaway from the “usual frameworks and structures of life”.

Mission: Physical Escape

As soon as the confinement was announced, the students discussed the possibility of organising an escape mission—a real, “physical escape”. Alexandra tells the story of her departure:

At the Paris airport, I feel anxious. People are walking quickly, many of them masked. I try to cover my nose with my scarf. People look at each other to see if they could be risk factors. I interpret the look and the words of the woman in charge of the toilets as she tells me that she has never imagined a situation like this in the job she does [...] I became aware that the virus had arrived without borders, that it can make anyone ill, regardless of gender, economic class, race or religion. At Paris airport, when I'm in the boarding lounge, I already feel I'm on Mexican soil.⁴

For some students, it was, in their own words, a real “odyssey”—an adventurous journey, its success randomized. On arrival in Mexico City, Alexandra testified to the existence of health controls set up by the government, countering the remarks of her classmates that the Mexican left-wing government was lax in its management of the epidemic:

Life in Mexico City on 17 March, 2020 seems to be normal. However, it is important to say that in the Aztec capital there are different conceptions of reality in society, in other words, social classes are much more marked than anywhere else in Latin America. I see a lot of informal vendors still selling food out on the street, whereas elsewhere people in my social circle are beginning confine themselves to their homes. The atmosphere is permeated with a strange feeling; the world is beginning to realise that something never experienced before is coming to pass. The Government of Mexico had registered the first case of coronavirus on 28 February, 2020.

At the beginning of April, the Mexican government recommended that people stay at home, but the prospect of a “Western”-style confinement seemed utopian to all students, such as Pablo, also a Mexican student:

It's so different from Europe. In Mexico City, the shops are out in the street; little children are selling chewing gum at the traffic lights; the man who also sells newspapers, the flower markets, the food markets, the craft markets, the balloon man, the lollipop man, the boy my age who cleans the windscreen of your car in the car park: all these people are out there, they depend on traffic on the streets to make a living.

For the wealthier classes in Mexico City, confinement was acceptable because, according to Pablo, people in that milieu did not have to go out to work every day to earn a living. This was by no means the case for many of his fellow citizens living in poverty.⁵

Relational reconfigurations

During confinement, not all students were housed on premises of the same sort. Some students lived in luxury in “residences” isolated from the rest of

⁴ At the end of August 2020, Mexico counted more than 600,000 coronavirus deaths, becoming the third most bereaved country in the world.

⁵ By 2020, 58% of the Mexican labour force will be earning their living in the informal economy.

the world, while others – among them those who remained in Poitiers, for example, were confined together in cramped flats. There were also those who returned to their families only after months of absence.

Sylvia, Nadia and Cynthia, all three Brazilian students, influenced by their mutual friendship, chose to stay in Poitiers:

We will face and overcome the ordeal of confinement together—and that changes a lot of things in relationships.

Pedro, a Brazilian student who also stayed on in Poitiers broke the confinement at one point—to join his two best friends. But one of his friends rejected his attempt to hug:

I start running towards her as if she had just come back from the war, and we hadn't seen one another for years. As I moved towards her, she avoided me. I had to brake hard so as not to hit the oven. I was so confused! I thought we were going to hug each other as we always did, but this time it meant so much more. She turned around and looked at me, almost angry, and told me that we had to observe social distancing and stay a metre away from one another. I laughed. I thought Pati was joking, so I opened my arms again to hug her, but she had the same reaction once again. She told me that the virus wasn't a joke and that she was dead serious. I turned around to look at Carmen, without understanding what was happening. She just shrugged and rolled her eyes.

In the space of a few months, the new relational and proxemic adjustments had emerged, dictated and physically signified (by means of elbow greetings, arrows in the shops for the direction to walk...) and had become a social norm. As “health cordons”, they have now become significant vigilance measures for monitoring and containing the virus.

In situations of interaction, we are all sensitive to body posture; we pay particular attention to glances, gestures, postures, distancing, and the way in which bodies are presented. In the space of a few weeks, our relationships of social, emotional and kinship closeness were called into question.

We had become in a way an invisible, disjointed circle, any no longer had any conventional greeting protocol. Pedro points out that:

The way we talk to each other, the way we greet each other, seems to have been lost, because of this confinement. How did we get here?

For many students, this new social distancing was amplified by a distancing of intimacy, felt intensely by students like Cristiano, who collapsed after learning of the renewal of the confinement at the beginning of May:

I've had some bad days, but today is something else. I woke up at four in the morning crying uncontrollably. I dreamt that I had gone to Thailand, to a beautiful field, and that my mother was calling me to tell me that my father had died. I was so absorbed in the dream that I found it hard to separate the dream from reality after I

woke up. I felt depressed, like I had been depressed only once in my life before this. I knew that Sciences-Po had psychologists who were at my disposal, by phone or on Zoom.

One student also testified to the distance, both social and intimate, that she observed in a neighbouring family whose parents were separated:

In the first week of confinement, I heard the child's laughter and voice, as well as the much deeper voice of a man talking to him from the street in front of his building. I approached the window. A young man was talking to little Léon, calling out to him in words full of tenderness, "mon cœur", "mon grand", "mon chéri". The child told him about his day, showed him drawings, they laughed together. Finally after about fifteen minutes, the man said goodbye to the little boy, calling him "my son", left and got into a small delivery truck, parked right next door. The sketch was repeated three or four times a week throughout the quarantine, the exchange between father and son, always without contact, taking place solely by means of words, gestures and stories.

The reshaping of proxemics relationships was played out even more subtly for the students who returned to the family fold. Some, afraid of infecting their relatives, adopted rules such as: No more effusions between family members! Masks to be worn constantly for the first ten days, and no more sharing of tableware! In some families, this caused friction. For example, Anna's brother, who had just returned from Germany, wanted to eliminate all contact whatsoever between family members. Marie was confined to her parents' home in Burgundy with her mother, a nurse who worked in a nursing home for the elderly (EHPAD). She tells:

We always eat in the same places, we (almost) always watch TV in the same way as before my mother showed symptoms, and knowing that I can't hug them [my parents] or get any closer in theory, makes me feel that [in practice] they are much further away from me than before, and that there is an insurmountable distance between us. I have the impression that even when the theoretical doubts about a possible contamination of my mother have been dispelled, a certain distance will remain between us.

This imposed distancing is not seen as natural, a matter of fact. Angela got a real shock on her first outing to the city after two months of confinement:

All this cautious bustle in the streets makes me realise that none of this was unreal [...] With the masks, with no more smiling, people are even more anonymous than before. Nobody really looks at anyone else any more, except in suspicion. We look at one another to get away from one another, and when by chance we do meet, we bend our heads down. Uncomfortable in front of these half faces, half hidden by their protective masks, I keep on moving. Behind a shop window, I see this little girl, at most 6 years old. Serene, sitting in front of her table; she raises her head, our eyes meet, I give her a big smile to which she answers innocently. This childlike smile soothes something in me. Perhaps the human bond between us has not been broken completely by these masks of ours. This feeling that the whole world has suddenly just changed seized me

for the first time. A belated awareness—as if these events were wrapped in an abstract, unreal blur.

Confined in Brazil, a student noticed the new spacing of meetings between social classes:

My parents went out only to the nearest places; they don't necessarily understand the diversity of people. Direct contact with society in general was restricted, each time my social reality closed up into a bubble that did not contain everything. And so this was my confinement: going to the mountains, trying to understand what was going on in my classes, and waiting for news from outside, as told by my parents. It is important to say that I live in a neighbourhood that is very vigilant, so, to get out, when I saw at a distance the policemen from the cabin, I would go up the street to reach the way on to the hill.

Alexandro chose to stay in his Poitiers flat; this was not easy for him emotionally and in terms of relationships. At the end of March, he contacted his 80-year-old grandmother who lives in Mexico City and learned that some of his relatives were in quarantine because of the Corona:

Immediately I felt annoyed that my mother hadn't told me [...] I didn't know how to talk about it.... Did I even really have to bring it up? “*Tienes miedo?*” - “Are you afraid?” (Maybe she didn't even link it to death, but only to the overall situation). As if she were reading my mind, she said, “No, I'm not afraid to die. Of course, there are still things I'd like to do before I die, I'd still like to go to Lebanon, to see where my family comes from. And yes, if I could choose the moment of my death, I would like first to say goodbye to you, to my children and to my other grandchildren in person [...] Never stop travelling, it's one of the greatest joys of life.

Social distancing was also required when meeting deliverymen. Lydia, a New Caledonian student, worked in a pizzeria during this period. One of the employees (of Turkish origin), told her that there had been many more orders since the confinement, as competition had increased. However, the confinement had also led to a necessary distancing from customers, so that tips also decreased. Some customers asked for delivery bags to be left two metres away from the front door. Others demanded that the deliverymen stay outside the building, in the street:⁶

Alexandro analyses:

⁶ With their auto-entrepreneur status, deliverymen and women do not have pay slips, and the computer-applications can fire them at any time, simply by deleting the application and the remote employee's account, without having to provide a reason, and without notice. The deliveryman validates each order, goes to the designated restaurant, picks up the item ordered, validates it, delivers it to the customer, and finally validates delivery. From the turnover generated by this operation, 23% has to be deducted and paid to the social security system for the self-employed in addition to taxes due at the end of the year, and costs entailed by the job, e.g. the telephone, its fixed price, and the bicycle, or fuel if it is motorised. Social security contributions are also to be paid out of income.

In times of confinement, cities were empty, and only deliverymen walked the deserted streets. Their new visibility made it possible to publicise their working conditions and to develop—at least I hope in some cases—a little empathy for these “inessential” workers; but setting safe distances and creating mistrust made them, too, victims of the confinement and the pandemic. The new uberised platforms form a veritable black market of accounts, giving work to people in irregular situations and to minors; they are still very much in control of the situation as they face incompetent institutions that have failed so far to set up real monitoring and quality control. The individual then, in this time of crisis, while congratulating medical staff every evening at 8pm, is actually also playing his part in the atomisation of part of the tertiary sector, and is enforcing deplorable working conditions—on victims whose faces will not even be remembered.

The “time” of caregivers: between recognition and suspicion

Marie was confined to her parents' home in Burgundy. Her mother, a nurse in an EHPAD, was able to observe the disasters of the epidemic among the residents: a third of the residents died from COVID-19 within three weeks.

There were days when she had to manage with 60 patients per nurse, and on top of that she had to deal with “terminal cases” that normally would have been taken care of at the hospital in Mâcon, which was already “saturated”. She often worked for 15 hours a day, with hardly any breaks. At the beginning of the epidemic proper equipment and protective devices were lacking, and the staff, necessarily in close contact with patients and colleagues (many of whom were infected and tested positive) were exposed to constant risk. After a month of this, she began to report symptoms: muscle pain and very severe fatigue.

What was the most difficult thing to bear, I think (though most people did not notice this) was the sheer *hatred* the staff of the EHPADs sometimes came in for, because they had supposedly 'let their residents die', or because they had not 'paid enough attention' [...] “as if it were all our fault, this epidemic—as though from the beginning we had not told them all that this disease was fatal for old people—and as though we had not done everything we could!

Deva, a nurse working in Cartagena, Spain, described the infernal working conditions in her hospital:

In normal service we don't even have lunch. But now the pace is so absurd that we don't even have time to drink water—so we don't have go to the toilet. I confess that without lunch, without ever sitting down, without going to the toilet, without even a glass of water, I didn't feel or try to be a hero of anything.

This generalised anxiogenic climate during confinement increased the anxiety of some people, as a psychologist working in a Spanish hospital tells:

There are more emergency visits from patients with tachycardia and vertigo, as anxiety has soared. Hypochondriacs are suffering a lot [too] [...] because, of course,

all of this leads them to generate a pathological phobia of the coronavirus. It is this kind of phobia that leads to the “cabin” or “snail” syndrome, which is already beginning to be mentioned in the media in connection with the new situation of de-confinement. People feel protected in their homes; they go out only when necessary, and then disinfect everything, put their clothes in a bag, etc.

Virtual worlds

One of the lessons of this pandemic has also been the investment by many people in videoconferencing tools and social networks:

I live in different social spaces [..... in the 'virtual' worlds that connect me to my various identities (Mexican, Polish, and now also Pictavian [an adjective derived from Poitiers]), and to the rest of the world in which my friends and family gravitate. (Alexandra).

The Sciences-Po students were able to see that the containment process varied from country to country. In Poland, a student remarked, if she bought alcohol, she would risk punishment as a criminal. However, seen from a globalized point of view, many similar (the “same”) things were disseminated throughout social networks.⁷

On other students, such as Angela, this digital over-activity had the opposite effect:

It is true that my relationship with the digital world was already conflict-ridden, but the confinement amplified this sense of the superficiality of this sort of contact.

During containment, Giulia, a Brazilian student, led a study of the impact of online courses on student morale during containment. She notes that after an initial phase of confinement under the sun of Poitiers, distance-learning became difficult:

The feeling of confinement sinks in. There are some classes where I don't even turn on my microphone for the whole two hours. Though I feel I'm really the only one in this situation, my roommates also go through this empty period. We only get up to log in on Zoom. Some teachers talk for more than two hours, give us dozens of texts to read on themes that seem light years away from what I am going through. I don't turn on my camera any more during class. This idle period has an impact on my sleep, my diet, and the classes have become a burden to me.

However, from the seventh week onwards, Giulia decided to put order back into her daily routines. She now gets up early, has resumed a sports activity and has started cooking again. Aware that they were living their last

⁷ On the Instagram social network the *stay home* and *challenge* icons have gone viral as well as the gimmick *gracias*. In Mexico a subscriber called “*Susana Distancia*” (your healthy distance) distilled her personalised advice to some subscribers sharing official strategies regarding the health situation in Mexico.

moments on the Poitiers campus, flat-mates motivated each other to follow the last moments of their classes pro-actively:

I started writing this part again a week later. During the week of the mid-term exams, we went back to an unhealthy rhythm of life. Now we barely sleep 3 hours a night. It's a period of incessant work. The fact that the online exams last for 48 hours and that we have access to all the resources we can get [on internet] puts us in a position where we feel that nothing we write can ever be complete enough. Since we have so many resources at our disposal, data are endless. Our diet is deteriorating, whereas a week before we were applying ourselves with Barbara to eating healthy, vegetarian food, now feeding ourselves and applying ourselves to cooking things that give us pleasure has become the least of our worries. It is the busiest week of schooling and the hardest and most horrible week of our whole confinement.

It should be noted that work-space at home had a major influence on the way students followed their courses. It is by no means simple to combine work-space with, on the side but in the same place, the ordinary activities of daily life. Distraction was also reported by students. What with one's ordinary everyday tasks and habitual leisure activities and with surfing on Internet there was a permanent temptation seek distraction and entertainment:

The majority of my classmates explained to me that they got the class going like a musical backdrop, and then started doing the dishes, tidying up, playing video games, reading. Others were doing more manual activities such as drawing, sewing and many other things. (Angelo)

Monitoring and Containment: A Time of Political Opportunity

Romain, confined in Poitiers, got interested in police involvements. He observes implacably that the action was a good deal more intensive than usual:⁸

On my way to the supermarket, I saw a police van suddenly stop just opposite me. In front of it, two obviously alcoholic "dog punks" were having an argument, shouting at each other, but without ever getting physically involved. Two policemen with tear gas canisters got out of the van. They sprayed the two men with tear gas. The men fell to the ground, rolling around in pain.

During the confinement many videos were published, showing an increase in tension between the police and a part of the population, for example in Béziers, where on the evening of 8 April, police officers sat on a homeless man to restrain him when he refused to comply with an identity check. This caused his death. At the local level, there was also an increase in the number of anti-police tags.

⁸ On French territory, approximately 100,000 police officers and gendarmes monitored the derogatory travel certificates.

In the last week of April, I saw a banner hanging from a window: “Racist Police”. In the first days of May, when I was doing my laundry, I discovered a tag reading, “Washes the IGP’s [the official police inspectorate’s] bloodstains better”. And other tags in the same area: “Pandemic BAC” [brigade anti-crime], and another: “Far from the city centre, the police kill, the police mutilate. Thinking of Adama, Zyneb, Mustafa, Zyed, Bouna, Rémi and the others we don’t even know about. (Antoine, a French student)

Linda stayed on in Poitiers, in a climate that she describes as apocalyptic from the moment confinement was announced to that of “goodbyes”, when her friends left for Chile and Brazil. She describes this atmosphere in terms of “before” and “after”:

On our last possible day out, I was stuck by a tag: ‘What, in a society like this would anyone want to keep?’ it shouted silently. Suddenly a woman driver rolled down her window and started shouting at me, wildly, aggressively, anguished and panicking, insulting me: “Won’t you ever understand?! Go home! damn you!

We are at war!

The warlike semantics of the public addresses during this period are by no means insignificant. Faced with the pandemic, many countries set up emergency measures to deal with situations of conflict (confinement, curfews, extension of powers of the police and the armed forces when operating in public space, barriers to traffic). As Michel Foucault has pointed out, “Is it really war exactly that we need to talk about when we are analysing the way power works? [...] Isn’t power simply war pursued with means other than weapons and battles?”⁹

In his Collège de France lectures, Foucault took up the theory of war as an historical principle of the functioning of power. As he saw it, power is not uniform, vertical and sovereign, but something much more evanescent and “capillary”. In the wake of the state of emergency that was declared after the terrorist attacks, and the resultant anxiogenic climate of fear, the situation itself suggested that self-control be used in one’s gestures and postures, and that “barrier” measures be taken to counter apprehension. A plethora of examples highlighted the fact that citizens, in addition to the forces maintaining law and order, could themselves contribute to the self-regulation of behaviour and conduct. As the following observation by Sylvia, a Brazilian student, shows:

It’s like 1940,” exclaimed one day my friend’s nail prosthetist whom we met. She spoke about the attitude of a neighbour, “the old lady across the street”, as she called her. The elderly woman would carefully note the comings and goings in the prosthetist’s flat and then report them to the police. The prosthetist said that she

⁹ Michel FOUCAULT, *We must defend society. Course at the Collège de France*, 1976, Paris, Gallimard/Seuil, 1997, p. 18.

regularly came across police in the area and worked out ways of avoiding both formal and informal checks. It was through a discreet door at the back of the courtyard that her clandestine clients access could get in to the salon.

A gendarme told another student, who was confined to her parents' home in the suburbs of Toulouse, that during the confinement, about 70% of the telephone calls to the police station were denunciations of neighbours. The Paris police prefecture even went so far as to explicitly ask citizens to stop their telephone denunciations, as they overloaded the police services and kept them from undertaking more urgent missions.

According to this student, some individuals facing the possibility of infection were quite willing to take over the work of the police, who in their opinion were not really up to their task. An elderly person who regularly phoned the police to report street gangs told her that it was a civic duty to do this, and that she was afraid of catching the virus. In her opinion, only police intervention could scare people enough to make them stay at home: "Denunciation is just another way of maintaining order."

Juana, who was confined in Spain, told that her aunt, a nurse in a local hospital, was insulted by frightened citizens, particularly in the metro: "Don't come near me! Don't you understand? Go away! You are making us all anxious!". She witnessed this herself. Her uncle, a male nurse, had been contaminated. He also testified to the general climate of fear:

It's very complicated on a social level because in a way we're a bit pestiferous. [...] You don't want to actually say that you've got this, because then nobody would come near you anymore. Lifelong neighbours slammed the door in my face when I needed help. I wasn't allowed in to self-service shops and groceries. When one goes to the lab, they keep you apart, you aren't allowed to mix with the other patients. When you cough, everyone looks at you [...]. One night, when I felt I was choking, I had to go off to Emergency on my own.

The anxiogenic climate reigning on the media also contributed to this impression of living in a dystopia: the end of the world. Laetitia, a student from Luxembourg, reflected on what was behind the analogy of generalised war suggested by the Coronavirus crisis:

At the checkout, a young man has his caddy full of pasta. I tell my roommate that it reminds me of the images we see in history books when we're studying crises and conflicts. She tells me that it all feels like a dystopian movie. When I went out into the street this sense of apocalypse was constant. I didn't feel safe walking out there alone. It was as if there were two parallel worlds: the apocalyptic world outside, and as a refuge my small flat for two people.

Conclusion

There can be no question of denying the reality of this health crisis, but it must be admitted that extraordinary situations such as terrorist attacks and

the coronavirus situation plead in favour of exceptional regimes and emergency restrictions. In May, the (largely working-class) *département* of Seine-Saint-Denis (Greater Paris) accounted for almost 17% of all the fines levied in France for failure to comply with confinement regulations. This has heightened tensions between the police and youth, particularly in neighbourhoods of this sort. At the local level, young people have declared that checking the declarations that one is obliged to write out before going outside are becoming a new means of controlling them.

Even though a public health code would admittedly help a lot to overcome the crisis, from the outset management has focused more on the means—security—than on the end—health.

These exceptional times favour the deployment of technological tools that would be unimaginable under ordinary circumstances. For example, using drones in urban areas—there are now 650 of these devices, costing up to €4 million; also the development of facial recognition cameras. It is undeniable that the “health war” that has been declared will strengthen the tendency to tighten security measures and restrict increasingly individual and collective freedoms.

PUPILS IN QUARANTINE IN TRIESTE, ITALY¹

Federica MISTURELLI²

Recurrent outbreaks of infectious diseases have prompted anthropologists to focus attention on the impact of these epidemics on society and public opinion.³ Epidemics are not simply a biological or a medical matter. They involve people's perceptions, representations and behaviours, and these factors can either spark new outbreaks or help to contain the disease. "Epidemic narratives"⁴ are created by a number of agents: governments, mass media, scientists and doctors, risk groups, and victims; these narratives are part of a social and cultural process⁵ that reveals not only prejudices, political stances and social stratifications, but also fears and hopes concerning the future. The narratives can come into conflict, creating confusion and misunderstandings in the minds of the general public.⁶ Moreover, as anthropological research has demonstrated since Lucien Lévy-Bruhl's work, the gap between scientific discourse and popular beliefs can hinder preventive measures if it is not taken into consideration.

¹ I would like to thank my friend Barbara Morovich for her comments, my friend Mary Greening, and my colleague Cristina Milovan for proofreading the text and, of course, all my students for taking part in this research.

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³ Ann H. KELLY, Frédéric KECK, Christos LYNTERIS (Eds.): *The Anthropology of Epidemics*, New York, Routledge, 2019. Johannes SOMMERFELD: "Emerging Epidemic Disease. Anthropological Perspectives", *Annals of the New York Academy of Sciences*, Dec. 1994, vol. 740 : 276-284.

⁴ KELLY et al., *op.cit.*

⁵ SOMMERFELD *op.cit.* Hélène JOFFE, N Y Louis LEE: "Social representation of a food risk: the Hong Kong avian bird flu epidemic", *Journal of Health Psychology*, 2004 Jul., 9(4): 517-533.

⁶ Massimo ARCANGELI, « L'informazione al tempo del coronavirus », in Alessandra GUIGONI e Renato FERRARI (ed.), *Pandemia 2020. La vita quotidiana in Italia con il Covid-19*. Danyang, M&J Publishing House, 2020.

http://www.etnografia.it/wp-content/uploads/2020/04/Pandemia_2020_20_aprile.pdf.

Understanding public perceptions and behaviours in a pandemic is one of the key factors to be considered in containing the spread of the disease.⁷ Interestingly, the voices of youngsters are very rarely—if ever—included in this research. However, the COVID-19 pandemic has involved young people from the very outset. In some European countries, including Italy, schools have all been closed—from kindergarten to high school—together with vocational training centres and universities: one of the first measures taken to tackle the pandemic.

The region of Friuli Venezia Giulia lies in the North-East of Italy, at the border with Slovenia and Austria. No cases were confirmed there until the 29 February 2020. Yet schools of all levels were preventatively closed on the 24 February, during the annual Carnival celebrations and parades.⁸ In the next few days, Carnival celebrations were banned, and places of assembly—cinemas, dance clubs, coffee bars, restaurants and theatres—were all closed down or restricted in their opening times. Eventually the central government imposed a national quarantine: it was forbidden to leave one's house, except in cases of absolute necessity for reasons concerning one's work or one's health. Exceptional measures of this sort had never before been implemented in Italy. During World War II, for example, educational institutions had been closed only from time to time.

