



# The Covid-19 pandemic: what the HSS say

Scientific coordination:  
**Marie Gaille and Philippe Terral**



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# The Covid-19 pandemic: what the HSS say

Scientific coordination: Marie Gaille  
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# A brief presentation

*The Covid-19 pandemic: what the HSS say* is a research report which was first published in French on 20 November 2020 and is available online.<sup>1</sup> This version was revised in preparation for its translation into English (these revisions were finished on 15 March 2021).

It includes contributions from over 70 colleagues from different disciplines and was coordinated by Marie Gaille and Philippe Terral. The report does not claim to be exhaustive and yet the plurality of views, disciplines and approaches brought together in this report echoes the massive mobilisation of the HSS since March 2020.

This report's ambition is to propose an analysis that involves

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<sup>1</sup> - Available on line:

- on HAL SHS: <https://halshs.archives-ouvertes.fr/halshs-03036192>

- on the site of the Coordination sur les crises sanitaires et environnementales (*National Coordination Body for Health and Environmental Crises*): <https://www.hs3pe-crises.fr/actualites/cnrs/les-sciences-humaines-et-sociales-face-a-la-premiere-vague-de-la-pandemie-de-covid-19-enjeux-et-formes-de-la-recherche/>

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the humanities and social sciences as a whole. It also aims to propose how the HSS should position themselves based on the complementary nature of HSS disciplines and the scientific capital they have developed on health and environmental crises over the last quarter of a century. In this way, although the report was drafted between March and November 2020, it has a scope which goes beyond the present. Finally, the report's objective is to address the pandemic's global dimension. Thus, several national and even continental contexts are explored and this worldwide dimension is considered as such.

This report deals with the crisis caused by the pandemic as a question and object of knowledge (1). It goes on to look at how the pandemic reveals or even amplifies pre-existing issues in the health field (the effects of the move towards more outpatient treatment). It also looks beyond this to discuss the differentiated levels of exposure to the virus and inequalities of all kinds reflected in people's highly variable capacities to continue their education, take part in forms of socialisation, keep a job and sources of income, etc. (2). It then looks at the societies and governments facing the pandemic (3). The report then presents the way in which the period of the pandemic brings up questions about the future and analyses some of these (4). Finally, it highlights collaborative forms of HSS research, methodological innovations and multidisciplinary practices adopted in the context of the pandemic (5).

# Introductory remarks

Research in the humanities and social sciences (HSS) is regularly the subject of questions about its ‘usefulness’ but it was massively mobilised in the first part of 2020 by both the media and institutions. It has shown itself to be highly responsive by adapting its timeframes for work and its objectives while modifying its intervention formats (webinars, distance learning courses). Researchers and academics responded present despite inequalities in their research caused by the lockdown, particularly in terms of gender.

Currently, ‘viewpoints’ and ‘analyses’ regarding the pandemic and its management have multiplied, collective research projects are being developed and publications on the pandemic, how it is managed politically and the issues at stake here and further afield<sup>2</sup>

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2 - We shall cite, for example, (dir.) O. Saaidia, *‘Vivre au temps du Covid-19’*, (Living in the time of Covid-19) IRMC and Nirvana, 2020; L. Taylor et al., *‘Data, justice and Covid-19: Global perspectives’*, Londres, Meatspacepress, 2020; H. Bergeron, O.Borraz, P. Castel, *‘Covid-19: une crise organisationnelle’* (Covid-19: an organisational crisis), Paris, Sciencespo - Les Presses, 2020. The latter contributed to this report.

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are flourishing. In that context, the aim of the present work is to offer readers an analysis that involves the majority of the HSS in France and their work, if not the whole of this research sector.

Without claiming to be exhaustive, the report constructs threads of common themes through the questions it addresses from one discipline to another. It thus constructs a whole in which the HSS resonate with each other, use their complementarity and create a common analysis whether the ideas come from the social sciences or the humanities. As a result, this report also looks at the way in which the humanities and social sciences have become involved in terms of research methods and practices and highlights the collaborative multidisciplinary forms that have been developed specifically in response to this pandemic.

One of the objectives of this work is to effectively highlight the HSS' scientific capital as such to provide responses to the various questions raised by the Covid-19 pandemic. The aim is to position these as a whole in the academic space and public debate in contrast to analyses or research that may be more in the form of a theory, a current of thought or expressed by singular, sometimes highly mediated voices which produce a diffracted discourse. In our view, this capitalisation takes at least two forms. Firstly to consider that ahead of the event constituted by the pandemic, the HSS already possessed the knowledge and analytical frameworks which can shed light on the sequence being initiated. Secondly working at a given moment to produce an aggregation or even a synthesis of HSS research. This necessarily involves a plural and/or interdisciplinary perspective which is required to make the social utility of these sciences fully clear.

This work seeks to show that current HSS research on the pandemic, its political management and the important issues involved are

not developed *ex nihilo*. Such research fully takes the measure of the specific nature of present times and uses a set of theoretical frameworks, methods and analyses developed in other contexts which have been reused, updated and enriched in the light of the problems associated with the Covid-19 pandemic.

Although the contributors to this text all work in French teaching and research institutions, the aim of this work from the outset was to take the global dimension of the pandemic into account and not to just confine analysis to the situation in France. Thus, several national or even continental contexts are explored for the subjects covered which means the true global dimension of the pandemic is fully considered. French research has an essential scientific asset which is unique on a world scale to effectively work on this worldwide scale, namely the network of CNRS units abroad. This network, made up of Joint Units with a French Institute Abroad (UMIFRES), Service and Research Units (USRs) and International Research Laboratories (IRLs), was involved in drafting this text and proved to be highly reactive.

Finally, this work lays the foundations for thought about the ways in which knowledge could be shared and transferred to the non-academic sector including decision-makers, the media, social actors and citizens. From the beginning of 2020, various positions that could be adopted were very rapidly outlined in terms of the contributions of HSS research to understanding the ongoing events and supporting actions, particularly those of the government. Broadly speaking, at least three positions were rapidly identified. Some researchers belong to advisory bodies which we will discuss later. Others wished to propose recommendations or assess the ‘acceptability’ of a given measure to help support the political management of the health crisis.<sup>3</sup>

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3 - To illustrate this position we may cite: J. J. V. Bavel, K. Baicker, P. S. Boggio *et al.*, ‘Using social and behavioural science to support Covid-19 pandemic response’, *Nat Hum Behav* 4, 460–471 (2020). <https://doi.org/10.1038/s41562-020-0884-z>.

This report's primary aim is to describe and analyse the event and thus it exists in a different time frame from that of immediate action. The report is thus intended to offer keys to understanding and thought more than making recommendations.

The ambition of this work is to express the position adopted by HSS research which is of course firmly anchored in the current situation. It was written between the time when France was emerging from its first lockdown and when the country had already entered the second wave of the pandemic (May–November 2020). The points it deals with are those of research in progress which is ongoing by nature. The other salient feature of this report coordinated by Marie Gaille and Philippe Terral is the approach which underpinned the work carried out. This was collective, collegial and multidisciplinary and involved many researchers and academics from different research organisations and universities (see the list of contributors on p. 229).

The work is structured in five parts. The first deals with the way in which the HSS make the crisis a question and an object of knowledge (I - *From the framing of the crisis in the public space to the crisis as an object of knowledge – the example of France*). The second part addresses a salient point which arose from analyses developed over the last few months, namely that the pandemic *revealed and amplified important pre-existing issues* (II). The third part looks at *societies and governments faced with the pandemic* (III), i.e. the forms of crisis management by the political powers—that-be, the involvement of science and the exercise of power as well as the measures taken and people's attitudes to these measures. The fourth part presents the way in which the pandemic was marked by our questions about the future – questions which in turn provide new lines of thought for HSS research (IV. *Reinventing ourselves in a pandemic*). Finally, the fifth and last part informs the reader on how the HSS became involved in this situation of the pandemic –

how researchers collaborated and documented the health crisis while also accepting that research questions, objects and methods needed to be renewed because of the effects of this crisis (*V. How the crisis called for collaborative work and thought about how to 'transfer' knowledge*).

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# Acknowledgements |

We would particularly like to thank Sylvie Démurger, Deputy Scientific Director for Europe and International Affairs at the InSHS who helped make exchanges with colleagues working with International Research Laboratories particularly easy and fruitful, and also François-Joseph Ruggiu, Director of the InSHS, who constantly encouraged us to write this report with a partnership-based approach and for it to be destined for a wider audience beyond the academic world.

We would also like to thank all our colleagues who contributed to, reviewed and proofread this text for their full collective commitment to this original academic project which was risky to a certain extent with regard to the classic approaches to writing in the humanities and social sciences.

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# Introduction |

**W**hat is a health crisis? It is often defined as a situation in which a major large-scale threat suddenly emerges and disrupts everything in its path, creating chaos and confusion.

The current crisis does seem to fit this description rather well but several health crises over recent decades have shown that scale – in terms of the number of victims – is not an essential characteristic thereof. The sudden emergence of a crisis does not stand up to analysis as a criterion either. Urgency is a constituent element of any crisis and yet it is less the ‘exogenous’ urgency created by the event than an ‘endogenous’ urgency triggered by the authorities, media or institutions in charge of crisis management. Moreover, contemporary health surveillance tends to render crises ‘chronic’ by definition by detecting threats and anticipating them increasingly earlier. Health crises are thus not characterised by the scale or urgency of the risk and what remains as a criterion is chaos. A crisis creates disorder in society and, indeed, part of crisis

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management involves maintaining or restoring a certain social order. This is probably the most relevant aspect of how health crises are commonly understood and reminds us that these crises are never 'just' health crises - they also represent economic, social and political upheavals.

Health crises are not a new research topic for the HSS. Health and environmental risks and crises have been a canonical subject for the HSS for at least three decades.<sup>4</sup> HSS research has accompanied changes in governmental risk management with research programmes initially focused on major industrial or natural risks and then on health risks (AIDS, mad cow disease, heat waves, etc.), particularly following the French infected blood affair scandal. At the end of the last century, the CNRS initiated a vast interdisciplinary research programme in France devoted to collective risks and crisis situations led in particular by the political scientist Claude Gilbert. Gilbert was asked to lead work on this subject and launched the *Risques Collectifs et Situations de Crise (Collective Risks and Crisis Situations)* programme led by the CNRS.<sup>5</sup> This enabled knowledge from existing research to circulate and also helped aliment such research with disciplinary input from other research fields. The variety of disciplines and researchers who participated in the project helped build a diverse research community in France, at least in sociology, political science, anthropology, contemporary history and law. The multiplication of crises, their social and political impact and the transnational circulation of risks did the

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4 - For example, on the subject of modern societies' relation to risks, we may cite a work which played an important role in this movement, namely Ulrich Beck's book published shortly after the Tchernobyl catastrophe in 1986 and translated into English in 1992 under the title '*Risk Society: Towards a New Modernity*' by M. Ritter.

5 - See the work published under his direction in 2003: '*Risques collectifs et situations de crise - Apports de la recherche en sciences humaines et sociale*' (Collective risks and crisis situations - the contributions of humanities and social sciences research) Paris, L'Harmattan, as well as Claude Gilbert (dir.) '*Les crises sanitaires de grande ampleur: un nouveau défi ?*' (Large-scale health crises: a new challenge) La Documentation française, Paris 2007.

rest of the work to legitimise the study of these subjects.

Twenty-five years ago, only two subjects involving risks and crises were considered legitimate by disciplines outside the HSS, research funders and stakeholders. Firstly there was the ‘perception’ of risks, i.e. generally the representation of a given danger by part of the population which was most often measured using quantitative approaches. Secondly research focused on the ‘acceptability’ of risks associated with particular technologies. In both cases, the underlying idea was that people outside the inner circle of innovators, experts and decision-makers did not understand the matter well enough. The HSS therefore needed to investigate this to understand the irrational reactions and beliefs of the people and possibly also the media. These types of research are still funded and carried out – for example work on transgenics or nuclear power – but they are no longer dominant and are much less legitimate.

Moving on from these well-trodden research territories which are somewhat limiting in how they represent the people and collectives involved in risks and crises, at least five issues have been the subject of a great deal of work on the international scale and may be cited:

1/ *The dynamics of mobilisation*. How do people become interested in a particular risk? What role do past crises play in people’s memories and their ability to come together to confront a threat? What logic and objectives are involved in mobilising groups? How have digital spaces deterritorialised and reconfigured militant groups? Which categories of action (media, scientific, political, trade union, judicial, etc.) do they use? These questions alone do not exhaustively cover the subject of mobilisation.

2/ *The construction of knowledge about risks*. How are dangers and risks defined? Who produces this knowledge and in which framework? Is it the object of collective expertise and public

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debate? How are stakeholders treated in this knowledge process (collaboration vs. conflicts of interest)? What space is left for uncertainties, dissent, knowledge remaining to be produced or irreversibility? Which logic for the production of ignorance and knowledge is being forgotten and is involved, and who are the initiators and actors of this? How are the necessary data infrastructures built and maintained (clinical trials/cohorts/sensor network/exposure measurements)? How is this risk knowledge 'put on the political agenda'?

3/ *The modalities of government.* What are the legal and regulatory frameworks for areas of danger and are they put in place on a long-lasting or more temporary basis? How are these frameworks created and modified and what are the power issues involved in this process? What role is played by stakeholders? What forms of democratic control are associated with them? How do exemptions, approval, de facto illegalism and the instruments of regulatory science work in relation to each other? In which ways does a crisis modify these forms of government? How do health and the environmental considerations dovetail with other logics, particularly in economics and social questions? Which transnational logic is involved, particularly with relation to certain terms (pandemic preparation, 'one health', etc.)?

4/ *Crisis logistics.* How are future crises anticipated (prevention, precaution, preparation, etc.)? What forms of exercises, tests and training are implemented and with which population groups? How are the interventions of the different public, private or associative actors conceived of and how are these actors involved in preventive or limiting processes? How do security, health and environmental logics coexist? How are past crises and disasters used as models and to predict possible future outcomes? What does it mean to act in a crisis situation and what are the objectives of the actors involved?

5/ *The forms of legitimacy of the victims.* How did the figure of the risk or crisis victim become legitimate? What are the objectives for future compensation? What legal and insurance systems have been designed to deal with large groups of victims and with serial risks? How is knowledge used to provide proof, attribute responsibility, assess damage and calculate compensation? What forms of calculation are used to quantify victims?

These five sets of questions do not exhaustively cover the full range of research which could also include professional militant organisations, the politicisation of health issues and the associated opportunities to derive political advantage, overly pessimistic outlooks, collapsology and many other research objects. However, these five sets of questions have already been the object of study and thought in the context of the Covid-19 epidemic. Here are just a few examples of objects to be investigated: the forms for appealing for donations, solidarity and technological DIY-style initiatives in the face of material shortages ; the construction of knowledge from previous influenza and coronavirus models and its adaptation to fit with observed differences; the dissemination of clinical studies, the conditions for reviewing and approving them (preprints, fast track) and the effect of their dissemination to the public; campaigns to defend public liberties against restrictions on movement and compulsory health-based measures; the logic of production and storage, delocalisation and relocation of masks and reagents; complaints about governments for being unprepared and putting their populations in danger.

The analyses that follow will therefore include these keys for effectively reading the crisis generated by the Covid-19 pandemic. At the same time, this crisis gives us the opportunity to rethink this research and put its results to the test.

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# I

From how the crisis is  
framed in the public  
space to the crisis as an  
object of knowledge – the  
example of France

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One major source of impetus for HSS research into the Covid-19 pandemic is how the notion of the crisis has been used to qualify the event in the public space. Indeed, following on from work like Judith Butler's on political discourse which frames a moment or event in the photographic sense of the term and thus confers its nature, the HSS critically question the 'framings' proposed in this public space particularly through the political reading of events.<sup>6</sup> Here we are indeed referring to 'framings' in the plural as various human and social science disciplines show how any vision of a phenomenon engages various points of view on reality in relation to the singular important issues for actors, organisations and institutions. They also highlight a dynamic of social construction of conceptions caught up in competitive logics or agreement between the various protagonists involved.

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6 - J. Butler, *Frames of war: when is life grievable?* London, Verso, 2010.

## How the crisis is framed in the public space

**T**he management of the crisis in France, with the daily press conference of the Director General for Health who announces the day's figures, is firstly characterised by this daily number-based monitoring of the situation. Many indicators are used to measure the crisis and help determine how the pandemic is progressing. This initially involved looking out for the peak of the pandemic to occur and since then has featured monitoring the possible arrival of a second wave. This monitoring has several effects. Firstly, it objectifies the crisis by reducing it to indicators of morbidity, deaths and hospital care which are then used to measure the effects of lockdown. Secondly, it puts the hospital at the heart of the crisis as the place where the 'war' is being waged and also as a space that needs to be protected against a 'wave' that could sweep it away. Conversely this method was slow to recognise the situation in French care homes because the first figures linked to this were not available until April 2020. More generally, this focus on the public hospital system inclines

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to relegate to the background other actors and institutions (GPs, private hospitals, etc.) who could be involved in the health management of the crisis, tending to leave their contributions to the health effort in the shadows. Finally, this monitoring sheds no light on many other data such as the number of patients who died at home or the negative health consequences of the lockdown itself. This figure-based monitoring therefore produces a powerful framing effect<sup>7</sup> which we will have the opportunity to return to in part III with an analysis of population sciences and their political use in the management of the pandemic.

Unsurprisingly, this number-based monitoring leads to the Covid-19 pandemic being framed to a certain extent in the public space and essentially in hospitals by the way in which it highlights the lack of resources in hospitals in terms of beds, staff and equipment. One consequence of this is to keep the treatment of patients by primary care in the shadows. Representatives of GPs expressed concern about this, regretting both the decline in their activity when the government was calling on non-Covid patients to stay at home and the poor integration of GPs in care for patients affected by the Covid-19 pandemic. However, primary care was able to participate in this form of care depending on the territory and the professionals involved, particularly through the creation of Covid testing centres. Research will be required to understand the diversity of the primary care response and in how GPs and hospitals can and do work together. Have recent reforms aimed at reorganising primary care, such as the creation of *Maisons de Santé (GP Centres)* or *Communautés professionnelles territoriales de santé (Territorial Professional Health Communities)* laid the organisational foundations required to facilitate the coordination of

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7 - Which can be rapidly observed, see for example the analysis of the sociologist E. Didier in AOC Média on this subject, <https://aoc.media/opinion/2020/04/15/politique-du-nombre-de-morts/>, 16 April 2020.

care for patients with Covid-19 at the local level? The first available data leads us to the hypothesis that hospitals were better protected in territories characterised by closer links between hospitals and GPs than in regions where patients were sent directly to hospitals.

The medical framing of the crisis centred on the hospital has also led many observers to link the protest movement of hospital staff against neo-managerial reforms and the budgetary constraints of hospitals with their difficulties encountered in coping with the ‘wave’ of patients infected by the virus. However, it is striking that although hospitals were overwhelmed with patients, they did not actually ‘collapse’ even though organisational collapse is a frequently observed phenomenon in a time of crisis. Better still, the first elements coming back from the field tend to show that administrative and nursing staff, including doctors, collaborated effectively even in hospitals that had experienced strong protest movements only a few weeks earlier. In this respect, it is important to look beyond speeches formulated to highlight the staff’s ‘courage’ and ‘dedication’ which, by individualising the care response, tend to neglect the professional and organisational factors that made adapting to the situation possible and which need to be clarified further by research.

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# 2

## From one crisis to another

**A** cceptance of this framing cannot however be taken for granted. An analysis is required of its contents and effects in terms of the vision of the crisis and, before that, even questioning of its qualification as a crisis. There is little doubt that the situation resulting from the Covid-19 pandemic constitutes a crisis but this qualification nonetheless raises many questions.

As mentioned in the introduction, the literature on the subject offers many definitions of a crisis. We shall discuss some of these definitions again here to examine this point in greater depth. Three dimensions of what makes a crisis are particularly worthy of mention – people finding the situation makes no sense and losing their reference points<sup>8</sup> thus rendering the situation initially

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8 - K. E. Weick, 'The collapse of sensemaking in organisations: The Mann Gulch disaster', *Administrative Science Quarterly*, 1993, 628-652.

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unintelligible; a phenomenon of desectorisation<sup>9</sup> which, in a situation that has become fluid, leads to the nature of the problem and indeed the role of the various organisations involved being no longer clearly established and thus the subject of negotiations, isolated strategies or conflicts; finally, crisis situations are constantly evolving, transforming and overflowing and thus exist on different scales, change in nature and destabilise the existing order.<sup>10</sup> A combination of these three dimensions makes up a crisis, but in different ways each time.

However, this definition can only be imperfectly applied to the Covid-19 pandemic. While much remains unknown about the virus, it cannot be said to make no sense at all. Our societies have experienced other epidemics and some were much more serious than the current pandemic (Spanish flu in 1918 and HIV in the 1980s come to mind). We are faced with a phenomenon that is known, recorded and anticipated and which has been the subject of warning systems, crisis management plans and dedicated organisations since 2004. It does not call existing knowledge or organisational boundaries into question, and although the pandemic is complex and dynamic, it is not evolving in an entirely surprising way. In the light of this, we should insist on the specificities of the virus and the infection – characterised by many unknown elements – and also the high proportion of asymptomatic or non-Covid-19-specific symptoms. All of this makes it all the more difficult to assess the situation of the epidemic and yet at the same time organisational elements and political measures are actually adding to the crisis in combination with these very specificities. For example, the lack

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9 - M. Dobry, *'Sociologie des crises politiques'*, (The sociology of political crises) Paris, Presses de Sciences Po, 2009 (3<sup>ème</sup> éd.).

