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# '...but not gagged'

## Responding to Covid-19 and its control measures in France, Italy and the USA

**Kelley Sams, Chiara Alfieri, Fleur Beauvieux, Marc Egrot, Firmin Kra, Carlotta Magnani, Francesca Mininel & Sandrine Musso**

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Anthropologists have documented and analyzed the 'Coronapocene' (inspired by the Anthropocene<sup>1</sup>), highlighting the inequalities, challenges to social cohesion and revelations of collective expectations of how governments could (as well as should) more equitably and effectively respond to the public health crisis of Covid-19 (Hodge 2021; Mullard 2021; Orsi 2021; Singer & Rylko-Bauer 2021). While the world faced the same virus, it was far from the 'great equalizer' the media sometimes described. The pandemic exposed 'societal fault lines, baring our vulnerabilities. It has also stimulated a modicum of action, with varying degrees of compassion' (Choo 2020: 1333).

The emergence of Covid-19 impacted our lives in ways that varied significantly depending on access to resources, ability to mitigate the risk of contamination, epidemiological shifts, pre-existing vulnerabilities and shared cultural models of response (Singer & Rylko-Bauer 2021). As Pellegrino writes regarding the ambivalence of reactions to the public health emergency in Italy, 'the boundaries between solidarity and surveillance keep shifting, contracting and expanding' (Pellegrino 2020: 20).

This article shares some overarching themes that emerged from our research into the pandemic's social effects and sociopolitical responses in France, Italy and the USA in 2020. We analyze how different representations of 'appropriate' responses to the public health emergency were expressed and collective ways of questioning these response measures. We propose that narratives about mitigating the damage of Covid-19 and constructing response efforts reveal critical political and social expectations. Though tentative, our analyses of the collective reactions that we documented can shed light on how individuals in these societies navigated the beginning of this unprecedented challenge alongside other social constraints within each context.

During the early months of the pandemic, our research team of nine simultaneously developed our personal responses to this health threat and created a shared professional 'pivot' from previous investigations to begin collective research on Covid-19 and sociopolitical responses to this threat in the three countries we found ourselves in. Some team members had worked together on other topics, mainly focused on other infectious diseases in sub-Saharan Africa. The emergence of Covid-19 froze us in place and shifted our investigations. Like most of life during the first half of 2020, this work was both unfamiliar and iterative. Like other scholars writing about Covid-19, we were forced to simultaneously 'make sense' of what was going on in our own lives while professionally continuing to engage in critical reflection (Agier 2020; Gonzalez & Marlovits 2020).

KS and CA worked solo in their field sites, which were also cities where they lived – Gainesville, Florida (USA) and Milan, Lombardy (Italy). The other seven members worked in and around Marseille (France), where the team had met during previous projects. We used various data collection methods, ranging from telephone and Zoom interviews to ethnographic observation in the Covid-19 ward and the morgue of Marseille's Hôpital Européen and programmes that addressed populations that were in particularly vulnerable situations. There were different logistical challenges to researching in each country. For example, while our team member in Florida could move freely, in Italy and France, police stopped us as we went to conduct interviews, demanding professional travel permits

during the lockdown. However, respondents in the USA seemed more reluctant to be interviewed, even remotely, and seemed more concerned with the burden interviews placed on their time and fearful of contact with a 'stranger' than in the other two countries. Differences in the political responses to the pandemic shaped our data collection and the social landscapes of the three countries of focus.

### France: Solidarity and contestation

On 16 March 2020, the hammer fell with a memorable presidential speech. The whole of France was confined. Worry changed to amazement. Schools were closed, only basic shops remained open and authorities ordered the population to stay home – an order almost unanimously followed. French centralized power worked; heavy, uniform and coercive administrative procedures were put in place; the forces of order were deployed in Marseille to monitor and eventually punish those who did not follow the rules (Agier 2020). For 11 weeks, the centre of the country's second-largest city, containing some of the poorest neighbourhoods in France, remained almost deserted. The leader of a non-profit association explained that in these neighbourhoods, 'the parents were extremely serious ... I tip my hat to them! Not a single child was outside. People question if the working class [would ignore the orders], but in fact, they don't. One thing I noticed was that there was nobody in the streets here. That's it! They lived it well because they knew that there was danger outside' (Younès, volunteer, Marseille, 20 May 2020).

Although much of the population followed government orders and stayed home, some streets in the city centre became places where people who had no home in which to stay would gather; tram and bus stations became shelters for the 'confined outside'. Non-profit associations provided food, clothing, psychological support, nappies and mobile showers for those in need. Outside the institutional framework of humanitarian aid, other spontaneous citizens' initiatives were also launched, such as one organized by teachers and social workers in the Saint-Mauront neighbourhood, which shared food with families in the greatest need. A community member explained his role as a volunteer that brought him out of confinement and onto the streets: 'It's not the shut-ins that I have to accompany!