These measures had an impact on everyone's lives; one can hypothesise that for young people the impact must have been even greater: it was the first time that this particular age-group found themselves severely limited in their movements. As in other countries, the closing of schools led to a recourse to alternative teaching methods, and especially to the so-called “remote teaching and training”—*didattica a distanza (DAD)* and *formazione a distanza (FAD)*—that is uncommon in Italy. Although remote learning methods have been instrumental in enabling students to carry on with their studies, the implementation of these methods has nonetheless raised some issues.

The pandemic outbreak has aroused a great deal of interest among anthropologists and social scientists throughout the world. Anthropology websites, blogs and online publications have dealt with the topic from various points of view. However, no study on the subject has yet explored the narratives of young people. In this research I will try to present the point of view of Italian youngsters by exploring the ways in which they lived through the quarantine, their perceptions and understanding of the situation,

⁷ SOMMERFELD, *op.cit.* Jianhua XU, Zonchao PENG: “People at Risk of Influenza Pandemics: The Evolution of Perception and Behaviour”, *PloS One*, Dec. 2015, 10(12).

⁸ In Italy, the Carnival is an important holiday marking the beginning of Lent. Schools are closed during Carnival, which is supposed to last until the beginning of March, and also from Maundy Thursday to Shrove Tuesday, the last day of Carnival. Unfortunately, the rapid development of the virus in the region and the declaration of a national quarantine prolonged the quasi-holiday up to the month of June, the end of the school year.

how they coped with the challenges that confronted them, and what hopes and expectations they had for the future. I focused on a group of second—and third—year students from CIOFS FP FVG, a Vocational Training Centre in Trieste, in which I have been teaching for the past ten years. I collected the students' voices both informally, in the process of remote learning, and formally, in the form of short essays that I asked them to write. The findings are discussed in terms of the students' compliance with the instructions contained in official “epidemic narratives”. Similarities and differences between the official narratives and the students' narratives will be noted and discussed.

The COVID-19 pandemic in Italy: an overview

The first cases of COVID-19 in Italy were detected at the end of January 2020, when two Chinese tourists visited Rome and were tested positive for the virus. A third case, one of the 56 Italians evacuated from Wuhan, China, was discovered on the 7 February. Up to this point, the Italian government had been reassuring, declaring that the situation was well under control. Direct flights to and from China were nonetheless suspended. Despite the government's efforts, however, the disease spread and, on the 22 February, a dozen towns in the regions of Lombardy and went into lockdown. The health authorities, however, found that new clusters had no direct links with the Chinese outbreak. Next came the unsettling news that the virus could be transmitted like ordinary flu, and that to contract COVID-19 one did not need to have been in contact with anyone linked to China. The local authorities in Lombardy and Venetia reacted by closing schools, businesses and restaurants, and by cancelling events and religious services. In Milan public offices were also closed. In the provinces of Lodi (Lombardy) and of Padua (Venetia) some municipalities were declared red zones (“*zone rosse*”) and quarantined. Roadblocks and check points were set up by Police and Carabinieri to prevent people from moving and spreading the virus. Trains no longer stopped at stations in these municipalities. People going out to do shopping or on other errands were required to wear face-masks. Despite all these containment measures, the virus went on spreading, and on the 8 March obligatory quarantine measures were issued, covering much of Northern Italy. The following day, 9 March, quarantine mandates were extended to all Italian territory, making Italy the first European country to implement national quarantine measures as a result of the COVID-19 outbreak. This drastic decision was taken in an attempt to avoid the spread of the virus to the southern half of Italy, where the national health system is less well organised and would probably not have been able to cope with comparable numbers of infected people. It so happened that—at least during this initial period—southern Italy reported fewer cases than the rest of the

country. The quarantine ended on 4 May, but travel restrictions remained in force, as well as limitations on gatherings and public events. In the following months, however, restrictions were lifted, but with the prospect of being imposed again if the trends recorded in the contagion required them. Today (in September 2020), life has still not returned to normal; the number of infections is still rising, although Italy has a lower number of infections and fewer casualties than other European countries.

COVID-19 at the border: how the virus reached the Friuli Venezia Giulia region and remained there

At the end of February, when the situation deteriorated in the surrounding region of Veneto, the state of emergency was declared in the adjacent region of Friuli Venezia Giulia. As a precautionary measure, in the days following the declaration schools of all levels were closed, as well as libraries, cinemas, theatres and museums, despite the fact that no cases had yet been detected in the region. People were still free to move about; ski resorts remained open, and offered discounts to visitors. Only a few days later were public events, sporting and recreational activities finally suspended. This partial lockdown was scheduled to end on 1st March. On 29th February, however, the first COVID-19 case was detected: a man from Gorizia began to show symptoms and telephoned the health authorities. Apparently, he had been infected in a hospital in Treviso, a town in Veneto, where he had visited a relative. The next day, another three people were found to be COVID-19 positive. Despite this, the regional government was still prepared to call off the state of emergency, and schooling and other activities were set to restart. But infections went on increasing in number, and put a stop to the plans to reopen.

When the national government locked down the whole country, the region of Friuli Venezia Giulia region complied with the rigorous rules and regulations it imposed. In addition, frontiers with the all adjacent countries in the border-free “Shengen zone” were closed, ending the right to free movement of 400 million EU citizens, tourists, business executives and foreign residents. Fortunately, case numbers and casualties never reached anything like those in the neighbouring regions, and most of the cases—elderly people with pre-existing medical conditions—were already confined to nursing homes. This early action by regional authorities no doubt helped to keep the numbers down. According to a report posted by the Regional Health Minister on the Region’s website on 5th May, the number of COVID-19 confirmed cases was 669, and the death toll 143; the victims’ average age was 87, all of whom suffered from multiple pathologies. To date, however, as in the rest of the Italy, the virus is still circulating, and positive cases are still being detected every day. Local Health Authorities are reassuring citizens insistently, repeating that there will be no “second wave” of

infections. Nonetheless, restrictive measures are still in force, and some schools have been quarantined. Cold weather is approaching, and it would seem that this does not bode well.

Epidemic narratives in Italy

When the first two COVID-19 cases were discovered, the Italian government immediately declared a state of emergency, in conjunction with the World Health Organization's declaration of a global health emergency. However, it was not until the 21 February that Italian media devoted significant attention to the virus.⁹ But when the epidemic started spreading fast between February and March, the media focused entirely on the virus, a concentration never seen before. During the first weeks of quarantine, two main narratives appeared at the national level: a “narrative of fear” and a “narrative of hope”. The former was developed on news broadcasts that reported round the clock on the spread of the virus, and on numbers of infections, hospitalisations, and deaths. The media also transmitted spectacular images of military trucks taking coffins out of the city,¹⁰ as there was no place left to bury the deceased. The second narrative was synthesised in the unifying motto “*Andrà tutto bene*” (everything will be all right). Citizens hung banners and sheets with this motto from their balconies and windows, amplifying the message of hope. Shopkeepers and businesses taped notes to their doors announcing their closure, and added the same unifying motto: “*Spiacenti siamo chiusi, ma tutto andrà bene*” (apologies, we are closed, but everything will be all right). All over Italy, quarantined citizens organized song and other musical performances on their balconies, sending a message of optimism, love, and hope to keep up morale in the neighbourhood. At the same time, random citizens and artists posted videos on YouTube celebrating Italian resilience and replicating positive declarations and messages of hope. This was perhaps the most original way in which the threat of the virus was faced in Italy; it certainly helped to bring people together, and it was celebrated by the media throughout the world.

As the weeks went by and the quarantine was extended, the “narrative of hope” faded, and a third story emerged: the “narrative of denial”. This new narrative was composite, combining the denialist “*the virus doesn't exist*” — and the reductionist “*the virus is here but it isn't all that dangerous*”. To this were added two conspiracy theories, one political (“*they want to lock us up in our houses so that they can prepare for a dictatorship*”) and the other medical and anti-vax (“*they've invented this virus so that they can poison us with their vaccines*”). Many voices fuelled this narrative: opposition

⁹ Luigi GIUNGATO, “Niente sarà più come prima. Il Covid-19 come narrazione apocalittica di successo”, *H-ermes. Journal of Communication*, 16, 2020, p. 99-122.

¹⁰ Bergamo.

politicians, and even some scientists and doctors, who tended to present the virus as a set-up devised to improve the control of people and to restrict citizens' freedom—at the same time as enriching pharmaceutical corporations and reinforcing governmental powers. The “narrative of denial” was picked up and amplified by social media and social networks, entering into open competition with the “narrative of fear”.

Young people were thus bombarded with contrasting information, at the same time as being forced to stay at home to face the pandemic—for most of them an entirely new reality. What did they make of it? How did they react? What did they think? Did they create their own narrative? Or did they rely on the “adult” narratives without questioning them? These are the questions I will try to answer in the present study.

Doing ethnography online: context, study group and the anthropologist

Initial Vocational Education and Training (IVET) offers vocational training courses to young people who have completed lower secondary education (starting from the age of 15). These are students who have chosen not to go on to high school, and rather to take vocational training courses. These courses give youths who have dropped out of school new opportunities; they are important for immigrant children and children of immigrants, who often have to enter the workforce without delay to provide for their families.

The Centro Italiano Opere Femminili Salesiane Formazione Professionale Friuli Venezia Giulia (CIOFS FP FVG), where our study was carried out, is one of the many vocational training centres in the region. It is run by Catholics but is non-denominational; it is based in Trieste. What differentiates CIOFS from comparable Centres is its values and its mission: it has a “student-centred approach” in which students' interests and personalities are fully respected. Students are encouraged to “feel at home” and care has been taken to keep their relationships with the staff cordial and friendly. All of this enables the centre to develop a student-staff rapport that is less formal than usual (students are encouraged, for example, to address educators by their first names). The students who attend CIOFS, although mostly from a lower or lower-middle social class, come from a broad variety of socio-economic backgrounds. Some of them are not Italian citizens; they were born abroad, or born in Italy from foreign parents, and for some reason or other cannot obtain Italian citizenship. CIOFS offers three main educational blocks, oriented respectively towards sales, tourism and administration. The students who took part in my research were my second—and third-year students enrolled in each of these instructional blocks.

As mentioned before, data were collected both orally, in the course of online classes, and in writing, in the form of short essays. Not surprisingly,

the topic “pandemic”, “COVID-19” or “coronavirus” created a lot of interest, and was discussed at length in classes as a side topic, often at the request of the students themselves. The online class discussions involved most of the students; they were eager to ask questions, to express their feelings and opinions, and to voice their fears. Given the interest they showed in the topic, I suggested that they write short essays on their experiences. My objective was two-fold. I was interested in discovering how the students were coping with the lockdown, and also how they were documenting it; I saw this as a way of providing some support during this difficult time.

They were given the following instructions:

Dear Students, please write an essay (in Italian or English, as you prefer) on your “COVID-19 experience”. Please don't be shy! You could tell me what your feelings were when schools closed, what your feelings are now, what you miss most, how you spend your time; what you know about the virus, where you get information from, what you think of the situation... In short, whatever comes to mind!

Most of them agreed to my proposal, and some essays were handed in. When the lockdown continued, and by April it was becoming clear that for the time being schools were not going to reopen, I prepared a number of webinars on the topic of pandemic outbreaks in the past, from the Black Death to the Spanish Flu. When the webinars ended, the students were asked to produce a written account comparing the past pandemics to the present one, and to include their personal understanding of the impact of COVID-19 on their lives. The instructions handed out were:

Prepare a one-page essay, explaining the differences between the past pandemics we have studied and the present one. Describe your fears and expectations for the future. For example, you can write about what you think this coming Summer will be like, what you expect the next school year to be, or your work to be, etc. Finally, write about your hopes (in relation to the covid-19 pandemic).

Data were collected between March and April, and in May 2020, after the webinars. About ninety students were involved in one way or another; their participation varied: not all took part in the online discussions and only a few handed in essays. Not surprisingly, the students who participated most in the online discussion were those who normally played an active part in classes and those who felt particularly concerned by the topic that was being discussed. Students who felt shy, in particular those whose Italian was not fluent enough, expressed their feelings in personal one-to-one online interviews. Gender differences were noteworthy, especially in the essays: female students responded better than males, handing in more essays and offering more personal information; many male students wrote only a few lines, and often their comments were vague and impersonal. A total of 70 to

80 students took part actively in the discussions, and about 60 essays were handed in. One last remark should be made before we move on to analyse the narratives. Because of the lockdown, my interaction with the students was of course mediated by my computer screen. Students rarely turned on their cameras, despite my asking them to do so. They explained that using the camera would consume all their credit in terms of internet data. As a result, most of the time, I could only hear their voices. The observational part of my ethnography is thus missing. Ethnography, however, can use a variety of techniques in its enquiries.

One could argue that students wanted to appear in a positive light and to impress me with their “good behaviour”, and that they wrote and said what they imagined that I wanted to hear. True, the fact that I am also their educator should certainly not be overlooked. However, if the rapport between the students and myself as their educator is taken into consideration, this factor can be offset. I have been their educator for two to three years now (depending on when they enrolled at CIOFS), and I have come to know them fairly well. Those who handed in essays containing more personal information and intimate reflections were students with whom I have built up a closer relationship. When the essays are compared to class discussions, no great differences emerge.

Students and the virus: representations and behaviours

According to my analysis of our online discussions and the students’ essays, the majority of the respondents shared similar feelings and opinions on COVID-19 and the situation it had led to. Their comments were mostly consensual, although differences did emerge when the various groups were compared. In general, before the lockdown nobody felt real concern: most of the students thought it was merely a repetition of the annual flu or pneumonia, and that it would soon all be over. The school closures did not seem to bother them either. On the contrary, they found this new situation entertaining. It was the restrictions that followed that brought awareness of the risks.

The students were aware of what to do to protect themselves and other people: wear a face mask, keep one’s distance, and avoid shaking hands, kissing and hugging. Though they did not like this, they followed the rules, or so they claimed. Their views on the origin of the virus differed, depending on their source of information. In a discussion with a group of third-year students, various theories emerged. The latter were all true, up to a point. One student said that the virus had been brought to Italy by two people, another added that it had come from China, a third blamed tourists who had come in from all over the world. A female student stated that in Italy’s case, the virus had been brought in by Italians themselves, after travelling abroad. Another student mentioned a German businessman who had carried the virus

to China, whence it had spread throughout the world. When asked how the virus had come into existence, mention was made of a failed scientific experiment.

The main sources of information were the news (TV, newspapers), the internet, (in particular the search engine Google), but also adults whom they trusted (parents, close relatives, family friends). In many cases adults' accounts were apparently considered to be more reliable than those from other sources of information, and the opinions linked to them carried more weight. However, conflicting information often confused and worried the students, and some decided simply to stop listening to the news, while others maintained that they did not believe a single word of any of it.

Very few claimed to have searched for information on the web so as to be able to compare as broad a range as possible. Though some doubts did emerge in the written essays; it was in class discussions that the students voiced doubts about the severity of the pandemic: one class in particular proved very sceptical indeed, claiming that the whole situation had been exaggerated and the measures taken much too drastic.

On the whole, information minimising the seriousness of the situation was rejected by the majority of our participants; "negationists" were viewed as dangerous and lacking in proper respect for the victims of COVID-19.

Subsequently, people who thought the virus was a hoax and those who broke, or wanted to break the rules, were viewed negatively, and seen as putting others at risk. For example, when the national and regional governments began to relax restrictions during the so-called "Phase 2", many students expressed fear that this would lead to a surge in cases.

Of course, being housebound affected everyone deeply. Nonetheless, most of the participants accepted the obligatory restrictions without complaining very much, although they found them challenging. They were bored and frustrated at being unable to leave the house and meet their friends; they felt isolated and lonely, but believed that all of this was necessary to stop or limit the spread of the virus. The quarantine compelled some of them to find new ways of passing time, and they invented new routines, found new interests, took up hobbies, and found time to dedicate to activities that had been "left behind". These were strategies to fight not only boredom, but also depression.

The prolonged quarantine also prompted considerations of various kinds: thoughts about life and about the future, reflections on things that had been taken for granted prior the quarantine—like going out and meeting friends, forming relationships, moving freely—but now were out of reach.

Interestingly, although well aware of the danger, students claimed not to be particularly worried about being infected themselves and contracting the disease. Recurrent in the essays was rather a concern for people who might fall victims to the virus. The students worried about their relatives - mainly

their grandparents, elderly people being more vulnerable than others to this virus. Young immigrants also worried about their families living far away in other countries, but also about people in general.

Concern for others also involved the fate of people who had businesses, especially in the field of tourism: some of the students underlined the fact that COVID-19 had mostly hit hotels, restaurants and cafés, and that for many of these businesses reopening after lockdown would be difficult. Other students were concerned about safety at work in general, and would have liked to be sure that workers could go to their jobs without fear of being infected. Calls for collective responsibility were very common: the students were well-aware of the fact that without commitment by everybody, the virus would spread again.

Interestingly, many students believed that scientific discoveries could resolve the crisis. This was apparent in the essays written after the webinars on the history of pandemics, though the topic had also been mentioned before the webinars. Most of the students declared that as diseases in the past had been eradicated by progress in science and by vaccines, the same would happen again this time, given that medical science had been advancing. Vaccines were mentioned as the solution of the pandemic problem and the way to end the restrictions; the participants said that they were confident that this would come about soon.

Considerations on school attendance were also common: as previously mentioned, in the beginning everyone was pleased that schools had been closed. However, as it soon became apparent, the alternative, remote learning, did not meet with broad approval. With the exception of one student, who said that in his opinion remote learning was a new experience to which he did not object, all those who mentioned it in their written essays and during discussions found it boring and unsatisfactory.

But it was not only remote learning that became an issue: the whole of virtual reality was now viewed critically. Indeed, though technology had helped a lot during the lockdown, enabling friends to keep in touch—a great relief—many respondents reported that they now realised that “real life” was more fulfilling than its virtual version.

Last but not least, students’ hopes and considerations. Of course, all hoped that there would be a happy ending: that the virus would disappear somehow or other, perhaps thanks to a vaccine, and that everything would go back to normal. Possibly the road “back to normal” would prove long, strewn with obstacles, but eventually everything would work out satisfactorily. Some students, however, voiced the hope that all this hardship would not have been in vain, and that everyone would have become a better person, more concerned about others’ welfare and more caring of the environment. According to this group, the pandemic was, in a way, a turning point, something that could prompt a change for the better.

Same pandemic, different narratives

Comparison between the epidemic narratives that shaped the COVID-19 emergency in Italy, and those that emerged from the accounts of the students who took part in our research, brought out some differences. Clearly, the students' narratives stemmed from the "official" ones, but each presented a personal re-elaboration. For example, most of the participants were well aware of the threat posed by COVID-19 and did not underplay it. The students were certainly restless and bored, often intolerant of the restrictions. Some were sceptical and thought that the situation had been exaggerated, but the majority emphasised the importance of following the rules in order to stop contagion. The start of Phase 2 (*Fase 2*), which marked the beginning of the gradual relaxation of the lockdown measures that had been in force for a total of 55 days, was welcomed, but some worries remained. During Phase 2, people were free to go out for a stroll; many returned to work, visited relatives, travelled between regions. Shops opened again. However, their comments suggested that the students were now ready to trade "freedom" in return for safety: they noted that the risk of having to face a new lockdown was very real. That being said, it would be misleading to say that the participants blindly followed the "narrative of fear". Their worries were somehow mitigated by a notion that if they were to abide by the rules, they would be all right. Perhaps their rejection of the "narrative of fear" was a direct consequence of lack of trust in the information that the media provided: there was too much of it, it was too confusing and too biased. Instead, the students created personal narratives that could be called "narratives of caution"; they could be summed up as follows: "COVID-19 is there, people die of it; we have to be careful". Stemming from this narrative came a "narrative of responsibility": concern for other people, for people who were deemed more vulnerable, and this created a space for student agency. Many of them noted the sadness students felt when they heard about casualties and watched the dramatic images on television of military transport taking victims of COVID-19 to crematories, and lines of coffins waiting for burial in empty towns—sights like these left a lasting impression. Thus, the "narrative of responsibility" prompted the students to act in the only way possible: by following the rules not only for their own benefit, but for the benefit of others as well.

The "narrative of denial" did not appear to take root, though some students did voice doubts about the reality of the menace posed by COVID-19; they believed that the preventative measures were put in place mainly to scare people merely to keep them at home; though nobody actually denied the existence of the virus. What emerged instead was a sense of powerlessness and resignation: a feeling that nothing could be done, and that decisions were being taken not here, but somewhere else. This meant that it

did not matter if politicians exaggerated the risk, or if COVID-19 was merely an opportunity for someone to “make money”, as one of the students suggested. In any case, there was not much that they could do about it. Whereas adults tried to bend the rules and break the lockdown (a lot of them were fined when they were caught sunbathing or sitting on park benches reading their newspapers), young people appeared to be more docile. In an article published in the *Sette* magazine in April, a noted psychotherapist, Stefania Andreoli, claimed that adolescents coped with the lockdown better than adults; they adapted more quickly, as they were familiar with digital media, and this both facilitated communication with friends and enabled them to follow their classes remotely. This is certainly true; mobile phones were instrumental in keeping in touch with the external world, and data suggest that a subdued attitude could indicate a sort of detachment that combined with the general impotence.

A similar attitude can be found on examination of the “narrative of hope”: very few students endorsed the motto “everything will be all right”. The students presented instead a “narrative of desire”: *“We would like things to get better so that we can go back to normal”*, often combined with the affirmation that the pandemic would *“make people better”*. The students believed that the unprecedented situation would be a turning point in the lives of many people and that it would prompt a change for the better in attitudes and behaviours. One could argue that this belief stemmed from the “narrative of hope” and, of course, this is partly true. However, the comments indicate that there was more to it than that. Indeed, for many students the lockdown was an epiphany that enabled them to see their daily routines in a different light. Taking care of themselves by exercising, by eating proper food and by harmonising their relationships with other people: this theme came up often in their comments. The lockdown led them to re-evaluate their relationship with their families and to understand how important family support can be. Even school attendance was reassessed: the vast majority said how much they missed their classes, and even their educators. This discovery came as a surprise, in the first place to the students themselves: they had not expected that they would eventually long for school. Of course, school for them was above all a place where relationships and friendships are formed, and this was what students were missing most, not the learning process. Nonetheless, the finding is relevant, as it confirms the importance of the social and civic role of schools.

The long-lasting impact of these narratives remains to be seen. In other words: when the situation goes back to normal and COVID-19 has become a threat in the past, what will be left of these narratives? At the time of writing (September 2020), Italy, like the rest of the world, is not yet completely out of the state of emergency. Although the virus now seems to be less lethal—probably not so much because it is losing strength as because doctors are now better informed of its effects and know better how to deal with it— the

number of infections in Italy is still going up.¹¹ Schools have just reopened with very strict rules to avoid contagion—but some schools have already closed again, as people have been tested positive for COVID-19. Students have gone back to school after some seven months of “freedom”—as some of them called the pause from in-person learning merged with the summer holidays - and they have to comply with the rules. Most of them appear less inclined to oblige, as there is an apparent discrepancy between the school rules and their life outside school: at school they are required to wear face masks when not sitting at their desks, to observe social distancing, cannot exchange school materials, and have to sanitise their chairs and desks before leaving. None of this is required in the outside world, where every Saturday night youngsters mingle without restriction. Behaviours and possibly attitudes towards COVID-19 have definitely changed. It may well be that the narrative would be different, if the research were to be carried out now.

Conclusions

Narratives are not created in a vacuum but are deeply rooted in cultural assumptions and representations.¹² Epidemics are not merely biological and medical phenomena, but are also social and cultural processes.¹³ It is social representation that impacts the outcomes of the epidemic. This means that it is extremely important to uncover the narratives that each social group creates. Our study has illustrated the ways in which a group of adolescents has reworked and partially transformed the official narratives. The adolescents followed official rules to avoid infection and infecting other people, but they also expressed wariness about the information published and broadcasted by the media. On the one hand, our findings suggest that the “epidemic narrative” created by the various social actors involved had a positive effect on the behaviour of the adolescents. On the other hand, our findings pose a major question: if the lockdown had not been so strict, would a mere call to wear face masks, maintain social distancing and not leave home unless absolutely necessary, have been enough to convince people in general and young people in particular to comply?