10 - C. Gilbert, *'Le pouvoir en situation extrême: catastrophes et politique'*, (Power in extreme situations: catastrophes and politics) Paris, L'Harmattan, 1992; P. Lagadec, *'États d'urgence: défaillances technologiques et déstabilisation sociale'*, (States of emergency, technological failings and social disruption) Paris, Éd. du Seuil, 1988.

of testing capacities until May 2020 was even more of a problem because many patients were asymptomatic or pauci-symptomatic.

We may thus consider that the crisis is being caused just as much by the following factors taken together and also in the light of their interactions – the virus, the lack of health resources (masks, tests, vaccines) to deal with it, the French authorities' decision to impose a national lockdown which in turn led to a significant slump in economic activity. Our societies have never before experienced this kind of long-term lockdown with its chain of numerous consequences. Suddenly our societies find themselves in an unprecedented situation which leads to a loss of reference points because the deepest uncertainty affects matters relating to both daily life and the future. In addition to life no longer making sense, the crisis is being managed by different sectors at the same time thus leading to added uncertainty. The boundaries are unclear between the various State-level authorities and those at the local scale which has led to jurisdictional struggles. *Ad hoc* expertise and coordination mechanisms have been set up and existing structures bypassed, adding to the confusion between administrative authorities. Finally, the situation is continually rapidly evolving with new problems constantly arising which reflect the complex interdependencies that characterise our societies.

In short, the situation created by the Covid-19 pandemic underlines the fact that it is not so much the triggering event that actually constitutes the crisis but rather the response it elicits from the authorities responsible for ensuring the safety of the population and maintaining public order. This response takes two forms in the present case. Firstly, there was the recognition of the state of crisis which led to crisis management mechanisms and particularly the Inter-Ministerial Crisis Cell (CIC) being activated on 17 March 2020. Secondly there was the decision to resort to the unprecedented

solution of lockdown which had not been provided for in any plan and plunged the country into a situation of radical uncertainty.

More precise definition issues are concealed behind the qualification of the situation as a crisis. Is this a health crisis? This was clearly the case until 16 March 2020 which enabled the Ministry of Health to remain at the core of interministerial crisis management. From 17 March 2020, the transfer to the Inter-Ministerial Crisis Cell highlighted the fact that the crisis was no longer seen as exclusively health-related and instead also included economic and social aspects. These added aspects were to lead to support measures for economic actors of unprecedented magnitude coupled with a security-driven approach to managing the lockdown. When France came out of lockdown on 11 May 2020, there was a shift towards a predominantly economic definition of the crisis. This plurality of – or even competition between – various definitions of the crisis (health, economic, social, political, etc.) is undoubtedly a contributing factor to people's perception of a lack of reference points faced with the pandemic. This phenomenon has already been noted in work relating to the bird flu threat.

All of these definitions suggest to us that the characterisation of the crisis was not neutral and was instead the result of a political decision. This decision defined which ministry was in charge of the crisis (first Health, then the Interior, then Economy and Finance) but more importantly highlighted certain dimensions of the crisis (the number of hospitalised patients, for example) to the detriment of others (the social consequences of lockdown). Qualifying the initial situation as a health crisis made it possible to highlight medical responses as the only legitimate solution while ignoring economic and social considerations. Conversely, qualifying the crisis as economic in nature from June 2020 onwards made taking the decision to go into lockdown a second time much more costly and difficult.

# 3

## The crisis as a knowledge object

Questioning the qualification of the pandemic as a crisis shows that a crisis really is an important knowledge issue as well as a category of action,<sup>11</sup> firstly because the fact this is a crisis enables us to distinguish between what came before and what came after: such an event changes history while simultaneously contributing to creating it. It also opens up the possibility of criticism of both the causes and consequences of the crisis. Finally, by making the event an object of knowledge, the crisis raises the question of its singularity or, conversely, of whether it is part of a family of phenomena.

In this instance, we need to take the framing of the crisis in the public arena mentioned above using the French example – which was medical and even hospital-centred – further if we are to understand certain phenomena. First of all, the ‘A&E war’ that

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11 – J. Roitman, J., *‘Anti-crisis’*, Durham, Duke University Press, 2013.

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raged between the various crisis management authorities especially in the early days of the pandemic. This ‘war’ is characteristic of crisis situations<sup>12</sup> and was partly the result of the mismatch of planned measures and centralised responses with resources in the field. Multiple reports on the current crisis testify to the existence of these kinds of conflicts. One of the issues where conflictual relations developed was that of obtaining masks for professionals in all sectors in a context where health was the priority. More generally, the very biomedical and centralised direction given to the management of the crisis meant that even more innovation and makeshift local emergency measures were required to deal with social and public health dimensions. From this standpoint, this crisis constitutes a tremendous field of study for thought about the conditions of both conflicts and coordination – particularly a form of coordination ‘*without a hierarchy*’ to use Donald Chisholm’s expression.<sup>13</sup>

Secondly, the role of care homes in the spread of the virus remains to be addressed by public policy despite the fact that over half of those who died were care home patients in France and in the countries hardest hit by the pandemic. And yet this is not the first time that care homes have been hard hit by a crisis. The 2003 heat wave comes to mind. Nevertheless, public discourse continues to define the old age of the deceased as the main risk factor rather than pinpointing the care homes and the conditions of care as explanations for the high Covid mortality rate. To date, it remains difficult to remedy this oversight but this report returns to the multidisciplinary and

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12 - E. L. Quarantelli, ‘*Organisational behavior in disasters and implications for disaster planning*’, 1985. Report available on line at: <https://udspace.udel.edu/bitstream/handle/19716/1265/RS18.pdf?sequence=1&isAllowed=y>. Consulted on 11 November 2020. And also F. Dedieu, ‘*Une catastrophe ordinaire: la tempête du 27 décembre 1999*’ (An ordinary catastrophe: the storm of 27 December 1999) Paris, Éditions de l’EHESS, 2013.

13 - D. Chisholm, ‘*Coordination without hierarchy: Informal structures in multiorganisational systems*’, Berkeley, Univ of California Press, 1992.

multi-centric *Covidehpad* (EHPAD = *Care home in French*) study in part IV and shows how working on the experiences of care home residents and professionals requires the development of a particularly complex *ad hoc* methodology.<sup>14</sup>

Furthermore, the pandemic is occurring worldwide and takes on different forms in all the countries it strikes. This is due to a whole range of factors – the unequal distribution of comorbidity factors within different population groups in the same and in different societies; organisational elements existing before the pandemic, whether in terms of urban organisation, the density of public transport networks, the position of territories in international mobility networks or the supply of hospital care<sup>15</sup>; and finally, the public authorities' contrasting responses which exist in different legal, health and political contexts. In terms of political action, national authorities and observers are not content to simply monitor the situation in their own country and instead continually measure this against situations observed elsewhere. This gives rise to scientific controversies about how to interpret data but also enables us to observe how decisions taken in one country cannot be dissociated from what that country's neighbours are doing. Crisis management is an issue of national sovereignty but nonetheless exists in the global space and thus contributes to important issues linked to countries' reputations and levels of attractiveness.

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14 - See the COVIDEPHAD research: '*Etude des questions relatives aux confinements, aux fins de vie et la mort dans les EHPAD liées à l'épidémie Covid-19 en France. Etude qualitative, multicentrique et prospective*' (Study of issues related to confinements, end of life and death in French care homes linked to the Covid-19 epidemic in France. A qualitative, multicentric and prospective study) led by the French National Platform for End-of-Life Research. (<https://www.pplateforme-recherche-findevie.fr/etude-covidehpad>).

15 - P.A. Rosental, '*Un balcon en forêt 2020: Essai comparatif sur l'épidémie de Covid*' (A forest balcony in 2020: Comparative trial on the Covid epidemic) Terra Nova, 2020. Available on line: [https://tnova.fr/system/contents/files/000/002/011/original/Terra-Nova\\_Cycle-Covid19\\_Un-balcon-en-for\\_t\\_060520.pdf?1588861573](https://tnova.fr/system/contents/files/000/002/011/original/Terra-Nova_Cycle-Covid19_Un-balcon-en-for_t_060520.pdf?1588861573). Consulted on 11 November 2020.

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# II

**The Covid-19 pandemic:  
a crisis that revealed and  
amplified important  
pre-existing issues**

## The Covid-19 pandemic: what the HSS say

One of the most striking aspects of the HSS research into this crisis is a trend in analyses and investigations which show how the Covid-19 pandemic has revealed much about pre-existing issues, while at the same time amplifying them. The study of these issues has helped turn the crisis into an object of knowledge from the angles we have just recalled – defining a period before and a period after, studying both the causes and consequences of the crisis and studying the question of its singularity. In this way, the uncertainties and fragilities observed over the last few months are considered to have been induced by political, economic and social contexts, the interplay of actors and organisational cultures rather than by the health threat itself. They seem partly to result from pre-existing weaknesses which they have in turn exacerbated.

In the framework of an analysis taking several different scales and local, national, transnational and global dynamics into account, HSS research is currently looking notably at how the pandemic and its management reveal and amplify inequalities and vulnerabilities between people and territories, the fragility of health systems and challenges in certain sectors of human life (we shall take education as an example).

The general increase in inequality plays a major role in the impact of the pandemic on our societies. According to Peter Turchin's theory of secular cycles, there is a historical correlation between the level of inequality, the intensity of the links between distant territories and the virulence of pandemics.<sup>16</sup> This theory posits that pandemics occur especially during periods of increasing social disparity. The more affluent a class becomes, the more it spends on conspicuous consumption – often on luxury goods from distant places. And viruses spread above all via long-distance trade. This is not a new occurrence; the almost simultaneous collapse of the

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16 - P. Turchin, P. 'Modeling Periodic Waves of Integration in the Afro-Eurasian World-System', in G. Modelski, T. Devezas and W. R. Thompson (dir.), 'Globalisation as Evolutionary Process: Modeling Global Change', New-York, Routledge, 2007, p. 161-189.

Chinese and Roman empires in the first centuries of our era can partly be explained by the virulence of the epidemics that spread along trade routes. However, mobility in those days was not comparable to that of today. For global human flows, the difference is particularly marked for the affluent classes. Their sociability has always been international – cosmopolitan even – but their mobility has taken on a new dimension thanks to globalisation and planetary urbanisation. This meant that the upper classes were potential collective super-spreaders of this new virus that was both highly social and difficult to detect. This was indeed the role the more affluent played during the winter of 2020. The importance of places frequented by the well-off is striking when we look at the chronology of the various outbreaks identified around the world.<sup>17</sup>

In its second phase, the virus spread more widely, both spatially and socially, and this served to highlight living conditions in poor neighbourhoods everywhere (social promiscuity, different generations living together, etc.). Social distancing is generally difficult in shantytowns which are major features of global urbanisation and house a considerable proportion of the populations of the major African, Latin American or Asian cities. Nevertheless, the virus has also spread through the networks formed by metropolitan systems.<sup>18</sup> The migrations that followed lockdown demonstrated the extent and diversity of these interdependencies. Such migrations were prevented in some countries like China and Norway. However, in India (as we shall see in more detail below) or several African countries, the importance of the number of migrants and the precarious nature of their status in the heart of large metropolises was very apparent. For these people, returning

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17 - É. Charmes and M. Rousseau, 'La mondialisation du confinement: Une faille dans la planétarisation de l'urbain ?' (The Globalisation of Containment: A Rift in the planetaryisation of the urban sphere), 12 May 2020, La vie des idées. Available on line: <https://laviedesidees.fr/La-mondialisation-du-confinement.html>. Consulted on 11 November 2020.

18 - We shall return to the important issues caused by this mode of spreading the virus in part IV.

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to the countryside was a question of survival. In rich countries like the United States and France, we saw students return to their parents' homes when possible and more affluent citizens leaving the city centres for more comfortable places to live during lockdown. A study by the French National Institute for Statistics and Economic Studies (INSEE) found that 11% of Parisians left the city when lockdown began.<sup>19</sup> The trajectory of the pandemic highlights the spatial nature of inequalities but this is also because remote working was often impossible for those at the bottom of the social ladder. These people continued to travel to work on a daily basis as we shall see below, particularly travelling towards denser city areas where work activities are concentrated.

The Covid-19 pandemic is characterised by a high degree of selectivity. As well as the elderly, the virus targets individuals with comorbidity factors like diabetes, heart failure and so forth. However, as we have already stated, these conditions are not evenly distributed, either in society or geographically. The pandemic is thus reinforcing major inequalities in access to health care. This is particularly visible in the United States where the population groups with the most frequent deaths are those whose life expectancy has been decreasing for several years because of other factors (overdoses, suicides, water poisoning, etc.). Ultimately, inequalities in remote working coupled with the selectivity of the virus explain why the 'territories of poverty' (Roy and Crane, 2015) suffer more cases and thus more deaths.

Several research projects using various methodologies which borrow elements from quantitative and/or qualitative approaches are underway on this subject. For France, we can particularly cite the EpiCoV (*Epidemiology and Living Conditions*) survey based on a sample of 135,000 men and women of working age (15 years and over)

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19 – Source: <https://www.lesechos.fr/economie-france/social/coronavirus-200000-parisiens-ont-quitte-la-capitale-pour-le-confinement-1193404>.

which published its first results in October 2020. This survey focuses on factors of exposure to the virus linked to place of residence, housing conditions or being unable to work from home and also on the effects of lockdown on living conditions.<sup>20</sup> It highlights the link between poor living conditions – particularly in terms of housing – and exposure to the virus, how the financial situation of one person in four has deteriorated and finally the cumulative effect of social inequalities (gender, income and origins).

In the following section, we shall present some aspects of research into inequalities of all kinds, their combinations and the role they play in the pandemic, as well as what the pandemic implies for these inequalities. Clearly, a great deal of work remains to be done to fully take into account the dimensions and the whole spectrum of inequalities (based on age, gender, socio-economic conditions, where people live, political status, etc.). Furthermore, it would be a mistake to underestimate the capacities of the social groups we would initially consider the most vulnerable to face up to the pandemic and its consequences in terms of know-how, skills and adapting to the situation. These capacities will also be studied.

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20 – N. Bajos, J. Warzsawski, É. Counil, Fl. Jusot, A. Spire, C. Martin, L. Meyer, A. Sireyjol, J.-E. Franck, Na. Lydié, ‘*Les inégalités sociales au temps du Covid-19*’ (Social inequalities in times of Covid-19), *Questions de santé publique*, 40, October 2020. Available on line: [https://www.iresp.net/wp-content/uploads/2020/10/IReSP\\_QSP40.web\\_.pdf](https://www.iresp.net/wp-content/uploads/2020/10/IReSP_QSP40.web_.pdf). See ongoing surveys such as *SAPRIS (Santé, perception, pratiques, relations et inégalités sociales en population générale pendant la crise Covid-19)* led by Nathalie Bajos or the COCONEL survey which addresses different aspects of life before and during confinement (employment, education, sociability) through the question of housing and living conditions, based on a sample of 2003 people.

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# Vulnerable lives and the process of (in-)visibilisation

**T**he factors of socio-economic conditions, age, gender, political status or territory have all been proposed to describe and account for the vulnerability of some and the multiple inequalities that run through societies and between societies themselves in all areas of human life.

## **SOME POPULATION GROUPS ARE MORE EXPOSED THAN OTHERS – THE EXAMPLE OF THE AMERICAN CONTINENT**

The pandemic has put extreme pressure on the societies affected. It occurred in a context and in ways that could not have been foreseen even though pandemic risk assessments already existed. The virus involved was unknown and therefore by definition many of the factors that played a role in how the crisis unfolded were also unknown. However, it is clear that the fault lines that emerged in each country were no surprise to specialists in the cultural areas concerned. The coronavirus crisis has made existing weaknesses worse rather than creating new situations.

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The first example of this is obviously the way in which social vulnerability coupled with the paralysis of economic activity has manifested itself. In Europe, social protection mechanisms were particularly effective in protecting the population albeit in different ways in different countries. In the United States, economic liberalism had brutal effects such as an explosion in unemployment (22 million initial applications for benefits in two months). This shows how easily the situations of the people concerned could become extremely precarious because losing a job generally also leads to the loss of health insurance. In many other countries in the Americas, population groups dependent on informal employment make up over half of the population and so the economic downturn or lockdown itself have simply dried up sources of income leading to a brutal dependence on state food aid if this even exists. Globalisation may have given the impression that economic situations had become homogenised but this crisis has provided a brutal reminder that differences in living standards and development actually have not disappeared. Certain non-economic factors also affected the overall picture. In Cuba, for example, the early emergence of a tradition of epidemiology<sup>21</sup> and the country's militant insistence on developing a national medicine after independence (this could even be dubbed 'medical nationalism'<sup>22</sup>) may explain why this country is coping much better with the pandemic than others.

These fault lines have also had a brutal effect within each of the societies concerned. The explosion of exasperation caused by the George Floyd affair in the United States can be viewed in the same way as the fact that black and Hispanic communities were proportionally much more affected by the Covid-19 pandemic than others. This was because they

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21 - A. López Denis, *Disease and Society in colonial Cuba, 1790-1840*, Ph. D., University of California, 2007. Also see: <https://covidam.institutdesameriques.fr/cuba-et-la-tradition-epidemiologique-coup-doeil-au-xixe-siecle/>

22 - S. González, *The double-edged sword: Smallpox vaccination and the politics of public health in Cuba*, Ph. D., City University of New York, 2014. Available on line: [https://academicworks.cuny.edu/cgi/viewcontent.cgi?article=1352&context=gc\\_uids](https://academicworks.cuny.edu/cgi/viewcontent.cgi?article=1352&context=gc_uids). Consulted on 11 November 2020.

had the lowest levels of access to health services and because their jobs were in the sectors most exposed to contamination. This situation can also be observed in almost all countries of the Americas, with variations depending on the extent to which social hierarchies are a function of socio-economic inequalities or ethno-racial rifts. Afro-descendant or indigenous communities were known to be the most marginalised but the crisis has tragically amplified the visibility of this. This was to be further compounded by the fact that the focus on coronavirus reduced the availability of care for other diseases and that these communities are also at the greatest risk of chronic diseases like diabetes. It will only be possible to gauge the true scale of these highly negative effects when consolidated mortality data over a few months or even the whole of 2020 becomes available. This observation can also be situated in a long-term historical context as Caroline Rolland-Diamond<sup>23</sup> has done for the civil struggles of the black population in the United States. The disproportionate impact of lockdown on these population groups that are often poorly housed can also be compared to their struggles for access to public spaces like beaches.<sup>24</sup>

The negative effects of physical lockdown are made worse for populations concerned by poor levels of access to the internet and modern means of communication. As is the case in Europe, this can only reinforce inequalities in access to knowledge with many schools on the American continent having been closed and replaced by online courses. However, it can also represent a serious weakness when social benefit policies designed to mitigate the impacts of the crisis require online registrations on public service websites. In some countries, concerns may be even more basic –

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23 - C. Rolland-Diamond, *'Black America, une histoire des luttes pour l'égalité et la justice (XIX<sup>e</sup>-XX<sup>e</sup> siècle)'* (A history of struggles for equality and justice (19th-21st century)), Paris, La Découverte, 2016.

24 - E. Devienne, *'La ruée vers le sable: une histoire environnementale des plages de Los Angeles au XX<sup>e</sup> siècle'* (The Sand Rush: An Environmental History of Los Angeles Beaches in the 20th Century), Paris, Éditions de La Sorbonne, 2020.

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how can people apply barrier measures when they have no water to wash their hands? Access to running water is not universal in any of the Latin American countries and many poor neighbourhoods lack sanitation facilities. Among the populations strongly impacted by the pandemic, we should also cite those in prison<sup>25</sup> where lockdown measures and the impression of being abandoned in the face of the virus have led to prisoner revolts.

The case of the Amerindian population deserves special mention at this point. American Indians have been victims of recurrent epidemics since the European expansion onto the American continent and for them the coronavirus is just one more episode in an already grim history. Reflex reactions inherited from previous periods were implemented with many villages trying to isolate, particularly in Amazonia where long hunts in the forest were favoured over interaction with neighbours. However there have also been many disputes that highlight the question of the relationship between indigenous people and the societies around them in today's world. For example, in the United States, the Navajo people attempted to ban entry to their territory only to be reminded that they have limited sovereignty over their lands. Federal roads through these territories cannot be cut off, regardless of the health situation. In French Guiana, the difficulty of controlling territory was highlighted. The authorities did indeed block off the Maroni River to protect the Amerindian villages in the south but Brazilian gold panners continued to get around this system as they have become used to doing.<sup>26</sup> In Brazil and most Central and South American countries, the very poor health care conditions of the Amerindian peoples have been particularly highlighted. The cumulative discrimination suffered by indigenous women also

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25 - See for example Gwenola Ricordeau's work on prisons in the USA.