**Fig. 1.** 'In solidarity. Masked but not gagged'. Handmade sign hung outside a residence. Marseille, France, May 2021.

**Fig. 2.** National Police vans near the Old Port of Marseille at the beginning of lockdown. March 2020.

**Fig. 3.** 'Covid kills and so does confinement'. Marseille, France, May 2021.

**Fig. 4.** 'Less police, more masks'. Marseille, France, April 2020.

**Fig. 5.** Demonstration by families of Covid-19 victims in front of the courthouse in Rome during legal proceedings. Italy, July 2021.

**Fig. 6.** 'Thanks to you, we will defeat the virus', attached to the outside wall of the Milan Polyclinic Hospital, Italy, May 2020.

Myself, I am also confined outside. I am continuously outside and therefore I have a contact with about 450 to 500 people per day' (Farid, volunteer, Marseille, 7 May 2020).

In the calm of the depopulated streets, as if echoing the silence provoked by the observance of confinement orders, the walls, windows and balconies began to express themselves – discreetly at first, then with increasing volume. The messages were delivered orally, through chants, on banners hung from windows or tags spray-painted on walls. These messages shared narratives from two main themes: social solidarity (such as support for healthcare workers echoed by collective applause from the windows of residences at 8pm) or resistance against the strict, centralized public health measures and demands for change. Sometimes the two categories of messages were combined: 'Thoughts for the homeless, the destitute, the forgotten, the sick. Thanks to the volunteer doctors'; 'Money for the public hospital!'; 'Your wars, our deaths. Macron, resign'; 'Solidarity with the caregivers'; etc. Coming after more than a year of intense social demonstrations by the *gilet jaunes*, the pandemic catalyzed and highlighted previous issues such as the defence of the public hospital and the fight against economic precarity (Sélim 2020).

### Italy: Health and moral catastrophes in the Lombardy region

'With all that happened, the line of decency was seriously crossed' stated the lawyer representing relatives of victims of Covid-19, mainly from the Lombardy region and other areas affected during later stages of the epidemic (Locati, interview, Bergamo, 21 September 2020). Almost 600 complaints were filed in court against health authorities by the families of those who died during the pandemic. In July 2021, a civil trial against the Italian state, the Ministry of Health and the Lombardy region administrators took place in Rome. A team of five lawyers hired by the families of Covid-19 victims led by Consuelo Locati was present, along with members of the *#Sereni e sempre uniti* (Serene and always united) movement. Locati, a co-founder of the committee *Noi Denunceremo*, a Facebook support group created for families who lost loved ones during the pandemic, explained that this is not a one-sided political issue: 'The colour [of the parties] has nothing to do here; this is because we were killed, WE WERE KILLED, and they were all aware of this omission of information, even those minutes of the Scientific Technical Committee that were published, are full of omissions and gaps (Locati, lawyer, interview, Bergamo, 16 September 2020).

In Italy, social solidarity was an important theme in the response to Covid-19, situated within emotionally charged ethical debates (Pellegrino 2020). These social connections were highlighted by the movement of victims' families on social media through the hashtag *#Sereni e sempre uniti*. During an interview in August 2021, Alessia (pseudonym), a group member, explained: 'We are all united because we have lived through experiences that made us fall apart, and there is only mutual understanding between us. For us, this movement is like a second family, and we are fighting to bring out the truth about the management of the pandemic so that it is no longer hidden, and responsibility is attributed'.

Italians received the first news of the arrival of a new virus from China at the beginning of 2020 with relative nonchalance. The first Covid-19-positive patient was detected in Codogno on 21 February 2020, followed by two more, only days later (23 February) in the Seriana Valley near Bergamo, an economic powerhouse (Costanzo & Sapienza 2020; Nava 2020). The motto of the leaders of the Lombardy region, Italy's 'economic engine', was '#Milan keeps going' and '#Bergamo does not stop' (Gatti 2021). The two mayors of these cities who



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**Fig. 7.** Graffiti that appeared in Milan following the first lockdown: 'Hang the members of the Lega Nord' (referring to the ruling party of the region and recalling the hanging of Benito Mussolini in 1945). Milan, Italy, May 2020.

**Fig. 8.** 'That's enough, Corona'. Milan, Italy, May 2020.

**Fig. 9.** Magazines for sale at a grocery store in Gainesville, Florida, May 2020.

**Fig. 10.** Handmade sign outside a residence about fighting Covid-19. Gainesville, Florida, May 2020.

**Fig. 11.** Covid-19 sale. St Augustine, Florida, April 2020.

engaged with these mottos, were both affiliated to the Italian Democratic Party, a political branch with roots in the former Communist Party. They were also supported by the right-wing Lega Nord party that currently governs the region. Although the Italian state is centralized, regions have substantial autonomy, especially in the health sector (Pizza 2020).