My answer is No. Given the fact that epidemics are now and promise to be a recurrent event¹⁴ in the foreseeable future¹⁴ and that the behaviour of people will no doubt be one of the essential factors to contain it¹⁵, there would seem to be an urgent need to improve the communication model used;

¹¹ Ministero della Salute, September 2020.

¹² Luigi GIUNGATO, « Niente sarà più come prima. Il Covid-19 come narrazione apocalittica di successo », *Hermes. Journal of Communication*, 16, 2020, p. 99-122.

¹³ SOMMERFELD, *op. cit.*

¹⁴ David QUAMMEN: *Spillover. Animal Infections and the Next Human Pandemic*, W.W. Norton & Co, London, 2013. SOMMERFELD, *op. cit.*; XU and PENG, *op.cit.* KELLY *et al.*, *op.cit.*

it should be simpler, more coherent, and less sensationalistic. This will apparently be particularly important when the epidemic declines after peaking, and a false sense of safety leads back to harmful behaviours.

COVID-19, RESEARCHERS & THE WORLD

Tassadit YACINE¹

In Kabyle oral culture the term “thorn” is often used to designate a crisis, something that can be both feared and welcomed. A thorn in the knee can put a stop to mobility. Yet thinking people do not take a purely negative view of this sort of thing: when a “thorn” or crisis brings out all the factors that have generated a difficult situation, it can enable one to deal with the basic problems. A “thorn” can even promote accumulation of capital, as in the story of the jackal’s adventures (that lead from a “thorn” to a happy ending).²

Whatever the nature of the crisis, it usually helps to reveal the dysfunctions of the group concerned; one can then try to readjust problems and solve them. At least in principle, this is the case when a group - a State, or even a family - is willing to “manage” a conflict and indicate its causes. This, unfortunately, is not always the case. The pandemic linked to Covid-19 is a case in point; it has taken the world by surprise. Outbreaks of this sort were thought to be things of the past, like the great epidemics of medieval times...

The Covid-19 pandemic gives us an unexpected opportunity to think about ourselves and our relationship with the world at large. This is certainly our own case, as we are involved in research in social science, which is led by the nature of its orientation to question the world and its meaning.

¹ EHSS/LAS, Paris.

² I refer to the Kabyle tale “*g ssnana ar belala*” — the story of the jackal with a thorn in its paw. The jackal goes to see a woman and asks her to pull the thorn out; she pulls it out and throws it away. But the jackal doesn’t like this; he asks her to find the thorn, as he really wants it. Negotiations ensue. The woman placates the jackal by giving him an egg. The wily jackal trades the egg for a hen, then the hen for an ox, and finally the ox for a bride. Lesson: one can manage a crisis so that good can come of it. But the fable also shows that this can be done egotistically, promoting conflict that harms society.

The Covid-19 pandemic can obviously be seen in a strictly scientific light. But there is also – just as obviously – another dimension to it that raises anthropological questions. They are existential. Is the subject involved in the object, either deliberately or not? The answer to this question will inevitably have an impact on beliefs and solidarities. First and foremost among these is the traditional epistemological supposition that there has to be a distance between the observer and the object observed. In the current situation this condition does not seem to hold.³

In my particular case (and that of many contributors to this volume), it is simply not possible to extract oneself from the world observed: we are involved in it, clearly part of it.

If I am able to question the pandemic, I do so in my personal relationship to it, linking it to various universes with which I have developed a web of professional, family and/or friendly relationships. A relationship to the exterior is dialectical: the “world of Covid” has an influence on one, and it is this that conditions one’s reactions, not only the objective relationships (confinement, care, etc.), but also the subjective ones: what one feels or senses influences in a way one’s notion of existence and understanding of it. The self, its life and death, and one’s relation to life and death generally are part of the question. This sort of questioning—part of the discourse in so-called “traditional” societies—has disappeared completely from the practices and representations of the modern world.⁴

This is why the Covid-19 pandemic affects the entire planet — although admittedly it may not be felt to the same extent and experienced in the same way everywhere. The pandemic is general (no country can escape it), but it is also particular to each country. To understand it, we have to grasp the internal management within each country and its main features. This can reveal weaknesses that are specific to each system, and come on top of the general weaknesses that all the systems share.

Is Covid-19 an “ally” for our leaders, or an “enemy”? How, exactly, does it reveal instances of social and political malfunctioning?

³ See Mohammed MEBTOUL’S latest book, *Algérie : la citoyenneté impossible ?* (Alger, Éditions Koukou, 2020), which deals with the Hirak, describing the relationship between subject and object in a number of extraordinary situations. Mebtoul sees the Hirak as a movement in which everything, even though it cannot necessarily be grasped at a distance, can nonetheless be displayed as though self-evident (e.g. politics in countries with authoritarian regimes); and the entire fields of intimacy and taboo, so well described by Jeanne FAVRET in her article « Être affecté » [“Being affected”]. See the file published in *SociologieS*, 2014: « Affecter, être affecté. Autour des travaux de Jeanne Favret-Saada » [“To affect, to be affected. Around the work of Jeanne Favret-Saada”].

⁴ Old Kabyle society (and in particular its oral production) has retained expressions and poetry in which death is omnipresent. Life is a battle that has to be won day after day. It is characterised by uncertainty. *Ddunit d l’fant* [life is vain] is a common saying in poetry.

This can, as in France, enable the authorities to defer (or “put on the back burner”) vexed problems raised by retirement-pension rights or the Yellow-Jackets’ (the *Gilets jaunes*) demands, but it can also bring to the fore the French healthcare system and hospital situation, both of which are currently wracked with problems— despite their having been considered until recently among the very best in Europe. The fact remains that the French political leaders decreed a lockdown while at the same time holding municipal elections on March 27, 2020, while also making plans the forthcoming presidential election. All of which shows that for them political preoccupations come before the interest of the country and of society.

I am Algerian in origin and live in France. I work in a French institution (École des Hautes Études en Sciences Sociales, EHESS). I tend to think in terms that are both Algerian and French. As to Algeria, I have privileged access to, and practically daily contact with the Kabyle country— a region that both resembles the others and differs from them. All are more or less affected by the virus, its amplitude and its circulation.

In Algeria the virus problem is complicated by the fact that the epidemic is taking place during the Hirak, a period of marked turbulence occasioned by demands for a political transition from the present governmental system to a new one. As of 22 February, 2019, demonstrators began confronting the authoritarian political regime that had been clinging obstinately to its obsolete political foundations (*tubut*) since 1962. The determination, non-violence and openness to political pluralism of the Hirak demonstrators were to take the whole world by surprise.

This movement had already succeeded in putting an end to the administration of Abdelaziz Bouteflika (1999-2019), who had tried to stay in power against all odds, despite the obvious collapse of his physical and mental abilities. The Hirak demonstrated its opposition every Friday (in Algeria the day off work) and Tuesday, and the demonstrations continued after the election of Abdelamdjid Tebboune in December 2019. But then Covid-19 arrived, taking by surprise both the regime and the opposition. Each of them now had to find a new way of promoting its cause.

Algeria, like other countries, might have avoided the contagion if it had closed its frontiers sooner, or if it had regulated arrivals from other countries. But it failed to do so, and until mid-March carriers of infection continued to come in from Europe (mainly from France). No preventative measures had been taken in advance. Algerian leaders acted confidently as though, omniscient and omnipotent, they could deal with any eventuality. In reality, they were able to do nothing of the sort; their confident posture was a hoax.

Even European countries like Italy, Spain, France and the UK, with far greater resources than Algeria, have been overwhelmed by the situation;⁵ the number of deaths has been exorbitant in all of them. How could it possibly have been otherwise in Algeria, after 20 years of aimless political and economic drifting with President Bouteflika at the helm? Instead of developing political institutions like public health or education (control of both had been gained on independence), not to speak of culture, the Bouteflika regime did little or nothing, contributing largely to the catastrophe.

In the absence of any real accommodation measures, Algerians have adapted as best they can to the measures prescribed— that is, with considerable difficulty, in a country where so many people can only survive with recourse to informal labour. How could it possibly be any different? Simply staying at home is a ‘mission impossible’ for the vast swathes of the population who live in cramped, insalubrious housing. The overall atmosphere is pretty depressing. (Paradoxically, this does not seem to affect shopping at popular fruit and vegetable stalls; and there are long queues at filling stations...) Wheatmeal, the basic staple, has been virtually unobtainable ever since April 2020, when a rumour that it was out of stock led to runaway purchasing. The distribution of staples—a matter today controlled by the Directorate of Commerce and by municipal authorities—led to scuffles, brawls and interminable queuing, with people sometimes crushed together... Whence the fear of multiple contaminations.⁶

This is the terrain on which Covid-19 is now establishing itself. It appears to be the last straw, threatening to complete the ruin of a fertile country with vast underground resources and a population that is determined to fight it out against the established order.⁷

Despite its (apparent) disposition to come to the aid of the population (and thus also of the State apparatus), the government has, ostensibly for public health reasons, banned all demonstrations, and ordered a curfew as of 3p.m. (the time protest marches start), as though the virus worked to the same timetable as human beings. So the story goes. In reality, the government was thinking only of the Hirak, which could bring down the whole regime. The establishment, well aware that it had sprung directly from the Bouteflika regime, knew full well that it was not really legitimate.⁸

⁵ As to Covid-19 studied on a larger scale, see Pascal Boniface, *Géopolitique du Covid-19. Ce que nous révèle, la crise du coronavirus*, Paris, Éditions Eyrolles, 2020.

⁶ José GARÇON, « Algérie : Le Covid-19 à la rescousse des généraux », Fondation Jean Jaurès, 15/4/2020 :

<https://jean-jaures.org/nos-productions/algerie-le-covid-19-a-la-rescousse-des-generaux>

⁷ It was also during the “propitious” lockdown period that a new constitution was written, in addition to penal laws aimed at disciplining the citizenry.

⁸ Tassadit YACINE, « Le message d’Abdelaziz Bouteflika est une énième mascarade » [“The message from Abdelaziz Bouteflika is an umpteenth masquerade”], *Le Monde*, 13 mars 2019.

Covid-19: a boon for a regime in search of legitimacy

The virus is a double catastrophe, striking the Algerians both in their public health and their economy. This is not an exaggeration. But the virus has hit in particular the political organisation of the country, taking over a function of terrorism. The class in power had already been using terrorism (renaming it “islamist terrorism”) as a bogey to intimidate the population. This brought the regime a host of benefits. It could ban the Friday demonstrations to avoid contagion: this enabled the government to disable a radical movement that was, and still is determined to do away with the whole “system”, lock, stock and barrel. The government took advantage of the lockdown to replace a few officials (some parts of the secret services were reshuffled) — but also to arrest several young Hirak activists, and to muzzle the press (banning a well-known journalist, Khaled Drareni).⁹ It was then that the authorities made their first move to cross the red line. Journalists and prominent figures involved in the movement and in the opposition were arrested, and some of them jailed—including charismatic figures like Karim Tabbou,¹⁰ who has recently been released and tortured—all without trial. Youths who had brandished the *Amazigh* flag were accused of upsetting the unity of society and attacking the security of the State. The “system” went even further, trying to control the social networks, it criminalising “fake news” and intimidating bloggers. It was also during this supposedly “propitious” interlude that a new constitution was introduced (without changing anything of importance—such as language, culture, gender equality, or religion—to the actual lives of Algerians). A promotional campaign went together with all of this to distract attention from urgent social and economic problems.¹¹

⁹ The Algerian journalist Khaled Drareni is an emblematic figure who illustrates the gagging of the press not only in Algeria, but also in the world at large. As correspondent in Algeria of the NGO Reporters Without Frontiers, of TV5 World, and director of the *Casbah Tribune* news-site, he was jailed for violation of the integrity of national territory, and for incitement to armed insurrection. See « Le procès de Khaled Drareni, symbole de la répression en Algérie » [The trial of Khaled Drareni, symbol of the repression in Algeria] *Franceinfo* 26/05/2020, *Le Parisien*, 2/10/2019 and 2/6/2020. To consternation in Algeria and throughout the world, another Hirak activist, Yacine Mebarki, was sentenced on 9/10/2020 to 10 years imprisonment for incitement to atheism and insults to Islam, the heaviest sentence ever handed out to anyone linked to the Hirak, *Franceinfo*, 9 octobre 2020.

¹⁰ A former Secretary of the FFS (Socialist Security Forces set up by the renowned opposition leader Hocine Aït Ahmed), and founder of UDS (Social Democratic Union), was accused of violating national unity. More than sixty persons have now been jailed for this offence.

¹¹ Farid ALILAT, « Algérie, une nouvelle constitution pour solder les années Bouteflika » (“Algeria, a new constitution to put paid to the Bouteflika years”), *Jeune Afrique*, 9 septembre 2020. See also Arezki BENALI, « Zoubida Assoul qualifie la constitution de pharaonique » [describes the constitution as pharaonic], *www.Algerie-eco.com*, 18 septembre 2020.

All of this goes to show that the regime is more interested in its own legitimacy than in the day-to-day management of the public health crisis and its consequences. The legitimacy of the regime has still not been ensured. The regional lockdowns enabled the authorities to close down whole regions simply to prevent opponents from communicating with one another.¹² Though the public health crisis has done a lot of harm to the economy, it has been a lifesaver for the powers that be. Without any legitimacy, they have been able to pursue their rejection and repression of the Hirak, and to refuse to respond to its demands for transition and political pluralism.

In these matters, as in others, the Algerian authorities are doing the very opposite of what they should be doing; they should be encouraging civic attitudes that could outlast the epidemic and become a democratic norm. All of this bodes ill for the future.

Covid and Culture: the Kabyle example

For a long time entire regions of Algeria have felt they have been abandoned by the State authorities and the parties that are supposed to represent them. For reasons that are difficult to clarify (we will not try to do so here), they have been left to their own devices. Drawing conclusions from the unsatisfactory experiences of the past—and in particular the sombre decades of self-regrouping and self-defence—today the local population organises its own hygiene: collection of refuse in villages, installation of bins, disinfection of public spaces, observation of curfew regulations, and recycling of things that are out of use.

With the advent of the virus, traditional culture has been reactivated to deal with the pandemic. Remote mountain villages in the Kabyle country have spontaneously “self-confined,” and taken all the necessary measures to avoid contamination. On their own initiative, young people have taken control of access to their village centres, dousing incoming cars in bleach before letting them in. Village committees have set up emergency organisations to provide staples. The Kabyle diaspora in France and Canada—Zinedine Zidane among them—have helped finance the acquisition of equipment. Industrialists like Rebrab¹³ have invested in Kabyle country—e.g. in Blida, the first area in the Algiers region to be locked down. Mehri,¹⁴ a major industrialist, has come to the aid of the

¹² Telephone lines and Internet (according to local reports) are regularly afflicted with “parasites”; in actual fact this technique is used by the authorities to prevent successful connection to Internet.

¹³ Issad Rebrab, prominent Algerian businessman, founder of the Cevital group, played an important part in the economic development of Algeria.

¹⁴ Head of the Chaffôteaux & Maury group.

political authorities. Kabyle notabilities, however, dealt with Kabyle needs before turning to Blida and other parts of Algeria.¹⁵

Schools, mosques, assembly halls, restaurants and hangars have been adapted to serve as hospitals. Villagers have also adapted existing hospitals as best they can, for example gaining extra room-capacity by dividing rooms in two with plastic sheets. It has now become a habit to see that hospitals have adequate supplies of cotton-wool, surgical alcohol, gel, masks, etc.

Village committees have readied for the battle against Covid. Women are usually in the forefront of the village initiatives, making masks and overalls, seeing to hygiene, and organising donations of food for patients.

In the wilayas of Béjaïa, Tizi Ouzou and Bouira, all villages and city districts “have set up watchdog and solidarity committees to monitor the evolution of the Covid-19 pandemic”, Rachid Oulebsir writes in his report on the Kabyle country as a whole.

Everywhere collaboration has been set up between benefactors, citizen-activists and organisations such as the Red Crescent, to protect in priority hospital personnel and all public health activists. Social networks have played a very large part in informing village committees, in setting up cooperation between crisis cells and volunteers, and particularly in relaying calls to respect the curfew and lockdown regulations, and to carry out basic preventative measures.¹⁶

Women have lost no time in getting to their sewing machines and making masks. In Kabyle country activating the solidarity network is a reflex, part of local usage that is enshrined in customary law.¹⁷

Covid and gender relationships

In the Algerian Kabyle country, strange new behaviour patterns have emerged. There is unprecedented participation in particular cultural activities; where boys and girls sang and danced together, for example (at the hostelry of Ain El Hemmam). With the onset of the pandemic, women began to compose poetry about Covid-19, and songs about it. Women’s choirs sprang up virtually everywhere, on traditional Kabyle lines.

¹⁵ In Kabyle tradition, charity begins at home; “before visiting a mosque,” the saying goes, “look after things at home.” See to one’s own people’s needs before dealing with the needs of others.

¹⁶ <https://www.algerieinfos.com/coronavirus-ces-villages-de-kabylie-qui-sauto-confinent-reportage-de-rachid-oulebsir/>.

¹⁷ In 1868, a time of famine, Kabyle populations housed and fed entire groups of people from the high plateaux. During the Algerian War of Independence, Kabyle villagers were all ordered to feed the so-called *rifij* who were being hunted by the French military. Neighbours were expected to take care of them. Malika, in the village of Tigrine, told us: “We took in the families of Metchik, among them the T, for several months...” Also involved were Kabyle inhabitants of Algiers; for years they uncomplainingly provided board and lodging for relations and villagers who were in difficulty.

Paradoxical though this may seem, it was precisely during this period that women decided to sing among imams, wearing their traditional festive costumes and make-up.

It is to be hoped that these examples of civic mobilisation will spread to all regions, and also that self-isolation will be seen as a form of self-protection—and not only in the case of individuals, but also in those of villages and regions. In reality, this sort of action is even more significant than it seems at first: it comes to the aid of the entire country and plays a part in the action of the State, “pulling a thorn out of the foot” of its basic institutions. Whenever a population is convinced that it should look after itself, this means that it is attached to its country and that it is committed to defending its commons—the *res publica*. This indicates that civic culture has been internalised and is easy to reactivate when it is called upon act in the interests of the country. Reactivation of this sort is linked to a sense of having been abandoned; it implies faith in a lasting organisation of egalitarianism. When the inhabitants take charge of a region, this furthers not only the restoration of the economy but also the broader development (cultural, linguistic, etc.) of the entire country.

One should not be afraid of this spontaneous form of “federalism”. It is in fact perfectly natural, as it is in the Kabyle regions. Instead it should be encouraged, as it is in some European countries with a long history of democracy, such as Switzerland or (closer to us) Spain. Federalism of this sort is based on the historical cultural values of Algeria, and could be seen formerly in for example the importance attached to village assemblies. These could usefully be revived and adapted to the 21st century. Decentralisation would enable management of this vast country to be more efficient; Algeria could become one of the most prosperous in Africa.

What is needed today is a better alignment between management and socio-cultural realities. Confronting a disease that is spreading throughout the world, Algeria should promote spontaneous (“bottom-up”) initiatives that emerge from the population to save the country and its State apparatus, instead of being “handed down” by the latter. The Kabyle populations could serve as an example: they have shown a civic spirit that is rare in other regions. This can never be made plain enough, but it is often overlooked.¹⁸

On the opposite shore, in another country, France, Covid-19 has also revealed fault lines. It has led the President, Emmanuel Macron, to reshuffle his government, while trying nonetheless—after much hesitation and doubt as to the effectiveness of masks and the innocuousness of the virus—to save what can be saved of the status quo. Initially Covid-19 seemed to be merely a bout of ‘flu, more or less severe... but we will not go into this here, our point being simply that the virus is *also* a political, generational and social

¹⁸ Tassadit YACINE, « Après la pandémie, gouverner autrement » [“After the pandemic, one has to govern differently”], *Liberté*, 8 avril 2020.

matter. There has been a remarkable surge of solidarity in France, not only in the hospitals (doctors, nurses, orderlies, paramedics, etc. were all involved), but also in the so-called “working class” districts (e.g. in the Seine-Saint-Denis *département*). Young people of immigrant origin rediscovered the customs of their elders, taking charge of the elderly, for example in working-class suburbs like Bondy and Montreuil.

It was mainly the older generation that succumbed to Covid-19. In the EHPADs, for example (medical retirement homes for the dependent elderly) this was striking. The correlation of space and “origin” was also obvious. The poorest *départements*—the outlying districts assigned to immigrants (e.g. the Seine-Saint-Denis)—recorded the highest number of fatalities, in contrast to the relatively well-off centre, Paris. The virus was a marker of class and ethnic origin, giving a magnified image not only of social disparity, but also of the consequences of (tacitly) discriminatory management. The virus acted as a scarecrow—an ally of conservative European regimes in their struggle against immigration. It has fanned the flames of racial hostility—now a daily topic in the French media. Eric Zemmour has become a star in a number of major media channels.¹⁹ *Valeurs actuelles* is an example. Increasingly emboldened by the crisis, its current vocabulary has become unapologetically racist. The terms *ensauvagement* (barbarisation) and *racaille* (riffraff) have gained currency; no longer marked terms, today they seem normal, self-evident.

Covid-19, a disaster: irresponsibility, cynicism, fraud

The crisis has widened the gap between people who live under supposedly “normal” circumstances and those who do not. Caught between two different countries, immigrants find themselves on the borderline between “normality” and its opposite. In many cases, Algerians blocked in France by lockdowns have to live in anguish for months on end without resources—an edifying illustration of the situation of Algerian citizens in Europe.²⁰

The Algerian government, however, has remained deaf to their appeals. As if it were unaware of developments in France—the European country that is nearest to Algeria!²¹ Thousands of compatriots have been obliged through no fault of their own to live in a foreign country; they are now desperate,

¹⁹ *CNews*, *LCI* and others.

²⁰ « Pandémie et coronavirus : les Algériens bloqués en France pris d’angoisse » [“The anguish of Algerians blocked in France”], *El Watan*, 8 septembre, 2020. Also see *Le Point*, 21 juillet 2020.

²¹ Algerians abandoned to their fate: this happened not only in France, but also in Dubai, Italy, Spain, South Africa, and elsewhere.

without any money, housing, healthcare, or means of any sort? How can it simply ignore them?

Meanwhile, these same authorities have dusted off the old debate on colonisation (a propos of the skulls in the Paris *Musée de l'Homme* that have been returned to Algeria) to distract attention from awkward present realities. The return of remains after more than a century has been celebrated in Algeria with drums and trumpets—to hide the misery of entire families that have been separated from their kith and kin.

What should we think of the report by Mustapha Kessous (journalist at *Le Monde*) on *TV5 Monde* that caused a furore in Algeria? It reported on young bourgeois in Algiers who feel concerned by social and sexual problems. Does this mean that the image of Algeria is more important than its reality? A reality disfigured by the likes of Ali Haddad,²² Saïd Bouteflika,²³ Ahmed Ouyahia²⁴ and Abdelmalek Sellal?²⁵

All of this, once again, merely to distract the attention of the public from the challenges to the government, which had forced it to recall its ambassador. « Un Amour d'Algérie »²⁶ also caused a buzz on the web, even among young people reputedly in the opposition. In matters of morals and sexuality, the powers have succeeded in gaining the favour of part of the population. The Hirak has enabled society to overcome many of the taboos surrounding sex and religion. Demonstrators' banners have given an impression of maturity, and that democratic choices have been made: women, lay people, and even homosexuals have expressed their opinions, and some homosexuals have even made their *coming out* during the Friday demonstrations in Algiers. The French TV channel *M6* was banned for some time for covering the Hirak without governmental permission. Some time before that, a French MP, member of the leftist LFI, was suspected of having supported the Hirak and was detained by the Algerian authorities²⁷.

In Algiers, sensational and news items have monopolised the headlines, relegating to the background fundamental political problems. This is the case

²² Ali Haddad, business leader currently serving a prison sentence for corruption.

²³ Powerful Algerian political leader, brother of and adviser to Abdelaziz Bouteflika. He is currently serving a prison sentence for corruption and embezzlement (misappropriation of corporate assets): see *Le Monde*, « En Algérie, quinze ans de prison confirmés en appel contre Saïd Bouteflika et deux coaccusés » (“In Algeria, appeal court confirms the sentencing of Saïd Bouteflika and two co-accused to 15 years’ imprisonment”), 11 février 2020.