26 - Fr.-M. Le Tourneau, '*Chercheurs d'or. L'orpaillage clandestin en Guyane française*' (Gold diggers. Clandestine gold panning in French Guiana), Paris, CNRS Éditions, 2020.

became notably evident.<sup>27</sup>

The Covid-19 pandemic blatantly reveals the vulnerability of the poorest and most marginalised of our societies but it should also be noted that most often the way the virus spreads involves the most connected regions and those best integrated into globalisation. The virus often gets out of control among the most disadvantaged populations but it is often among the elite that the disease appears first (as in Chile, Peru, etc.).

**WORKERS IN PRECARIOUS SITUATIONS: FORMS OF WORK, SOCIAL PROTECTION SYSTEMS AND INCREASED INSTABILITY – THE EXAMPLES OF INDIA AND JAPAN**

In India, Narendra Modi decided on a strict lockdown from 25 March for reasons similar to those in France (a lack of masks, tests or hospital beds). This was made even harder for the population because the announcement was aired only four hours in advance. The lockdown was a factor of tragedy as much as the disease was, as Covid-19 mortality is still low in India although it is now rising sharply.<sup>28</sup> It revealed several features of society which were previously well-known but had never been highlighted to such an extent, particularly the importance of the 'precariat'. How can slum dwellers be forced to go into lockdown? Often their housing is tiny and their income paid on a daily basis which meant that to survive, they *had to* go out, hence the many conflicts with the police. India is seen as an 'emerging' country but its economic growth was revealed for what it is – an economy based largely on a precarious underpaid workforce which makes the country internationally competitive but does not constitute a solid basis for development. A fair part of this precariat is made up of immigrants from poor regions of India attracted to the big cities but also to certain rural

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27 - R. Sieder (éd.), *'Demanding justice and security. Indigenous women and legal pluralities in Latin America'*, New Brunswick, N.J., Rutgers University Press, 2018.

28 - This article was written in autumn 2020 (N. d. E)

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areas by potential earnings (coffee plantations in Kerala, etc.) for a few months or a few years in the framework of 'circular migrations' rather than a true rural exodus. These workers found themselves trapped by lockdown as they could no longer work or pay their rent. Many therefore took to the road, walking or cycling hundreds of kilometres to return to their regions of origin. In May 2020, the federal government started to organise special trains but these remained difficult to access. Towns and villages welcomed back millions of unemployed people and cities began to run out of labour.

The informal sector accounts for 90% of the Indian workforce and by definition is characterised by an almost total lack of social rights. This drove migrants onto the roads. Farmers have also been victims of the crisis (20% of them have had to sell land, according to a survey by an IFP-IRD project in Tamil Nadu). The working classes and lower castes have also been victims of India's strong social hierarchy in terms of income but also in terms of behaviour towards them and representations often based on stigmatisation. Slum dwellers are suspected of poor hygiene and of transmitting disease whereas in fact their employers, who take planes, are far more likely to spread the virus.

The generosity of associations and certain individuals did not suffice to effectively limit this precariousness especially because the police were afraid that the distribution of food would lead to mobs forming... And yet the Prime Minister had himself asked all citizens to adopt 9 poor families... The federal or federated State's paternalist outlook has reduced it to making injunctions that are rarely implemented (banning landlords from demanding rent, encouraging employers to continue paying their unemployed workers). More seriously, it tried to strengthen the *Public Distribution System* which normally provides food aid to a large proportion of Indian households. However, the system works on a territorial basis as beneficiaries need to register in their place of residence which excludes a large

proportion of migrants. The same applies to the NREGA rural public works programme. During this crisis, New Delhi has reinforced its power over the states through its directives, but the states have kept a margin for manoeuvre and even for obstruction. Borders are physical as well as political and lockdown has closed state and even district borders thus ignoring economic and social continuities.

Japan's socio-political context is very different from India's and non-regular and temporary Japanese workers were hit the hardest by the pandemic and its management. Japan was vulnerable to being rapidly and severely affected by the Covid-19 pandemic because of its relatively intense trade with Wuhan City and its elderly population highly concentrated in a few large urban centres. Although Japan was one of the first countries affected by the pandemic, as the quarantine of the Diamond Princess ship in early February 2020 illustrates, the epidemic did not reach the same scale as in Europe and the United States. As of 7 June, 16,950 people had been diagnosed as infected with 916 deaths, in a population of 128 million. Antibody tests carried out between 1 and 7 June on 8,000 people in three Japanese regions confirmed a relatively limited spread of the virus, with infection rates of 0.1%, 0.17% and 0.03% for Tokyo, Osaka and Miyagi respectively.<sup>29</sup>

However, beyond these epidemiological controversies and the fact that the epidemic has been less intense in Japan,<sup>30</sup> the crisis has nonetheless had a considerable impact on Japanese workers. 5.97 million people were made unemployed in April 2020 which was far more than the 1 million redundancies during the 2008 crisis.<sup>31</sup> To understand the situation facing Japanese workers, it is important

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29 - *Mainichi shimbun* (Japanese daily newspaper with a large circulation), 16/06/2020.

30 - *Nikkei* (specialist daily economic paper), 25/05/2020.

31 - *Nikkei*, 29/05/2020.

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to remember that lockdown measures in Japan have been less strict than in France as they are based on trusting citizens to act responsibly.<sup>32</sup> Some observers saw the double phenomenon of a limited epidemic and voluntary lockdown as the success of a true Japanese model of epidemic management. They claimed this model to be respectful of the public liberties guaranteed by the constitution and even the sign of the superiority of Japanese citizens' 'degree of civilisation' (*mindō*) particularly embodied by a superior sense of civic duty and hygiene.<sup>33</sup> Conversely, others interpreted this non-compulsory lockdown as reflecting a desire to shift responsibility onto citizens, leaving workers in particular to their own devices and to their 'individual responsibility' (*jiko sekinin*).<sup>34</sup>

This accusation that the State is failing in its duty to protect its population may seem somewhat exaggerated in light of the fact that the Japanese government has implemented an aid package. This included universal support of 100,000 yen per person without a means test, although this support was greatly criticised because it took a long time for citizens to be paid.<sup>35</sup> There were also more targeted benefits for households having difficulty paying their rent and interest-free loan schemes which required no guarantors. Japan also has a job protection scheme including a short-time working system supported by public 'employment benefits' (*Koyō josei enjokin*) paid to companies. However, again these benefits have had difficulty in reaching the companies concerned. Moreover, workers in SMEs and temporary or 'gig economy' workers are the people who have suffered most from the crisis. Indeed,

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32 - A. Sala, 'Le Japon face à l'épidémie. Gestion de crise et responsabilité civique' (Japan faced with the epidemic. Crisis management and civil responsibility), *La Vie des idées*, 17 April 2020. Available on line: <https://laviedesidees.fr/Le-japon-face-a-l-epidemie.html>. Consulted on 11 November 2020.

33 - R. Kopp, 'Is Japan's low Covid-19 death rate due to a 'higher cultural level?', *Japantimes*, 2020/12/06.

34 - 'Jiko sekinin datsu shi rentai e', *Akahata shinbun* (Japanese Communist Party daily newspaper), 7 June 2020.

35 - A survey by the newspaper *Asahi* only revealed great disparities between regions at the end of June. Just 3% of the population of Osaka had received benefits compared to 91.7% in Hokkaido (28/06/2020 edition).

until the end of May, the jobs of regular employees working for large companies had largely been preserved, either through remote working – which was in fact reserved for this employment category of around 20% of employees – or through short-time working.<sup>36</sup>

Non-regular employees now account for almost 40% of the total workforce and have been seen as an adjustment variable enabling companies to save the jobs of regular employees, in whom they have invested for the longer term. Within this broader category of non-regular employees, the category of temporary agency workers has suffered particularly. These workers have become increasingly numerous in companies following labour laws being relaxed over the last twenty years. In the current crisis, temporary workers have been discriminated against in terms of access to remote working and have seen the hours offered them severely reduced to the point where they no longer have a salary if their contracts were even renewed at all. Self-employed workers are a rapidly growing category like temporary agency workers and often represent a hidden wage ratio. Such workers have also found themselves without any benefits safety net as their job status means they are excluded from all employment protection mechanisms.<sup>37</sup>

The fate of non-regular employees has shocked public opinion even more because these day labourers, temporary workers, short-term contract workers, self-employed workers, etc., are disproportionately present in sectors that ensure a continuity of service during the epidemic like medical care (30%), retail (55%), personal services (44%) or home delivery (65%) and therefore

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36 - Kozu Rikio, *'Ikkasei ni owaranai sēfutinetto o isoge'*, *Chūō kōron*, vol.130

37 - K. Kamata, *'Legal Issues Surrounding Employment-like Working Styles: Disguised Employment and Dependent Self-employment'*, *Japan Labor Issues*, vol.4, no.22, March-April 2020.

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were unable to work from home.<sup>38</sup> These non-regular workers on the front line during the epidemic are more vulnerable still because it is very difficult in Japan for those who caught Covid to be recognised as suffering from occupational diseases. By the end of April, only four claims had been made for work-related accidents. By 6 June, the Japanese Ministry of Health, Labour and Welfare (MHLW) had only deemed 8 cases of Covid-19 to be eligible for workers' compensation from a total of 94 claims.<sup>39</sup> In practice, health workers are often reluctant to make such claims because this would mean breaking the rule of silence that can prevail in some hospitals concerned about their reputations. Also, Japan's regional labour offices are stuck in a negative administrative culture as regards recognising occupational illnesses and accidents. This means they tend to discourage there being too many claims and offer little help even to health and care workers seeking recognition of their infection with the virus as occupational in nature. For example, only three of the eight cases cited above were health workers.

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38 - F. Katsuhiko, 'Mitomerareru tanjikan rôdôsha no taigu kaizen', *Shûkan tōyô keizai* (weekly paper on economics and finance), 6 June 2020, p. 9.

39 - *Asahi shinbun*, 09/06/2020.

## **WORK AND MOVEMENT PREVENTED IN THE NEAR AND MIDDLE EAST**

In March 2020, the health crisis led to the complete closure of international borders in the Near and Middle East and even to a ban on travel between the main cities of a single country as occurred in Jordan and the Palestinian Territories. Travel was thus severely restricted or even prohibited as was also the case in other parts of the world.

In Mandatory Palestine (between 1920 and 1945), the French and British authorities implemented quarantine zones as an instrument to control inhabitants' mobility while using the pretext of health policy. A district of Beirut near the port has actually kept this name. Quarantine zones were also created along the pilgrimage routes to Mecca to control pilgrims with the stated aim of limiting risks of spreading disease.<sup>40</sup> Since the Second World War, travel in the Middle East has been subject to numerous restrictions due to both the ongoing Arab-Israeli conflict and to other sources of political tension.<sup>41</sup> Restrictions on people's movement have been imposed on several different scales ranging from not being able to cross an international border to confinement in refugee camps or even house arrest for some live-in female domestic workers. Forced migrant movements have exacerbated political and socio-economic tensions at the local level resulting in many refugee camps being set up and kept in place. Some of these are presented as spatial enclaves in which the mobility of population groups is tightly controlled and restricted. Migrant workers are subject to the *kafala* legal regime which ties them to their employer. In Jordan, they live and work in industrial zones with their access

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40 - S. Chiffolleau, '*Les quarantaines au Moyen-Orient: vecteurs ambigus de la modernité médicale*' (XIX<sup>e</sup>-XX<sup>e</sup> siècles) (Quarantines in the Middle East: ambiguous vectors of medical modernity (19th-20th centuries)), in A.-M. Moulin and Y. I. Ulman (ed.), '*Perilous Modernity. History of Medicine in the Ottoman Empire and the Middle East from the 19th Century onwards*', Istanbul, The Isis Press, 2010, p. 141-155.

41 - K. Dorăi, '*State, Migration, and Borders' Fabric in the Middle East*', *Frontera Norte*, 2014, vol. 26, special issue 3, p. 119-139.

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to mobility mostly limited to Fridays – the day of rest. The most emblematic case of restrictions on mobility is undoubtedly that of live-in female domestic workers.<sup>42</sup> Many are confined to their employers' homes and have their passports and residence permits confiscated. Some can only leave their employer's home with the employer's permission or when accompanied. Most have only one day off a week which means they cannot leave the town they live in.<sup>43</sup> The combination of the health crisis and the economic crisis in the Lebanon has plunged a large proportion of female migrant workers into a situation of exacerbated insecurity. Some have been sacked without notice or compensation and have found themselves on the street with no housing, income or even identity papers in some cases. Beirut airport was closed until 1 July 2020 which meant they could not return to their home countries. Their home countries' consulates (Ethiopia or Bangladesh) cannot afford their repatriation and so they are forced to stay where they are whilst awaiting a solution.

These analyses of the situation of exposure to the virus and exacerbated vulnerability in the case of precarious and non-regular workers in different parts of the world form a strong basis for the political conception of care.<sup>44</sup> The pandemic has highlighted the invisible people who are 'taken for granted' and often work in care professions like housework, health care, accompaniment, looking after children, education, and so forth: '*The grammar of*

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42 - R. Jureidini, and N. Moukarbel, '*Female Sri Lankan domestic workers in Lebanon: a case of 'contract slavery'?*', *Journal of Ethnic and Migration Studies*, 2004, 30:4, 581-607, DOI: 10.1080/13691830410001699478.

43 - A. Dahdah, '*Mobilités domestiques internationales et nouvelles territorialités à Beyrouth (Liban)*' (International domestic mobility and new territorialities in Beirut, Lebanon), *Espace populations sociétés*, 2010/2-3, 2010, p. 267-279.

44 - The French report put the term 'care' in italics except when it refers to the ethics of care (as is the case here) in compliance with the choice explained by P. Molinier, S. Laugier, P. Paperman, *Qu'est-ce que le care ? Souci des autres, sensibilité, responsabilité*, Paris, Petite bibliothèque Payot, 2009.

*care has become remarkably self-evident for everyone – we are all dependent on others either for vital needs, matters of life and death, or more ordinary needs*<sup>45</sup>. The continuum of care activities – ‘*all that we seek to weave together in a tight complex safety net whose objective is to maintain life*’<sup>46</sup> – previously seemed very complex to explain in theory but has become extremely clear in the context of the pandemic and for all dimensions of life, be they social or biological.<sup>47</sup>

### COVID, RACE AND INTERSECTIONALITY

The notion of race used here is not the same as the biological ‘truth’ touted up until the Second World War which has since been scientifically discredited; rather, it refers to the discriminatory social treatment of certain groups of people. That is why in most parts of the world social scientists take the notion into account when referring to groups of people in a subaltern position, as evidenced by discrimination and segregation and all kinds of other inequalities – including with regard to the pandemic. Racists, whether savants or not, used to refer to ‘races’ in the plural (white, Aryan, black, Jewish, etc.); nowadays, researchers refer to ‘race’ in the singular, precisely in order to combat such racist positions.

In France, race or ethnic origin is not a category that is used in statistical analysis; there is nothing equivalent to the pandemic data published

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45 - ‘*La grammaire du care s’est remarquablement imposée à tous: nous sommes tous dépendants des autres, que ce soit pour des besoins vitaux, à la vie à la mort, ou pour des besoins plus ordinaires*’, S. Laugier, ‘*Le prix de l’invisible - les femmes dans la pandémie*’ (The price of the invisible - women in the pandemic), *La vie des idées*, 2020 <https://laviedesidees.fr/Le-prix-de-l-invisible.html>. Consulted on 11 November 2011.

46 - J. Tronto J. et B. Fisher, ‘*Toward a feminist theory of caring*’, dans E. Abel et M. Nelson M. (éd.), *Circles of Care*, Albany, State University of New York Press, 1990, p. 36-54; S. Laugier, S., ‘*Politics of the Ordinary, care, ethics, and forms of life*’, Peeters 2020.

47 - We shall return to this in part D of the document.

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in many other countries.<sup>48</sup> This has indeed been a source of concern for a number of epidemiologists from an early stage. Everywhere else, the figures confirm the inequalities people are facing in the pandemic precisely by using this category in their analyses. Thus in the United Kingdom, as early as June, an official public health report revealed that racial minorities were more exposed to the coronavirus,<sup>49</sup> and that if they did become ill they ran a greater risk of dying. The BAME categories (Black, Asian, and Minority Ethnic) are not only over-exposed: they are also under-protected and, according to one report by the Labour Party,<sup>50</sup> neglected and even stigmatised. The same is true in Brazil: according to epidemiological investigations and social science analyses,<sup>51</sup> black people, as categorised by public statistics in Brazil, are being particularly hard hit by the disease. This is also true in the United States, where the statistical data emphasises the fact that all racial minorities are being more seriously affected.<sup>52</sup>

Failing to take account of the inequality in the face of the disease revealed by this analysis category has a knock-on effect on public policies. Thus in the United Kingdom Prime Minister Boris Johnson's self-deception appeared to justify accusations of

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48 - In most countries, census-taking takes various racial and/or ethnic categories into account: in a study covering 141 countries, sociologist Ann Morning showed that in 2008 almost two thirds (63%) used these categories in one form or another. This is not the case in France (Ann J. Morning, *Ethnic classification in global perspective: a cross-national survey of the 2000 census round*, *Population Research and Policy Review* 27 (2), p. 239-272, 2008).

49 - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892376/COVID\\_stakeholder\\_engagement\\_synthesis\\_beyond\\_the\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf).

50 - <https://www.theguardian.com/world/2020/oct/27/structural-racism-led-to-worse-covid-impact-on-bame-groups-report>.

51 - [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30285-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30285-0/fulltext); <http://www.anpocs.com/index.php/publicacoes-sp-2056165036/boletim-cientistas-sociais/2325-boletim-semanal>.

52 - <https://covidtracking.com/race>; <https://www.cdc.gov/mmwr/volumes/69/wr/mm6942e1.htm>.

‘structural racism’<sup>53</sup>, while anti-racist mobilisation was ramped up in the context of the Covid-19 pandemic, the Black Lives Matter movement after the death of George Floyd, and the Adama Traoré Committee in France.<sup>54</sup>

In France, the absence of data based on the inclusion of a ‘race’ category does not mean that there is no concordant information on these same inequalities, as indirect indicators (‘proxies’) serve the same purpose<sup>55</sup>. One possible proxy takes place of residence as the starting point: there is nothing random about the excess mortality in the Seine-Saint-Denis *département*,<sup>56</sup> which is particularly striking as this is France’s youngest *département*: it is also the poorest, with the highest proportion of first-and-second-generation immigrants. Another indirect criterion: in March-April 2020, according to the French national statistics office INSEE,<sup>57</sup> the increase in the number

53 - <https://www.theguardian.com/world/2020/jun/02/boris-johnson-urged-to-publish-bame-covid-19-review-immediately>.

54 - <https://blogs.mediapart.fr/eric-fassin/blog/250620/antiracisme-la-france-dapres-est-dans-la-rue>. At the same time, it was possible to affirm the male-dominated mark of white supremacy in relation to a proclaimed undifferentiated response to the risk, in Brazil as in the United States. During the first debate of the presidential campaign (<https://edition.cnn.com/videos/politics/2020/10/02/trump-biden-masks-debate-dpx-vpx-sot.cnn>), Donald Trump mocked his Democrat opponent, intimating that wearing a mask was the sign of a lack of courage. Similarly, Jair Bolsonaro refused to allow Brazil, by protecting itself from disease, to become ‘a country of queers’ (<https://oglobo.globo.com/sociedade/tem-que-deixar-de-ser-um-pais-de-maricas-diz-bolsonaro-sobre-covid-19-1-24739111>). Comparable political contexts may thus contribute to casting light on the convergent results in these two countries (<https://preprints.scielo.org/index.php/scielo/preprint/view/1318>).

55 - However, investigations may take these categories into account. Thus the French ombudsman (*Défenseur des Droits*) established in 2017 that ‘in relation to the population as a whole, and all other things being equal’, ‘young men perceived to be black or Arab’ were ‘twenty times more likely than anyone else to have their ID checked’ (Rights Defender, Investigation into access to rights, vol. 1: Relations between police and people: the case of ID checks, January 2017: - <https://www.defenseurdesdroits.fr/fr/actus/actualites/reactions-policepopulation-le-defenseur-des-droits-publique-une-enquete-sur-les>).

56 - [https://www.lemonde.fr/societe/article/2020/05/17/coronavirus-une-surmortalite-tres-elevee-en-seine-saint-denis\\_6039910\\_3224.html](https://www.lemonde.fr/societe/article/2020/05/17/coronavirus-une-surmortalite-tres-elevee-en-seine-saint-denis_6039910_3224.html).

57 - <https://www.insee.fr/fr/statistiques/4627049>.

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of deaths was twice as high among people born outside France. The current investigation into epidemiology and living conditions (*Épidémiologie et Conditions de Vie* – EpiCoV), led by sociologist Nathalie Bajos and epidemiologist Josiane Warszawski, has already produced more specific initial indications by applying four categories (not including those French nationals born in France’s overseas *départements* and regions): first-and-second-generation immigrants, in each case of either European or other origin.<sup>58</sup> This shows that although seroprevalence among European immigrants and their children is no different from that of the rest of the population, the figure is more than doubled among immigrants from outside Europe, and remains high even among their children.