The response of all levels of government, including the regional administration, was very different in these two areas. In the first case, authorities worked together to create a 'red zone' immediately around Codogno, and prevention measures were put in place as soon as the first patient tested positive.

In contrast, Alzano Lombardo and Nembro, the two small towns with positive individuals in the Seriana Valley, established no prevention measures. While the hospital in Alzano Lombardo was initially closed on 23 February for a few hours after the first patient tested positive, there was no general disinfection of the building, nor contact tracing of patients and visitors who were there at the time. The infected individuals were sent to the Papa Giovanni XXIII Hospital in Bergamo. Life in Alzano Lombardo returned to 'normal' without any public health isolation measures or 'red zones' put into place.

These choices led to the biggest spread of Covid-19 in Europe. Delays in taking action caused a chain of contamination and thousands of deaths, news of which was widely shared through intensive media coverage (Costanzo & Sapienza 2020; Nava 2020). As the increasing numbers of deaths were announced to the public in press bulletins every evening at 6pm, citizens began to question how this could be possible in the heart of a region trusted for its 'health system of excellence', especially in the areas of Bergamo and Brescia, where a whole generation – the generation responsible for rebuilding a country destroyed during World War II – disappeared dramatically in the space of a few months (Lingard 2020).

The tragedy of the spring of 2020 related to years of budget cuts in regional healthcare and disease prevention, the downsizing of general practitioner numbers and dismantling of small provincial hospitals in favour of a hybrid mix of public and private large, specialized health centres concentrated mainly in the city of Milan (Carreri 2019; Costanzo & Sapienza 2020; Sartor 2021; Nava 2020). With a health system previously considered excellent, the Lombardy population was astounded by the lack of organization and inefficacy of this system in the spring of 2020 and its inability to keep the population healthy when faced with Covid-19.

There was a pandemic response plan which had not been updated since 2006, against the advice of the World Health Organization (WHO/ECDC 2020) and the European Union, and a lack of available hospital beds, personal protective equipment and doctors as a result of years of mistakes, budget cuts and privatization. These were signs of the ineffective regional government led by Governor Attilio Fontana during Covid-19 (Goodman & Pianigiani 2020; Zamboni 2021). Lombardy health management was widely criticized, especially for the lack of respirators, the dramatic decisions over who was to receive intensive care, the recommendation that some infected individuals should remain at home and the choice to hospitalize asymptomatic Covid-19 patients in residential centres alongside uninfected elderly residents (Alfieri et al. 2020).

Despite evidence of errors and omissions and the lack of implementation of a pandemic plan, health actors denied responsibility for the way the epidemic escalated in the region (Lingard 2020). At the peak of the crisis, a scandal arose over gown purchases and other protective equipment from a company run by a close relative of the governor of Lombardy. This whole series of events left the population

We dedicate this article with gratitude to our co-author, colleague and dear friend Sandrine Musso who passed away before its publication.

1. Higgins et al. (2020)

Agier, M. 2020. *Vivre avec des épouvantails: Le monde, les corps, la peur*. Paris: Premier Parallèle.

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**Fig. 11.** Covid-19 sale. St Augustine, Florida, April 2020.

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Zambon, F. 2021. *Il pesce piccolo: Una storia di virus e segreti*. Milan: Feltrin. <https://www.ibs.it/pesce-piccolo-storia-di-virus-libro-francesco-zambon/e/9788807174018>.

flabbergasted and indignant. Lila, a nurse, described the administrative decisions that paralyzed the region's health system of 'excellence': 'You are murderers ... when these people arrived at the hospital, they [...] had stayed for 15 days at home because the regional officials had told them to stay at home. And these were the patients that we routinely intubated. How is this possible? Those people earn 6,000 or 7,000 euros per month. Who made these people experts in health?' (interview, Milan, 16 June 2020). Through the court system, the families of Covid-19 victims, the citizens of Lombardy and all Italians hope to find peace 'because not forgetting means first looking for answers for all those who are no longer here' (Jessica Costanzo, 23 February 2021, during a Facebook Live event, held one year after the pandemic in Bergamo and the Seriana Valley).