²⁴ Senior civil servant who he headed the government four times between 1995 and 2019. Currently under arrest, suspected of embezzlement of public funds.

²⁵ Prime Minister in the Bouteflika government from 1012 to 2017, also imprisoned for the same reasons as Ahmed Ouyahia.

²⁶ Persons who spoke in front of cameras were all called in to police stations in Algiers and Oran.

²⁷ Visas are no longer being issued, and exceptions are made parsimoniously, “drop by drop”, the pandemic being used as a pretext to close frontiers even more drastically so that repression can be carried out behind closed doors.

also elsewhere: in Paris pride of place was given to the marriage of Darmanin, the controversial minister of the Interior; Madrid foregrounded the latest developments in the Juan Carlos saga, with Manuel Valls, a former French prime minister, coming to the aid of the ex-king.

In times of catastrophe, the lure of profit²⁸ becomes more intense. Credit card fraud increased by 28% during the lockdown. Opportunities for cheating multiplied (Uber's profits soared). Unscrupulous property managers and sundry other agencies took advantage of the unprecedented limbo to extort money from honest citizens. How else could we explain the recrudescence of violent behaviour, mainly in young people: theft (and related delinquency) in France and in Switzerland (at Neuchâtel), 189 individuals were charged with theft, burglary and other criminal offences,²⁹ not to speak of the clandestine immigration of *harragas*³⁰ from Morocco and Algeria to Spain, or the incidence of suicide, as in the Kabyle country?³¹ And the number of housebreaking cases in France, due to the shortage of housing and the squatting that results from this.

A view from the islands

The Canary Islands provide a different viewpoint on the situation we have described above (in both senses of the term viewpoint: the situation perceived and the angle from which it is viewed).³²

Departure June 28th, Paris-Orly via Madrid

Leaving France seemed to be an act of desertion. I felt that I was escaping not so much from the virus as from the lockdown, the stifling confinement. This second sense had effaced the first one. For two months I

²⁸ See Tassadit YACINE, « Covid-19 entre solidarité y cinismo » (Covid-19 between solidarity and cynicism), *Diario de Avisos*, Tenerife, 17 August, 2020.

²⁹ « Retour à la délinquance après un pic de violence cet été » ['Return to (normal) delinquency after peak violence this summer'], *RTS*, 25 August 2020. Since June 580 cases of larceny have been recorded.

³⁰ *Harragas* : « En Algérie, jeunes adultes que l'absence de perspectives d'avenir pousse à fuir leur pays par tous les moyens possibles. » ["In Algeria, young adults are pushed by the absence of future prospects to flee from their country by any means open to them"] (*Larousse* dictionary) See : « Les Algériens toujours plus nombreux à arriver en Espagne », *Info Migrants*, 28 mai 2020. More than 1,700 cases have been recorded since the beginning of 2020, in particular since the outbreak of the pandemic.

³¹ « Le silence des politiques sur le drame du suicide en Kabylie » ["Silence of politicians on drama of suicides in Kabyle country"], www.liberté-algerie.com

³² In observation of this particular terrain, the main focus has been on vestiges in language and ritual of the indigenous "Berber" culture (as it had been before the 1497 conquest). Little of this was still alive. A lot had to be exhumed, using archaeological and anthropological techniques. The Berber language had completely disappeared during Christianisation with the obligatory adoption of Castilian Spanish.

had not left the 50 square metres (divided by 2) of my Paris apartment on the Boulevard Vaugirard; it opened on to no open space. The first days of lockdown had given me an urge to tidy up, to set my belongings in order—which amounted to setting my life in order. These were the first months since I had retired: an entirely new situation, a “whole new ballgame,” so to speak. In the next phase came my research: I had to finish writing up unfinished work. The third phase was one of stimulation and anticipation; it prevented me from sleeping. I dealt with this thanks to Netflix and a continuous feed of serials. It all reminded me of my mother, who used to say that she was afraid of going to sleep as death might come and take her while she was off her guard, asleep.

On June 28th I arrived at Madrid. The airport was deserted. There were six of us in the plane, all scared less of Covid than of this emptiness; we glided like ghosts in a world that life had abandoned. At Tenerife-South, there was not a soul, apart from the passengers of our flight and those of Iberia, the only two airlines still flying there. No queues at the taxi-ranks; none at the car-hire counters either. Even the toilets were locked down, *fuera de servicio por Covid!*

What would I find, I wondered, in this immense concentrate of tourism, the *Playa de las Americas*? Everything was closed: hotels, restaurants, cafés, boutiques. In this kingdom reserved for “tourists-only”, a general shutdown was only to be expected. Fortunately a supermarket was still open in our neighbourhood, and there was also a greengrocer’s stall. All one could do was to make the best of it and try to adjust to the emptiness and absence.

There was no life here, no tourists, no movement. But coming from Paris, one felt nonetheless a sort of relief; here, one could live with all of this. It was only at the beginning of August that (a few) tourists would arrive and perhaps put some life back into all this deserted space. Unlike Parisians, the people of Tenerife are submissive and obedient. Even after the lockdown was lifted, nobody went into a shop without wearing a mask and using hydrogel. The people here have not waited to be reminded: they still wear masks in the street and even on the beaches. Playing around the swimming-pools, the children wear protective equipment. It would simply not occur to anybody on this island that masks did not protect. Is all of this simply because the people are submissive? Or are they really convinced that the public policy is in their best interest? Or could it be that here—as in the Kabyle country, and other parts of Africa—out on the global periphery, in formerly colonized countries, they feel so insular and so isolated that the urge to protect oneself has become stronger than anything else? People here are obviously aware that without tourism their economy is doomed. In the game of cat-and-mouse, when the Euro-cat isn’t here, the island mouse is on holiday. But when cat comes back with the tourists, the whole game changes: one has to choose between dying of starvation and dying of

Covid... What should one do—? Tourists bring in money, but they also bring the virus.

Here, at a distance from both France and Algeria, one becomes aware of the differences between citizens' awareness of the situation in the three different spaces. Political leaders tend to instrumentalise the pandemic, but here in the Canaries the population and its leaders are part of one and the same body—unlike their counterparts in France and Algeria. In many ways, the *Gilets Jaunes* could be compared to the *Hirak*—though the latter has shown far more civic spirit and commitment to a plural society than the *Gilets Jaunes*. The *Hirak*, pacifist, and with a high degree of civic awareness, sets an example that many countries would do well to follow. Rarely does one find a movement of such amplitude acting throughout an entire country without resorting to violence.

The coronavirus is unquestionably devastating, as we have seen. But it will have served a very useful purpose: it has shown up political flaws in major European countries like France. For these countries, epidemics like Covid-19 were supposed to be things of the past; today, reality has caught up with their illusions.

The Covid catastrophe should prompt political authorities to govern differently, and to seek new ways of looking at and dealing with social and political problems. This comment applies not only to each and every country, but also to the world as a whole. The consequences of global warming will not be manageable anywhere on this planet unless they are part of a plan for the planet as a whole. This principle clearly holds for France and for Algeria, and should also hold for the planet in its entirety.

GYPSIES AND TRAVELLERS CONFINED ALREADY ?

Gaëlla LOISEAU¹

Agnès RÉMY²

About a month before the official lockdown the so-called “Travellers” had already confined themselves. The result had been a massive withdrawal of their children from schools, where some of them, since February 2020, have not set foot again. This happened all over in France, and is a symptom of the acute awareness and anticipation of having to be reactive, that the imminent threat that Covid-19 represented for all Gypsy and Traveller populations. At the end of January 2020, as soon as the very first identified cases were feverishly announced in Italy and then in France, “We confined ourselves before the official lockdown, when the virus left China, then when it was in Italy, we quickly understood that it was going to happen here” a Traveller says.

In parallel, the pastors of the Gypsy Evangelical Mission found themselves in a very strange position. Without knowing it, they were spreading Covid19 through a proselytizing frenzy—it was organised to ward off the epidemic that, at the time, the West was only remotely aware of. Although they confined themselves before the *Gadjé* (who are not Gypsies) did, the Travellers still “*continued to gather among themselves, and cut themselves off from the world,*” a worker from the APAJ-Centre Gitan in Montpellier explained. In fact, during the week of the 10th of March, an evangelical circus tent was set up at the foot of one of Montpelliers’ Gypsy ghettos to hold prayer meetings. Several family members who took part in these gatherings contracted Covid19 and ended up in intensive care. From

¹ Anthropologist, UMR Innovation 0951, INRAe of Montpellier.

² Sociologist.

the beginning of the epidemic in France—in Montpellier as well as in Perpignan—the Gypsy community paid a heavy price.

First the Gypsies and then the Travellers (usually considered to be vulnerable populations) were mentioned in the media specifically as populations that were “difficult to contain.” The French Gypsy populations were closely followed by public officials during lockdown—from police brigades urging Gypsies to stay at home in the dilapidated St Jacques district in Perpignan, to associations distributing vouchers on illegal parking lots. In the context of a restriction of movement not seen since the Second World War, Travellers were mostly singled out as “unconfinable” diehards. Sedentary people suspected them of carrying and propagating the virus. However, as we have mentioned previously, Gypsies and Travellers were among the first of the populations to take the epidemic threat seriously in France. What was their experience of the lockdown? What kinds of difficulties did they come up against? Were they expelled more frequently than before the confinement or, on the contrary, were they tolerated more than usual? Who supported them? What forms did the anxieties concerning viral risk and isolation take for them?

We will outline how the lockdown disturbed the gypsy and traveller communities, using our field experiences—and also show the way this health crisis exposed the paradoxical situations that these populations were subject to. Agnès Rémy was able to collect testimonies from her experience as a support worker in the ADAV33.³ She was on reception duty at the Gironde association, that managed to distribute masks and maintain a connection with the Travellers despite the interruption of activity due to the lockdown. From December, ADAV33 hired Agnès Rémy to carry out a survey—with Public Health France—on the Traveller’s state of health. Agnès Rémy observed that, as early as February and March, families had begun to stock up on food in their caravans. Their fear of contagion made them keep their distance during interviews or refuse to answer Public Health France’s questionnaires. Furthermore, when on ADAV33s’ premises, they took the precaution of wearing masks and gloves. After the lockdown, Agnès Rémy was able to carry out several interviews with families who had withstood the lockdown relatively well, among which at least one family had been infected with the virus. As for Gaëlla Loiseau, she went during the lockdown with an employee of the APAJ-Centre Gitan in Montpellier, to distribute service vouchers. Then, from June 2020 onwards, she met with a range of stakeholders from non-profit organizations and with Travellers who were dispersed between the regions of the Gironde, the Hérault and the

³ L’ADAV33 is an association that was created in 1964. Its aim is to help Travellers access their rights as well as to fight against discrimination, while working alongside communities and institutions. The team is composed mainly of social workers. It provides home service where travellers come to pick up their mail. If necessary, travellers can get help with reading, as well as assistance in integrating through economic and social activity.

Seine Maritime.⁴ She rounded out her observations with several telephone conversations she had with stakeholders and with Travellers.

De-compartmentalisation

Overall, the travellers' first period of the lockdown was not closely followed by institutions, whether they were associations working with Travellers, management companies, local communities, or state services. The generalised avoidance of contact at that time, led to a first stage of neglect. Most of the organisations thought they would be back in action soon. As the health mediator of the Relais Accueil Gens du Voyage in Seine-Maritime explained:

“By the time the ARS reacted, the first fifteen days of the lockdown had already gone by, and in fact, that was when all the cases happened. The cases of resuscitation, the few severe cases, all happened in the first two weeks. Except that in the first two weeks we were all... amorphous. The social services centre was closed ... we thought it would not be for long! We told ourselves “We will be closed for two weeks and then in two weeks we will see each other again”. But actually, a month and a half went by, and that's when we started to react.

At the same time, right from the beginning of the lockdown, a lot of the managers who worked in reception areas exercised their right to withdraw. This led to a reinforcement of the effect of isolation on these public services, that were already being largely relegated to the fringes of the municipal boundaries. A series of public stakeholders (ARS, departments, local authorities) subsequently asked public services to keep up the connection with residents (to distribute travel certificates and then masks). However, these employees sometimes behaved at their own discretion as to how the “barrier gestures” and lockdown rules were applied. We gathered several testimonies from people living in the campsites, who, for several weeks, were not allowed to leave the area. In one case only men could leave the area, in another case only two people (also men), chosen by the managers, were authorised to go shopping for all the residents. Being confined to the halting sites, Travellers found their mobility being increasingly controlled. In this period, as we were told, the sense of confinement increased, particularly for women, and especially when their comings and goings were blockaded by police checks. Some of them, to express how they felt, made references to the internment episodes of the Second World War. The feeling of loneliness sometimes made these anxieties worse, as we will later see.

Then, after hospital staff noted an upsurge in serious cases among these populations in regions such as Occitanie or the New Aquitaine, the gypsy-

⁴ As part of an survey conducted on behalf of FNASAT on the question of locality of public provision for the accommodation of Travellers.

traveller community was identified as a population at risk. Professionals in the medical-social sector defined vulnerability based on several factors: communal living, a precarious lifestyle, and, faced with the disease, a collective anxiety that was widespread. Indeed, stakeholders from the associations observed a progression in stress as of February, in the way families were able—or were unable—to organize themselves in their attempts to join each other or to settle on land that belonged to them. The situation was even more anxiety-ridden for those who were stranded in a place that they had not chosen, whether it was a camping site or an illegal parking site.

In Montpellier for example, the APAJ (which usually does not intervene on parking issues) was asked by the Regional Health Agency to distribute service tickets to two camps of around twenty caravans that grouped gypsy families of Spanish nationality. These families—who did not have access to the minimum social benefits on French territory—found themselves without any resources. To survive they had to rely on food donations. In the same way, in the St Jacques district of Perpignan (where several deaths had an impact on the Gypsy community living there), the small grocery shop that gave credit to its customers, closed. This led to the same sort of disruption in access to basic food supplies. For all Gypsy and Traveller populations who are not usually included in the target groups of food-aid organisations, the access to food quickly became a crucial issue. These data point to the caravan lifestyle that makes food storage impossible, as well as to the "tight" organization between the inflow of money and the households' food supply. The reorganization that these populations had to go through could be seen as a factor of stress. One person for example, whose husband had been hospitalized for a long time, explained, *"We can't do the shopping as before, it makes me very tired."* She usually did her shopping on a daily basis, buying according to her immediate needs. She now had to plan for several days ahead, in order to organize herself and go out as little as possible. This change of habit exhausted her, and the sight of the empty shelves in the shops added to her anxiety.

In these territories where, generally speaking, Gypsies and Travellers are taken into account when managing a crisis, the organization of interventions in these target groups now worked in a completely new way. The categorical approach (between the sedentary Gypsies and the mobile Travellers for example, or between different precarious groups) was broken down, and new priorities were set up in the way the interventions were handled. All the associations as a result began to exchange and cooperate, pooling information and coordinating field operations. Their relations with the State also became more fluid during this period and led them to be in contact with representatives who are usually subsidiary in the treatment of these sectors (for example the ARS or DDCS). Some of the associations specialising in the welfare of these populations saw their role raised to that of coordinators

in the implementation of public policy. These associations were able to serve as a link between the various State services, and discovered in the process that these State services did not normally work together. Based on their knowledge of the field, these specialized associations revised some of the guidelines; for example they managed to dissuade the elected officials and CCAS managers from implementing certain directives issued by the Ministry of the Interior, such as the one that recommended *"locking travellers up on the sites and providing them with packed lunches"*, as the director of one of these associations told us.

Some families in the illegal settlements found themselves caught up in the confusion. They had to reorganize their lives under these rudimentary conditions, while having at the same time to apply the barrier measures. In the context of illegal parking for example, there is often only a single source of water for the entire camp, and collecting household waste is often problematic. However, some sanitary recommendations revealed the outdoors-oriented lifestyle of Travellers to be a protective factor. Furthermore, travellers pointed out to us that the interactions that usually took place between them had not been disrupted by Covid19 because, as one of them told us *"among travellers we do not kiss one another."* There is not much physical contact with others, outside of the close family circle. This is an interesting finding that shows that prophylactic measures are very much a part of travellers' daily lives. Conversely, travellers may have had a certain predisposition to what the WHO has labelled "infodemia," a phenomenon that is likely to have been exacerbated by a high illiteracy rate and a predilection for sensationalist information that—due to the high levels of fear—may have led to drastic types of treatment of members of the community.

This is how, in some cases, the limits of the groups' solidarity were tested. Some families chose to settle somewhere else and to leave the family members who were sick behind. People who were already poorly integrated into the group were side-lined even further during the lockdown. To prevent the spread of the virus strict rules were put in place, and it was very often that people who were at risk or people who were infected were the ones to suffer the consequences; they were "isolated" and their caravans were set apart from the rest of the group. These people were unable to go out or to see their family—the only people they came across were family members, when they came to deliver them meals. Loneliness, for some people, turned out to be a great source of hardship. For example, we spoke to a woman whose husband had been hospitalized with Covid19. She could no longer travel because she had to take care of her father who suffered from a rare disease. She was far away from her children and on her own while managing two sick people—she admitted to feeling very lonely—but she said that she tried to stifle her loneliness so that her family would not worry too much. Lastly,

in some cases the lockdown aggravated disagreement within couples, or conflicts between members of the same family—the lockdown may even have been conducive to developing or exacerbating various forms of depression.

Regardless of the social factors that were related to managing the confinement, the people who were at the greatest risk of catching Covid19 were neither the most isolated ones, nor even the ones in the most precarious positions. This highlights another form of disruption, or a blurring of the lines in the way the viral mechanisms of Covid19 are understood. Most of the intensive-care cases detected in Travellers were linked to influential members of the Gypsy evangelist community, namely the pastors,⁵ whose popularity and fame probably intensified the “contamination” of anxieties within the community. Thus the virus not only affected individuals, but an entire collective body grouped according to religion and community. Today evangelicals have adapted perfectly to this situation and have developed mobile phone applications that enable the faithful to continue to participate in prayer meetings, remotely. Covid will therefore have created forms of isolation and traumatic breaks in ordinary sociability, but at the same time enabled new digital habits to be formed, and new forms of remote sociability to emerge via mobile telephones.

Paradoxical logic and the risk of expulsion

During the lockdown the feeling that one was risking eviction was stronger and more ridden with anxiety than usual. This was because the Travellers were being subjected to arbitrary decisions, preventing them—through assessments of their own—from being able to adapt to the distancing measures. For example a traveller attested that he and his family were living on the same land as a group who—as far as he was concerned—did not respect the barrier measures sufficiently. After he decided to move to another location in order to better protect his family members, the police put pressure on him to leave the area. So, despite his efforts to “do the right thing” and to respect the required health measures, he felt that he had been harassed unduly, and this made him even angrier with the authorities:

I blame the State. I thought of the cathedral of Notre-Dame-de-Paris; I love this cathedral, it is magnificent, but still, it is only (made of) stones and wood. I saw more compassion and drive then (when it burned), than when coronavirus struck and people were dying.

⁵ As our contact in Seine-Maritime, a sociologist by training, pointed out: “What we noticed is that the most serious cases that arose were always had the same profiles, namely people within the religious community, so people who, because of their duties in the religious community, were brought into contact with a lot of different people. And in fact, it has always fallen on these people. So the intensive care cases are people who are pastors and their entourage. [...] As far as I’m concerned, there is a correlation between the level of social integration of people [...] which can be a factor of exposure and risk, in fact clearly so eh.”

Paradoxically though, the presence of sick people in the camps became a protective element for groups in illegal settlements. For example, a group that had settled in the Bordeaux area in September, were given 35 fines by the municipal police for parking illegally. However, the ARS identified 6 cases of COVID within this group, and they consequently were given a “health” order not to move. The assistant director of ADAV33 told us that she had notified the town hall that,

Among the households that park on avenue Jean Monnet there are people who have COVID, and the ARS has asked them not to move, and we, in social mode, then asked, “Can we drop the fines?” At least, that is what we have to work with. There you have it, and the travellers even gave us the proof; they weren’t obliged to, but they even sent us the papers saying that they had tested positive... the biological results, well I was even embarrassed to have that because it’s... well I mean we took their word for it. But they sent us all the tests where it was stated that they were positive.

This example is indicative of a veritable conflict that is played out in the “travelling body”. The letter alternates between the status of a “contaminated body” seen through the prism of illness, and a “contaminating body”—on which the police are focusing in their forced evacuations—in an attempt to prevent the Traveller’s presence from spreading “unnecessarily”. “The health organisation says ‘don’t move’ and the administration says ‘go away’”, summed up our informant. Therefore, although Travellers were afraid of it, Covid19 insidiously became a player that could influence negotiations in their favour, whenever the stability of the camps was concerned. The scale of the “travelling presence”⁶ which had more to do with the way the caravans were arranged in an area than with the travellers’ human bodies and their groups, exacerbated the confusion. Therefore, no matter how much the caravans moved around on the same site, once the virus had settled in a Traveller camp, it stayed there and continued to play a part in the negotiations. As our informant pointed out:

Not so long ago, it was in G., Isabelle was called and the city asked us, “they say they have COVID, can you find out?” Because suddenly... in the end it is all about survival, eh! And so it turned out that Gerald went into the field, met people, and in fact, the people who had been there before us had just left. Now there were new people who had just arrived, and they told us “No, no we don’t have Covid at all...”

⁶ Cf. Gaëlla LOISEAU, 2019, “We won the camp”. From forms of halt to negotiation regimes for the presence of Travellers,” *Culture & Democracy*, special issue “camps”, on line: <https://lejournaldeculturedemocratielasuite.wordpress.com/2019/11/13/on-a-gagne-le-camping-of-the-forms-of-the-halt-to-the-Traveller-presence-negotiation-regimes-gaella-loiseau/>

And so, it seems that the spread of the virus was more pronounced in Travellers because they were mobile, which made the confusion even worse. The virus paradoxically became a protective factor for the camp, that thwarted the eviction process as soon as a case was “announced.”

Confinement—the cost

The issue of cost was important for the way the Travellers apprehended the lockdown. In several respects the issue of cost was marked by a high degree of uncertainty. Firstly, the closing of the local markets had a long-term impact on Travellers, especially on those who had managed to amass stocks for the winter season. At the moment of de-confinement these travellers were not given any priority in setting up stalls to get rid of their stock. Due to a strong demand for local products combined with the distancing restrictions, this led to travellers being excluded from the market for stall-places (especially in the case of fairground vendors who, long after the confinement ended, were still unable to pursue their activities). Moreover, as activities in the industrial sector had been discontinued, the market was saturated with scrap materials—the main resource of travellers working in salvage sector. These professionals’ activities are shaped by strong fluctuations that are either seasonal or opportunity-based. This, combined with the fact that some travellers do not declare the full amount of their income, meant that they hardly received any of the State aid, or very little of it; it would have amounted to 1500 €. In the same way, the shutdown of services made many people worry that their benefits would be cut off, although in reality there was hardly any report of that happening. The day after the announcement of the lockdown, the ADAV33 received a lot of calls from Travellers wanting to know how they could declare their resources to social organisations as well as wanting to renew their universal health coverage. They knew that the premises of the associations were closed, and that they could not be helped to fill in the documents other than by telephone.

The inability to continue their professional activity was exacerbated by uncertainty as to how long the confinement would last, and consequently as to how long they would have to stay in the approved sites. In fact, although up for discussion at one point, the State provided neither free services in the camps, nor did they advise camp managers to keep their services free of charge. So Travellers found themselves restricted to facilities that they considered to be disproportionately expensive in comparison with the paltry comfort that these services provided. In light of the confinement, the Travellers’ anxiety was doubled as they were unable to leave the halting-sites, but were still racking up debt—in some cases already very high. In fact, the debt deferral that most of local authorities opted for, made it difficult for families to plan, as they were not used to living at halts for such long times. Instead of their usual practice of pre-paying (most halting-sites function this

way), they were billed for water and electricity after they had used it. Some felt that this was unfair, especially because the management did not carry out maintenance work on the sites. Many of the managements had availed themselves of their right of withdrawal—with the result that they had to be forced to turn on again the equipment concerned. On certain sites, where management was already inadequate, there were thus additional forms of disruption, and forced operation was continued until managements were instructed to do otherwise. The upshot was that the prepayment system had been interrupted, but ipso facto access to water and to electricity had been unblocked. The functioning of the sites had been deregulated—and this created a “precedent:” management of the facility became self-management. Thus Covid had given the Travellers a way to regain control of the facilities that had been assigned to them. Elsewhere, yet other amenable arrangements were made, such as free parking, where Travellers only had to pay for the use of water and electricity, sometimes at reduced rates.