This could well lead us to ask the question: Is race soluble in class? In fact the density of the urban habitat is not the only a risk factor: other factors include cramped housing and large families. And it comes as no surprise to note that differences in standard of living play a crucial role, as does the fact of living in a ‘priority’, i.e. particularly underprivileged, area in France. Yet we cannot conclude that, all other things being equal, differences in terms of origin or appearance are negated by the socio-economic criteria applied. To do so would mean forgetting that all other things never are really equal, as they are so intermingled. Working in one of the care sectors doubles the risk, which is hardly surprising. So why should this factor be dissociated from the others and considered through the prism of the notion of social class, gender studies, and in certain countries, the statistical category of race? Rather than look for an economic determination in the last instance, it would be better to take into account the complex logic that articulates this set of factors.

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58 - N. Bajos, J. Warszawski, É. Counil, Fl. Jusot, A. Spire, C. Martin, L. Meyer, A. Sireyjol, J.-E. Franck, Na. Lydié, ‘*Les inégalités sociales au temps du Covid-19*’ (Social inequalities in the time of Covid-19), *art. cit.*; <https://drees.solidarites-sante.gouv.fr/IMG/pdf/er1167.pdf>.

What we refer to as intersectionality not only concerns those people affected by the coronavirus. Firstly, it is to be found in the sociological composition of the care professions. Secondly, it is also at work in both the stigmatisation and the repression of suspect social groups, who it is claimed show a lack of responsibility in terms of health (particularly young men in working-class districts). Investigations observe various elements indicating that processes of stigmatisation are at work, particularly with regard to groups suspected of transmitting the virus, for example people – ‘Chinese’ people, although they may come from anywhere in south-east and eastern Asia – living in *département* 93: processes are at work that lead certain people to consider these groups of people to being different merely because they are not French, and to make xenophobic judgments.<sup>59</sup> Although it is true that the various logics of this triple intersectionality cannot be exactly superposed (indeed the gender factor may operate in the opposite direction), the fact nevertheless remains that it is only by analysing how they dovetail in each case that we can hope to refine our analyses. It would in fact be necessary to extend the intersectional approach to other social groups, those that are less numerous and insufficiently studied but particularly exposed and in which health habits are often poor (in prisons and refugee camps, for example, not to mention among the homeless).<sup>60</sup>

59 – R. Dely, N. Hamadi, P. Simon, P. & S. Wang, ‘*Migrants, quartiers populaires, les boucs émissaires du Covid-19?*’ (Migrants, working-class districts: the scapegoats of Covid-19? [trans.]), Museum of History and Immigration, 10 June 2020, at: <https://www.histoire-immigration.fr/agenda/2020-05/migrants-quartierspopulaires-les-boucs-emissaires-du-covid-19>; S. Wang, X. Chen, Y. Li, Ch. Luu, R. Yan & Fr. Madrisotti, ‘*I’m more afraid of racism than of the virus!*’: *Racism Awareness and Resistance among Chinese Migrants and their Descendants in France during the Covid-19 pandemic*. *European Societies*. <https://doi.org/10.1080/14616696.2020.1836384>; G. Gao & L. Sai, ‘*Opposing the toxic apartheid: The painted veil of the Covid - 19 pandemic, race and racism*’, Gender Work Organisation, 2002, p. 1– 7. <https://doi.org/10.1111/gwao.12523>.

60 – [https://www.lemonde.fr/societe/article/2020/10/28/l-acceleration-de-l-epidemie-de-covid-19-inquiete-dans-les-prisons-ou-l-afflux-de-detenus-a-repris\\_6057674\\_3224.html](https://www.lemonde.fr/societe/article/2020/10/28/l-acceleration-de-l-epidemie-de-covid-19-inquiete-dans-les-prisons-ou-l-afflux-de-detenus-a-repris_6057674_3224.html); <https://theconversation.com/dispatch-from-a-refugee-camp-during-the-covid-19-pandemic-146976>; [https://www.bfmtv.com/paris/covid-19-40-des-personnes-sdf-infectees-a-paris-selon-le-president-du-conseil-scientifique\\_AN-202010090165.html](https://www.bfmtv.com/paris/covid-19-40-des-personnes-sdf-infectees-a-paris-selon-le-president-du-conseil-scientifique_AN-202010090165.html).

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France probably does not escape the logics of inequality observed elsewhere and which, in certain societies, are described through the statistical category of race. The social sciences propose an intersectional reading grid to throw light on the context of the pandemic, reflecting a racialisation which is arousing debate within the HSS that is as epistemological as the debate in the public sphere is political.

# 2

## Multiple and interwoven forms of inequality

**A**part from the racial issue, a host of inequalities have come to the surface and/or been aggravated by the pandemic: they are connected with socio-economic conditions, gender, age, the territories and their organisation, political status, forms of employment, etc. They have often appeared in combination. One example is the inequalities regarding gender and employment in the care sector: *'In this crisis, women are curiously omnipresent... and absent. Present on every front, as we are continually being shown in the media: sitting at a sewing machine, producing 'alternative' masks for free; holding a broom, cleaning hospitals and those stores that remained open; at patients' bedsides; at the cash desk in the shops that made it possible to keep going. A vague collective guilty conscience is coming to light: customers now greet and thank the cashiers they barely noticed just a few weeks earlier as they paid for their purchases mechanically while carrying on a conversation on their mobile phone with someone else who was clearly*

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*more important to them*<sup>61</sup>.

In the case of France, the jobs and skills mainly concerned in combating the Covid-19 pandemic in accompanying ordinary lives are those of caregivers (91% women), nurses (87% women), and cashiers and sales assistants (76% women) – all activities that provide care in society or ensure supplies – not to mention teachers (71% women). Nowadays, women are actually in a majority not only among hospital doctors but also among general practitioners and pharmacists. The proportion of women is even higher among people working in retirement homes and as home helps (97%). Many collectives, mainly of women, have sprung up in order to produce home-made masks – a French speciality. And in general, women seem to be massively affected and rendered fragile by the financial consequences of the Covid-19 pandemic, given that the wages gap in France is, depending on the salary level, between 10 and 25% for equal status and working hours. 8% of men work part-time but the figure jumps to 31% for women which means they have a lower than average income. Whatever their employee status, three quarters of women have to materially and mentally deal with domestic tasks exclusively for about three hours a day. It will be interesting subsequently to see whether the women who ‘stepped up to the mark’ throughout the Covid-19 pandemic will be afforded more recognition for their role, both professional and domestic.

The inequalities related to the territory and to mobility conditions,

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61 - [*Dans cette crise, les femmes sont curieusement omniprésentes... et absentes. Présentes sur tous les fronts, car on ne cesse de nous les montrer dans les médias: à la machine à coudre, fabricant bénévolement des masques 'alternatifs'; au balai, faisant le ménage dans les hôpitaux et magasins encore ouverts; au chevet des patients, à la caisse des commerces qui permettent de poursuivre une vie vivable. Une vague mauvaise conscience collective se fait jour; les clients saluent et remercient les caissières à qui il y a quelques semaines ils n'accordaient pas un regard, réglant mécaniquement leurs achats tout en s'adressant via leur téléphone portable à une personne à distance, clairement bien plus importante.* S. Laugier, *'Le prix de l'invisible - les femmes dans la pandémie'*] The price of the invisible: women in the pandemic, art. cit.

exacerbated by the pandemic and combined with other forms of inequalities, particularly socio-economic and related to the forms work takes, have been re-explored. The aim of the ANR Modural programme begun in January 2020 on sustainable mobility practices in Bogotá (Colombia) and Lima (Peru) is to investigate everyday mobilities in the working-class suburbs of these two major cities in the Andes.<sup>62</sup> It is looking into ‘mobility transition’ by studying the factors in favour of and hindering the development of sustainable mobility practices. Bringing together twenty or so French, Colombian and Peruvian researchers, the programme quickly came up against the pandemic, since the city of Lima was placed in quarantine as early as 15 March – two days before France – and the city of Bogotá one week later, on 22 March. Drawing the lessons from experience in Europe, Peru and Colombia opted for early lockdown, in the hope of halting the spread of the pandemic; the effect in Peru was only slight – currently it is the most hard-hit country on the continent in relative terms – and only allowed a two-month deferment of the explosion of the epidemic in Colombia, which is also seriously affected at present.<sup>63</sup>

In early summer 2020, the two cities were the main centres of contagion in each country, particularly the Lima-Callao agglomeration, which is currently<sup>64</sup> accounting for two thirds of the detected cases and half of the deaths in Peru,<sup>65</sup> and to a lesser extent Bogotá, where one third of the detected cases and one fifth

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62 - See the research notebook at: <https://modural.hypotheses.org>, which includes a section specifically on Covid-19 (<https://modural.hypotheses.org/covid-19>), and Hal-SHS’ Modural collection, at: [https://hal.archives-ouvertes.fr/ANR\\_MODURAL/](https://hal.archives-ouvertes.fr/ANR_MODURAL/).

63 - See the special Covid-19 website of the Pan American Health Organisation, at: <https://www.paho.org/es/temas/coronavirus/brote-enfermedad-por-coronavirus-covid-19>.

64 - Autumn 2020

65 - Source: <https://data.larepublica.pe/envivo/1552578-casos-confirmados-muertes-coronavirus-peru>.

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of the deaths in Colombia are concentrated.<sup>66</sup> Within these cities it is the working-class districts that are the hardest hit, because of the accumulation of a number of unfavourable conditions: the poor quality housing of large families in lockdown; mediocre health cover; consumer habits based on daily shopping at markets that quickly became centres of contamination;<sup>67</sup> nearly all employment is informal, with precarious incomes, forcing workers to defy the lockdown in order to earn enough to survive; heavy dependence on public transport because poorer families cannot afford a car or motorcycle, etc.

Thus the health crisis appears in part to be a mobility crisis. In both Bogotá and Lima, the offer of transport and the mobility conditions are very inegalitarian: the rich tend to live nearer their workplace than the poor, and they often have a car to get there. The working classes, on the other hand, have to resort to collective transport, which is of mediocre quality: an 'integrated public transport system' (*Sistema Integrado de Transporte Público* – SITP) in Bogotá, of which the most visible feature is the *Transmilenio*, and in Lima a hybrid system combining a bus route with its own lane (the *Metropolitano*), an overhead metro line (the *Tren Urbano*) and a large quantity of traditional forms of communal transport, often of an informal nature (buses, rogue taxis and motorcycle taxis). In both Bogotá and Lima, as in many towns and cities around the world, the health crisis forced the local authorities to first suspend and subsequently restrict the use of all forms of collective transport since they were particularly crowded before the crisis, and for the same reason they have been deserted by part of the population since the start of lockdown for fear of contagion. New mobility strategies have thus emerged, with fewer journeys (helped by teleworking and distance learning for youngsters) and reversion to individual forms

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66 - Source: <https://www.eltiempo.com/datos/coronavirus-en-colombia-casos-actualizados-y-confirmados-471650>.

67 - Source: [fr.euronews.com/2020/05/01/au-perou-les-marches-en-plein-air-sont-devenus-des-foyers-de-contagion-du-coronavirus](http://fr.euronews.com/2020/05/01/au-perou-les-marches-en-plein-air-sont-devenus-des-foyers-de-contagion-du-coronavirus).

of transport, such as the car or motorcycle for those who can afford them, but also the bicycle and walking.

Beyond the current health crisis, there is therefore a risk, in the towns further north, of a setback for the growth of sustainable forms of mobility, with an explosion in car traffic, and a host of knock-on effects in the form of pollution, road congestion and accidents, which were all very high even before the health crisis. The crisis could, however, have the opposite effect and serve as an accelerator for active transport (cycling and walking), which are good for health, the environment, and the purchasing power of working-class households. Bogotá was already identified before the health crisis as the Latin American ‘star’ of the bicycle,<sup>68</sup> as very active public pro-cycling policies have been in place for several decades already.<sup>69</sup> The pandemic has boosted the trend, with Bogotá being one of the first places anywhere in the world to introduce ‘corona cycle paths’ as early as the end of March 2020,<sup>70</sup> deploying for the occasion a kind of ‘tactical urbanism’<sup>71</sup> that was subsequently seen to appear all over the world. Lima was not far behind, with a considerable increase in the number of initiatives in favour of cycle transport.<sup>72</sup>

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68 - It is, for example, the only town in the Region to be listed in the Copenhagenize Index of the world’s twenty ‘most bicycle-friendly cities’ (<https://copenhagenizeindex.eu>).

69 - Robert J. Gouëset V., Demoraes F. et al. (2020). ‘*Relato del primer seminario del programa de investigación ANR Modural*’ (Report of the first seminar in the ANR Modural investigation programme) (Bogotá, 9-13 March 2020), 86 p. Halshs-02626047

70 - Source: <https://www.cerema.fr/fr/actualites/amenagements-cyclables-temporaires-confinement-quelles>

71 - Cf. Lyndon M. et al. (2012). Tactical urbanism. Short-term action, long-term change. New York, The Street Plans Collaborative, 47 p.; and Douay N. & Prévot M. (2016): ‘*Circulation d’un modèle urbain ‘alternatif’? Le cas de l’urbanisme tactique et de sa réception à Paris*’ (Circulation of an ‘alternative’ urban model? The case of tactical urbanism and its reception in Paris), EchoGéo [on-line], 36 p.

72 - ‘*La bicicleta y la “nueva movilidad”*’ (The bicycle and ‘new-style mobility’). Revista Envía, no. 10/72, May 2020, p. 5-12.

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# 3

## The health system in the face of the health crisis – the example of France, from disorganisation to reorganisation

**B**esides the effect they are having on individuals and populations, the pandemic and its management have also been perceived as revealing and amplifying the fragile areas of health systems. In the case of France, for example, the shortage of hospital beds, a focal point at the height of the health crisis, is only the tip of the iceberg of the effects of the pandemic on a health system that is in the throes of change, and already vulnerable. The cascade of reactions that have actually disorganised the care system has had serious repercussions on the whole of French society. The areas of tension in hospitals pre-date the current crisis. A number of elements have been put forward: not only financial difficulties, with the debts run up by health facilities, but also the insufficient amount of money allocated to each facility annually for its activity. This amount is taken directly out of the national budget defined in the national objective for health insurance expenditure (*Objectif National des Dépenses d'Assurance Maladie* – ONDAM) voted by Parliament each year. The lack of staff

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and premises has also been at the centre of the malaise, detailed for example in a parliamentary report in March 2019 calling attention to the situation in the psychiatric sector in France. Emergency doctors for their part have described departments on the verge of implosion. Apart from emergency care, the staff shortage appeared to be a glaring problem before the Covid-19 pandemic, in addition to insufficient equipment and outdated infrastructures. These phenomena could be observed in hospital wards and operating theatres. The health sector was in real crisis, and the present crisis has only compounded the problems.

The mutation of the French care system features a shift towards more outpatient care.<sup>73</sup> Hospitals are no longer places where patients are admitted for pathologies requiring hospitalisation, leaving when they have recovered. They have now become links in a continuum of treatment. With the shift towards more outpatient care, there is a determination to turn hospitals into technical centres where most patients are treated without having to stay overnight. Recovery from hospital care must take place elsewhere.

The shift towards more outpatient care makes it possible to limit patients' exposure to nosocomial infections and hence provides safer hospital care, as well as allowing patients to return home sooner. It

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73 - The shift towards more outpatient care refers to a change in orientation and methods for dispensing treatment. It is relatively recent in France, but as a treatment method or policy has been present in North America since the 1970s, and has since spread and become more generalised in Europe. In the last ten years, the shift has accelerated and occupies a prime position in public health policies. Another term used is 'dehospitalisation', which describes very clearly the logic of this shift towards more outpatient care and the way in which, in France at least, the notion forms part of the landscape of public health policies. In the context of our work, we shall merely consider outpatient treatment in the hospital field (A. Plaisant Delaplace, *'La place des soins ambulatoires dans la production de normalités réinventées: l'hypothèse de la charge ambulatoire comme prise en compte des contraintes dans les trajectoires des usagers'* [The place of outpatient treatment in the production of reinvented normalities: the hypothesis of outpatient burden as accounting for constraints in users' trajectories], a thesis for a master's degree in the logic, philosophy, history and sociology of the sciences at the University of Paris, 2020, supervised by M. Gaille).

also makes it possible to reduce expenditure on treatment. The cost of a hospital bed is very high because it includes not only the level of specialisation of the healthcare staff but also amortisation, which in turn takes into account all the technology of the health structure and the pace of the obsolescence of the equipment, something that is accelerating with the increasing speed of innovation.

Such an aim appears to be in contradiction with the calls for investment in existing hospital structures, and it is also in opposition to an increase in hospital staff. Since increasing the number of patients not staying in hospital overnight is the aim of the shift towards more outpatient care, this implies a reduction in area of the space devoted to receiving patients, including a decrease in the number of beds and the number of members of staff.

While a certain number of countries are currently completing this shift, France is right in the middle of it, at the most delicate point for the country's health system. Thus the health crisis has hit France's health system at a time of great fragility.

Today, although the supervisory authority's target is for 70% of hospital admissions to be treated in outpatient surgery, i.e. hospital stays of less than 24 hours, in reality the situation is very different. Hospitals are facing a large proportion of patients in areas where the health infrastructure is not suited to the rapid discharge of patients. These patients are therefore looked after in conventional hospital stays whereas the functional resources of the health establishments are no longer calibrated for such a large percentage of this type of care.

Even before the pandemic broke out, it had already been established that resources were insufficient, resulting in difficulties in coping with the health crisis despite deploying the 'goodwill' of care and

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other teams at every level.<sup>74</sup> This observation is combined with another, regarding the current absence of a set of structures and professionals forming a linked system of the treatment available which would (perhaps ultimately) permit a continuum of treatment, depending on the level of technicity required. It would also seem that preparation for the shift from one health system to another has been poor, leaving the system unable to cope with the possible exogenic shock waves.

This discrepancy has proved glaringly obvious during the current crisis. Certain structures and aftercare and rehabilitation departments have had to reinvent themselves by offering mobile units in order to monitor patients who are no longer in intensive care but not yet stable enough for admission to an aftercare and rehabilitation department or establishment. For patients in a more stable condition, admission to a social or medico-social structure has often been the only solution, given the lack of carers because of physical distancing and the need to release beds for new admissions. Thus the health crisis has highlighted the substantial need for continuity in treatment and not just a transition from hospital-based medicine to the general practitioner's surgery.

The health crisis has put healthcare workers back at the heart of the decision-making process with regard to patient care. In a context characterised by limited resources, medical teams have had to act quickly in order to cope with the brutal increase in demand for treatment. The official regulatory scheme provided

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74 - On this question, the specific point of the engagement of non-French health professionals resident in France or of non-French origin is explored, through various initiatives, regarding interpreting during treatment or scientific discussions and tele-consultations in particular. See: F. Sirna & S. Wang, 'European and non-European health workers in France during the Covid-19 pandemic: engagement in the disease control and in the French health system's reorganisation' in Lia Lombardi and al. (eds.) special issue on 'The challenges of Covid-19: global health and inequality', *European Sociological Association RN16 Sociology of Health and Illness Newsletter*, 2020, 11, p. 14-16.

by the administration became overloaded, and a self-constructed regulatory scheme in each territory has come into being, with successive adjustments. Also, the level of saturation of the institutions dealing with patients affected by the virus has led to an innovative articulation between healthcare and medico-social treatment. In addition, the low level of activity by doctors in care homes, something of which the general public was not particularly aware, has had to redefine itself during the health crisis. These interactive initiatives appeared crucial, but were not sufficiently defined in advance. Lastly, the crisis has brought to light the scandal of the pay levels of care workers. Apart from an expected upgrading, the underlying issue of the value placed on tasks involved in the shift towards more outpatient care also needs to be studied.

Furthermore, the shift towards more outpatient (health) or inclusive (medico-social) care very often relies on the person being assisted staying at home and having a sufficient entourage. The central idea of the shift towards more outpatient or inclusive care is that, after spending some time in hospital or instead of living in a medico-social institution, the assisted user is able to stay in his/her own home, or move into more suitable accommodation (such as inclusive housing). The cornerstone of this shift is the caregiver, who is often the pivotal person between on the one hand the user, who may be vulnerable because of handicap and age and perhaps worn out by the hospital treatment received, and on the other the medical, paramedical and socio-educational workers active outside the hospital context or in a social or medico-social institution or department.

In this shift, assisted users and caregivers are again confronted with their socio-economic inequalities. What is more, the very particular time of rest during a hospital stay, which used to be something of a period out of time and space offering a parenthesis of equity in the face of the fatigue caused by illness, now becomes a time that is subject to the rhythms demanded by the new hospital organisation.