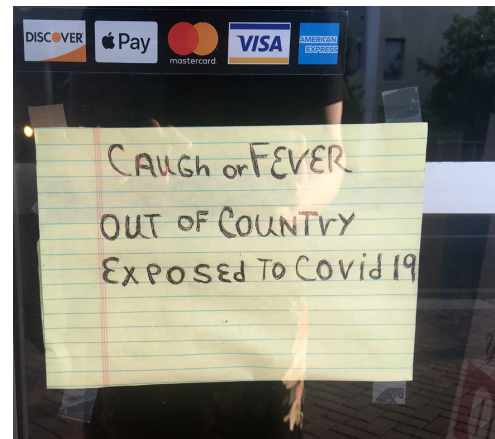
### USA: American independence and a virus

In phone interviews during Covid-19's epidemiological increase in the USA, respondents expressed ambivalent yet strong views relating to personal independence as a coping and preparedness strategy. Narratives of resilience simultaneously highlighted the need to prepare individually for an emergency and support others along the acknowledged margins highlighted by the pandemic and the implementation of its public health measures. Sonia (community advocate, Pennsylvania, May 2020) described: 'There's a very individualistic approach to governance and humanity [in this country] that is quite different from the black and brown community. While we have been very much putting together mutual aid, running around in our cars, and taking each other food and doing all this other stuff, uh [...] it's very jarring to be around so many people who are saying we should go back to work and bringing guns to our Capitol to emphasize your point. These intimidation tactics by the militia, the state that's been out there saying watch out [...] it is definitely running down racial lines'.

Debates about social cohesion and freedoms relating to the Covid-19 response in the USA often centred on mask-wearing. Because of individual states' rights to create and enforce laws, there was never a blanket mask requirement for the entire country. Even at the height of the pandemic, some people wore masks in public spaces, and some did not. Mask-wearing became a way to show identity. Respondents described adverse social reactions when individuals showed an approach different from the rest of the group, making some feel uneasy about wearing a mask.

I threw my mask on, and then I'm getting stared at like, you know, 'Hey, you're not an American'. And I'm like, 'but I am an American, sir. I'm just trying to follow the rules'. It's weird because there's like a bullying mentality. If I pull up and people don't have their masks on, then I used to feel strange about putting mine on. And I'm like, 'well, that's not maybe the smartest way to base your decision. You're an adult. Where is your mask? What are you afraid of, like you're gonna get picked on here?' (Jimmy, musician, Pennsylvania, June 2020)

Weaknesses in the US economy and the risks of international economic competition were embedded in discussions about the threat of Covid-19. Mike (server, North Carolina, May 2020) explained: 'There's going to be a point where this threat of Covid overlaps with a threat of what's worse. If you happen to be one of the majority of people who catch this virus and they survive. What's worse than catching the virus? You have a good chance of surviving or not catching it but losing your livelihood'. Other narratives centred on the impacts of the pandemic on low-income families and the hope that this could lead to changes in the current economic system. Arpad (event organizer, Pennsylvania, May 2020) explained: 'The negative is gonna be the poor people are in a deeper hole. A lot of small businesses are gonna be wiped out [...] My hope is that some of these things that we can clearly see



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were broken are fixed in a sturdy way. Not with duct tape, because duct tape might give you the illusion that you have no leaks, but behind the wall it's leaking. In the basement it's leaking. You really need to replace some of that plumbing'. These weaknesses were compared to the threats of other countries' strengths. 'I'm not a doomsayer, but we are going to see China, as a foreign country that is in control of our economy. I mean, it's what we see happening because of the fact we had given so much of our rights and privileges over to the government for the sake of the comfort that comes from it', Cody (pastor, Mississippi, May 2020) summarized.

### Conclusion – 'Coronapocene' visions

The three countries where we conducted this research contained very different public health and political landscapes. The frameworks that structured the Covid-19 responses also shaped social responses and collective calls for action. France's authoritarian and centralized reaction was not replicated in the same way in the other two countries. Although the researchers who conducted fieldwork in France walked through deserted streets and had their presence questioned by police, during the same period, the researcher in the USA travelled freely, constantly finding herself in crowded areas that seemed unchanged by the public health emergency. The social landscape in Italy appeared to be the most emotionally affected of the three countries. The researcher who conducted fieldwork there encountered many people who had suffered significant loss during the pandemic and shared these feelings during interviews.

While government lockdown and strict public health measures were put in place in Italy, these were led by the individual regions, not the national government like in France. In Italy, the impacts of the pandemic were particularly severe in specific areas of Lombardy, and the regional government received blame for its role in the rapid spread of Covid-19 and the many deaths it caused. In both France and Italy, those who could follow lockdown measures seemed willing to do so. However, as the pandemic unfolded, people expressed demands for change along with support for one another. There was a theme of a population united against a government that needed to improve in these two countries. While this was also important in the US context, here division and independence took the forefront in the results of our analyses. Although the political critique of the response of state and national government in the USA was also widespread, political and ethnic divisions within the country's population were highlighted by the effects of the pandemic and response measures. The social solidarity seen in France and Italy seemed less important than the freedom to control personal health decisions and resist surveillance in the USA. ●