In certain cases, confinement actually brought relief to travellers living on facilities that were particularly exposed to industrial pollution. For example, at the Hellemmes-Ronchin site (near Lille) that is located next to a concrete factory, a crushing plant, fields sprayed with pesticide and a SNCF railway line, female Travellers reported: “For us the lockdown was paradise! Finally we got to know what it was like to live without all this noise, all the vibrations and the dust!” Paradoxically, the crisis obstructed the ordinary forms of neglect and exclusion that Travellers usually faced. For some of them the lockdown might even have been comforting, providing them with a window into a different way of life. Conversely, in other areas where exclusion was total, and where the equipment was very badly damaged and left unrepaired, and where no one, not even the managers ever came to see what state things were in, the state of exception was permanent, unnoticed. Nothing was ever pointed out or emphasised; there was no such thing as a lull, nothing led to more or less unity—everything was “out of place”, always and as usual. Covid too made no difference.

The lockdown thus disrupted the modalities and the organisation of the Traveller’s way of life. Once de-confined, many Travellers took to the road again. In spite of the cancellation of large-scale collective transit permits, a great number of caravans passed through major French cities: that in August there were about 400 caravans illegally parked in the Bordeaux area, and about a hundred in the Rouen area in September. The rules of social distancing were scrupulously respected during these summer months. Even on the illegal parking lots, the families settled into large groups divided into smaller isolates, and told their children not to mix with each other.

Although masks were worn on the premises of the associations working with the Travellers, we hardly ever met anyone wearing a mask in halting-sites or in improvised settlements. The determining factor was probably the

cost, but the masks were also described as being “tiresome,” “tedious,” “unbearable” or “suffocating”—especially by people with respiratory problems (people who had had lung operations, or were on artificial respirators).

Forms of risk-assessment were thus translated into strict measures as to the way the camps and social life were organised. This came as a great surprise to all the professionals working with these groups. Many of the disruptions caused by the lockdown still today have a lasting impact on the Travellers’ daily lives. And the paradoxes that have been brought to light by this health crisis reflect the state of exception in which these populations live in France.

IV

CROSSING QUESTIONINGS

ONE HEALTH? POLICY LOGICS AND ECONOMIC REPORTS

Dialogue

Jean-Paul GONZALEZ
Monique SELIM

Monique SELIM: *In 2003 you answered in the Journal of Anthropologists,¹ as a physician, a specialist in epidemics and their emergence, questions raised by the appearance and spread of SARS, compared to the spread of Ebola fever in 1976 in Central Africa, which you had already studied extensively.*

Jean-Paul GONZALEZ: First of all, I remember the immense pleasure of our discussions, which you had launched at the beginning of the 2000s, so that you and I could—at the time it was exceptional—cross the barriers of our disciplines to engage in a discourse common to both of us. At the time, we advocated a transdisciplinary approach to the analysis of public health and solutions to its problems, but also, above all, to prepare ourselves for a strategic approach to the future of our research. Now we can talk about this again—our multidisciplinary approach. I had quite a hard time convincing my colleagues in France! It was much easier on this side of the Atlantic, in the USA, where I now work at Georgetown University. It has become the rule in our research institutes in Europe and in North America, where we

¹ Jean-Paul GONZALEZ, Monique SELIM, « Enjeux politiques de l'émergence des manifestations épidémiques », *Journal des anthropologues*, n° 92-93, 2003, p. 291-294, went online on 22 February, 2009, consulted 29 August, 2020.
URL: <http://journals.openedition.org/jda/2149>

have managed to catch the attention of decision-makers and the US Congress.

M. S.: *At the time, you stressed that “the dead do not all carry the same weight,” and that we were “faced with three types of globalization: in diagnosis, in monitoring and in political efficiency.” The Covid-19 pandemic has confirmed this, but it has also changed it considerably, in the light of the WHO slogan created in the 2000s: “One (single) Health.” Translating this is already a problem: should it be “a unique health” or “one (single) health?” The latter carries echoes of the “pensée unique” of authoritarian regimes. The original idea was not this, however; it was to assert the basic links between human, animal and environmental health—implying an interdependence of biodiversity, wildlife and public health.*

J.-P. G.: Yes, the SARS Coronavirus, an acronym standing for both the *Severe Acute Respiratory Syndrome* and the viruses that caused the epidemics of Ebola Virus Disease (EVD). Though the names have changed since the beginning of this century, as far as we are concerned nothing has changed; it is still essential to observe, understand, experiment, and respond, whenever the health “authorities” allow or request us to do so! Names have changed, admittedly—we don't talk about “Ebola fever” any more, but about Ebolavirus disease; we don't talk about Coronavirus SARS any more, but about SARS-CoV1. The first isolate of SARS-Cov2 was named after its discovery by a Chinese team, the 2019-nCoV, or 2019-novel Coronavirus, the seventh member of the coronavirus family to infect humans.² Then WHO quickly reset its vocabulary, perhaps for the sake of standardization, and named the virus differently, SARS-Cov-2. For the Ebolavirus disease, however, this is still politically incorrect: in most cases, one tries to keep the name given to the pathogen by its discoverer, so as not to stigmatize people or places, and to avoid eponymous names like the Ebola virus and disease, named after the Ebola river that flows quietly through the heart of Africa!³ This battle of names is certainly by no means insignificant; everybody (media, politicians, scientists) wants to impose their own semantics (e.g. SARS-CoV, renamed SARS-1-CoV; 2019-nCoV, renamed SARS-CoV-2); or, incorrectly but intentionally, name it the “Wuhan virus” or the Chinese virus”, as certain people have done. A typical example of the political

² Huihui WANG, Xuemei LI, Tao LI *et al.*, “The genetic sequence, origin, and diagnosis of SARS-CoV-2”. *Eur J Clin Microbiol Infect Dis*. 2020;39(9):1629-1635.
<https://doi.org/10.1007/s10096-020-03899-4>

Peng ZHOU, Xing-You YANG, Wang XG, *et al.* “A pneumonia outbreak associated with a new coronavirus of probable bat origin.” *Nature*. 2020;579(7798):270-273.
<https://doi.org/10.1038/s41586-020-2012-7>

³ Jean-Paul GONZALEZ, « Ebola, une rivière tranquille au cœur de l'Afrique » [Ebola, a tranquil river in the heart of Africa], *Cahiers Santé*, 1995, 5(3), p. 145-146.

Jean-Paul GONZALEZ, Nadia WAUQUIER, Tom VINCENT, “Revisiting Ebola, a quiet river in the heart of Africa”, *Med Sante Trop*. 2018; 28(1):12-17. doi:10.1684/mst.2018.0751

intention was, at the time of the 1918 flu pandemic (i.e. H1N1 influenza A virus), the misnaming of the disease as “Spanish flu.” Spain, which had remained neutral during World War I, was the only country in which it was possible to publish freely news about the disease that was raging and disrupting the armies of the allies: the United States, France, Britain, etc. Amid this cacophony, the WHO took the lead in its role of global coordinator of the response, organising meetings of international experts, and eventually naming the plagues and making recommendations that – unfortunately—have not always been followed by governments of the member-countries.

In March 2003, WHO urged the laboratories in its network to identify the virus that was causing the severe acute respiratory syndrome (SARS) that had recently been identified in southern China. Shortly afterwards, on March 21, scientists at the University of Hong Kong announced the isolation of a new virus held to be responsible for a SARS Coronavirus (Alias SARS-CoV-1).⁴ The first pandemic of the current century was on its way, unexpected, and it was burgeoning in the unprepared populations and in countries with inadequate health systems.⁵ Fortunately, this particular SARS, although virulent, was a good deal less transmissible than today's SARS-CoV-2. It was not until the arrival of the Ebola virus in Houston that politicians realized once again just how serious the pandemic risk was, and that the World Bank set up, for the first time in its history, special funds for epidemics with “grave health consequences”, to be allocated to local authorities in the hope of a targeted and more effective response, stealing a march before action could be taken by central government ministries.⁶

Since then, a lot of progress has been made in the applied health sciences. However, advances in the control of epidemics are still dependent on local policies (and not only on health policies), on wealth disparity (that conditions the allocation of resources to fight disease), on international health policies, and so forth. Indeed, to this very day, “the dead do not always carry the same weight”, nor, above all, do they have the same cost—the cost of one’s death depends on the system under which one dies. This is clearly illustrated in the strategies selected by countries to fight the pandemic, when they are facing the socio-political dilemma of choosing between “health” and “the economy,” in other words between saving patients and saving businesses. How does one make a choice?

At the beginning of 2020, it was necessary to decide, once again as a matter of urgency (the emergency was rapidly becoming global), and (as in the case

⁴ https://www.who.int/csr/don/2003_03_27b/en/

⁵ James W. LEDUC, Anita M. BARR: “SARS, the First Pandemic of the 21st Century”. *Emerg Infect Dis.* 2004;10 (11):e26. doi:10.3201/eid1011.040797_02

⁶ Jean-Paul GONZALEZ. World Science Forum (UNICEF) : <https://worldscienceforum.org/participants/gonzalez-jean-paul-15047>

of SARS-1 and the unprecedented but already-forgotten outbreak of Ebola disease in 2014) without being properly prepared. We had to choose between health (mortality, morbidity) and politics (economics, election stakes), and then, once the decision had been made, we had to communicate with the public on the possibilities of coming up with an effective response, based on what was known; lastly, we had to call on scientists once again for informed advice, and to endorse—unwillingly—answers that were sometimes open to "political interpretation": to mask or not to mask, everywhere or only in areas of risk; chloroquine, mixed with antibiotics or not, and so forth.

Here, briefly, is what Marc Souris and I wrote⁷, in the context of the peak of the Covid-19 epidemic in April-March 2020. What strategy should we adopt? We showed that four strategies were emerging, differing according to the States involved:

— Letting the disease circulate freely, as (often) in the case of influenza, the advantages being a fairly short duration (2 years), and limited economic consequences—but with an unacceptable degree of mortality. This first strategy should be preferred in low-income countries whose population depends partly on the informal sector.

— Letting the disease circulate, but protecting the most vulnerable sections of the population from it: this strategy entails setting a vulnerability threshold that is by no means easy to implement; it also risks stigmatizing a sub-population, and also seeing as a result a significant excess in mortality in “non-vulnerable” age groups; and lastly of seeing the health care system overwhelmed. In theory, this strategy is the most attractive, but (as it targets selected population groups) it has substantial consequences on public health, especially in middle—and high-income democratic countries.

— Letting the disease circulate, while trying to slow its progression as much as possible to prevent it from overwhelming the health care system, and at the same time maintaining economic activities. This is the solution adopted by most European countries, with some differences in their containment and case-detection strategies, and a varying rate of success, depending on the compliance of the population with health guidelines, and also its vulnerability. This strategy can be adopted in democratic countries that can afford to cope with a marked, prolonged economic downturn (but for how long...?)

— Lastly, trying to stop transmission in all sections of the population, by means of strict containment measures and by halting all non-essential economic activities. This strategy requires very strict population control, absolute adherence of the population to guidelines, a total detection of cases,

⁷ Jean-Paul GONZALEZ, Marc SOURIS, “Covid-19 pandemic, present and future: What strategies should we take?” *One Health New Letter*, 2020: <https://www.vet.k-state.edu/OneHealth/Vol12-Iss2/index.html>

and a monitoring of transmission chains during epidemic periods. This strategy has been adopted in China, Taiwan, Japan and South Korea.

As to strategies aimed at achieving herd immunity, they can only succeed at a cost of very high rates of mortality, especially in countries with vulnerable populations. The time required to achieve herd immunity is inordinately long (even in cases where many individuals are already asymptomatic). It remains a difficult policy to carry out in the long term.

Then too, stopping the disease completely can lead to regular re-emergences as a result of reintroducing the virus into non-immune populations. How long do these various strategies take to produce their effects? International cooperation (under the aegis of WHO) would clearly be needed in times of pandemic risk if a common strategy were to be adopted. It would also be necessary to harmonize the implementation of the policy in the various countries. So far, this has not been accomplished.

All of this, of course, does not take into account possible external factors that could help to slow the progression of the virus, such as a vaccine or an effective and affordable therapeutic response. The latter are two more “tools” to be used in health policies; they are dependent on electoral boosts and/or declines in popularity (e.g., when the first Russian vaccine was ready, the White House tried to force the Food and Drug Administration (FDA) to “release” the American vaccine before the November presidential elections; and this sort of thing). It is no doubt only on the balance of political economies that the dead pull their full weight.

In public health, we are still faced with “three types of globalization: globalization of diagnosis, of monitoring and of political efficiency.” But there is more to it than that. Diagnosis occupies a preponderant position, since everything that follows from it in terms of health (clinical, epidemiological, research) depends on diagnosis. *De facto*, the diagnostic tool is highly politicized, simply because it is so powerful. Today it is “being tested above all on Covid-19”, and has been completely globalized. As we medical scientists see it, the screening test (which ensures only 15 days of certainty) has obligatorily to be repeated, and to be accompanied by a serological test (to detect neutralizing antibodies) if one is to know whether the person tested is effectively being protected (for example, by a past asymptomatic infection, or possibly by natural immunity). Indeed, according to current estimates, in epidemic zones, 40 to 60% of the population tested is already naturally immune, and it is therefore less necessary to test it for the presence of the virus than to control its immune response (by means of serology). In this field, we learn as we move forward, each day bringing us more detailed information on this contest between viremia and natural immunity—with the latter possibly being protective. Thus, an approach based on biological diagnosis is still central. Politics has taken over, engaging the pharmaceutical majors that, unable to cope with demand, have

been annexing small and medium-sized companies that in many cases are proving more efficient—all with exceptional financing—unprecedentedly—being offered by States.

In the case of vaccines, a similar battle is being waged by political authorities who have taken control of the pharmaceutical industry in unprecedented ways (e.g. by advancing dates of use and marketing for vaccines, with the FDA being “authorized” by the Trump administration to grant marketing permits that have been stigmatized by the highest health authorities as unacceptable in terms of health safety), with unprecedented subsidies being handed out to the industry. But globalization does have its limitations, as Covid-19 has shown. Outside the international scientific community (in which exchanges are made without counting the cost), the political authorities are claiming independence, with each country racing to make a vaccine available before the others; with diagnoses and masks that one produces oneself, and so forth: a discourse that continues to be force-fed to electorates. Globalization is here, for economic, social and political reasons, together with a promotional discourse that usually fails to take people in. Reality is something else. In April 2020, the FDA made an emergency decision to allow in the United States the sale of masks made in China; this came after there had been public criticism, levelled at the Federal Administration by broad sections of the public and private sectors, because of the shortage of masks. In April 2020, China had sold 4 billion masks, mainly to Europeans and Americans!⁸ The Chinese market had never seen the likes of this. From the very first hours of the pandemic, SARS-2 tests were being sold in thousands to the USA and European Union by Korea, Vietnam and China. The alleged “trade war” with China is in fact a mere political decoy. Unprepared, “democratic” governments were overwhelmed by public demand and had to respond to it. Chinese exporters leapt into the breach; their market has never been so flourishing. The globalization of health, guided more by profit than by concern for the well-being of exposed populations, is thus being mitigated by political and economic interests and their deceptive announcements.

Of course, as we have seen above, when under public pressure in democratic countries in times of epidemic, diagnosis becomes a matter of urgency. In an emergency, if the diagnosis is not available, i.e. “on the market” for each new disease—globalization will intervene. Globalised interests will share the provisional conclusions of tests needed to flush out the virus—tests based on the initial data and provisional conclusions that international and sub-regional agencies have already made available to all parties—but very soon, as soon the pharmaceutical industry publishes its very first results, globalized interests will file patents on them and try to corner the market.

⁸ <https://nypost.com/2020/04/06/china-sold-nearly-4-billion-masks-to-foreign-countries-overpast-month/>

Furthermore, if the initial diagnosis proves to be inadequate (e.g. in sensitivity, specificity) and, faced with a dissatisfied public, politicians hopefully—but tardily—finance a return to the lab bench with a view to refining the relatively unreliable biotechnology that has been hurriedly produced during the emergency. We have all experienced events of this sort when we dealing with the Ebola, Zika, West-Nile and Chikungunya viruses. This is where the scientific discourse comes into play. First of all, we must already have prepared ourselves if we are to be able to respond to the virus and to control it. The political authorities would like to control it, but have not made the preparation needed: this can prove very expensive in the short term and will cost far, far more in the longer run, as Covid-19 is showing us once again. Prevention has to come first.

Sharing data in science and in the medical sciences, and making data available: when there is a pandemic risk—these are particularly important for both laboratories and physicians. We have to update and improve our diagnostic tools (in sensitivity and specificity) to keep up with the evolution of the disease and with potential mutations of the virus. There are two types of data to be shared: laboratory data, to improve diagnosis and the implementation of control methods (vaccine, therapy), and clinical data, which are much more sensitive, as they consist of personal information on each individual patient. To organize the clinical response, exchanges between laboratories and research networks have in recent times gained a lot of freedom, thanks inter alia in particular to the “abortive” Ebola virus pandemic in 2014. However, when it comes to vaccine development, the pharmaceutical industry takes over with governments’ support, and these freedoms tend to fade out when they face financial interests. As to clinical data, ethics committees and institutes play a major role in protecting them, and in preventing “commercial” interests and health insurers from using them. In general, these clinical data are anonymized by the physicians who deal with the patients, and this suffices for research to go on, together with the monitoring of patients and with clinical development; in most cases all of this this goes on without raising problems.

However, money still talks louder than health policy, as we see in the current SARS-2 vaccine situation: the race to produce the first vaccine doses—extremely dangerous and hitherto unheard-of—was announced for political and/or economic purposes—depending on the agenda! Restoring the economy in view of some upcoming election; promising vaccination for each and all during the U.S. presidential campaign; the Russian president announcing the first doses before everyone else, as if the race to the moon was being re-run; and so forth. Be all that as it may, a hastily developed vaccine will no doubt turn out to be counterproductive (as volcanologists have shown us); the risk of counter-productivity is real, and it is not reasonable to “manufacture” a safe and effective vaccine in accordance with

known scientific data in the field, if one does so without respecting well-established and incompressible developmental phases. Already, reactivated by doubts about the safety of vaccines, the “anti-vax” movement is spreading and “antivaxers” have been disrupting the implementation of vaccine strategies in the United States and elsewhere.

WHO must play its part today, and will always have to do so as coordinator when the international community is threatened by epidemics and, in inter-epidemic pauses, it will have to keep its biological surveillance networks functioning. The Covid-19 pandemic will indeed have confirmed that political interests will take precedence over the concern for public and veterinary health, and then shift towards interests that in many cases are merely electoral; it is only afterwards that the political authorities pay attention to the scientists, who possibly already have worked out—perhaps a long time beforehand—and put at the political authorities’ disposal the solutions for which they have been searching.

A good example of this is the remarkable discovery of the vaccine for the Ebola virus, which politicians proudly announced in 2020.⁹ The penultimate Ebola outbreak began in 2018 in Ituri province, DRC (at the time in armed conflict). A vaccine had been urgently needed for 44 years.

Several vaccines, which their inventors were desperately trying to develop (no governmental funding was available, as the disease was not yet a priority) had been kept in refrigerators for 15 years!¹⁰ At the time, neither governments nor the pharmaceutical industry were interested in developing a vaccine, given the uncertain market for it in countries with relatively undeveloped economies and small populations, most of them situated in Central Africa. That was before the spectacular spread of the Ebola virus through West Africa (2014) and its subsequent global expansion, to Texas and then on elsewhere. Then in 2018, the Ebola virus emerged again in Africa: governments and the WHO were worried; the vaccine was at last almost ready for use; there had already been more than 200 deaths; DRC and Uganda were now at risk. Authorities were anxious to avoid a repetition of the 2014 scenario, when more than 11,000 deaths had been recorded in 10 countries on 3 continents. It took this *twenty-first* emergence of the Ebola virus in West Africa, after 37 years—during which there had been full knowledge of the epidemic risk, and of the risk of a pandemic, which had been proven—for the pharmaceutical industry to be fully funded with taxpayers’ money and agree to produce a vaccine — that was eventually left in the freezers. Today, we find the same dynamic of profit-seeking, but

⁹ “Ebola is officially over in North Kivu and Ituri what can we learn for Covid-19?”
<https://www.gavi.org/vaccineswork/ebola-officially-over-north-kivu-and-ituri-what-can-welearn-covid-19>

¹⁰ Steven JONES, Heinz FELDMANN, Ute STRÖHER *et al.*: “Live attenuated recombinant vaccine protects nonhuman primates against Ebola and Marburg viruses”. *Nat Med.* 2005;11(7):786790. doi:10.1038/nm1258

effective therapies are being invented again, and made available to international agencies in response to the epidemic and the risk of a pandemic.

This Covid-19 pandemic will have – once again—demonstrated that links between human, animal and environmental health have to be taken into account if effective and sustainable solutions are to be found and applied effectively. Furthermore, it is essential also to recognise the interdependence not only of life-sciences (biodiversity), human sciences and social sciences, but also of the socio-political and economic sectors directly linked to health. The Covid-19 pandemic is a zoonosis of a bat virus; chiropteran populations are a natural reservoir of the virus, which is possibly also transmitted to the pangolin (or another intermediate host: this has still to be elucidated), acting as a virus amplifier that promotes a pathogenesis-related mutation, which is then transmitted to humans. After this last leap from one species to another, the virus moves on to a human-to-human transmission, a passage mainly linked to cultural habits (this explains the emergence of the epidemic) and then to the lack of preparation by governments— the porous borders and inadequate health systems that have led to the current pandemic. The worldwide extension of the pandemic, from continent to continent, has mainly been linked to trade, to human mobility and to the economy. Lastly, the total failure of the response to the pandemic is due to the politicians who, with their unprepared healthcare systems, are now caught between saving the sick and saving the economy.

It is now perfectly clear that we should have anticipated this complex phenomenon—the pandemic—from the emergence of the disease to its spread in the context of One (single overall) Health, with its multiple intersectoral implications that still have to be understood. This would have enabled us to avoid the ordeal we are going through now: the uninterrupted transmission of the virus from a single index case to millions of infections! The notion that “it takes only one to infect us all” is rarely taken up by politicians and the media, who remain stuck in their repetitive re-analysis of a situation that is constantly being modified: one case leading to an epidemic chain, a multiplication of cases, multiple epidemic chains, and so on ad infinitum. In view of this everlasting development of the epidemic we will have to reinforce our recommendations and make them in good time to avoid yet another swarm-effect.

All of this has convinced us that the trans-disciplinary approach that we have been practicing for decades in public health is valid, making us all the more aware of its intersectoral interactions, in which life-sciences and human sciences join political sciences to solve a health problem. Much of our work shows this, and proposes cross-sectoral solutions of the sort I have described.