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This may be called into question in the context of the health crisis, just like the continuum of treatment. On this point, the organisation of the health, social and medico-social system has demonstrated a high level of adaptability by proposing tele-consultations and distance monitoring for social and medico-social follow-through, and by adapting both legislation and pricing in order to make working conditions more flexible. The effect appears to be that a part of the population who would perhaps not have had access to treatment or follow-through otherwise is now being treated at a distance. But although there is no scientific analysis available yet to confirm this view of the situation, we are nevertheless able to hypothesise that a user on his/her own in a tele-consultation or being monitored at a distance for follow-through probably has more need of a carer, a third person who can be trusted, than during a conventional face-to-face consultation where the practitioner is able to measure the various impacts and material and relational markers of the situation being experienced by the person being assisted.

Even though the health crisis has occurred in France in the middle of the transformation of its health system, i.e. a period of great vulnerability, it has served to reveal the excessive dichotomy between out-of-hospital medicine and the hospital sector. Before the health crisis, we were being invited to ask ourselves: Is our hospital fabric managing to hold together to allow the transition of our health system? The question has now become: What does the present crisis teach us about the shift we are making in our health system? Does this shift correspond to what is expected of a 'French-style' care system?

In particular, two issues are proving to be of acute interest for the future: the first concerns the pre-eminence of curative healthcare in France, to the detriment of preventive healthcare, and that of clinics to the detriment of public health. The Covid-19 pandemic is in fact

tending to highlight the importance of health surveillance, both national and international, in detecting the appearance of viruses of mainly animal origin. The second issue concerns the health system as a whole. Should we consider it normal for public hospitals to occupy such a central position in the public management of the health crisis? Should we not be highlighting the importance of the articulation between public hospitals, private hospitals, and general medicine, not to mention the other care facilities managed essentially by paramedical personnel (including care homes), pharmacists, etc.?

Investigating these issues is all the more essential because management of the pandemic has itself come to be perceived as having its own iatrogenic effects, not to mention the medical ethics issues raised by saturation of the health services and the need to take emergency action.<sup>75</sup> A number of hospital doctors and general practitioners have already made their opinions known publicly on this point, for example in a set of articles in *Le Monde* of 14/15 July 2020 pointing to the ‘collateral damage’ of the epidemic: a fall in the number of consultations, screening tests, vaccinations, prescriptions of treatment, etc.; in *Le Monde* of 12/13 July, a number of psychiatrists sounded the alarm, citing cases of patients with severe symptoms, truncated courses of treatment, and a general feeling of isolation during lockdown, as well as the loss of patients. On the global scale, and beyond the immediate number of deaths caused by the virus,<sup>76</sup> they describe the pandemic as having ‘*indirect disruptive effects on the state of health of populations because of its global societal,*

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75 - In autumn 2020, a first work was published on the subject, coordinated by J. Ph. Pierron, entitled ‘*L'éthique médicale à l'épreuve de la Covid-19*’ (Medical ethics in the face of Covid-19), Éditions Universitaires de Dijon, 2020.

76 - See on this point the regularly updated data produced by the Covid Resource Center at John Hopkins University, at: <https://coronavirus.jhu.edu/map.html>.

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*economic and geopolitical impact*.<sup>77</sup> The slowing-down of vaccination campaigns for babies in many parts of the world brings with it the risk of a new upsurge in measles and poliomyelitis, particularly in developing countries. At the end of the first lockdown, for example, it was estimated that 930 000 babies in France had not received the trivalent MMR (measles-mumps-rubella) vaccine, while 285 000 children and adolescents were waiting for a tetanus booster vaccination.

### ***Mental health:***

#### ***a long-term issue, areas for research to be developed***

The issues relating to mental health, *inter alia*, have directed attention to the subject of these iatrogenic effects. A great number of initiatives arose in the spring of 2020: in every mental health establishment, helplines were set up to provide listening and support for either the general public, healthcare workers, or specific groups of the population. However, the initiatives set up in the urgency of the moment have not yet been able to rest on a thorough assessment of the needs of the population in terms of mental health.

It is still too soon to be able to identify the psychosocial consequences of this period, particularly in terms of wellbeing at work, and to be able to distinguish the effects the crisis will have on groups of people who are *a priori* vulnerable. However, the warnings on the subject have continued to be numerous and recurrent up to the last moment of writing this report and they concern not only these groups but entire cohorts ('*La Jeunesse en Détresse Psychologique*' [Young people in psychological distress], *Le Monde*, 11/12 November 2020) and even the general public, with psychiatrist S. Tisseron criticising

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77 - 'Des effets indirects dérégulateurs sur l'état de santé des populations en raison de son impact social, économique et géopolitique global', E. Billon-Denis & J.-N. Tournier, 'Covid-19 et vaccination: une dérégulation globale' (Covid-19 and vaccination - global deregulation), *Medecine/Sciences*, 36, 11, November 2020. Available on-line at: [https://www.medecinesciences.org/en/articles/medsci/full\\_html/2020/10/msc200259/msc200259.html](https://www.medecinesciences.org/en/articles/medsci/full_html/2020/10/msc200259/msc200259.html). Consulted on 11 November 2020.

denial of the importance of social links for mental health (*Le Monde*, 31 October 2020). Several research projects have been commenced on this subject, including some financed by the ANR.

It will also be interesting to explore the way in which players in the mental health sector have regrouped during this health crisis, from the national level (Ministry of Health) down to the local level (patients, peer networks, patients' families, in- and outpatient psychiatric services, medico-social schemes, out-of-hospital medicine, etc.). To what extent have mental health professionals participated in scoping the psychosocial effects of the crisis?

Work should also be done on the emergence and use made of digital mental health apps: they are a recent phenomenon that the health crisis appears to have amplified. It would be necessary to draw up an overview of the introduction of digital aspects in the therapeutic and monitoring relationship, in the consideration of the difficulties experienced by those people rendered most vulnerable, on the expectations of the players most directly concerned (professionals, users, etc.). It will be important to study the notion of sharing the different multimodal data produced in this context. Particular attention will need to be paid to the ethical aspects connected with gathering the data, including with regard to the notion of volunteering, in relation to the local, national and international recommendations on the ethical aspects of research during the health crisis (by the *Comité National Pilote d'Éthique du Numérique*, CNIL and OPECST). It will also be worth studying the way in which members of the general public are or are not involved in these initiatives to accompany people whose mental health is fragile.

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## Socialisation and education: the upheaval of practices, inequalities, and the renewal of models

**A**s we indicated in our introduction, this is not only a health crisis – it is also a social, economic and political crisis, and it affects every area of human life. This has already been highlighted in the present section in the analysis of the effects on certain workers of both the pandemic itself and its management. The health crisis is having a major effect on how certain human activities are conceived and organised socially and institutionally.

Education constitutes a paradigmatic example of this in the context of the Covid-19 pandemic. It has given rise to expanded research ranging from the frameworks for schooling to the family. The issues already identified by this research are crucial for the futures of children and families and the means of transmitting knowledge within society.

In an interdisciplinary bio-psycho-social approach, the scientific

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interest grouping entitled *Bébé, petite Enfance en COntextes* (BECO) [babies and childhood in context]<sup>78</sup> has broached the pandemic as an exceptional context which children and families have had to face. Its general aims are, during early infancy (the perinatal period, i.e. from birth to six years), to: 1. devise a better analysis of the potential vulnerabilities connected with the sensitive period this period constitutes; 2. improve knowledge of the period of early infancy; and 3. define the various factors that may protect young children.

In the ‘non-ordinary’ context brought about by the lockdown resulting from the Covid-19 pandemic, the grouping has attempted to study early infancy – which is considered to be a stage that plays a central role in the future living conditions of individuals – among families with children under six years old. There has been some work done on this period, mainly from a medical viewpoint, and it has appeared essential to document and analyse the many issues facing families with young children, whether it be in regard to their health, their use of crèches or other day-care options (including children being looked after by their grandparents), their schooling, and the functioning and dynamic of the family in general.

Because teleworking was in force for most of the French population during this period, parents were going to have to cope with numerous paradoxical instructions: carrying on working, looking after their young children, having to morph into schoolteachers while still running their home (shopping, housework, cooking, leisure activities), on top of the anxiety generated by the pandemic and by being bombarded by daily messages from political and scientific circles and the media. Yet parents do not all have the same resources and ability to drive their children’s education and school work as well as organising their leisure time and their own work.

This ‘new deal’ for families and young people during the lockdown in spring 2020 has therefore given rise to a series of questions: What

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78 - GIS BECO-UFT-MiP (<https://beco.univ-tlse2.fr>).

modes of family socialisation are no longer accompanied either by socialisation at a crèche (or other facility for young children) or by being looked after by grandparents, or within school structures? What effect do social inequalities have on children, particularly with regard to keeping up with their school work and maintaining leisure activities among those still available? What importance should be given in the analysis to gender inequalities, not forgetting possible territorial inequalities? All these are questions to be looked into in future research projects.

Moreover, with regard to the school *stricto sensu*, the health crisis caused by the Covid-19 pandemic has profoundly called into question the conventional models of education in France and elsewhere. Thus in France, whereas before the crisis education was perceived essentially in terms of a unity of place (schools) within the framework of an education system that defined school syllabuses and skills to be acquired, the health crisis has *de facto* imposed a new education model which features a much closer articulation between the places (schools, Internet and the home) and the players (teachers, parents, and sometimes pupils) engaged in the transmission of knowledge, skills and abilities. During the health crisis, digital tools have gradually gained in importance at every level – primary, secondary and higher education – without their use having necessarily been based on any prior questioning from an educational point of view.

This profound transformation in education raises a set of issues that the HSS in their broad sense have come to grips with. One issue has particularly gained in importance, namely assessing the effect of home-schooling on educational inequalities. Education is one of the keys to reducing the social inequalities that are sapping modern societies. The education systems themselves nevertheless act intrinsically as vectors of inequalities. From this point of view,

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the French system is a textbook case. Although international surveys (PISA 2015, PIRLS 2016, TIMMS 2016) reveal that the level in reading, understanding on the written word, mathematics, sciences, and group problem-solving by pupils is equivalent to or below the performances achieved in other OECD countries, France is one of the countries where the socio-economic level of families is most strongly linked to the academic success of 15-year-old pupils. The results of the PISA survey reveal that France is one of the countries where the difference in scores between pupils from seriously disadvantaged backgrounds and those from very advantaged backgrounds is the greatest, particularly with regard to scientific culture.<sup>79</sup> Apart from these social inequalities, educational inequalities are also among the greatest within the OECD for mathematics and written comprehension.<sup>80</sup> More worryingly, these educational inequalities are apparent as early as the end of primary schooling in the international surveys. The PIRLS 2016 survey carried out among CM1 pupils [4th year of primary school] reveals that French pupils are over-represented in the weakest group and under-represented in the strongest group compared with the other OECD countries. The 2019 edition of the report on inequalities published by the *Observatoire des Inégalités* [inequalities observatory] suggests that the social origin of children strongly influences not only their academic results as early as the CE2 class [3rd year of primary school] but also the likelihood of their being directed towards technological and vocational education and their possible success at university.<sup>81</sup> Some of these educational inequalities are directly linked to the effect of the environment on the child's developing brain: growing up in a disadvantaged socio-economic environment has negative effects on the child's cognitive, socio-emotional and cerebral development because their

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79 - DEPP memo, December 2016 (no. 38).

80 - DEPP memo, December 2016 (no. 37).

81 - Report on inequalities. *Observatoire des Inégalités* (2019 edition).

environment affects their access to educational, nutritional and health resources.<sup>82</sup>

Thus children in underprivileged environments grow up in surroundings that are not only often impoverished in terms of stimulation (books, games, cultural activities, etc.) but also unstable and stressful, which explains the high prevalence of emotional problems, stress, anxiety and sleep problems among this population. Children in underprivileged environments are for example more exposed to chronic stress,<sup>83</sup> and more at risk of suffering from fragmented sleep because of the family environment (night work, overcrowding in the home, chronic stress).<sup>84</sup> All these factors have consequences for the brain's maturation and plasticity, particularly in those areas of the brain underpinning cognitive learning,<sup>85</sup> such as the hippocampus for memorising knowledge, the frontal lobe for the transverse processes involved in scholastic learning (attention, inhibition and flexibility), and the amygdala<sup>86</sup> for socio-emotional skills. These children therefore present a higher risk of developing learning difficulties because of the effect of the environment on the development and functioning of their brains.

In the context of the health crisis and its management, current research aims more particularly to assess the effect of the lockdown

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82 - S. P. Walker et al., 'Child development: risk factors for adverse outcomes in developing countries', *The Lancet*, 2016, 369, p. 145-157.

83 - K. A. Matthews & L. C. Gallo, 'Psychological Perspectives on Pathways Linking Socioeconomic Status and Physical Health', *Annual Review of Psychology*, 2011, 62, p. 502-530.

84 - J. A. Buckhalt, M. El-Sheikh & P. Keller, 'Children's sleep and cognitive functioning: Race and socioeconomic status as moderators of effects', *Child Development Perspectives*, 2007, 78(1), p. 213-231.

85 - C. Blair & C. C. Raver, 'Poverty, Stress, and Brain Development: New Directions for Prevention and Intervention', *Academic Pediatrics*, 2016, 16(3), p. 30-36.

86 - E. C. Merz, N. Tottenham & K. G. Noble, 'Socioeconomic Status, Amygdala Volume, and Internalizing Symptoms in Children and Adolescents', *Journal of Clinical Child & Adolescent Psychology*, 2017, 47(2), p. 312-323.

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on different types of social inequality not only in fundamental scholastic learning (reading, writing, counting, reasoning, respecting others) but also in cognitive development (language, attention, metacognition) and socio-emotional development (emotional regulation, altruism, cooperation, etc.). Quantitative and qualitative methods are combined by adopting longitudinal or transverse paradigms with, in some of the research, international comparisons between countries with differentiated responses to the Covid-19 epidemic (more or less strict lockdown, difference in closure of schools, etc.). Some researchers are using collaborative and participative procedures in interaction with the various players in educational circles (teachers, trainers, content editors, educational authorities, Ministry, UNESCO).

But this is not all: in parallel, some research, by analysing existing databases, has made it possible to highlight certain factors that promote the maintenance of on-line learning and could constitute levers for avoiding the phenomena of drop-out in distance teaching situations.<sup>87</sup> More generally, the crisis calls into question not only modes of transmission (classroom situation, distance learning, hybrid learning) but also the place of teachers in the schools of tomorrow, their educational practices, and the skills pupils will need to develop to be able to take up the major challenges of the twenty-first century.

Through these elements of analysis, the pandemic and its management do seem to be pointing to and amplifying pre-existing issues, and perhaps this will provide an opportunity from which may emerge, in the medium term, another way of conceiving and implementing socialisation and education in contemporary

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87 - R. F. Kizilcec et al., '*Scaling up behavioral science interventions in online education*', PNAS, 30 June 2020, 117 (26) 14900-14905; first published 15 June 2020. Available on-line at: <https://www.pnas.org/content/117/26/14900>. Consulted on 11 November 2020.

societies. In addition to these aspects of socialisation and education, there emerges another research object that is just as worth investigating as those already mentioned here: that of the *young* generations that are being particularly hard-hit, with the hypothesis of a 'sacrificed generation' and a 'youth problem' that extends into a questioning on employment among young people.

Previous research has shown that this involves not only the causes and consequences of such crises, but also the opportunities they create, on the understanding that the notion of 'crisis' includes both the health threat itself and the responses implemented to deal with it. In the case of the current crisis, it is fully realised firstly that the emergence and rapid circulation of the virus is closely dependent on human activities, and secondly that the political decisions being made are broadly based on previous political decisions. For example, it would appear that the decision to impose lockdown on the population was significantly influenced by both reception capacity in the hospital system and the available stock of masks. Although these would appear to be extraordinary anomalies, they demonstrate that health crises are the consequence of the social, economic and political problems of their time: the crises reveal, and possibly amplify, the problems. We shall now analyse the way in which societies and governments were faced with the first wave of the pandemic, and how they reacted to it.

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# III

**Societies and governments  
faced with the pandemic**

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What is striking in the crisis associated with the Covid-19 pandemic is the discrepancy between the arrangements made to prepare for the occurrence of such an event and the impression that authorities and governments were not prepared,<sup>88</sup> and the apparent slowness in public decision-making and the application of decisions once they were made. These impressions are dominant among the perceptions of the situation, and they were still very present at the end of 2020 (*L'État au grand défi des épidémies* [the State and the major challenge posed by epidemics], *Le Monde*, 24 October 2020) and even thereafter, with the vaccination procedure.

Thus it would appear that, in France, it was not until 11 May 2020, the date on which the gradual end of lockdown began, that the measures provided for in the plans for this type of situation were truly implemented. Before that, France had been governed by an exceptional regime. It would therefore be tempting, as is regularly the case after a devastating catastrophe, to stress the exceptional nature of the event, justifying the positioning outside the arrangements for which provision has been made. However, this would be to forget that France has seen epidemics regularly since 1918, that it has been actively prepared for them since 2004, with agencies, plans and dedicated tools, and that it is only because of the underestimation of a 'treacherous risk' (*risque scélérat*), to use the term coined by François Dedieu<sup>89</sup> to describe situations in which familiarity with a threat may lead the experts to minimise its extent, that the authorities found themselves forced, in a phenomenon of 'elite panicking',<sup>90</sup> to adopt radical new measures and come up

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88 - The independent national mission conferred on Prof. Pittet by the French Government is looking into the matter of anticipating the epidemic. It would be interesting to know its conclusions. See the interim report published by the mission on 13 October, available on-line at <https://www.vie-publique.fr/sites/default/files/rapport/pdf/276679.pdf>. Consulted on 13 November 2020.

89 - F. Dedieu, '*Une catastrophe ordinaire. La tempête du 27 décembre 1999*' (An ordinary catastrophe: the storm of 27 December 1999), op. cit.

90 - L. Clarke & C. Chess, '*Elites and panic: More to fear than fear itself*, *Social Forces*, 2008, 87(2), 993-1014.

with *ad hoc* arrangements. In short, the process leading up to the current crisis reproduces numerous situations observed in the past, where we have seen experts or authorities affected by a process of 'organisational drift' failing to pay the necessary attention to weak signals and forgetting past crises.

Equally striking, from the viewpoint of the HSS, is the place occupied by uncertainty. From the start of the health crisis, the authorities were faced with many crucial uncertainties, some of which continue to persist today, while new ones have continued to emerge, all despite unprecedented mobilisation on the part of the research community in recent months. The first uncertainty naturally concerns the initial definition of the situation, as illustrated by the various positions adopted by the authorities and sundry experts between December 2019 and March 2020: Is this no more than an exotic, distant 'mini-flu', or is it in fact a super-serious and imminent pandemic? And among the other questions being asked: How does the virus spread, including on inert surfaces? How lethal is it? Will it become seasonal? Will it mutate? What are the after-effects of 'long Covid'? Who is immune? What treatment is effective? Will there be a second wave? Has it already begun? When will a vaccine be available? Many other uncertainties have marked the management of a health crisis: What actions should be implemented? How will they be received by the general public? Which players and what resources should be mobilised? Will they be able to cope? And more recently: Should there be a lockdown? Or another lockdown? Should advice be given to not wear a mask? Should wearing a mask be made compulsory? And how should the healthcare system be mobilised? Will it be able to cope?

What is more, it is very often these uncertainties that feed the crisis, because they are a factor of destabilisation, because they contribute to organisational response capacity being overburdened, because they contribute to damaging the credibility of the authorities, and

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because they fuel the substantial divergences among the players involved. Indeed it is possible that the impact of each crisis on the erosion of public trust is cumulative.

The present crisis is a good illustration of this aspect, and is even becoming radicalised. Apart from the uncertainties, we are faced with a host of virulent, indeed occasionally violent, controversies that are fuelled and amplified not only by the social media but also by the traditional media, which have given the crisis continuous media coverage, during which figures have been omnipresent. Within this trend, the border between ‘fake news’ and science, and between legitimate and illegitimate sources of knowledge, is in fact tending to become rather blurred. We may also add that the uncertainties and controversies present throughout the crisis are also probably so many illustrations of an unprecedented politicisation of public health matters.

# Crisis management and public attitudes

**I**n this context, in addition to research carried out in the historical field which is throwing light on the long-term management of the pandemic, the research devoted by the HSS to health crises is exploring the economic, social and political dimensions of these crises, paying particular attention to the ways in which populations are engaged, and to the attitude and perceptions of populations with regard to the crisis and its management.

The management of health crises generally involves some form of engagement of the population, either literally or figuratively. Beyond the ‘warrior’ metaphor that may be associated with this,<sup>91</sup> the question at issue revolves around the general public’s acceptance of and active participation in the measures taken, which governments

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<sup>91</sup> - See the analysis proposed by A. Rasmussen: ‘*La métaphore guerrière est historique dans le domaine de la santé publique*’ (The ‘warrior’ metaphor is historic in the public health field), *Le Monde*, 24 October 2020.

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try to achieve by very varied means, ranging from information campaigns on public health policies to obligation and sanctions in the event of failure to abide by the measures. This is an aspect that is increasingly being raised in current thinking about public health issues, and it is closely linked to the question of uncertainty: the reactions of the general public are among the uncertainties of the crisis, and conversely other uncertainties are fuelling the public's distrust of the authorities, thereby affecting its acceptance of preventive measures. Thus in 2009 the French authorities decided to vaccinate the entire population, but in the end less than 10% of the population of France was vaccinated. In 2020, the authorities relied even more on the public, which was exhorted to abide by the lockdown without wearing masks, to observe a number of barrier gestures, and then to wear masks, firstly indoors and subsequently outdoors as well.

Although a repressive arsenal backs these requirements, they cannot be successful without substantial support from the population. It therefore seems necessary to understand the attitudes of the general public with regard to both the pandemic and its management, which means that we must begin by looking into perceptions of the risk of being infected by the virus.

On this point, we already have tried and tested frameworks for pluridisciplinary analysis in anthropology or on the borderline between economics and psychology that are based on the 'psychometric paradigm', and sociology has already latched onto this, more particularly to demonstrate the importance of familiarity with regard to a risk and to the people who face that risk. Psychology and sociology have also taught us that the process of representing a new threat is generally based on analogies (in the present case with other viral diseases, primarily flu), that this work of representation has a number of practical purposes, and that it fuels mechanisms for distancing from the risk, particularly by means of the designation of 'risk groups'.

The following analysis of the political measures adopted by the Senegalese Government illustrates, among other examples,<sup>92</sup> the way in which a government takes into account not only the lifestyle of the population it administers but also that population's perceptions and representations of the disease. The first official case of Covid-19 in Senegal was recorded on 2 March 2020 – three months after it was first (again officially) detected in Wuhan Province in China. It was an 'imported' case: a male French resident in Senegal who returned there at the end of February after a winter holiday in France. Just days later, on 11 March, the World Health Organisation was to classify the SARS-CoV-2 epidemic as a pandemic. On 1 April, the country recorded its first death caused by the new virus: Pape Diouf, a sport journalist, footballers' agent and former President of the 'Olympique de Marseille' football team, symbol of calmed North-South relations, became the first victim of the pandemic in Senegal. Four months after the start of the epidemic in Senegal, the country had more than 6 500 diagnosed cases and just over a hundred deaths (105 by 28 June 2020 according to the Ministry of Health and Social Action in Senegal and John Hopkins University). These figures contrast with the announced – or predicted, rather – catastrophe throughout the continent, based more particularly on the unpreparedness of the care systems for an epidemic on such a large scale.

While many European governments delayed taking radical steps to stem the propagation of the epidemic (such as imposing a lockdown on the entire population) – as in the United Kingdom, for example – this was not the case in Senegal. Barely twenty days after recording the first case in the country, President Macky Sall spoke on television

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92 – See the summary work on the measures adopted by the governments of the various countries of the world published by *The Lancet* in September 2020. Available on-line at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32007-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32007-9/fulltext). Consulted on 11 November 2020.

to announce a state of emergency and an 8 p.m. to 6 a.m. curfew throughout the country (23 March 2020):

'In accordance with legislation on the state of emergency, these measures will more specifically give the competent administrative authorities the power to:

- regulate or ban the movement of persons, vehicles or goods in certain places at certain times;
- ban, either generally or specifically, all parades, processions, gatherings and demonstrations on the public highway;
- order the temporary closure of public places and meeting places;
- ban, generally or specifically, public or private meetings of any kind that might cause or maintain disorder."<sup>93</sup>

No attempt was made to introduce a total lockdown in Senegal, since everyone was agreed that it would be impossible to apply such a measure. In a country where most adults have some kind of informal job, workers (both male and female) need to be able to continue working otherwise they will not be able to have enough money to cover their everyday needs and those of their families – we have already seen the difficulties encountered in those societies where informal work also plays a central role when decisions make it impossible to work or travel to work.

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93 - *[Conformément à la loi sur l'état d'urgence, ces mesures donneront en particulier aux autorités administratives compétentes le pouvoir:*

- *de réglementer ou d'interdire la circulation des personnes, des véhicules ou des biens dans certains lieux et à certaines heures ;*
- *d'interdire, à titre général ou particulier, tous cortèges, défilés, rassemblements et manifestations sur la voie publique ;*
- *d'ordonner, la fermeture provisoire des lieux publics et lieux de réunions ;*
- *d'interdire, à titre général ou particulier, les réunions publiques ou privées de quelque nature qu'elles soient, susceptibles de provoquer ou d'entretenir le désordre.]*

As it has been possible to observe in many countries, it takes some time for the population to really perceive the risks associate with the disease – or they are fully perceived but minimised by both individuals and groups of people in comparison with other risks. Thus a number of photographs taken at some of the large markets in Dakar in late March, including the Castor Market, show dense crowds of people apparently ignoring their President’s instructions, and certain imams, including the imam of Pikine, continued to open their mosques for Friday prayers (on 27 March) regardless. The disease was still not particularly high-profile, and this gave rise to a number of varied popular interpretations: it has sometimes been claimed that the disease was invented by rich countries, that it only affected non-believers, etc. Gradually however, by increasing their presence in the various media in the country, scientists and politicians are now managing to get their messages of prudence across to the public. Masks came into general use even before they were made compulsory in government offices, businesses, shops and transport (on 20 April). Similarly, although a curfew seems more appropriate than a lockdown given the country’s economic and social realities, individuals and families are beginning to stay indoors in order to limit the risk of contamination, which is now being taken much more seriously. As has often been pointed out, sub-Saharan Africans are used to episodes of large-scale epidemics, whether they are endemic like malaria or critical like Ebola.

Two more structural elements also appear to explain the relatively low level of pandemic-related mortality in Senegal. Firstly, it should be borne in mind that people over 65 years old, who represent more than 90% of deaths in Europe, currently constitute less than 5% of the population in Senegal. While the ageing of populations constitutes a major factor in the health crisis, this demographic process is only just starting in sub-Saharan Africa. Secondly, it must be pointed

out that the figures given above should be approached with care. In Senegal in 'normal' times, in fact, more than 65% of deaths are not reported to the registrar's office. This characteristic of Senegalese society, indicative of its dual relationship with death and the State, may also explain the small number of deaths associated with the Covid-19 pandemic in Senegal.

Lastly, of course, the low level of mortality observed in spring 2020 in Senegal is also explained by the health strategy introduced by the State: by systematically isolating people who were ill and tracing the contacts of patients who had tested positive, propagation of the virus was of course limited. Of course, many questions remain pending and analysis is bound to be resumed and continued, particularly in order to incorporate knowledge of the ecological conditions for the development of the epidemic in Senegal in particular and in sub-Saharan Africa in general. But we can already see quite clearly how the representations of physical distancing measures and their internalisation, like their externalisation in terms of behaviour, play a role and hence ought to be studied in order to understand how the epidemic is likely to evolve in this part of the world.

# 2

## The mask: a study of this socio-material device

**I**n the analysis deployed by the HSS on the reactions of societies and governments faced with the pandemic, note should be taken of the place occupied by the study of socio-material devices: from the long chain of hospital techniques (ventilators, respirators, internal organisation of departments) to personal techniques (physical distancing, hand-washing, wearing a mask), these socio-material devices make the presence of the virus tangible and embody all of the social and political relations that underlie the implementation of measures. Masks attract attention more particularly in the analysis of political action, the attitude of the general public, and their interactions. It was a Cambridge-trained Chinese doctor, Wu Lien-Teh, who imposed the wearing of a cloth mask in public places at the time of the pneumonic plague in 1910, before it was popularised by American doctors during the flu pandemic in 1918. The disposable synthetic mask did not appear in Europe and the United States until the 1960s.

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Wearing a mask, in the absence of a vaccine or any treatment to limit the transmission of SARS Cov-2, has been the principal change imposed by the pandemic on people's everyday lives with a view to limiting the spread of the virus. The HSS are studying the diversity of perceptions of the surgical mask in its material and symbolic uses, by social group, age, and political and religious opinion.

In France, after an initial phase of restricting the wearing of a mask to hospital staff because of the reduction in the stocks constituted over recent years, disposable masks were ordered in massive quantities, to which was added the skill of individuals able to make their own masks, keeping up with the number of scientific studies demonstrating the effectiveness of a fabric mask as a barrier to transmission via the respiratory tract. Wearing a mask was first made compulsory in public transport, and has been compulsory in all enclosed places since 20 July 2020. This gave rise to a debate on its symbolic meaning. In France, wearing a piece of fabric in public places is considered an issue because the citizen is defined as a person who is required not to cover his/her face, particularly following the adoption of the Act of 11 October 2020 prohibiting the concealment of the face in a public space and the criminalisation of concealing the face anywhere near a demonstration effected by adoption of the Act of 10 April 2019. The debate also covers the various uses of masks and what happens to them once they have been used. Thus we note the absence of public communication in terms of instructions regarding recycling, although such recycling is carried out in private undertakings and public administrations.

In the United Kingdom, the appearance of masks in the public debate does not coincide with their actual presence within the public space. This material, polymorphous object, the texture, filtering capacity and shape of which are widely discussed, embodies an interface between knowledge and civil society and refers back specifically to

the nature of corrupt air and how the virus is transmitted. Physical protection of this type is not strictly speaking unheard of (the first respirators were a fashionable item for women in Victorian England),<sup>94</sup> but its use remains unusual outside the medical context. Faced with real-life conditions, namely under-equipped care workers and shortages, the Government opted for minimising extending the use of masks to the general public, playing on not only these kinds of cultural reticence but above all also on the absence of consensus within the scientific community; the position became untenable faced with the robust persistence of the epidemic and the unknown degree of asymptomatic-ness, leading to the imposition on 15 June of the obligation to wear a mask on public transport. The WHO's 'new' recommendations were used to justify this very tardy alignment. In fact, other players began approaching the Government in mid-April: the Lord Mayor of London started lobbying to make wearing a mask compulsory as early as 16 April,<sup>95</sup> and the Scientific Advisory Group on Emergencies (SAGE), criticised on other points, recommended generalised use from 21 April, but this was not taken up. Although masks were mentioned in the Government's plan of 11 May, there were no plans to introduce their supply and distribution. The decision was in fact less related to the matter of personal freedoms (compared with their so-called relative effectiveness) than to the matter of a reversal of the constraints when faced with the end of a lockdown which had by its very nature constituted a period of limited social interactions.

This type of bodily device for 'protection' has a long history; it makes it possible to maintain economic activity and keep working. The mask combined with the resumption of working shifts responsibility and cost onto the individual (it is up to each

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94 - See: <http://wwwf.imperial.ac.uk/blog/imperial-medicine/2020/04/27/masks-and-health-from-the-19th-century-to-covid-19/>.

95 - See: <https://www.bbc.com/news/uk-england-london-52312906>.

individual to make his/her own mask; this is 'low-tech' technology). The pandemic nevertheless marks an about-turn, or a shift away from the viewpoint of personal freedoms. In fact, what had been presented as being a personal choice whether to protect one's self or not turned into providing protection for other people's benefit, and hence a means of living together. There is no longer any debate about its effectiveness among the scientific community in the United Kingdom,<sup>96</sup> and some studies have also shown that its widespread use ultimately appears to be more effective than the complex and controversial digital tracing systems, and hence to provide better protection for personal freedoms.<sup>97</sup> While new issues combining health, social inequalities, value of human life, and also ethnic origin – the epidemic has particularly affected the 'BAME' community, for example – are emerging, wearing a mask has also become a condition for the possibility for individuals to return, literally, to the public place, as witnessed by recent collective mobilisations and demonstrations (e.g. Black Lives Matter).

In Section V we shall return to the way in which research is carried out in the HSS, analysing policy on masks and its social appropriations, questioning anew its own explanatory routines; research is being invited to put forward interpretations that are not at all what is most expected.

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96 - C. Raina MacIntyre, Quanyi Wang, 'Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and Covid-19: a systematic review and meta-analysis', *The Lancet*; published 1 June 2020; available at: [https://doi.org/10.1016/S0140-6736\(20\)31142-9](https://doi.org/10.1016/S0140-6736(20)31142-9).

97 - R. O. J. H. Stutt, R. Retkute, M. Bradley, C. A. Gilligan & J. Colvin, 'A modelling framework to assess the likely effectiveness of facemasks in combination with 'lock-down' in managing the Covid-19 pandemic', *Proceedings of the Royal Society*, 1 June 2020, vol. 476, issue 2238.

# 3

## The exercise of power in a pandemic

**T**he actual political management of the pandemic raises many questions, including the use made of the pandemic in the political arena, several examples of which could be seen during spring 2020, such as the idea circulated by the Hindu authorities in India in April 2020 that Muslims had played a key role in the propagation of the epidemic, and in the context of the second wave of the epidemic in China in June 2020 the use of a warrior-style vocabulary and the posture of competition with the United States assumed by the Chinese Government, determined to demonstrate its political ability to manage the pandemic better than anyone else.

Echoing the analysis classic political philosophy makes of the political extent of the emotions and the link between any one type of passion and any one political system, we are questioning the place occupied by certain emotions during this past period, starting with fear – fear of disease, of death, of contamination, of other people, of

animals as vectors of transmission, etc.

People are disturbed by the way it is possible to undermine democracy by applying a lockdown combined with a ban on gatherings (or with restrictions on the right to gather), ‘atomizing’ existences,<sup>98</sup> privatising lives, and placing restrictions on the ability to exercise one’s citizenship. We are exploring how the construction of ‘commons’ remains possible.<sup>99</sup> At the time of writing, these questions have still not been answered, and they are extending into a questioning of the lack of democratic debate on measures adopted to combat the pandemic, for example by the French ombudsman (*Défenseur des Droits*) Claire Hédon (*Le Monde*, 30 October 2020).

In this vast set of areas for thought, three topics attracted the attention of the HSS more particularly during the first wave of the pandemic: recourse to a state of emergency, the place of science in political decision-making, and the articulation of the various levels of the exercise of power.

### **THE USE OF EMERGENCY MEASURES AND THE PLACE OF SCIENCE IN POLITICAL DECISION-MAKING – THE EXAMPLE OF FRANCE**

The emergency situation and the need to combat the health threat have been put forward as reasons justifying the installation of a state of emergency and the adoption of measures that have never

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98 - H. Arendt proposed this idea in her analysis of totalitarianism, in connection with the destruction of social links implemented by totalitarian regimes in order to ensure the loyalty of individuals (*Les origines du totalitarisme*, 1951, trans. J.-L. Bourget, Robert Davreux & Pierre Lévy, Paris, Gallimard, coll. Quarto, 2002 [1953]). [Published originally in English: *The Origins of Totalitarianism*.] There does of course need to be a definition of the new use of this notion in a democratic context.

99 - É. Balibar, ‘*Ce que devient le politique – mi-temps de crise 1/3*’, ‘*Entre l’État et le Commun: le service public – mi-temps de crise 2/3*’ and ‘*Mi-temps de la crise: expériences, questions, anticipations 3/3*’, AOC, issues of 15, 16 and 17 July 2020. Available on-line at: <https://aoc.media/opinion/2020/07/16/fin-du-capitalisme-neoliberal-mi-temps-de-la-crise-3-3/>. Consulted on 11 November 2020.

been applied before, some of which were then to continue to be applied in one form or another.

A first analysis has been carried out, in the French context, on the implementation of a state of emergency and restrictions on personal freedoms. In France, then, the Act of 23 March 2020 created a new legal regime, that of the state of a health emergency (*état d'urgence sanitaire*),<sup>100</sup> which increases the powers of the executive in the event of a pandemic likely to pose a serious threat to the life and health of the population. Such a reflex in recourse to methods of government making use of emergency powers attracts questions with regard to at least two aspects: the one, theoretical, on the democratic stakes facing the government during a crisis; the other, more technical, on the balance between personal freedoms and measures to protect public health.

With regard to the theoretical aspect, recourse to the scheme of a state of emergency in the health field invites us to question the relationship between law and the state of emergency in the face of a crisis. This deserves to be placed in its conceptual, historic and global context. How are norm and emergency, common law and the regimes of states of emergency articulated? What do the latter reveal about the former? What about the normalisation of the use of the emergency register in discourse: is it possible to refer to normalisation? And exactly what makes the emergency situation exceptional? Does it redefine the balance of power, suspend or weaken counter-powers, or weaken methods of control?

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100 - This was suspended on 11 July 2020 (except in Mayotte and French Guiana). It should be noted in this French case that the end of lockdown on 11 May did not mean the end of the state of emergency; this was reinstated on 17 October 2020 (currently, to run until 16 February 2021). Meanwhile, the Act of 9 July 2020 on emerging from the state of emergency nevertheless maintained substantial powers for the executive.

Historically, the foundation of the French system for a state of emergency lies in the country's colonial history and indeed deserves a comparative study of the evolution of the reasons for being triggered. Although the concept has for a long time been bound up with threats to the integrity of the territory of France and the Nation, its application in the face of social crisis (2005), terrorist threat (2015-17) and pandemic (2020) invites questions as to a possible redefinition. In this respect, a comparative approach is necessary in order not only to seek to grasp the existence or absence of invariables in the states of emergency adopted to cope with the pandemic, but also to understand the methods used in their implementation, control and the objections raised, and to compare their substance.

We may, for example, question the foundations and the effects of the creation *ex nihilo* in France as in some other States – but not all – of an *ad hoc* body of scientific expertise. The Act of 23 March 2020 did indeed create *ex post* (since it was in fact created on 10 March) a 'Scientific Council' (*Conseil Scientifique*) whose role is to propose assistance to the Government in its decision-making on the basis of scientific information at the Council's disposal and to draw up opinions on the steps taken to combat the pandemic.<sup>101</sup> Thus the decision has been made to respond to the emergency by setting up special bodies, of the 'crisis management cell' type. A whole series of existing public health bodies – the *Haut Conseil de la Santé Publique*, *Santé Publique France*, the *Haute Autorité de Santé* – could have assumed this mission. In the end they were also called on by the Ministry of Health (their directors have been invited to take part in the work of the Scientific Council), to counterbalance the special body. Some of them have even been substantially reworked

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101 - See the missions of this Scientific Council available on-line at: [https://solidarites-sante.gouv.fr/IMG/pdf/reglement\\_interieur\\_cs.pdf](https://solidarites-sante.gouv.fr/IMG/pdf/reglement_interieur_cs.pdf). Consulted on 11 November 2020.

precisely with the aim of providing a better response to health crises. Has the emergency nature of the health crisis justified the creation of an overarching body of this kind? Does this illustrate distrust of the administration? Is it a purely political strategy? Is the executive determined to not be bound by calling on existing agencies, which are suspected of wanting to impose their points of view? Has a parallel State been set up, as some observers have asked with concern?

At an earlier stage, it would be worth studying closely the increasing power of a body such as the *Conseil de Défense et de Sécurité Nationale* [Council for Defence and National Security] in order to take the measure of the slide of the centre of gravity of the effective exercise of power towards an executive that is effectively given free rein.

With regard to the technical aspect, the restrictions on personal freedom dictated by the public authorities' response to the pandemic crisis have been numerous. While some (including the generalised lockdown of the population) pursued specifically health-related purposes, others appear to be more indirectly related (the redefinition of penal and civil jurisdictional procedures, for example). Other, lastly, have been decided on with the aim of allowing new methods of surveillance and prevention in relation to health (the StopCovid application, for example). What is more, the measures decided at the national level have been broadly reinforced by the adoption of many local regulations: in each *département* and municipality a host of new by-laws have been passed to accompany the core of the state of emergency. Initial work to list and analyse these would make it possible to produce a global assessment of the intensity of the restrictions on freedoms consented to in the name of protecting public health. From this point of view, work on an international and/or historical comparison would be useful to make it possible to take the measure of changes in the force of collective interest in public health: if a measure such as the generalised

lockdown of the population is both massive and new, what is the relationship of proportionality, similarity or difference with the measures put in place previously to cope with the challenges posed by cholera, plague, tuberculosis, etc.?

A second area that would be useful for improving knowledge and furthering thought on the response of the public authorities to the health crisis would include analysis of all the standards and procedures for controlling the schemes restricting individual and collective rights and freedoms. Thus a comparison of the national set of standards with the European standards, and work on listing and analysing national disputes, would make it possible to both test the hypothesis of the permanence and stability of the standards for protecting human rights (or, conversely, their weakening in the face of the specific nature of a public health issue) and assess the utility and effectiveness of the existing control procedures (as well as their legality and constitutionality).

At an early stage, decision-making methods during the pandemic, particularly in France, were made dependent on science in a new way: throughout March and April 2020, the State's highest authorities constantly claimed that every one of their decisions was based on the recommendations of the scientific committee set up in the initial stages of the epidemic. This omnipresence of scientific expertise has been much criticised, with many observers complaining that it was occupying an almost imperialist place in the decisions made in the name of the health emergency and expressing concern that our democracy was drifting towards an 'epistocratic' regime.

While these criticisms have in turn been criticised, they are at least legitimate in that they question more particularly the complex dialectic of the relationship between science and politics, and

the difficulty public decision-makers have in articulating two imperatives: on the one hand the recourse to experts to throw light on their decisions, and on the other the independence of the politicians who, in relation to the foundation for their political legitimacy, are *in fine* the people who must make a sovereign decision, in the light of not only the scientific facts but also the principles and values that the State has made its own.