M. S.: *Could you explain a bit more about this “One Health” approach, which has resulted in a tripartite agreement between the WHO, the World Organization for Animal Health and the Food and Agriculture Organization of the United Nations?*

J.-P. G.: First we have to go back to the emergence of the concept of “One Health.” Our American fellow-veterinarians articulated the groundbreaking principle of “One Health” on September 29, 2004, when the Wildlife Conservation Society convened a group of animal and human health experts for an inaugural human-health and veterinary-health symposium at Rockefeller University in New York.¹¹ By the end of the last century, 77% of the emergent diseases recorded had been clearly identified as being of animal origin, i.e., of the zoonotic type. In this field, all of us were involved in research into the concept of emergent diseases, a concept that had taken more than ten years to cross the Atlantic (I created the first French unit for research into “Emergent Viral Diseases” at IRD in 2000). The assertion of “a single, unique health” (in French: “une santé; Une Santé Unique; Un monde, Une santé”) was unprecedented, and the French term has still not been formally accepted, at least in France. It rapidly became self-evident on the other side of the Atlantic and in Australia, but has only emerged timidly in the Old World. Despite the multiple pleas addressed by me to French national organizations (the Senate, the House of Assembly) the concept is still barely granted recognition, and is not being promoted nearly enough. In the recent history of the One Health concept, there has mainly been mention—very reductive—of public and veterinary health, i.e. zoonoses. The actual break was made by the WHO and the OIE (World Organization for Animal Health), when they formulated a slogan at the beginning of the millennium. An international line of communication was established, centered on understanding health systems. This was to lead *de facto* to prevention, and to a better-formulated and better-demonstrated cost-benefit approach to public health. Today, we teach our students to envision a coalition that has now become tripartite OIE-WHO-FAO. This sets an example for many countries: a single overall health economy proposed by means of the concept of One Health.¹²

Environmental health was soon to take its place in this trans-disciplinary approach to health problems, with the inclusion of the anthropogenic environment (urbanization, extractive industries, natural reserves, etc.) and the natural environment (climate change, extreme kinematic events, natural disasters, etc.). As the WHO, the OIE and the FAO see it, this economy—in the true sense of the term—was to be applied as a priority to low- and

¹¹ “One World, One Health: Building Interdisciplinary Bridges to Health in a Globalized World”; http://www.oneworldonehealth.org/sept2004/owoh_sept04.html

¹² https://www.oie.int/fileadmin/Home/eng/Current_Scientific_Issues/docs/pdf/FINAL_CONCEPT_NOTE_Hanoi.pdf

middle-income countries (LMIC). Very soon several countries in the global “South” embraced the integrated concept in their national health policies, with apposite funding from and participation of international agencies.¹³

It is inconceivable to prepare a response to an epidemic without providing for the necessary funding well in advance of the expected disaster. Reserves have to be set aside, in “health emergency” envelopes in national and international budgets. As mentioned above, the devastating epidemic of Ebolavirus in West Africa (2014-2016) had led the World Bank to set aside funds for emergency allocation to the affected sites—and not the capital cities—of the countries concerned—a completely novel initiative and new strategy of the Secretary General at the time, Mr. Jim Yong Kim. I met him at the time in Washington to debate on opportunities to counter the epidemic in LMICs. Invited to UNICEF, I was to make a presentation on: “Ebola Fever, what we have learned—and what we have forgotten.”¹⁴

The term *One Health* has been chosen and—after its adoption by the international scientific community—taken up by other national and international agencies, such as the WHO, in its slogan “One World, One Health,” and the International Organization of Epizootics (OIE) which adopted “One Health”, and also by many developing countries, which undertook to apply it (e.g. the One Health Global Network)¹⁵, and to integrate the concept into their health systems (e.g. in Thailand¹⁶ and in Uganda).¹⁷

Since the turn of the century, the WHO, the World Organization for Animal Health (in French OIE: *Organization Internationale des Epizooties*), and the Food and Agriculture Organization of the United Nations (FAO) have often met to find common ground in the fight for better health.¹⁸ Indeed, the issues of zoonoses, malnutrition, migration (involving the UNHCR), cross-border trade, and latterly, the inexorable rise of bacterial resistance to antibiotics, have developed a common language and now work together to confront

¹³ OIE One Health “at a glance”. <https://www.oie.int/en/for-the-media/onehealth/OMS>
<https://www.who.int/news-room/q-a-detail/one-health>
ECDC Towards One Health preparedness.

CDC USA <https://www.cdc.gov/onehealth/index.html>

¹⁴ World Science Forum, Budapest:

<http://www.sciforum.hu/programme/speakers-andabstracts/gonzalez-jean-paul.html>

¹⁵ OHGN <http://www.onehealthglobal.net/introduction/>

¹⁶ Angkana SOMMANUSTWEECHAI, Sapon IAMSIRITHAWORN, Walaiporn PATCHARANARUMOL, Wantanee KALPRAVIDH, Viroj TANGCHAROENSATHIEN: Adoption of One Health in Thailand's National strategic plan for emerging infectious diseases. *J Public Health Policy*. 38(1):121-136. doi:10.1057/s41271-016-0053-9

¹⁷ *Uganda One Health Strategic Plan 2018-2022* – Ministry of Health Government of Uganda : <https://www.health.go.ug/cause/uganda-one-health-strategic-plan-2018-2022/>

¹⁸ https://apps.who.int/iris/bitstream/handle/10665/68883/WHO_CDS_CPE_ZFK_2004.7.pdf?jsessionid=2537D1357BD05E183CB55975AB6DBC78?sequence=1

pandemics that are on the rise. For example, WHO, FAO and OIE agreed in 2003 to share the same discourse in the fight against antibiotic resistance, and to produce guides and recommendations for the members of the United Nations:¹⁹

To address the growing threat of antibiotic resistance, we need a holistic, multi-sectoral (One Health) approach. Antimicrobials are used to treat a variety of infectious diseases in animals, often similar to those affecting humans. Resistant bacteria that develop in humans, animals and/or the environment can spread from one to another and from one country to another.

This type of action and commitment has shown that there is already quite enough to be done in all health sectors. To put it very briefly, we should show the full scope of the One Health approach in the fight against antibiotic resistance, and recommend it to the pharmaceutical industry—in order to have the necessary Research and Development financed by national and international agencies—so as to start research on high-performance, third-generation molecules. Marketing approval (by Drug Agencies, the FDA) should be granted only for those classes of antibiotics that have been proven to be effective and free from the risk of antibiotic resistance. The market for this sort of product has actually been shrinking; new antibiotics on the market are few and far between; mostly they have merely been derived from existing products. It is up to researchers to study—but above all to predict—potential for the acquisition of mutations in resistance to antibiotics by pathogens that are already known or are emergent. To medical practitioners, veterinarians and stock-breeders, an ad hoc use of antibiotics is strongly recommended, rather than a regular use. It is also recommended to strengthen international surveillance on markets for “fake” antibiotics—extremely dynamic in LMIC whose populations are particularly vulnerable (because of limited incomes, widespread self-medication, accumulation of pathologies, co-morbidities, porous borders, and the development of a cross-border trading system). Yes, the concept of One Health is definitively a one-way path that should be taken by all health-related sectors. Work on this is fortunately well under way.

In this same One-Health framework, emerging diseases, climate change (well-studied by scientists, e.g. the southward extension of the Sahelian zone, it is totally neglected by politicians), zoonotic risk, biological checking at borders (increasingly important with the development of mobility and trade), antibiotic resistance, etc. All of these major health issues are recognized by the international scientific community as complex. We must assert that only a “One Health” approach will provide solutions that are more effective and less costly than the traditional monodisciplinary approaches

¹⁹ https://apps.who.int/iris/bitstream/handle/10665/204470/9789241549530_eng.pdf?sequence=1

involving specialist solutions that each branch has siloed in its own “reserve” or domain.

The Covid-9 has been an eye-opener. Thanks to public pressure and to the responses of decision-makers to epidemics that have economic and political consequences that have never been known before: workers who are ill stop producing, the economy slows down, factories wait for politicians to do something about it, dismayed politicians search for solutions, and eventually turn to scientists. Then the workers recover, the economy starts up again, but with a big deficit, and not fast enough, according to the unprepared politicians who had delayed the reaction. Because of all the waiting and all the unpreparedness, losses are usually higher than expected. This is a very brief version of what there is in one of the “files” in the “filing cabinet” of marked “One Health”. Measles, AIDS, poliomyelitis, seasonal flu: all of these are pandemics that are still going on today. We can still not get rid of bubonic plague yet (2,000 cases per year); anthrax spores live on, buried in the ground; we are currently in our seventh pandemic of cholera. These are only some examples. Biological risk is constant, and everyone is vulnerable; we cannot let up on anticipating developments. Solutions do exist (prevention strategies, vaccines, hygiene, bio-surveillance, etc.), but not the political will to apply them—and above all willingness to come up with the necessary finance. Last but not least, the measures needed—for the translational sciences they are fundamental—have also got to be accepted by the populations concerned. In brief, to put it simply, what we need is political will plus better education.

The Ebola virus disease is exemplary in this respect, and I will come back to it presently. As a researcher at the French Institute of Research for Development (IRD) with my team, in partnership with the international network of the Institut Pasteur (RIIP) and our colleague from the CDC and USA Army Medical Research Institute of Infectious Diseases (USAMRIID), were the first to start long-term studies on the Ebola virus, and ever since 1979 have kept up research without a break. This means that for more than 25 years, thanks to the IRD and RIIP, we have been doing research on the virus on the terrain of the Ebolavirus epidemic zone. Outside IRD, continuing my work on Ebolavirus Disease, I have been involved in responding to the emergence of the Ebola virus in West Africa (2014–2016)—in Sierra Leone, where I worked at the very beginning of the epidemic there.²⁰

²⁰ Nadia WAUQUIER, James BANGURA, Lina MOSES, *et al.* “Understanding the emergence of Ebola virus disease in Sierra Leone: stalking the virus in the threatening wake of emergence”. *PLoS Curr.*

2015;7:ecurrents.outbreaks.9a6530ab7bb9096b34143230ab01cdef. Published 2015 Apr 20.

This patient, persistent work has obtained remarkable and indeed unique results, among them a demonstration of the cryptic circulation—without proven epidemics—of the Ebola virus(es) in the populations of Central and West Africa, with a negative prevalence gradient between tropical rainforest and wooded savannah, i.e. of exposure to the viral antigen, and the acquisition of natural immunity²¹ (the same approach we are developing today for the SARS-2-Cov in Africa). At the time, the extraordinary discovery by our team of the Ebola virus reservoir²²—the frugivorous chiropterans of Central Africa—made a definitive contribution to the understanding of the eco-epidemiology of the Ebola virus in nature.²³ Other discoveries have dotted the work of our team on the subject, as well as our work on the immune response to Ebolavirus infection, which apparently proved to be more damaging than protective to the infected person. It was described as a “cytokine storm” in the course of immune response to the Ebola virus—and it rapidly becomes fatal, and has to be countered.

All in all, we learned a lot, and in particular that preparing for a new SARS and predicting the re-emergence of the Ebola virus do not require the same strategies, though both do require trans-disciplinary understanding, cross-sectoral solutions, and funding that has been pre-identified and—above all—that has not been improvised in the throes of an emergency. Significant funding has just been set up by the NIH for research on early detection of the next emerging—but as yet unknown—coronavirus!²⁴

M. S.: *The hypothesis of a single shared health, human, animal, and environmental, has immediate impacts on the economic relations of extraction and production. Looked at from this point of view, One-Health appears to be a basically political matter, not only at the national level, but above all in the encompassing world, where it no doubt entails a multitude of decisions that have to be shared in all fields, far and near, that affect the preservation of the environment and of living things in general.*

J.-P. G.: “One Health” is a concept—but here we are no longer in the realm of abstract theory; we are implementing the concept, processing

Eugene D. JOHNSON, Jean-Paul GONZALEZ, Alain Jean GEORGES: “Filovirus activity among selected ethnic groups inhabiting the tropical forest of equatorial Africa”. *Trans R Soc Trop Med Hyg.* 1993;87(5):536-538. doi:10.1016/0035-9203(93)90077-4

doi:10.1371/currents.outbreaks.9a6530ab7bb9096b34143230ab01cdef

²¹ Jean-Paul GONZALEZ, Nadia WAUQUIER, Tom VINCENT, 2018, *op.cit.*

Eugene D. JOHNSON, Jean-Paul GONZALEZ, Alain Jean GEORGES, 1993, *op. cit.*

²² Eric M. LEROY, Brice KUMULUNGUI, Xavier POURRUT, *et al.* “Fruit bats as reservoirs of Ebola virus”. *Nature.* 2005;438(7068):575-576. doi:10.1038/438575a

²³ Jean-Paul GONZALEZ, Marc SOURIS, Willie VALDIVIA-GRANDA, “Global Spread of Hemorrhagic Fever Viruses: Predicting Pandemics”. *Methods Mol Biol.* 2018; 1604:3-31. doi:10.1007/978-1-4939-6981-4_1

²⁴ Page 15, Part I: https://micro.med.upenn.edu/wp-content/uploads/2020/03/BAA-18-100SOL-00003_Amendment14_20200309.pdf

observational data and the results of the analysis of the data. When the majority of emerging diseases are known to be of zoonotic origin, the tools and strategies for their control and management require scientific knowledge that is both medical and veterinary; when agrarian practices and unplanned urbanization expose people to the emergence and spread of Dengue fever or Japanese encephalitis, it is above all the human and social sciences that are called upon to solve these health problems. There are many examples in which what are needed are transdisciplinary approaches to public health issues, underpinned by the medical sciences, the humanities and the social, environmental and information sciences. This is how I structure one of my courses at the Georgetown University School of Medicine on “Global Health Policy,” in which policies of science play an important role.

It is certain that the concept of a single health, human, animal and environmental, also concerns the relations of extractive and general economic production, and polluting agents of all kinds (chemical, biological, physical) and in all media (water, soil, food, oceans, air), and the risk to health (intoxications, cancers, respiratory diseases, etc.) that is involved. In the extractive industries, immense progress has been made. But it is only since the beginning of this century that the health risk has been taken into account, not only for workers but also for the exposed populations: both a criminal and social responsibility; international legislation, biomonitoring, and so forth have also been studied. Examples of all of this are numerous, but they are scattered; there are no international regulations, e.g. on the extraction of gold and mercury in Guyana; on offshore oil platforms; on industrial pollution and its effects on fishing, fish farming, etc. In all these cases, health impacts are often taken into account using the indispensable multi-disciplinary method, but this is usually done only “locally.”

Here again, a transdisciplinary approach to all these issues is essential if one is to understand, explain and propose solutions to decision-makers and, once again, to do so in synergy with data provided by sciences. Knowledge of politics and diplomacy are needed to communicate with authorities, to convince them and to obtain the necessary funding for the fight. There is a continuum of research from the lab bench to the patient's bedside, in synergy with ethics committees and sources of funding, and with policies to support and validate all of this. Today, health research is always linked to an aim: if we try to understand a pathology, it is in order to treat it and then to share with other people the knowledge we have gained. We talk about translational research; here we have the same intellectual approach: what is the problem, how to understand it, how to come up with solutions? Even though I work in the USA, I stay very much in line with Pasteur's thinking, on “science as the heritage of humanity,” and I teach this in my courses on global health policies in Washington, DC.

We are putting this into practice in our public-health projects; we are mobilizing all relevant sectors. Examples of multi-sector partnerships are increasingly numerous; they are liked by stakeholders, by users and by donors. For example, in response to border biohazards, my colleague John Markey and I have been able, here in the US and also in several African countries, to get the ministries in charge of human and animal health as well as border security to work on-site, to ensure effective biomonitoring and responses to the risks. These are always complex exercises (involving interstate borders, seaport and air borders); but significant progress has nonetheless been made in recent years and success has led to the emergence of new sources of funding.²⁵ For example, one of the aims of the massive Global Security Agenda (GSA) program is to establish in countries that are partners of the U.S. a new government agency to manage and implement surveillance and biosecurity systems by integrating field investigation and multi-sectoral emergency response capacity into a single national program.²⁶ With this in view, international agencies like the FAO, IAEA, INTERPOL, OIE, and WHO are now joining forces, and their applications are currently engaged in countries such as New Zealand²⁷ and Kenya.²⁸ Covid-19, because it incessantly crosses borders, has already been reactivating this multidisciplinary approach.²⁹

M. S.: *The current forms of capitalism—financialized, algorithmized—make it difficult to imagine even the beginnings of the application of decisions like that. Profit remains a hegemonic rule, and the post-confinement period has shown that, on the contrary, forms of regression have emerged in favor of catching up lost growth, entailing greater permissiveness in matters of environmental and ecological harmfulness. How do you see this permanent—and discouraging—contradiction between ideological advances based on scientific research, and indurate realities that clash with them head-on? Could One-Health be just an “empty shell”, as Coralie Martin 30 points out?*

J.-P. G.: Yes, admittedly, profit has so far always been the rule. But it is now being put under pressure, thanks to the influence, and the sometimes-

²⁵ <https://www.gao.gov/products/GAO-10-645>

<https://blogs.cdc.gov/publichealthmatters/2011/07/borders-budgets-disease/>

²⁶ https://www.cdc.gov/globalhealth/security/actionpackages/biosafety_and_biosecurity.htm

<https://www.kff.org/report-section/key-implementers-of-u-s-global-health-efforts-issue-brief/>

<https://oia.osu.edu/units/global-one-health-initiative/>

²⁷ <https://www.b3nz.org.nz/>

²⁸ Rebekah KADING, Edward O. ABWORO, Gabriel L. HAMER. “Rift Valley Fever Virus, Japanese Encephalitis Virus, and African Swine Fever Virus: Three Transboundary, VectorBorne, Veterinary Biothreats With Diverse Surveillance, and Response Capacity Needs”. *Front Vet Sci*. 2019;6:458. Published 2019 Dec 13. doi:10.3389/fvets.2019.00458 ²⁹ <https://www.bcg.com/en-us/publications/2020/border-biosecurity-to-restart-economies> 30 *Le Monde* 26/8/2020.

rebellious will of the most destitute and exploited populations. Immediate profit is becoming more “nuanced”; it is still in search of rapid results, of course, but in the longer term it is also being constrained; today it is less tainted by political power and more favourable to sustainable Public Health. Yes, the Covid-19 pandemic has admittedly introduced forms of regression. But progress is now seen implicitly as being necessarily for all people, and not just some of them; this is improving health-care in the broadest sense, heeding the voice of scientists and taking into account their results; all of this is part of the current search for urgent solutions. This is a completely new aspect, and let's hope it lasts! Today in addressing politicians, we, scientists from all paths of life, unabashedly assert that there is only One Health. This is shown in many national initiatives in Africa²⁹, as well in Asia³⁰ and it is supported by funding from international agencies.³¹

One Health, a single, unique health is certainly by no means an “empty shell”; it is more like an oyster spat clinging to a world at risk, a world that has exhausted all its short-term life-saving resources. The spat is growing, and each success shows it how to go further. When Coralie Martin from *Le Monde* saw One Health as an “empty shell”, she probably didn't have access to the latest information, over the past ten years; in the field there is a lot of it. The concept has a long history, many applications, plenty of positive results, dedicated communication organs, etc. We have an “ocean of shells”, with globally a few hundred million people committed to a concept that has become a tool for work and for reflection.³²

In France I succeeded, after ten years of struggle, in getting our elected representatives at the highest level to listen to us and take in the concept of Emerging Diseases. Yet today I still don't seem to be able to get the concept of “One Health” across to them. Here in the United States, in 2014, I played an active part in advocating to the Governor of the State of Kansas the Kansas One Health Bill, which was tabled and voted by the Kansas State Congress on Capitol Hill.³³

²⁹ Innocent B. RWEGO, Olutayo Olajide BABALABI, Protus MUSOTSI, *et al.* “One Health capacity building in sub-Saharan Africa”. *Infect Ecol Epidemiol.* 2016;6:34032. Published Nov 29. doi:10.3402/iee.v6.34032

Noelina NANTIMA, John ILUKOR, Winyi KABOYO, *et al.* “The importance of a One Health approach for prioritising zoonotic diseases to focus on capacity-building efforts in Uganda”. *Rev Sci Tech.* 2019;38(1):315-325. doi:10.20506/rst.38.1.2963

³⁰ <https://www.seaohun.org/>

<http://www.fao.org/asiapacific/perspectives/one-health/en/>

³¹ <https://blogs.worldbank.org/europeandcentralasia/one-region-one-health-preparing-centralasia-future-pandemics> ³⁴ <https://onehealthinitiative.com>

³² <https://onehealthinitiative.com>

³³ <https://www.congress.gov/bill/116th-congress/house-bill/3771/>

M. S.: *Can we move on to the different types of political management of the pandemic? They are so diverse that it is impossible to use a single analytical grid. For example, who would ever have thought that political authoritarianism would prove to be an asset for countries facing scourges like the current one? Algeria is an example, well analysed in his book by Mohamed Mebtoul. It shows just the opposite: that authoritarian management generates contradictory orders that are not, and cannot be carried out. The more grotesque dictatorships have simply denied that there is any epidemic at all in their countries—at the same time as closing their borders, as in Turkmenistan and North Korea (North Korea only very recently admitted that there was a case on the national territory).*

J.-P. G.: These differences in the response to the pandemic are underpinned entirely by health policies, general policies, national incomes, different cultures, organisations of the economy—in fact by everything that would respond to a One-Health approach, necessary and not proven. As mentioned above, Marc Souris and I have looked at these strategies in relation to countries and cultures.³⁴ The policy choice in the early days of the pandemic was either to save the voters/participants or to save the economy. Economics prevailed in some cases, but popular anger did influence decisions—though not always. In other cases, no doubt more democratic, health was given preference; the emphasis was placed on the health system and on accompanying it as best one could in both the hospitals and the city

M. S.: *China has been criticized a lot for initially hiding the virus and punishing the whistle blower doctors. The doctors were later rehabilitated—as martyrs of the nation, as Wenjing Guo and I explain. You have repeatedly spoken out publicly in support of the public health policy of the Chinese government, which has also, in your view, shared its data on the virus without delay. Can you explain this position or yours a little more? It goes against the virulent criticism of China that is still prevalent.*

J.-P. G.: On Covid-19 and the SARS-2 linked to it, 30% of the 55,856 scientific publications reviewed by international committees—as recorded in the PubMed bibliographic database—were produced by Chinese teams. As early as February 2020, the Chinese team in Wuhan (where Covid-19 originated) published and shared the first sequencing of this new virus,³⁵ immediately enabling the international scientific community to develop specific diagnostic tests (i.e. RT-PCR). As for “human rights” in China: have we often seen national martyrs of this sort rehabilitated by European or

³⁴ <https://www.vet.k-state.edu/OneHealth/Vol12-Iss2/strategies.html> 37 *Le Parisien*, 1^{er} février 2020, et *La Liberté*, Fribourg, le 29 février 2020.

³⁵ Peng ZHOU, Xing-Lou YANG, Xian-Guang WANG, *et al.* “A pneumonia outbreak associated with a new coronavirus of probable bat origin”. *Nature*. 2020;579(7798):270-273. doi:10.1038/s41586-020-2012-7

North American authorities? Edward Snowden and Julian Assange, for example, denounced State crimes, and took refuge in Russia and the United Kingdom, where they face extradition, as criminals—to the criminal State that is accusing them.

M. S.: *In democracies a whole series of movements have flourished which, in the name of individual freedom, obstruct health policies and constitute a real threat to public health.*

J.-P. G.: Yes, that is certainly the case; we are confronted with two tendencies: a characterological opposition (to State, to power, to everything new), and the theory of the “great conspiracy,” which is cultural. Every day, I have to explain to my colleagues and students that masking, quarantine and distancing have been known for centuries, and that their effectiveness in preventing infection and the risk of epidemics has been amply recognized. In viral diseases, treatments are few and far between, but serotherapy is almost always successful—though it is not particularly profitable for the pharmaceutical industry. As for the vaccine, it is not reasonable as yet to expect that we can obtain a safe and effective vaccine in less than two years; vaccines have to be developed, and then marketed and distributed; and vaccination campaigns have got to be organized, if the vaccine is to benefit all people. It is easy to criticise a government that is facing an unprecedented health situation—and also the tricky task of excusing its own lack of preparation—when its priorities are based on profit.

M. S.: *The difficulty of coordinating the action of governments that are eager to assert their independence! Even in Europe, let alone in the global world, they find it very difficult to coordinate their policies. Doesn't this weaken your presumption that policies will be better coordinated when the next pandemic arrives?*

J.-P. G. The problem of a common preparation remains to be solved, and it is becoming more and more difficult to devise a solution—in Europe, China, India, and the USA. Canada, which closed its border with the USA at Niagara during the Covid-19 pandemic, in synergy with the Mexicans in the South, on the right bank of the Rio Grande: “*Por favor, Sr. Trump, mantenga su wall cerrada.*” Grotesque! But the Western Hemisphere lacked masks, and the Eastern Hemisphere did not lack the manpower to make them: an agreement was reached, over and above the trade war that had been cooked up to please a specific electorate and nationalist supporters.

M. S.: *The intense competition that reigns in the current manufacture of vaccines for Covid-19 will no doubt make things worse for the poorest populations. They will be left with only divine justice and the miracle cures*

touted by their governments, e.g. mare's milk in Kazakhstan and Kyrgyzstan. Don't you see the future as dark?