What, in the context of managing the health crisis, has been the relationship between science and politics? Does analysis of the opinions of the scientific committee point to a desire on the part of scientists to take the place of politicians? Does the fact that most of the members of the committee are actually doctors explain the fear of the imposition of a 'medical power' (*pouvoir médical*), to use the term adopted by Michel Foucault in his lectures at the Collège de France, designating a corporation of persons who believe they have a monopoly of true speech and hence take over control? Has the expertise of the Scientific Committee been used by the Government as a caution, as an alibi, or even as a way of shirking responsibility? Has it been the epicentre of the decisions that have been made? In deciding whether to hold elections or re-open schools, etc., has the executive based its decisions on the Committee's opinions, or has it preferred to seek a balance between conflicting issues – health security, personal freedoms, economic imperatives, etc.? We could also be wondering whether the feeling that a government of scientists has been set up is not explained in part by the alteration, in times of crisis, of the conventional institutional equilibria since, at least initially, it seemed that Parliament was no longer the executive's traditional discussion partner and that the Conseil d'État was giving the Government *carte blanche*. It would be extremely interesting to work on this topic, studying its variation over the months of management of the pandemic and comparing present circumstances with other earlier episodes.

France is no exception in this respect. Across the Channel, the United Kingdom is a good example to take in analysing this point. Apart from the relative weakness of the country's medical equipment (it has the lowest number of hospital beds per head of population anywhere in the OECD countries), its result is explained by the tardy reaction of the authorities, which initially advocated herd immunity. Lockdown measures were implemented on 23 March 2020, when there were 335 cases in the country, compared with 17 cases in China (23 January), 463 in Italy (9 March), 288 in Spain (15 March) and 148 in France (16 March). As in France, the decision to order lockdown was taken after the publication of a report – in the case of the UK, a report by Imperial College London on 16 March advancing the figure of 500 000 deaths if no measures were taken.

Since the start of lockdown, the Government has constantly recalled that its decisions were being made on the basis of scientific recommendations, to the point where Richard Horton, editor of *The Lancet*, a front-line journal for scientific watch on the Covid-19 pandemic, felt obliged to react, stressing that science was not *per se* definitive but in a state of permanent adjustment,<sup>102</sup> and called on political responsibility to denounce the instrumentalisation of science by the public authorities.

### **COUNTING DEATHS IN REAL TIME: AN 'IMPERFECT PUBLIC STATISTIC'<sup>103</sup>**

The Covid-19 pandemic perhaps marks a new stage in the history of global pandemics, because of two notable features. Firstly, as we have just seen, there is the unusual place occupied by scientists – infectiologists, epidemiologists, demographers and anthropologists

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102 - Horton first published a study in *The Lancet* in early June criticising the innocuity of chloroquine before retracting it (for methodological reasons); debate ensued.

103 - The notion of an 'imperfect statistic' refers to a set of methods aimed at indirectly estimating the frequency of a demographic or social phenomenon in the absence of data measuring it directly.

– at the heart of the health authorities' decision-making process. Secondly, there is the appearance of the real-time counting of the number of deaths caused by the virus. An unusual item of data available for documenting the situation, the statistic of the aggregate number of deaths has been the global unifying thread for the pandemic. Decision-makers and researchers as well as the media and private individuals have all appropriated these figures, made graphs of them, commented on them, and produced international comparisons. This use made of a public statistic is evidence of the need, which appears to have become imperious for the Government, to have a monitoring indicator for societies plunged into the unknown: When will we reach a peak or a plateau? Are we doing better or worse than our neighbouring countries, and are our protective measures flattening the curve? In this context, issuing daily figures for the epidemic has proved to be fundamental.

And yet the challenge for public statistics is a sizeable one, and it may be considered that this key item of data counts as an 'imperfect statistic'. The challenge here has two basic dimensions: (1) the matter of timing, because of the structural inertia of the systems for reporting deaths, designed for annual reporting by the public bodies responsible for processing this information or coverage of *ad hoc* information systems aiming to throw light on health incidents; and (2) the matter of detecting which deaths have been caused by the virus, with a variability linked to: (i) whether screening for infection had been carried out, (ii) the place of death, and (iii) the methods used by vetting doctors to certify deaths.

Very early on, the community of demographers alerted the authorities to the importance of the methodological issues inherent in quantifying the epidemic on the basis of imperfect data. It also drew attention to the need to incorporate analysis of the epidemic in a population-based approach, taking into account all the socio-

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demographic factors (gender, age, place of residence, social category and country of birth).<sup>104</sup> The reliability of the models of the epidemic depends first and foremost on the quality and coverage of the available data.

In the case of France, deaths are recorded in the municipal registers of deaths kept by the registry office and the information follows a complex route through to publication of the figures.<sup>105</sup> Lists of deaths are sent to the national statistics office (INSEE), which publishes the information the following month. The medical certificates indicating the cause(s) of death, which are protected by medical confidentiality, are sent to the regional health agencies (*Agences Régionales de Santé*) and then encoded by INSERM's Epidemiology Centre for Causes of Death (*Centre d'Épidémiologie des Causes de Décès* – CépiDC), which publishes the information the following year at the earliest.

It was emergency room doctors and funeral directors who sounded the alarm during the 2003 heatwave, well before public health managers, thereby revealing failure on the part of the information system to react to the number of deaths. The realisation led to the organisation of this information in respect of all deaths being reported on a daily basis by the national statistics office (INSEE) to the public health authorities (*Santé Publique France*), which is responsible for publishing a weekly report on excess mortality, particularly during the annual flu season. The responsiveness

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104 - See the resources proposed by the International Union for the Scientific Study of Population (demographers' contributions to the understanding of the Covid-19 pandemic) Available on-line at: <https://iussp.org/fr/node/11297>. Consulted on 10 June 2020. See also the Sciensano website at: <https://covid-19.sciensano.be/fr/covid-19-situation-epidemiologique>. Consulted on 10 June 2020.

105 - G. Pison & F. Meslé, 'Comment la France compte-t-elle ses morts?' (How does France count its dead?), *The Conversation*, 15 April 2020. Available at: [https://www.ined.fr/fichier/rte/39/Demo\\_Covid19\\_pandemics\\_Eng.pdf](https://www.ined.fr/fichier/rte/39/Demo_Covid19_pandemics_Eng.pdf). Consulted on 11 November 2020.

of the system has been further improved by the introduction of the electronic transmission of an increasing proportion of death reports by the registry offices to INSEE, reaching 88% of all deaths in 2019. Certifying doctors have joined the movement, but to date only 18% of deaths are certified electronically (in the main by hospitals), which limits the ability of the system to provide real-time surveillance of epidemics by cause of death, as is the case in other countries (United States, England and Wales, and countries which have registers).

In the pandemic context, *Santé Publique France* has therefore turned to a third source: the information system for monitoring victims of terrorist attacks and emergency health situations (*Système d'Information pour le suivi des VICTimes d'attentats et de situations sanitaires exceptionnelles* – SI-VIC) set up following the terrorist attacks in Paris in November 2015. The system reports the number of deaths caused by Covid-19 each day in hospitals, but not in private homes or institutions. To take these into account, *Santé Publique France* subsequently adapted its 'portal for reporting undesirable health-related events' (*Portail de Signalement des Événements Sanitaires Indésirables* – signalement-sante.gouv.fr) by incorporating a platform for reporting cases of Covid-19 and related deaths for use by social and medico-social establishments. This is however only an overall report of the total number of deaths in each establishment, and gives no further details (for example regarding age or gender).

As crucial as it is, the statistic of daily deaths thus proves to be difficult to use because of the variability of the sources on which its efficiency in reporting day-to-day dynamics depends. Four examples illustrate this complexity.<sup>106</sup> Firstly, there is the question

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106 - See Sciensano. Covid-19: *Bulletin Épidémiologique* [epidemiological bulletin] dated 8 June 2020 (Belgium). Available on-line at: <https://covid-19.sciensano.be/fr/covid-19-situation-epidemiologique>. Consulted on 10 June 2020.

of the reporting timeframe. The aggregate total of deaths announced each day does not include either totally or only that day's deaths: the 'number of new deaths announced' comprises (1) the part of the day's deaths already reported in the information system; and (2) the number of deaths which occurred on previous days and reported gradually in the information system. Some countries provide a daily correction of the aggregate totals of preceding days, by reallocating those deaths notified late (Denmark, United States, England and Wales, Netherlands, etc.).<sup>107</sup> The United States bases its system on death certificates: it has been established that 63% of deaths are reported in the information system within ten days of the death occurring, with substantial variations from one State to another.<sup>108</sup> A delay is therefore built into the daily reality. In those countries that do not make an adjustment, the daily observation will therefore remain skewed by the period of latency that must be taken into account in the models.

The next problem is that of the place of death. The proportion of deaths of old people occurring in hospital, at home or in a care home varies from one country to another, depending on how care is organised. Yet the daily figure for deaths does not systematically come from all the places where death occurs. The figure is often only partial and sometimes selective, depending on the scale of the places that are covered or missing. In France until early April, only the number of deaths occurring in hospital was reported, whereas it is now known that 61% of Covid-19 deaths occur in hospital and 39% in medico-social institutions.<sup>109</sup> It should also be noted that

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107 - *Ibid.*

108 - See the website at: <https://www.cdc.gov/nchs/nvss/vsrr/COVID19/>. Consulted on 10 June 2020.

109 - *Santé Publique France*. National and regional reports on the epidemic in April 2020. Available on-line at: <https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/articles/infection-au-nouveau-coronavirus-sars-cov-2-covid-19-france-et-monde>. Consulted on 10 June 2020.

the system for reporting deaths occurring in care homes does not allow stratification by gender and age. Lastly, it should be noted that France does not have a scheme for reporting deaths occurring at home,<sup>110</sup> whereas it is estimated that such deaths account for 5% of all deaths in England and Wales and 6% in the United States. There is not sufficient information on effective coverage of the data collection in a certain number of countries, leaving shady areas in the representativeness of the figures published (and their comparability).

However, the method of identifying Covid-19 deaths is of huge importance in the analysis of the statistics. Depending on the country, or the place of death within a country, Covid-19 may be either confirmed or presumed as the cause of death, confirmed by various biological tests or clinical diagnosis, or presumed if the person's symptoms or environment (such as the presence of a cluster) make this the probable cause. Depending on whether supposed cases are included or not, the figures differ substantially. Belgium's epidemiological report dated 3 June indicates that while 95% of hospital deaths are confirmed (compared with 5% presumed), the figure falls to 26% in care homes:<sup>111</sup> while 60% of the total number of deaths announced have been confirmed by testing, it is thought that the announced aggregate of deaths substantially underestimates the reality compared with those reports based solely on the number of confirmed deaths. The definition and coverage of the tests therefore constitute essential items of data.

Lastly, stratification by gender and age is absolutely essential for a

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110 - See Sciensano. Covid-19: *Bulletin Épidémiologique* [epidemiological bulletin] of 8 June 2020 (Belgium). Available on-line at: <https://covid-19.sciensano.be/fr/covid-19-situation-epidemiologique>. Consulted on 10 June 2020. See also the website at: <https://www.cdc.gov/nchs/nvss/vsrr/COVID19/>. Consulted on 10 June 2020. See also the website at: <https://www.ons.gov.uk/peoplepopulationandcommuty/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales>. Consulted on 10 June 2020.

111 - See Sciensano. Covid-19: *Bulletin Épidémiologique* [epidemiological bulletin] of 8 June 2020 (Belgium). Available on-line at: <https://covid-19.sciensano.be/fr/covid-19-situation-epidemiologique>. Consulted on 10 June 2020.

pertinent analysis of the dynamic of the epidemic. This information is not always available, however; indeed in some countries it is not even gathered. In Spain and France, information on gender and age in relation to deaths is only available from hospitals. Whereas the proportion of deaths occurring in care homes is considerable (39% of the total number of deaths documented in France), failing to acknowledge the age breakdown in these structures may lead to a distortion in the estimates of the progression of the risk of death associated with advancing age. The analysis of excess mortality among males due to Covid-19 may also be skewed by this, since the gender ratio in these institutions is highly imbalanced. In Germany, for example (a country which publishes an aggregate number of confirmed deaths), the statistics show a lower proportion of deaths among people over 90 years old at the start of the epidemic than in France or Spain.<sup>112</sup> The proportion has increased as the epidemic has continued, probably as a result of catch-up in the reporting of the deaths of very old people, which illustrates the value of refining the information to throw more light on the coverage of the deaths that are published.

All these aspects constitute sources for an underestimation of the intensity of the pandemic and bias in the description of the dynamics at work. Taking them into account leads to advocating a reassessment of the strengths and weaknesses of the health information systems. This is essential before the analyses can be continued, particularly from the viewpoints of comparability and the issue of recommendations to improve their quality and pertinence.

Reasoning on the basis of imperfect statistics, which specialists often have to do, forces the inclusion of source analysis in the research that is carried out, for example by mobilising comparable

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112 - See the website constituted by INED's 'Mortality due to Covid' team on the demography of deaths caused by Covid-19. Available on-line at: <https://dc-covid.site.ined.fr/fr/>. Consulted on 10 June 2020.

fields when making international comparisons, or by estimating the extent of the expected error when data cover is truncated. This pre-analysis stage makes it possible to compare trends and evolutions based on data with clearly identified characteristics and to draw nuanced conclusions regarding the differences or divergences that are brought to light. This involves using an approach that brings out the potential of the information, even if it is imperfect, and making recommendations for improving the collection and documentation of the data.

The Covid-19 pandemic has shown the need to rethink the system for gathering data on mortality in France, in terms not only of coverage and rapidity but also of the characteristics that need to be gathered at the time of death in order to allow the identification of associated factors and the main determinants. If the work were carried out rigorously, the analysis could take socio-demographic factors into account, since the differences between and within countries may be explained, at least in part, by demographic, social and health and differences in the way the elderly are cared for. Demographic variations at the territorial level and the management of the offer of home-help services or accommodation for the elderly organised by the *département* may make a difference at the local level to the way in which populations are exposed. Apart from the trigger event, i.e. the epidemic, the structure by age, the state of health, and the care provided for the most vulnerable and exposed persons, particularly in intergenerational contact, are key elements in analysing the propagation of the virus, the exposure of elderly people to it, and the risks of both suffering severe forms of the disease and dying.<sup>113</sup>

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113 - See the resources proposed by the International Union for the Scientific Study of Population (demographers' contributions to the understanding of the Covid-19 pandemic), Available on-line at: <https://iussp.org/fr/node/11297>. Consulted on 10 June 2020.

## **HOW THE SCALES OF POWER WORK TOGETHER – THE EXAMPLE OF THE AMERICAN CONTINENT**

In other national contexts, more than the issues associated with the state of emergency in a democracy or the place of science in discourse and political decision-making, it is the articulation of the forms and scales of power (city, region, State) that has attracted the attention of the HSS.

Thus in the Americas the Covid-19 pandemic has highlighted spectacularly the oppositions between the scales of power. Often, local officials have proved to be more concerned with stemming the epidemic and adopting lockdown measures than the national bodies. This was the case in Colombia at the start of the epidemic, when the mayor of Bogotá reacted more quickly than the national government. It was also the case in Brazil, where there was a stand-off between the State Governors who imposed a lockdown and the Federal Government headed by President Bolsonaro, who constantly criticised such measures. Note may indeed be made of often similar responses by the populist governments, both right- and left-wing, which have come to power in several major countries in the past four years: in Mexico, Brazil and the United States, central governments sought to minimise the pandemic and maintain their economic and social agendas, concerned that a major economic crisis would be more damaging to them than a heavy toll in terms of human lives.

In federal States, it has been possible to transform these oppositions between scales into more or less intense conflicts on constitutional matters. Is it the local mayor, the regional governor or the president of the republic who has the power to confine citizens to their own homes, or paralyse all economic life, and under what circumstances? The question arose not only in Brazil but also in the United States, where President Trump made an increasing number

of contradictory declarations, between his desire to present himself as a counter-model of those governors he felt were ‘abusing their powers’ and the reality of the texts. We may see in these frictions a new illustration of the fact that, as Belland and Vergniolle de Chantal point out, American federalism ‘*is not a static institutional framework but a contested and changing political reality*’<sup>114</sup> Emmanuelle Perez-Tisserant’s work on California also makes it possible to root in history the relationship with the central State and to show how local specificities may be forged at a very early stage.

In general, and despite the existence of a number of counter-examples such as Peru where the State has managed the consequences of the pandemic, this resulted in more initiatives being taken by local authorities at the start of the pandemic. This fact may be linked to their greater connection with reality in the field: it was more difficult for a mayor or governor to ignore the reporting of worrying information from hospitals or other public services. This importance of the local level has often relied on people who were able to occupy centre stage momentarily on a par with personalities of more national renown. Here we may cite Governor of the State of New York Chris Cuomo, Mayor of the City of New York Bill De Blasio, Mayor of the City of Bogotá Claudia Lopez, Governor of the State of São Paulo João Doria, Prime Minister of Quebec François Legault, and many others. When they found themselves dealing with the absence of the national authorities, they stepped up to the front line in the media and their prime-time interventions often equalled those of government ministers. This opposition between the scales of power has also often been felt at a lower level, between mayors and governors,

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114 - [n’est pas un cadre institutionnel statique mais une réalité politique contestée et changeante], D. Béland, F. Vergniolle de Chantal, ‘L’État en Amérique. Entre invisibilité politique et fragmentation institutionnelle’ (The State in America: between political invisibility and institutional fragmentation), *Revue Française de Science Politique*, Fondation Nationale des Sciences Politiques, 2014. Available on-line at: <https://halshs.archives-ouvertes.fr/halshs-02076166/document>. Consulted on 11 November 2020.

not only in the United States but also in Brazil.

However spectacular it may be, the irruption of the local level is not a fact that arose in isolation in 2020. Climate issues had already seen positions counter to national policy being adopted. Thus the major metropolises in the United States, whose entry into the field of global policy has been emphasised by geographer Cynthia Ghorra-Gobin, have set up a flexible alliance intended to enable them to make faster progress on the issue of climate change. The alliance has defied the federal administration a number of times, most notably when the Trump Government announced its intention to leave the Paris Agreement. The biggest cities in the United States for their part pointed out that they considered themselves to be still bound by the Agreement.

Regional oppositions have also emerged during the health crisis. Those regions less affected have often tried to detach themselves from the most hard-hit areas, reopening old wounds and prejudices that often are rooted in history. Thus in Ecuador, the Andean provinces looked quite smugly at the events occurring in Guayaquil, which they felt were in part linked to a lack of responsibility towards the community that they considered typical of coastal dwellers (*costeños*). In Canada, the difference in the epidemic's impact in French-speaking Quebec and the rest of the country has raised questions and added resonance to a number of debates, particularly when the urgency of the situation induced the central government to override the country's constitutional bilingualism. In other countries, it is the capital city that is ostracised and the provinces try to set themselves at a distance, here again on the grounds that the social structures in the more traditional and less globalised regions are better able to resist if they are not exposed to contamination from outside.

Lastly, national and nationalist reflexes have often been played on to the full, with each country wanting to isolate itself from neighbours

that are henceforth deemed dangerous. ‘The obsession with borders’ (*L’obsession des frontières*) described by Michel Foucher<sup>115</sup> has made more progress. Thus the border between the United States and Canada, symbolic as it is of the contemporary openness to the freedom of movement,<sup>116</sup> has been closed to the passage of most people until further notice.<sup>117</sup>

This section has made it possible to broach a number of elements that throw light on the way in which societies and governments have been confronted with the pandemic and have reacted, adopting measures ‘on the fly’. Their analysis should be extended and developed. On the matter of the articulation of the scales of power, for instance, the example of the American continent, albeit particularly prominent, is not isolated.<sup>118</sup> There is sometimes an unexpected articulation of the various aspects involved: in France, the representation of an authoritarian central State that pays little attention to dialogue with its mayors has been mobilised in defence of Didier Raoult and against the health measures,<sup>119</sup> thereby interacting with the discussion on the ways scientific proof is drawn up, in the debate on hydroxychloroquine. More generally, the question of scales of exercise of power, from municipality authority up to the State, is

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115 - M. Foucher, ‘*L’obsession des frontières*’ (The obsession with borders), Tempus, 2007.

116 - P.-A. Beylier, ‘*Canada/États-Unis: les enjeux d’une frontière*’ (Canada/United States: what a border involves), Rennes, Presses Universitaires de Rennes, 2016.

117 - Part of the information used in this text comes from articles posted on the COVIDAM blog, a partnership between the *Institut des Amériques* and UMI iGLOBES (CNRS/The University of Arizona) to monitor the effects of the pandemic in the Americas.

118 - K. Dodds, V. Castan Broto, K. Detterbeck, M. Jones, V. Mamadouh, M. Ramutsindela, M. Varsanyi, D. Wachsmuth & C. Yuan Woon, ‘The Covid-19 pandemic: territorial, political and governance dimensions of the crisis’, *Territory, Politics, Governance*, 2020, 8:3, p. 289-298. Available on-line at: <https://www.tandfonline.com/doi/full/10.1080/21622671.2020.1771022>. Consulted on 11 November 2020.