J.-P. G.: Thanks to the financial manna provided by the wealthy States to develop vaccines, a lot of jobs have been created, small and medium enterprises re-boostered, and fortunes made in the pharmaceutical industry. Beyond the importance of a vaccine to the public, these decisions by wealthy states were primarily intended to serve their own politics: Putin's announcement of the first vaccine that was "ready" at a time when his popularity was declining; Trump's outraged announcement of a vaccine that would be ready "by the end of Summer". The pharmaceutical industry responded to the funding, but altered the dates for market release, well aware of the dangers of a vaccine that had not been properly developed. It takes at least two years to develop a safe vaccine, and another year to produce and distribute it in adequate quantities. Sanofi was very reluctant at first because their SARS-1 vaccine was ready only when the epidemic ended; they waited for financial proposals from governments before committing to anything further. Vaccines against the West Nile (in particular) and the Zika viruses have cost States fortunes, and are very little used. Vaccines are another great adventure of Humanity in which profit and public health are balanced against each other. The development of the Ebola vaccine was funded only because the threat of a pandemic was looming on the horizon: the Ebola virus had emerged in West Africa and in some cases had been transmitted to Europe and North America. The development of the vaccine for the Argentine haemorrhagic fever was never funded by the international agencies, because the population affected was limited to northern Argentina, and thus of no obvious economic interest to funding agencies.

M. S.: *In the cases of AIDS and Covid-19, comparison of the participation of the population in prevention and care brings out an enormous difference. Specific groups particularly affected by AIDS contributed in a major way to all the phases of the health process. With Covid-19, on the other hand, there has been a return to medical power ensconced in its own cognitive sphere and, from that position, providing advice to politicians. The latter then simply follow their own judgement, confronting with each step the categories of people whom they see as particularly vulnerable, and therefore target. Can't we today, in the context of this pandemic, imagine a different scenario – one that could be more effective?*

J.-P. G.: Certainly, what we need is a permanent scientific council that could be convened in emergencies. It should be based on a multidisciplinary system in which the results of the biological sciences would be analyzed in conjunction with the medical and social sciences and the humanities. The primary interlocutor of the council should represent both civil society (feasibility) and political power (support). A transdisciplinary approach

would be needed to put forward solutions to the political and technical decision-makers. In the case of Covid-19, this would apparently have been simple: there is no natural reservoir of the virus, human-to-human transmission is practically the only one that has been ascertained; this means that a pluri-disciplinary approach could be limited to medical and human sciences and still be in line with the concept of One Health. Admittedly, the role of household pets, the possible seasonality, transmission by aerosol or Flüge droplets, etc. would still need to be fully understood and proven. One Health remains the strategic tool for providing answers and solutions. What it is important to know, and also to finally learn from this pandemic, is first and foremost to understand that the knowledge we need has been and still is within our reach. We now know how to respond to epidemics, and we know what we need in order to do so, but we will only be able to implement this if we have been properly prepared, and if funding sources are available. The only real question is that of implementing these means—but that is in the reign of economics and politics.

EFFECTS OF THE PANDEMIC IN COMPANIES

Interview

Véronique HÉRAND
Monique SELIM

Monique SELIM: *You work in a large insurance company, and almost 20 years ago you explained to Gérard Althabe—he was to die a few years later—and to me the changes that were taking place in work relationships. You described the way in which employees' organisations, after the Auroux laws promulgated in 1982, which broadened workers' rights at the beginning of Mitterrand's presidency, had come under constant pressure to improve productivity and profitability, as shareholders demanded. Since the period of firmly hierarchical rule, during which you were promoted to the position of an executive, linkages between authority, subordination and employees' responsibilities have been revised, in accordance with current management methods. Could you review the constant transformation that your work-environment was undergoing before the arrival of the pandemic, as you saw it from the various positions you have held in the course of your career?*

Véronique HÉRAND: In 2005, I became a trainer in the insurance company I work for, and I have held this position for 15 years now. It is a position that has the advantage of being relatively detached from an expectation that is usually implicit in contract-management positions. It is usually expected to be profitable in terms of the cost and the time spent on a file: the number of files one manages, the number of clients one gains, the subscriptions one earns, and so on. Over the past 5 years, more and more computer applications have been developed to enable a client himself to do what company employees used to do for him: issuing insurance certificates,

supervising the subscription of contracts, checking reimbursements, sending in documents, and so forth.

Training has not escaped from this particular trend in “modernisation.” For the past two years steering committees have been spending a lot of time thinking about digitalising training courses. In other words: about ways of training from a distance and about ways of training oneself. However, before the quarantine in March 2020, most of the training was done at the training centre, with the trainees actually present in person, physically.

M. S.: *The pandemic and confinement have completely disrupted your work. Now it takes the form of videoconferencing, and your relationships with trainees has changed a lot. Could you describe these changes, as you see them—in teaching methods, perceptions and contact with trainees?*

V. H.: Confinement has changed our work radically, and the change took place very quickly. From one day to the next we were banned from the training centre and we were forced to use distance-learning software. Most of the trainers, including me, had never done distance training; we had not been trained to use this type of tool. During our first sessions the stress was enormous.

At first, what we were worried about was first and foremost the technology, and when it actually worked we were really pleased. When it didn't work (problems with the Internet connection, and so forth) we just did our best to cope all the same. One takes a certain pride in doing things that the day before we hadn't even imagined we were capable of. From time to time, our managers told us that we were great, that we had kept the ball rolling (i.e. ensured continuity of service). But at what cost?

As time went by, we gradually realised that training delivered this particular way—at a distance but done as if it was “face-to-face”—is unsustainable in the longer term: neither trainees nor trainer can keep it up. Distance-learning experts explain that one can't actually do more than 1.5 hours of video training without a break. Well, we were doing 6 hours of training a day (3 hours in the morning, and 3 in the afternoon). So, counting my classes and my personal work, I found that I was doing about 10 hours a day revising our training modules completely and adapting them to this new mode of learning.

As regards the relations between the trainer and the trainees, or between trainees themselves in the same class, I am of two opinions. Interaction during class was badly disrupted. Speaking-slots should be distributed and managed some other way. But as we could see one another and not just hear, communication did eventually take place. So in organising our work-groups we were successful. But mainly thanks to our sense of humour...

M. S.: *In all social fields, from that of work to that of family, from neighbourliness to friendship, new usages have been established during the*

lockdown. In your company, the behaviours adopted will no doubt turn out to be assets: new modes of personnel-management and new management paradigms will be based on them. What are your hypotheses in this respect, taking into account your everyday experience?

V. H.: It's true that management—and therefore the managers—have taken for granted that we would adapt to the measures introduced during lockdown. Last year, the training department's plan called for 30% of distance learning to be effective as of March; we have been doing 100% of our training in remote mode. We are considered remarkably efficient. As to the future, under supposedly normal circumstances, no objective has been announced as yet. It will probably be strongly revised—upwards.

Furthermore, the company is now officially—and vigorously—advocating teleworking (currently 1 to 2 days a week), although many executives were not in favour of it a year ago, for reasons which to me seem legitimate: team cohesion, the importance of cooperating in groups, of simply being able to meet colleagues and spend some time together outside work, and so forth.

It must be admitted, however, that many employees take a positive view of working from home: it saves the time one spends in transport, and makes it possible to take one's children to school... For some people not having to see colleagues is a good thing, for others, not having to see one's supervisor... But some managers regularly organise video-meetings with their teams between 6 and 7 pm!

M. S.: *The changes that affect management of employees directly affect employees' psychic constructions, in particular through the ways in which they take an interest in their work: what they are in favour of in and outside work, what combinations of options and hierarchies they manage to set up. Today, with everything still shaken up by the pandemic, what trends do you see emerging, gaining strength?*

V. H.: Management, as I see it, is getting more and more perverse. Employees are now being “invited”... “to participate actively in change”, to make proposals, or to take the initiative asking their managers—whose “doors are always open”. In theory. But in practice if an employee voices a criticism, he/she is immediately stigmatised as “hostile to change”—this has often been played up—, and doubt is cast on his/her adaptability. The key concepts here are *positivity* and *meritocracy*. Last year the software for our annual evaluation was changed. It has been renamed “SuccessFactors.”

M. S.: *Self-evaluation has become the key to social submission in a whole lot of fields; we also see this in scientific research, which has now taken corporate management as its model. Self-evaluation is undoubtedly the most advanced weapon in the panoply of management systems that are based on an ever-increasing subjective involvement of the workforce in production*

processes. Self-evaluation subjectivises competition, which has to be internalised, as it is competition that makes the market work. Can you tell us how self-evaluation has been insinuated into your work?

V. H.: Every employee is expected to rate himself, his achievements and his openings for possible improvement—in terms of both efficiency and behavior. He or she should also set goals that his/her manager either accepts or revises. This is exactly the opposite of the models that have been used so far: it was the manager who set objectives for the employee and the employee then negotiated with him on this basis. For two years now, I have been lectured regularly, like a kid in kindergarten, on my “overly critical” attitude and expectations. Yet at the same time my managers have made me a “technical referee” in training matters, recognising my competence. I am in charge of organising and leading work-groups that develop the training modules with the support (or under the supervision) of “boosters” who are either members of the management team, or managers themselves—or who have been put in charge of projects that are “parachuted” on to us for a few months at a time.

In this context, e-learning is flourishing. I have used some of these programmes, and have often found them mediocre pedagogically. The companies that produce them must be making fabulous profits! The acronym ATAWAD (*any time, any where, any device*) is served up with all sorts of sauces. Thanks to new technologies, employees and trainees are supposed to be able to be trained anytime, anywhere, and with any computerised tool whatever (telephone, tablet, computer...). Promoters of these new forms of training claim that they are marvellous because they free people from all constraints. But this means that an employee no longer has any excuse if he/she doesn't self-train, as he/she can now freely choose his/her times and places.

M. S.: *By forcing teleworking on to the workforce, the pandemic has triggered off a generalised dynamic of flexibility in enterprises, in terms of both space and workstations. What now looms on the horizon is a total dispossession of the employee, depriving him of his place and his tools. For the time being, employees are finding their feet as best they can in their brand-new FlexOffices. What form is all of this taking in your field?*

V. H.: Flexibility of workstations is reflected in training arrangements. Trainers who live in the provinces and come in to the main training centre only from time to time don't get special offices any more; they share an office and workspace with trainers who come in almost every day. So far, working conditions in the pandemic have not changed this.

Teleworking would no doubt help to cut down the amount of space that companies have to rent, and this could encourage firms to relocate. Reducing the amount of space one needs cuts costs, and therefore also the cost of

labour. Moreover, the operating costs that the training branch has saved since confinement began (the money spent on trainees' hotel accommodation, meals and transport) are simply colossal. It takes four months to train an insurance agent; if there are no plans at present to re-start the 100% face-to-face courses that last for four months, it could be simply in order to perpetuate the current state of affairs. Between 1/2 and 3/4 of the courses could be run with distance-learning. The schedules that were prepared in June were planned along these lines; the school year was to start in September—but all that was before the resurgence of the virus.

As to training as a profession, I don't think that we need to worry all that much about relocating. However, some trainers are now wondering whether—if one is going to have to come in to the office only once or twice a week—it wouldn't be advisable to look at the housing situation in the provinces. On the other hand, it is also conceivable that, in the long term, there will no longer be any salaried trainers at all. The trainers needed could be self-employed (perhaps recruited from among former employees). What we are seeing is possibly an “uberisation” of the training profession.

M. S.: *What do you see as the struggle to come: possible protests and contestation in the future of your working world?*

V. H.: I'll try to answer your question with an example. Companies today have a legal obligation to offer their employees training that takes place during their working hours. Compulsory training hours were “scheduled” for me in October (on use of the distance-learning software that between March and September I'd learned off my own bat). The training times were either between 1 and 2 p.m. or 5 and 6 p.m.—i.e. either during my lunch-hour or after my whole day's work with trainees. I tried to mobilise a few colleagues whom I trust, so that we could protest together against this... To no avail. I sent an email to my direct manager 2 months ago and have still not got a reply.

I think that most of my colleagues either don't realise the impact that these new practices will eventually have, or that they simply give in to them, out of conformity or lack of interest. Perhaps they are fighting—or simply resisting—in their own ways, not making waves, and staying at home as much as possible. For the time being, this is more or less all one can do about the pandemic and its consequences. But it is also slowing us down, making us less keen, less eager to get on with our jobs. I admit that I have also adopted this strategy, at least in part, since the start in September of the school year: between March and July, I revised all my course materials, and now I only work with my online trainees from 10 a.m. to 12 and from 1.30 to 3.30 p.m.

The labour unions present in the company are focusing on safety in the company with regard to Covid. A few fliers have been handed out, on the

evening meeting times that have been imposed on employees, but there have been no calls for collective mobilisation.

M. S.: *Could we draw a brief, provisional conclusion from your remarks? Far from promising that the “day after” will be better for everyone, as some people have hoped, the health crisis is leading to a regime of increased pressure on employees. As a corollary, in France a relaxation of labour law is in the offing, supposedly to help companies recover. Elsewhere, countries like India have been more radical: some states in the Indian federation have simply done away with labour law “for the time being”. In France, the government is cultivating anxiety as to health, but at the same time it is taking risk-acceptance measures, sometimes using arguments (e.g. on the contagiousness of children) that contradict them. All of this undermines the individual and collective ability to challenge the powers that be. Would you like to comment on this rather despondent remark?*

V. H.: The pandemic has probably increased the fear of losing one's job. There is an on going spate of “communication” (official announcements, supported and strengthened by the media) on the hardships encountered by businesses, and people are now assimilating and accepting decisions—e.g. partial unemployment, downsizing, reduction of working hours, unpaid work—that would normally have seemed absolutely unthinkable to them. And certainly, all this contradictory information that is being broadcast can only serve to paralyse people even more.

In our particular facility, partial unemployment has not been introduced yet. We still have the same assignments and we are still drawing our full salaries. But company policy is not really transparent. For at least 5 years, we've known—without its being really official—that certain services, if they haven't actually been relocated, are being relieved of certain tasks by platforms set up in Mauritius, Reunion and Morocco. It is much easier to breach a contract with a service provider who has to make the necessary redundancies than to make the redundancies one self, even if the redundancies would only be in some subcontractor's workforce. My company is still hiring; admittedly, many of the new contracts are for work-study, or for limited terms of work. But all the new employees are hoping eventually to get permanent positions, and they would certainly not take part in any collective action—even if collective action were still to be envisaged. As I said earlier, new technologies will mean that time-consuming and unprofitable tasks (like issuing insurance certificates) will be shifted to the client himself. This means that there will no longer be much need for the company to employ people to deal with this sort of thing: today, the client pays for a service, tomorrow the service will not be provided and he will just have to do it himself.

Today, special arrangements have been made—supposedly to assess the social climate in the company—by means of an annual international

questionnaire. In all departments we now have “climate ambassadors”, whose job is to suggest to management improvements based on the employees' responses to the questionnaire – all of this with a view to improving a sense of well-being at work. “Work Well” days are being organised, with employees in each department being urged to “get together” with their manager and to have a good time together—in escape games, dinners, and so forth. We can measure the vast distance that separates this conception of management from the Auroux laws that aimed simply at enabling employees to voice their feelings on their work conditions. The questionnaire has now replaced the Auroux meetings, with the employees' answers serving as illusions of change—while the managers get on with their objectives and their strategies.

FACING THE COVID-19 EPIDEMIC, THE EMBLEMATIC SUPPORT OF THE ARGENTINEAN GOVERNMENT BY THE POPULATION

Pascale PHÉLINAS¹
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The epidemic of COVID-19 spread rapidly because of human interaction, and societies around the world attempted by means of regulations and restrictions to limit this. All over the world, individuals have been asked to modify their usual behaviour (e.g. to isolate themselves) and sometimes to make sacrifices for the welfare of the population as a whole. To what extent are individuals willing to accept personal costs in exchange for benefits that are primarily collective? This depends on many variables.

There is a great deal of uncertainty as to how exactly individuals will react to health advice, but it is easy to grasp that public support for the decisions taken by the authorities is essential if the decisions are to be implemented effectively. This support, in turn, depends on a multiplicity of factors—socio-demographic, institutional and economic.

The objective of this article is to explore the perceptions by the Argentinean population of the COVID-19 epidemic, to analyse the attitudes and adherence of the population to the government's health and economic policies, and to examine its compliance with the social distancing measures and barrier actions prescribed to control the epidemic.

In Argentina, the first case of COVID-19 was confirmed on 3 March 2020 in Buenos Aires. In order to avoid scenarios like those in Europe, the

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government reacted briskly to the threat of a pandemic. As of 12 March, international borders were closed. Despite a very difficult economic context, Argentina had recorded only 97 people infected and only 3 deaths,⁴ but President Alberto Fernandez nonetheless decreed a confinement (Aislamiento Social Preventivo y Obligatorio, ASPO) of the population until 31 March.⁵ During this period, all movement of the population was restricted, except for people working in essential services (health, security and the armed forces), food production and distribution, and so forth. Classes were also suspended for all pupils and students, and all artistic and recreational activities (hotels, bars, restaurants, cinemas, theatres, etc.) were closed. At about the same time, a special fund of 16 million euros was set up to provide public hospitals and laboratories with the equipment needed to treat COVID-19 patients, and to create “field hospitals” in the main cities and in the outskirts of Buenos Aires.⁶

As of 12 April, the government decided to adjust the restrictive measures to local conditions, depending on the evolution of the number of cases. As a result, in several provinces some public sector and banking activities, local shops, professional services and school activities reopened. Then, faced with popular exasperation, in June the government relaxed the restrictions for all Argentineans. The President introduced a policy of Preventive and Compulsory Social Distance (DISPO) that enabled certain businesses to reopen and authorised the population to go out in areas in which two criteria were satisfied: the local health system must be able to accommodate prospective patients, and transmission of the virus must be sufficiently slow. By September 2020, almost the entire country was operating under this semi-containment regime. However, a series of bans still applied: cultural venues and universities remained closed.

Despite its early isolation measures and the world's longest-known containment, applied in and around Buenos Aires, the disease took a heavy toll on Argentina. According to data compiled by the Johns Hopkins University in the USA, the peak of the epidemic was reached on about 20 October 2020 and, by the end of January 2021, nearly two million people had tested positive for Covid-1. In terms of the number of deaths per million inhabitants, Argentina was twenty-fifth in the ominous world ranking at that time, just behind France, and ahead of Brazil and Chile.

The health policy has provoked an economic crisis that is all the more serious as the initial situation was already grim: two consecutive years of recession, an inflation rate of more than 50%, and an external debt

⁴ In comparison, in France on the same date, more than 6,000 cases of infection had been recorded.

⁵ <https://www.boletinoficial.gob.ar/detalleAviso/primera/227042/20200>

⁶ The public health system is inadequate in Argentina. As a result, it is used mainly by people of very modest means. The better-off, covered by mutual or private insurance plans, go to private establishments.

approaching 100.4% of GDP.⁷ The recession had hit the population very hard: in the first quarter of 2020, 40.9% of Argentines were living below the poverty line, the unemployment rate was rising, and 40% of workers were working in the informal economy, dependent on their day-to-day earnings to survive.

To cushion the social and economic impacts of the pandemic, the government lost no time, setting up an extensive programme to support the economy, workers, and modest households⁸, to the tune of an estimated 5.5% of GDP.⁹ Despite these efforts, the restrictions intended to control the SARS-CoV-2 epidemic brought about a marked contraction of activity, and a resultant fall off in employment and in incomes. According to INDEC,¹⁰ in the second half of 2020, 47% of the Argentinian population had crossed the threshold into poverty, and in five provinces—in particular that of Buenos Aires—the figures were even higher.¹¹

The survey

The results of this work are based on a survey of a representative sample of 1000 individuals. The interviews were conducted between 4 and 19 July 2020. The design used is based on random sampling, stratified according to the zone (department) of residence. The 2018 directory of fixed and mobile phones was used as the sampling frame. The sample selected consisted of 14,000 telephone numbers, 60% of which were landline telephones and 40% mobile. In order to respect the random selection of respondents, when a call was directed to a landline, the person asked to answer the questions was the one whose birthday was closest.

⁷ CUPARO ORTIZ Mariano, *BAE Negocios* 14 de agosto de 2019.

⁸ The measures adopted included the payment of an exceptional bonus to pensioners and beneficiaries of family allowances, and the allocation of an emergency family income to homes without financial resources; grants to restaurants for people without resources and school [and college/university] canteens; distribution of food vouchers to almost 1.5 million households, the prolongation of unemployed persons' rights; a ceiling on the price of essential foodstuffs; a ban on cutting off or reducing electricity, gas and water services in the event of non-payment; a temporary freeze on rents and a suspension of evictions; an exemption from charges for employers in the sectors most affected by the pandemic; the granting of zero-interest loans to small and medium-sized enterprises (SMEs) and the creation of a guarantee fund; and a ban on redundancies for 60 days.

⁹ <https://www.opc.gob.ar/covid-19/impacto-financiero-del-covid-19-al-5-de-octubre-2020/>

¹⁰ INDEC, 2020: *Informes técnicos* / Vol. 4, n° 231. Mercado de trabajo. Tasas e indicadores socioeconómicos (EPH). Tercer trimestre de 2020.

https://www.indec.gob.ar/uploads/informesdeprensa/mercado_trabajo_eph_3trim20E927D146A5.pdf

¹¹ LUSTIG Nora, PABON Valentina Martinez, SANZ Federico et al, 2020: The impact of COVID-19 lockdowns and expanded social assistance on inequality, poverty and mobility in Argentina, Brazil, Colombia and Mexico. *Center for Economic Policy Research (CEPR) Covid Economics: Vetted and Real-Time Papers* (46).

Because of the confinement, the questionnaire was administered by telephone (CATI method: computer assisted telephone interview). This method of interviewing has a number of advantages (speed, confidentiality, low cost), but can generate a significant refusal rate. When the persons contacted indicated that they did not wish to participate in the survey, another time for the interview was proposed, and in case of another refusal, another telephone number from the sample was called. Out of 14,000 calls made, 4,615 people agreed to answer the questions, and 1,017 interviews were completed. The variables processed were adjusted according to the criteria of department of residence, age and gender.

Age and gender have been confirmed as determinants of perception of the pandemic as well as of compliance with barrier measures. The sample was 61% female, with an average age of about 49. Half of the individuals were over fifty.

The level of education plays an important role in both perceptions of COVID-19 and behaviour-patterns when facing it. People's health depends not only on access to care but also on accurate information about the nature of the threats they face and ways to protect themselves and their families. Misinformation and/or miscommunication can affect disproportionately the least educated subjects, who have less access to information channels, and who are therefore more likely to ignore government health warnings. In addition, a high level of education is often correlated with a job in which tasks can be performed remotely, reducing social interaction, commuting, and the resultant exposure to the risk of contamination. The level of education in our sample is high: 42% of respondents had a university education, 39% had a secondary education and only 19% of respondents had only received a primary education, complete or incomplete.

The size of the household may have an impact on the risk of contamination as well as on the costs entailed by compliance with measures that require home isolation. Transmission of coronavirus in the home is common, as the disease can easily be brought into the home by a carrier who shows no symptoms. Once the disease has been declared, contaminated members have to isolate themselves immediately and all members of the household have to wear masks when in shared spaces. These rules are more difficult to follow the larger the number of occupants in any given space. Furthermore, the quality of daily life is affected by the number of people living in the home, and observance of the rules also depends on this.

By "size of household" is meant the number of people living under one roof, including the respondent. The average size was 3.3 persons; 18% of our sample reported living alone, and 45% of respondents reported living in a household of 3 to 5 people.

Religion can contribute to shaping beliefs about the severity of the pandemic and opinions on policies adopted to deal with it. In some communities, barrier actions are respected, but in others the epidemic is seen

as an act of divine punishment, and the resultant suffering as God's will, to be obeyed unconditionally. In religious communities, obeying the state is often considered less imperative than conforming to one's beliefs, and compliance with measures to control the spread of the virus can depend on the attitude and guidance of religious authorities. Approximately 75% of our respondents reported having religious beliefs. The most important religious denomination represented in Argentina is Catholicism (62% of respondents), which is not exactly a surprise.

We have defined four monthly income brackets based on the INDEC income deciles for the third quarter of 2020. “Poor” households have a standard of living lower than that of the first two deciles (from 1 to 25,000 pesos); households in deciles 3 and 4 (from 25,000 to 39,000 pesos) are considered to have “modest” incomes; households with “average” incomes fall between the fifth and eighth deciles (from 39,000 to 90,000 pesos); households in the last two deciles correspond to incomes of more than 90,000 pesos, and are considered to be “well-off”. According to this scale, our sample contains 30.7% of impoverished households, 46.3% have modest incomes, 18.7% have average incomes, and only 4.4% are well off. Impoverished respondents were over-represented in the category of “essential workers,” employed in activities such as construction (61.8% “working poor”), hotels and restaurants (62.8%), and domestic services (58.%), where teleworking is impossible and physical distancing is impractical.

These income differences shape the epidemic-dynamics of COVID-19. They are an indicator of health inequalities between socio-economic groups, compounded with structural inequities in labour-conditions and housing. Indeed, recent research has shown that disparities in coronavirus mortality can be attributed to greater exposure at work to the virus, to greater intra-family transmission of the virus, due to cramped and overcrowded housing, to poorer health at the outset, and to poorer access to health care once the disease has been contracted.

Employment status can lead to different perceptions of the pandemic, and of the health and economic policies pursued by the government; it can also induce different types of behaviour, as all economic activities are not impacted in the same way by the containment, exposing them differently to the risk of contagion. In our sample, 44% of respondents were employed, 11% unemployed, and 45% inactive (of which 27% were retired). Among the employed, 22.5% were senior managers, 15.1% mid-level managers, 11.4% employees, 16.6% self-employed (farmers, craftsmen, etc.), and 34.4% workers.

At the time of our survey, all the provinces of Argentina were affected by the virus, though in different ways. The province most affected was Buenos Aires. Place of residence thus contributed to shaping perceptions of the

seriousness of the epidemic and of the preventative behaviour prescribed. Some 69% of respondents lived in the Pampa—the main agricultural region of the country, and that in which the capital, Buenos Aires, is situated. Almost a third of our respondents lived in a city with more than 500,000 inhabitants, and 57% in smaller (medium-sized) cities.

It can be assumed that overall support for the government's response and compliance with the rules designed to combat the pandemic is affected by the health status of individuals and by their perception of the likelihood of their being infected in the future. On the whole, the respondents in the sample were in good health, with 81.6% of them declaring “good” or “very good” health. Moreover, 69% did not suffer from any serious pathology (cardiovascular, diabetic, hepatic, respiratory, renal, hypertensive, immune-depressive, carcinogenic) that could be seen as aggravating factors in the event of contamination by SARS-CoV-2.

Social preferences and political positioning

When facing an epidemic that is spreading rapidly, it is important to understand the role that individual dispositions play in the accuracy of individuals' perceptions of the personal and societal risks involved. Correct threat assessment, trust in other people and in institutions usually underpins the motivation to protect oneself, determining one's willingness to cooperate and to adopt health-protective practices.

To measure the quality of life of a given population, two complementary approaches can be used: evaluation based on objective indicators (standard of living, occupation, etc.), and subjective measures based on people's “feelings”. The latter can be appreciated by asking people to evaluate their satisfaction with the life they are leading, on a scale ranging from 0 (“not satisfied at all”) to 10 (“completely satisfied”). Given the economic context of recession that Argentineans are facing at present, over and above the health crisis, the population would seem to be particularly satisfied with the life they are leading (80.7% are “satisfied” or “highly satisfied”); this is clearly greater than the satisfaction expressed, for example, by the French population (only 72% of whom declare that they are satisfied or highly satisfied).

Potential determinants of the subjective sense of well-being are numerous. In our sample, this feeling is strongly linked to income level and labour market status. This means no doubt that the fewer material difficulties people have to face the more satisfied they are with their lives. The unemployed are thus less satisfied than the employed. This confirms the influence of employment—as a source of income, sociability and social utility—on people's sense of fulfilment. On the other hand, gender and age have little effect on the level of satisfaction people feel.

Economists usually consider aversion to risk as a fundamental dimension of people's behaviour and as the basis of their portfolio of choices. Knowledge of these predispositions is also useful in times of epidemic, as predispositions will presumably influence the acceptance of social distancing measures and the barrier actions needed to control the spread of infection. Individuals, and therefore also risk-averse societies are more likely to be willing to sacrifice their social well-being if this can help them to control the epidemic and avoid its human and economic costs. Aversion to risks was relatively well distributed in our sample: 34.2% of respondents expressed strong aversion to risk, and 35.8% said that it was easy or very easy for them to take risks. It should be noted that risk-taking was considered very difficult by a significant proportion of the sample (19.6%), much higher, for example, than in the case of people who live in an OECD country (e.g. only 7% of French people are very risk-averse). This result gives an indirect indication of the precariousness in which certain categories of the population live. Unsurprisingly, women, the economically inactive, and the poor are all to be found in this group of people who are very reluctant to take risks.

The issue of public perception of the risk of contagion is also central to government action. The higher the apparent risk of infection, the greater the benefits of following preventative advice, and the more likely this advice is to be followed. More than half of the respondents (54.1%) considered that they were likely to be infected in the future. Paradoxically, it was people working in jobs in which the 'objective' risk of infection is low who felt most strongly that they were likely to become infected. Respondents who were male, highly educated, worked in the formal sector in senior management positions, and came from affluent or middle-income households were those who most often stated that they were very likely to be infected in the future.

Trust is a fundamental ingredient of social and economic life; it is central to interpersonal interactions and to most of the basic economic transactions. Based on consent, trust is also a key to social cooperation. It can be defined as an expectation of reliability in human behaviour. The COVID-19 pandemic raises issues of trust in interpersonal relationships and also in social behaviour; if trust is lacking, this will hamper efforts to contain the transmission of the virus by means of physical distancing. It plays a key role in accounting for behaviour patterns when people are facing the COVID-19 epidemic.

However, the impact of trust on behaviour is ambiguous. On the one hand, respecting social distancing and adopting barrier gestures can be seen in two different lights: they are not only ways to protect oneself but also duties towards others. This means that interpersonal trust should be associated with preventative behaviour of a higher order. On the other hand, however, societies that are more trusting may also be more dismissive of physical distancing, simply because coming closer together is one of the natural

responses to threats. Some studies even suggest that there is a negative relationship between trust and the mortality due to COVID-19.¹²

In the questionnaire submitted to respondents, two statements phrased in general terms such as “you can trust most people”, “you can never be too careful when dealing with other people” give a crude measure of the trust/distrust of Argentines in one another. Almost 73% of respondents chose the second formulation (distrust). The least trusting respondents were women, followed by the least educated segments of the sample, followed by the youngest, people on the far right of the political spectrum, and people from impoverished households.

In order to refine our measurement of interpersonal trust, we developed four indicators of trust by asking respondents to assign on a scale of 1 to 10 (where 1 means very low trust and 10 means very high trust) a 'value' to the trust they felt in their family, their neighbours, strangers, and people they meet for the first time. The results indicate that Argentines have a particularly high level of trust in their families (90.5%). When the question concerns neighbours and strangers, the figures remain relatively high. But when it comes to people they meet for the first time, distrust predominates (77% of respondents declare that they distrust them). Here we found the same sources of cautiousness as before. Regardless of the circle of sociability considered, distrust characterized segments that were female, and/or not well educated, and/or belonged to poor households, and/or were relatively young, and/or declared a preference for radical right-wing policies.

Another feature of the social context that could save or imperil lives in times of pandemic is the predominance of individualism and its opposite, altruism: i.e. sensitivity to other people's feelings. The more altruistic the society, the more conscientious it would tend to be in respecting barrier gestures and social distancing measures. However, that being said, if the view of society is too optimistic, this could also lead to a slackening of behaviour that would shift the burden of compliance from the individual to his/her fellow-citizens. In other words, the benefits are ambivalent: living in more altruistic or community-minded societies does not necessarily lead the individual to act responsibly. We measured respondents' perception of social cohesion by questioning them on their perception of the selfishness/altruism of their fellow-citizens. Their answers indicate that they consider in most cases that their fellow-citizens behave altruistically rather than selfishly. Women, relatively uneducated people, the elderly, the relatively affluent, and people sympathising with the extreme left were more likely than others to take an altruistic view of their fellow citizens.

¹² ELGAR, F. J., STEFANIAK, A., & WOHL, M. J.: 2020: “The trouble with trust: Time-series analysis of social capital, income inequality, and COVID-19 deaths in 84 countries.” *Social Science & Medicine*, 263, 113365.

A wide range of national and local medical, scientific and political authorities have called on their citizens to take preventative measures against Covid-19. But which authorities do Argentineans actually trust? Their trust conditions the success or failure of the policies aimed at limiting the spread of the virus. The literature suggests that in democratic countries higher levels of public trust facilitate the adoption and implementation of restrictive health measures. The COVID-19 crisis in Argentina has taken on a clearly territorial dimension, local and regional impacts being markedly heterogeneous. As a result, all levels of the territorial administration have had to make difficult trade-offs in health, economic and social terms. For our research we have generated five indicators of people's trust in the various 'levels' of territorial competence (the President, the provincial governor, the mayor, and the municipal council). The scale of trust (graded from 0 to 10) was the same as that already used.

The results indicate that 70% of Argentines trust their president. This figure drops to 45.3% in the case of the provincial authorities. It rises a little, to 50.6%, in that of the mayor. Although there is no clear point of comparison, high levels of trust in the president tend to confirm the finding that in many countries trust in political authorities has increased in the wake of the pandemic. The current Argentinean president may also be enjoying a 'state of grace' following his recent election (October 2019). Citizens' trust in their president is linked to their social characteristics, of course, but it also reflects their political preferences. Women, young people, the least-educated and the most impoverished are the groups that most often declare that they trust the president. But the individuals who trust the president most of all are the group of people who voted for him (92.1% trust him) as well as the group who give preference to the extreme left (81.8% trust him). These figures confirm the effect of partisan differences on trust in political authorities that has been detected in other studies. On the contrary, distrust of provincial and municipal authorities is found predominantly in men (55.9% do not trust them), of people with little education (58%), of young people (58.4%), and of people positioned on the extreme right (55.6%).

It can also be assumed that individuals who trust health authorities are more likely to adopt preventative measures and comply with health recommendations out of respect for their legitimacy, due to their expertise. In Argentina, trust in doctors and scientists is massive, with 94.1% and 89.2% of respondents trusting scientific and medical authorities respectively. These figures explain why fear is not the dominant emotion in the context of the current pandemic (see below). In the more distant future, this could influence consent to vaccination.

Lastly, trust in the media was low; only 44% of respondents said that they trusted the media. Yet the press, radio and television have fulfilled their function of disseminating information by constantly commenting on the

nature of the virus and on levels of contagion, and by detailing health measures. Distrust of the media in Argentina is not a recent phenomenon. It is rooted in a deep-seated belief that the media are not only corrupted by the power of both money and—first and foremost—political manoeuvring. The media are accused of both not reporting the daily suffering of the population and of not telling the “truth about the state of the world”. The rise of social networks, accompanied by the blurring of facts and opinions, probably also plays an important part.

The political positioning of individuals appears to be a crucial determinant of behaviour in the context of the COVID-19 pandemic, as well as their approval or disapproval of the health and economic policies followed (and imposed on citizens) by the government. Recent studies suggest that political opinion is the main driver of both pandemic attitudes and self-reported behaviour. Several questions were included in the questionnaire to identify the political affiliation of respondents. In the first question interviewees were asked which candidate they had voted for in the October 2019 presidential election. 43% of respondents stated that they had voted for President-Elect Alberto Fernandez,¹³ and 17% for the incumbent President, Mauricio Macri; the scores of all other candidates remained very low. In the second question, concerning an imaginary election scenario, 61.4% of respondents said that they would vote for the same candidate as before if the elections were to be held in the following month; 12.8% said that they would change their choice, and 25.8% did not reply. These electoral and voting intentions suggested that Alberto Fernandez still had broad political support at the time of the survey; this would explain, among other things, Argentines' approval of the government's public policies (see below).

Recent research shows that individuals who position themselves at ideological extremes are more suspicious than others of the state and its powers. Extreme ideological positioning should thus be associated negatively with adherence to health policy and compliance with public health measures. The range of political affiliation in Argentina on a left/right axis is relatively broad. While the vast majority of Argentines position themselves at the centre (of the left/right spectrum), almost 20% of respondents positioned themselves at the extreme right and 10% at the extreme left. This shows that there is still an extreme right wing in Argentina, even if it has become more discreet since the democratic transition of the 1980s. There is also an extreme left-wing tendency, albeit less pronounced. Perhaps these figures reflect the fact that “Peronism is a movement that... extends, paradoxically but clearly, from the extreme left to the extreme right

¹³ Voting is obligatory in Argentina, where 45% of votes cast suffice for a candidate to be elected. Alberto Fernandez obtained 48% of votes cast.

of our political spectrum, passing through the centre and all the centre-left and centre-right tendencies.”¹⁴

Perceptions of the epidemic and representations of the state

The coronavirus epidemic has profoundly disrupted the daily lives of all Argentines, but in terms of health and/or economic standing some have been more directly affected than others. In social and political life, as in the trials of daily life, perceptions and feelings often count more than facts. One has to enter into this domain to grasp the full impact of the epidemic. We have to understand this if we are to appreciate accurately the reaction of Argentines to the measures imposed by the government.

The current pandemic and the measures taken to counter it have led to a variety of psychological and emotional experiences. When asked how they felt about the epidemic, in terms of the three emotions of hope, fear and anger, respondents overwhelmingly selected hope (82% of respondents), followed by fear (45%), and lastly anger (35.4%). The optimism of respondents may surprise one in this context. It should be linked to the high levels of confidence in the President and the government's very strong reactivity in managing the health crisis. At the time of the survey, Argentines were convinced of the importance of preventive restrictions. People felt that the worst of the ordeal was behind them, and that the end of the epidemic would take time, but the end of the tunnel was in sight, and life would eventually return to normal. The future was to show that in fact the peak of the epidemic still lay far ahead (it would be reached only in October 2020).

At the time of the survey, the epidemic situation in Argentina was far from being under control: 21 of the country's 24 provinces were recording cases of COVID-19, the number of infected people exceeded 80,000 and the number of deaths was close to 2,000. As the media have provided extensive information on the potential danger of the virus, it is hardly surprising that when asked about the seriousness of the consequences of the epidemic on their health, 67.6% of respondents replied either that it was “very serious” or “rather serious.”

Even more significantly, after three and a half months of containment, the impact of the pandemic on the economy was rated as “severe” or “very severe” by 91% of respondents. These figures reflect the impact of containment on a large proportion of workers who had to stop working. According to the Ministry of Labour, the unemployment rate jumped from

¹⁴ Pierre OSTIGUY, 2005 : « Gauches péroniste et non péroniste dans le système de partis argentin » [The Peronist and non-Peronist Left in the Argentinean party system], *Revue internationale de politique comparée*, 12 (3), 299-330.

9.7% to 11.7% between the third quarter of 2019 and the third quarter of 2020.¹⁵ Almost two and a half million people fell into poverty.¹⁶

Women have had a significantly darker perception of the health and economic threat. This can be explained mainly by the fact that since the beginning of the pandemic women have experienced more difficult situations than men (loss of jobs, caring for relatives, increased mental strain, etc.). In Argentina, as in most countries, women work in the sectors most affected by the economic crisis caused by the restrictive measures. Women's employment rate in the informal sector is 36% higher than that of men, and the female unemployment rate is 10.8% higher than that of males. Women are also over-represented in the lower income deciles, and the loss of a job or reduction in hours of work can have dramatic consequences.¹⁷

The level of awareness and concern was also higher among older respondents and people in poor health, as these categories are at greater risk of serious complications from COVID-19 infection. Residents of some of the remoter areas also perceived the health effects of the pandemic as severe. This result may surprise, as remote provinces have been less affected by the epidemic than Buenos Aires. It can be explained by people's fear that good care would be lacking, and number of places inadequate in the health facilities of the regions affected.

People who see others as rather selfish are more likely to envisage serious health consequences from the pandemic. Indeed, as the spread of the virus is highly dependent on collective behaviour, the assumption that the less civilised people are, the less they will respect barrier measures leads to a high degree of pessimism as to the health effects of the pandemic.

Another result, which resonates with that of other research, is that people slightly or moderately averse to economic risk-taking show a significant propensity to consider that the economic shock of the health crisis will be relatively mild. This optimism is expressed by people in the professions (senior management) and in the highest income brackets, presumably as they are better protected than others from the effects of the economic crisis.

Lastly, individuals who have confidence in the President-Elect consider that the effects of the pandemic on the economy are not particularly serious. The plan to help businesses and low-income households, which has indeed helped to cushion the social impact of the pandemic, has been welcomed by Alberto Fernandez's voters. This result underlines the fact that trust between the government and the governed is a major issue in the perception of the

¹⁵ Ministry of Labour Report, 2020 [Rapport ministère du Travail]: https://www.indec.gob.ar/uploads/informesdeprensa/mercado_trabajo_eph_3trim20E927D146A5.pdf

¹⁶ LANGOU G., KESSLER G., POLERA C., Karczmarczyk M., 2020 : "Impacto social del COVID-19 en Argentina, Balance del primer semestre 2020", Documento de Trabajo, CIPPEC, Buenos Aires.

¹⁷ (UN, 2020:39)

consequences of the pandemic, and consequently in support for the government's health and economic policies.

Understanding people's behaviour in the face of the ongoing health crisis, and their compliance with the government's instructions, entails examining citizens' opinions of the state's action. The results of our survey indicate an overwhelming approbation of the government's action: more than 75% of interviewees are "satisfied". Moreover, 82% consider that management of the pandemic has been better than in other countries. These encouraging figures can be linked to the Argentinean government's very rapid response to the arrival of the virus in the country, and its prompt recourse to a particularly early containment.

A preventative containment, like that decreed in Argentina, could have gained less approval than a containment reacting to a deteriorating health situation. The measure might have been seen as disproportionate in the face of threat that was not yet perceptible. But if we look at the endorsement of the various components of the health policy, we see that, once again, there has been widespread support in Argentina for very stringent measures.

Over 75% of respondents approved of closing down non-essential businesses and using mobile data to monitor health and travel. More than 85% approved of police travel controls, strict lockdowns, bans on meetings of more than two people, and on the use of public transport for non-essential purposes. Approval rose to 90% or more for measures such as bans on travel to the provinces, the closing of all schools, compulsory wearing of masks, closing borders to foreigners, enforcing quarantine on entry into the country, the testing of contact cases, and the quarantining, away from their homes, of infected people. However, individuals are more likely to support measures that for them personally are less costly, such as closing borders and keeping people from entering the country. The closure of businesses that affect daily life is less popular.

The level of approval of economic support measures is high: 81.5% approve of granting zero-interest loans to companies; 83.5% approve of granting an emergency family income to self-employed workers; 91.7% approve of the state covering 50% of the salaries of workers on short-time; 94.3% approve of food aid for low-income families; 96.1% approve of granting pension supplements to the financially deprived; 90.8% approve of banning cuts in essential services (water, electricity, gas etc.).

At the time of our survey, Argentines declared that they observed social distancing measures: 84.5% of respondents had stopped making bodily contact on greeting; 90% had avoided visiting relatives and friends; 92.4% had reduced their outings; 93.9% had respected the distance of 1.5m between people when outside the home; 94.5% had avoided crowded areas. Similarly, instructions on barrier gestures were well observed: 89.9% of respondents reported washing their hands more frequently and more

thoroughly than usual; 91.3% coughed or sneezed into their elbows or into a handkerchief.

Most governments have determined, on the basis of their cost in terms of the resultant reduction in activity, the degree to which these health measures have to be implemented. In the Global South of the planet, the state of national economies at the outset has weighed heavily on the ability of states to protect their populations, and to sustain economic growth, while maintaining external financial equilibria. In Argentina, two years of recession before the pandemic, with rampant inflation, a devalued currency and a surge in the country's debt burden, have all compounded and aggravated the effects of containment. Between 2019 and 2020, the unemployment rate surged from 9.7% to 11.7%¹⁸ and nearly two and a half million people fell into poverty.¹⁹ However, the economic and social crisis caused by the pandemic has not affected to the same degree all sectors, all workers, or even all regions. As in most countries, the crisis has had a much greater impact on poor, vulnerable and/or low-income households, and on workers in particularly hard-hit economic sectors, such as construction, commerce, hotels and restaurants, and domestic work.

Of course, our survey was not designed to measure the economic and social impact of the pandemic, but a few questions enabled us nonetheless to understand the situation of respondents in July 2020 compared to that in January of the same year, i.e. before the arrival of the virus in Argentina. However, this information should be interpreted with caution, as it is impossible to distinguish, in the evolution of the indicators, between what is imputable to the pandemic and what is simply due to the downward trend of an economy already in crisis.

The responses indicate a definite (though not accurately identifiable) impact of the health crisis on various aspects of the economic situation of the Argentine population. More than a third of our respondents had seen their work situation change between January and July 2020, and almost 28% reported that they were working less than usual. Almost half of the respondents reported that their household income had declined. The impact of the health crisis has thus been measured not only in terms of jobs lost (or not created), but also in terms of working hours lost and income cut.

However, at the time of the survey, more than half of the respondents were resolutely optimistic (56.2%) as to the evolution of their future income,

¹⁸ Ministry of Labour Report, 2020: Rapport ministère du Travail, 2020: https://www.indec.gob.ar/uploads/informesdeprensa/mercado_trabajo_eph_3trim20E927D146A5.pdf
INDEC, 2020: Informes técnicos. Vol. 4, n° 231. Mercado de trabajo. Tasas e indicadores socioeconómicos (EPH). Tercer trimestre de 2020.
https://www.indec.gob.ar/uploads/informesdeprensa/mercado_trabajo_eph_3trim20E927D146A5.pdf

¹⁹ LANGOU et al., 2020: *op. cit.*

believing that the country was going through a difficult period but that the government had taken the right measures to support the economy. The most optimistic respondents agreed with all the economic measures taken by the government (60.4%), which the vast majority of them (62.6%) had helped to elect. Paradoxically, poorer households (61%) and low-income households (58.4%) were more frequently found in this group of optimists. These figures indicate the popularity of the government's support for thousands of small businesses and low-income households in order to avert serious economic hardship. Indeed, it is estimated that in Argentina, the package of measures taken has prevented almost 1.2 million people from falling into poverty.²⁰

Global approval

Our results provide a better understanding of the reasons why Argentineans adhere to the health and economic policies of their government and take the precautionary measures it prescribes. The results contribute to a body of literature aimed at understanding people's responses to public policies intended to deal with health shocks, and their compliance with COVID-19 guidelines in the global South.

People in Argentina overwhelmingly approved of the health and economic policies pursued by their government, and as a result changed their behaviour in response to the spread of the COVID-19 epidemic. The results highlight the importance of measures that reduce the costs linked to precautionary behaviour (e.g. income transfers that offset the costs of home confinement). Protection against such pandemic shocks can be seen as the core of the social contract between citizens and the state. Without the economic support of the government, containment would have reduced thousands of citizens to destitution; the health policy would have been seen as both unfair and unworkable. The social policy that accompanied the health policy shows that the public budget allocated to both policies was indispensable if the constraints imposed on the private daily lives of Argentines were to be made acceptable.

This health crisis has demanded an extraordinary degree of cooperation and trust between citizens and the state. The necessary collective behavioural changes and tolerance of vertical decisions have only been accepted because the population has been involved, has seen the authorities as legitimate, and has trusted them.

Analysis of the Argentine case suggests that building trust, when combined with clear communication, provides authorities with an effective

²⁰ LANGOU et al, 2020: *op. cit.*

tool to promote proactive public behaviour: in this case physical distancing and compliance with barrier gestures.

ANTHROPOLOGY OF A PANDEMIC

This book starts out from the hypothesis that anthropologists, by mobilizing the specificity of their viewpoint, their links to the field, their concrete observation practices and their involvement in local social networks—family, professional, associative, and political—can come up with original analyses of the exceptional situation created by the Covid-19 pandemic. By rethinking their methodologies, anthropologists have been able to reconstitute singular, individual and collective coherences and open up new perspectives, both comparative and transversal. What are the figures of the therapeutic and punitive State, as protector and oppressor, that emerge from the health and economic crisis? What subjective logics do they engender? How, in the residential fields and territories, do the intimacies and existences metamorphose? Romania, Algeria, Cameroon, Sudan, Colombia, China, France, Italy, Argentina have been selected here as exemplary cases of the scrambling, the contradictions and the catalyses in operation.

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