119 - See the analysis on this point proposed by the English daily newspaper *The Guardian* on-line at: <https://www.theguardian.com/world/2020/aug/30/marseilles-maverick-covid-scientist-why-the-city-took-doctor-to-its-heart>. Consulted on 11 November 2020.

in fact a valid one for all the political management of the Covid-19 pandemic, and if the question is not to the fore in the analysis for some societies it is perhaps because the question did not arise during the first wave of the pandemic in terms of methodologies and questioning.<sup>120</sup>

Another matter that needs to be addressed will involve determining what we collectively think about the expression in the public space of a critical position with regard to the restriction of personal freedoms, particularly in terms of lockdown and curfew, and the reactions of the general public: while some countries saw protest and even forms of rebellion emerge, this is not the case in every State, or only in a marginal fashion.

Lastly, the description and analysis of forms of expertise, areas of competence, interactions, and any national specificities together with the governments' recourse to any one type of expertise in particular constitute a discrete task in pursuing the analysis, and the HSS could make an enlightening contribution to this on the basis of earlier hypotheses regarding the other environmental and health crises of the present situation.<sup>121</sup>

In fact this is far from touching on all the aspects of the reaction of society and government to the pandemic. Other issues than those broached here are covered by research in the HSS, including the collective management of individual and family bereavement, tracing, research with a view to developing a vaccine, vaccination strategy and its acceptance by the population, and more generally strategic choices made to face up to the epidemic (attenuation, herd immunity, suppression and elimination). It would also be advanta-

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120 - A number of projects emerged on this subject during autumn 2020, including the LOCA-LEX Covid project headed by legal expert L. Carayon (<http://iris.ehess.fr/index.php?4755>).

121 - See the works already mentioned by Claude Gilbert, and the work of three contributors to this report published in autumn 2020: H. Bergeron, O. Borraz, P. Castel et al., '*Covid-19: une crise organisationnelle*' (Covid-19: an organisational crisis), Paris, Presses de Sciences Po, 'Essai', 2020.

geous to elicit better knowledge than we currently have on people's practices with regard to self-protection in their own homes. The data from surveys carried out during the first lockdown is currently being analysed, and the information they produce will be extremely valuable with regard to this group of subjects.

Apart from these research topics, it should also be noted that societies also projected themselves during the first wave of the pandemic into an 'after', thereby pointing to a number of key areas for questioning in HSS research, which we shall now consider.

The Covid-19 pandemic:  
what the HSS say

# IV

## Reinventing ourselves in a pandemic

The Covid-19 pandemic:  
what the HSS say

During the lockdown in France, many voices were raised in discourses that may be qualified as ‘refoundational’, based on the hope and idea of a ‘tomorrow’s world’ distinct from – and better than – the period before the pandemic, or conversely in catastrophist discourses, and even in a relatively unusual combination of both hope and a catastrophist outlook: discourses associated with an idea of ‘happy collapsology’, which perceives the state of society during lockdown as the confirmation of its darkest visions, but also intends to turn the moment into a time of creative reaction with a view to creating a society based on solidarity, or again linked to the concept of negative growth or happy frugality.

Almost everywhere on the social media and in scientific and more militant circles, the Covid-19 pandemic and the risks that it poses in every area of social life have given renewed impetus to the debates that animated the COP21 summit in 2015 and the recent demonstrations in favour of the climate: What kind of world do we want to live in tomorrow? What values do we want that world to be based on? What place should ecological issues occupy in it?

The current health crisis combines issues involved in coping with the present and considering our relationship with the future. The question is whether the awareness we have on a planetary scale of our vulnerability in the face of the current health crisis (and no doubt also those to come) can suffice, today and tomorrow, everywhere and equally, to create social and political levers capable of protecting us. In answer to the question, ‘What would it be most important to change, and quickly?’, anthropologist Philippe Descola replied, *‘It’s always possible to dream. So, pell-mell: the introduction of a basic income; the development of citizens’ conventions drawn by lot; a universal green tax based on carbon footprint; taxing the ecological*

*production and transport costs for goods and services; the development of the attribution of legal personality to communities, etc.*<sup>122</sup>

In this perspective, the HSS make it possible firstly to keep at a distance a certain number of representations that are naïve but not without an effect on the political choices governments make. For example, the SARS-Cov2 pandemic has given rise to a discourse on ‘Nature’s revenge’ on the basis of the zoonotic origin of the virus, transmitted to humans by bats. In the present context, the proximity of the first cluster to an animal market in Wuhan unleashed a host of exoticising representations about China, often ignoring the role of these markets in the consumption of meat in China and the small proportion of traditional Chinese medicine involved in the animals sold there (despite the mobilisation of environmental associations against global sales of pangolins and other exotic animals for use in this medicine). Similar representations, to be discussed subsequently, resulted in outdoor markets being banned in many municipalities in France and supermarkets being given preferential treatment because it is deemed easier to supervise hygiene in them.

However, the HSS do not only occupy an overlooking or distanced place in respect of these discourses – or practices – that are extremely diverse and very rich. They have also begun to study the ways in which individuals and societies are not only managing but also thinking collectively about the pandemic and its effect on individuals’ lives and the organisation of society.

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122 - [On peut toujours rêver. Alors, en vrac: instauration d’un revenu de base; développement des conventions citoyennes tirées au sort; impôt écologique universel proportionnel à l’empreinte carbone; taxation des coûts écologiques de production et de transport des biens et services; développement de l’attribution de la personnalité juridique à des milieux de vie, etc.] *Le Monde*, 22 May 2020.

The Covid-19 pandemic:  
what the HSS say

## Reflexivities in the present – the example of the performing arts

**I**n this respect, the theatre constitutes a paradigmatic example on which we shall dwell here: firstly, it is paradigmatic because, like other sectors of the culture industry and quite rightly, it is currently a source of warnings and cries for help. It is perceived largely as a devastated economic sector and as one of the symbols of a cultural life, of quite simply a relationship with culture that is being eroded by the pandemic. At the time of writing, this is still the case. In France, immediately after the ‘Art Week’ organised by Olivier Py in place of the Avignon Festival from 23 to 31 October 2020, whereas many libraries organised themselves to stay open during the second lockdown which began on 30 October 2020, the Ministry of Culture’s action in favour of performing artistes was described as being ‘in difficulty’.<sup>123</sup> However, the general public began to consider culture as an ‘essential’. *‘There*

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123 – *Le Monde*, 7 November 2020.

*is teeming life behind the closed curtains*<sup>124</sup>: the many rehearsals, performances behind closed doors, virtual concerts, and recordings of various kinds echo the multiple experimentations that took place during the first lockdown.

It is extremely interesting to see that although current research on the theatre highlights the fragility of the world of theatre, it also points to its ability to reinvent forms of performance and forms of common responsiveness *actually during the pandemic*. It is also paradigmatic because the phenomenon of epidemics – of the plague in particular – has inspired a good many plays. One of the tragic twists in the plot of Shakespeare's *Romeo and Juliet* (c.1595) is caused by the sudden confinement of a messenger, prevented from delivering the crucial information he is carrying. The health mask in the form of a bird's beak, invented in 1619 by Charles de Lorme, Louis XIII's first doctor, to protect healthcare workers, proved so spectacular that it was recuperated by the *commedia dell'arte*, inspiring the character of the plague doctor (*medico della peste*). Thus the mask is a vector of comings and goings between the theatre and social life, between two types of theatricality. During this pandemic period, since wearing a mask is recommended or actually compulsory, we are likely to see more masks in the audience than on the stage when theatres re-open.

Apart from the historic depth that the corpora of the early stages of the modern era give to the pandemic, they offer interesting tools for thinking about the phenomenon and its socio-cultural effects. In *Romeo and Juliet*, a tragedy of physical and social distancing, which covers the themes of lockdown, banishment and avoidance, since the warring Capulet and Montagu families are careful to keep their distance from each other, the legendary balcony scene occupies a crucial structural function in dramatic and scenic terms. It is singularly resonant in the current context, in which the balcony has played a

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124 - 'La vie grouille derrière les rideaux baissés', *Ibid*.

fundamental social role during lockdown. At 8 o'clock every evening, everyone has been at their window to pay tribute to healthcare workers and to bang on saucepans to reaffirm the right to a noisy life in the deserted streets – a theme dramatised in *Epicene, or The Silent Woman* (1609), a comedy by Ben Jonson set in a London emerging from a plague epidemic. While the balcony is a reminder of compulsory distancing, it also paradoxically embodies the connection between neighbours as they reinvent their social link. Just as the balcony scene between Romeo and Juliet marks the start of a reconciliation between the Montagu and Capulet families and the beginning of a peace process in Verona, the modern-day daily rendezvous on our balconies has highlighted the desire and need for solidarity. It is from our balconies that the urban space has been reinvested: it is where people have danced, sung, played music, and played games together, including *Questions pour un balcon*, a parody of the well-known TV quiz game *Questions pour un Champion*, which kept one street in the 11<sup>th</sup> arrondissement in Paris happily occupied. People shouted at each other and argued, giving rise to a new expression: 'we're not on the same balcony' (*on n'est pas sur le même balcon*). Amateurs and professionals have reinvented live performance on their balconies, including Thomas Jolly who staged the famous scene from *Romeo and Juliet* on his balcony in Angers, to share a moment of theatre 'among the living' while 'keeping far apart'.<sup>125</sup> Paradoxically, lockdown has brought theatre out of the theatre and made all the world a stage (again), to continue the Shakespeare theme.<sup>126</sup>

In our secular society, the theatre remains one of the places where people physically meet in order to share an intellectual and emo-

125 - Thomas Jolly, in Jérôme Lachasse, '*Confinement: l'acteur et metteur en scène Thomas Jolly joue Roméo et Juliette sur son balcon*' (Lockdown: actor and director Thomas Jolly plays *Romeo and Juliet* on his own balcony), BFM TV, 25 March 2020. See: [https://www.bfmtv.com/people/confinement-l-acteur-et-metteur-en-scene-thomas-jolly-joue-romeo-et-juliette-sur-son-balcon\\_AN-202003250149.html](https://www.bfmtv.com/people/confinement-l-acteur-et-metteur-en-scene-thomas-jolly-joue-romeo-et-juliette-sur-son-balcon_AN-202003250149.html). Consulted on 11 November 2020.

126 - As Shakespeare says in *As You Like It*, 'All the world's a stage'.

tional experience. During lockdown and while there is physical distancing, when the coming together that is a specific feature of a live performance is no longer possible, performers, cultural mediators and audiences have invested places where a common is constructed, with mediation tools and ways of sharing *based on* the theatre. These are not intended to either replace physical presence or alter the profound nature of the true live performance, but rather to make it possible to continue to cultivate a passion for art of this kind, of which theatre is a part, to share it, to inhabit the period of waiting – a situation that many playwrights have used as dramatic material, such as Shakespeare in *Hamlet* and Beckett in *Waiting for Godot*, to quote just these two –, to give meaning to absence and to the loss it generates, and in doing so, to become and make others aware of the vital importance of live performance in our society.

Radio PCM, the web radio of the *Printemps des Comédiens* performance event in Montpellier set up as soon as the lockdown was announced, broadcast a programme each week for ten weeks, until the end of May, ending just as the 2020 edition of the second most important theatre festival in France after Avignon in terms of attendance and visibility should have been inaugurated.<sup>127</sup> This symbolic timeframe is a good illustration that the initiative had no intention of replacing the festival; rather, its aim was to accompany the announcement of its cancellation, giving meaning to its silence rather than filling in that silence. Its director Jean Varela said in a radio interview on France Inter on 8 April that a time of silence and respect would be necessary for the bereavement of the ‘Antigone families’ (*familles Antigone*), connecting directly by this expression the health crisis and the theatre’s corpus.<sup>128</sup>

The Avignon Festival came up with ‘*Un Rêve d’Avignon*’ (A dream of

127 - Radio web PCM 2020. See: <https://soundcloud.com/printemps-des-comediens>. Consulted on 11 November 2020.

128 - France Inter, 7.30 a.m. newscast on Wednesday, 8 April 2020. See: <https://www.franceinter.fr/emissions/le-journal-de-7h30?p=4>. Consulted on 11 November 2020.

Avignon) in partnership with the public audiovisual sector, broadcasting during July 2020 recordings of performances and events from earlier editions. These were also screened in the Court of Honour of the Papal Palace, the nerve centre of the Festival, in the presence of an audience of two hundred, with the aim of maintaining the memory of the event and its broadcasting. At the same time, *Les Scènes d'Avignon* (Avignon's theatres), a grouping of five permanent subsidised theatres in the city, offered '*Le Souffle d'Avignon*' (The breath of Avignon), a cycle of readings of texts by contemporary authors, to keep alive and broadcast the voices of the fringe festival. What is more, the Avignon Festival is reprogramming some of the performances cancelled during '*Une Semaine d'Art en Avignon*' (A Week of Art in Avignon) in autumn, from 22 to 31 October 2020, thereby rekindling the spirit of the very first edition of the festival launched by Jean Vilar in September 1947. With *Share your Shakespeare*, the Royal Shakespeare Theatre from Stratford-upon-Avon (United Kingdom) proposes sharing open-access formats for reinventing our relationship with Shakespeare pending the reopening of theatres.<sup>129</sup> Experienced or amateur, child or adult, anyone can become a Shakespearean actor, artist or cook for the time it takes to read a poem or act out a play or its 'translation' into emoticons, or produce an artistic interpretation or a culinary experience. The *shakes@home* programme of the Chicago Shakespeare Theater (United States), a theatre company reputed for bringing the work of Shakespeare to difficult urban communities, pays particular attention to the diversity of its audiences, including the young and the vulnerable: its activities have included the interpretation of a sonnet in sign language, the virtual adaptation of a play enacted by a troupe of teenagers with development issues during lockdown, webinars making it possible to sit it on the rehearsals of actors in lockdown, the creation of audio and video playlists, and an on-line edition of the an-

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129 – Royal Shakespeare Company, Stratford-upon-Avon, United Kingdom. <http://rsc.org.uk>. Consulted on 11 November 2020.

nual *Shakespeare Slam* festival with 250 secondary schoolchildren.<sup>130</sup>

The theatre, which has travelled through twenty-six centuries and has always survived questioning, criticism, attack, censorship, closure during epidemics (a frequent and systematic occurrence in the sixteenth and seventeenth centuries), prohibition and clandestinity, appears to be an art of resilience, a repairing art that is as essential as water, gas and electricity, as Vilar used to say.<sup>131</sup> But is it not endangered in the present context precisely because of its ability to accompany our living together and our democratic aspirations?

Lockdown and the gradual coming out of lockdown – which involves reopening theatres while maintaining respect for barrier gestures – raises the question of what constitutes a community. Alternate seats must be left empty. The sociability that is part and parcel of a theatre presentation (bar, buffet) is no longer allowed. Paradoxically, wearing a mask, which until now has been a theatrical convention, has become the norm among members of the audience – we have to go back to the early eighteenth century in England to find anything similar: Queen Anne felt obliged to ban the wearing of a domino mask in theatre auditoriums because it ‘homogenised’ the women in the audience and blurred social and moral boundaries.<sup>132</sup> While it would seem difficult to postulate that masks hinder the first form of otherness constituted by seeing ‘the face of the other’ as theorised by Emmanuel Levinas,<sup>133</sup> the observation nevertheless remains that the members of the audience do not manage to become a commu-

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130 – See the Chicago Shakespeare Theater, Chicago, United States (<https://www.chicagoshakes.com/>). Consulted on 11 November 2020).

131 – J. Vilar, *‘Le Théâtre, service public’* (The theatre: a public service), Paris, Gallimard nrf, 1975, p. 173.

132 – F. March, *‘La Comédie après Shakespeare. Une esthétique de la théâtralité’, 1660-1710*, (Comedy after Shakespeare: an aesthetic of theatricality), Aix-en-Provence, Presses Universitaires de Provence, 2010, p. 212-14.

133 – E. Levinas, *‘Emmanuel. Entre nous. Essais sur le penser-à-l’autre’* (Emmanuel. Between us. Essays on thinking about others), Paris, Grasset, 1991.

nity. Yet the particularity of a theatre audience lies precisely in this two-fold articulation of the individual and the group: *'the spectator is the person who understands'* i.e. the spectator has his/her own understanding of the performance at the same time as it is *understood* in the theatrical assembly.<sup>134</sup>

How can community be created despite physical and social distancing? How can the articulation of the individual and the group be reinvented during a pandemic? These questions lead us to take an interest in the on-line theatre initiatives developed during the lockdown. There has been a lot of experimenting with on-line theatre during the lockdown period – a phenomenon that deserves to be studied in depth. It is not merely a matter of technique and medium: it also a matter of content. The Old Globe theatre in Stanford (California) produced 'In-Zoom', a digital theatre production created for and by Zoom.<sup>135</sup> The play inaugurates a new corpus that exploits the codes and conventions of the medium, taking advantage of the juxtaposition of windows on the screen, experimenting with new ways of shattering frameworks in a parody of non-illusionist processes that break through the fourth wall, and using humour to question the new methods for reception.

The question 'Is it theatre?' – and *a fortiori* the affirmation that digital theatre is not theatre at all – appears to be a false question.<sup>136</sup> Rather, this is a new way of doing theatre that does not exclude other ways, and further expands its positioning at the crossroads of arts, disciplines and media, in keeping with its audience capacity and its

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134 – J. P. Sarrazac, *'Le Spectateur, c'est celui qui comprend...'*, *Du Théâtre*, special edition: La position de spectateur, 1996, p. 17-23.

135 – The Old Globe, Stanford, California, United States. 'In-Zoom.' See <https://www.youtube.com/watch?v=Do8LXJLQgKo>. Consulted on 11 November 2020.

136 – L. Collins-Hugues, *'Digital Theater Isn't Theater. It's a Way to Mourn Its Absence'*, *The New York Times*, 8 July 2020. Available on-line at: <https://www.nytimes.com/2020/07/08/theater/live-theater-absence.html?action=click&module=RelatedLinks&pgtype=Article>. Consulted on 11 November 2020.

characteristic adaptability. Far from reducing the spectre of reception, on-line theatre could expand its range of methods. Lockdown has also seen the large-scale updating of the notion of the 'heteronymic spectator' coined by Christine Buci-Glucksmann on the basis of Pessoa's term<sup>137</sup> to designate a new type of spectator: one that is heterogeneous, mobile, nomad even, connected, and virtualised.

The experimentation in 'lockdown reviewing' carried out by the team of the international review *Cahiers Élisabéthains* during lockdown questions the status of the spectator, spectatorial conventions, and the nature of the aesthetic and emotional experience when viewing recordings on-line.<sup>138</sup> Although digital theatre is accessible to the greatest possible number, paradoxically it requires a more demanding commitment on the part of the spectator. This is because it supposes that spectators create their own conditions for the silence and concentration necessary for receptiveness, make a special effort to enter into the illusion process that makes theatre present, and overcome any technical difficulties (frozen images, interference on the soundtrack, etc.). These demands are compensated by the experience of intimacy with the actors, who are present virtually in the spectator's home.

Today, we are faced with the question of whether to continue putting recordings of performances on-line, a measure adopted by a good number of art and culture institutions during lockdown, using a variety of methods: charging a fee or not, permanently or as part of virtual programming. As the attendance indicators for on-line

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137 - C. Buci-Glucksmann, '*Les métamorphoses du spectateur*' (The metamorphoses of the spectator), *Du Théâtre*, special edition: La position de spectateur, 1996, p. 86.  
138 - P. Smith, J. Valls-Russell & D. Yabut, '*Reviewing Shakespeare under global lockdown: Introduction*', *Cahiers Élisabéthains*, 2020, 103, published on 8 November. (103), p. 101-111. <https://doi.org/10.1177/0184767820946175>. Hosted by HAL-SHS, <https://halshs.archives-ouvertes.fr/hal-03080647v1>.

performances underline,<sup>139</sup> the digital medium paradoxically made live performances much more accessible during the *ad hoc* period of lockdown. The phenomenon is corroborated by comments made by audience members normally unable to attend because of geographical distance or for health reasons.<sup>140</sup> Mediatisation on our screens has thus made it possible to re-popularise the theatre by broadening the conditions for its accessibility, thereby contributing to the processes of cultural decentralisation and democratisation.

Through this example of the theatre, we may observe the host of initiatives adopted in the sector of live performance at the local, national and international levels despite the fragilities caused by the context of the pandemic and its management. They do not erase the fragilities, but emphasise the driving force of art and culture institutions, highlighting the place they occupy in our society: through arrangements which use every means at their disposal, they accompany individuals and societies in their consideration of the health crisis, and deploy common spaces in various forms to question their meaning and scope.

This example should lead the HSS to explore the arts more broadly in future research, reporting on their current situation and the way in which they are continuing to manifest the creativity and reflexivity of societies faced with a pandemic.

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139 – B. Brantley, J. Green & M. Phillips, 'This Is Theater in 2020. Will It Last? Should It?', *The New York Times*, 8 July 2020. Available on-line at: [https://www.nytimes.com/2020/07/08/theater/streaming-theater-experiments.html?campaign\\_id=28&emc=edit\\_cu\\_20200708&instance\\_id=20129&nl=theater-update&regi\\_id=130173261&segment\\_id=32918&te=1&user\\_id=7662ea0b343f050d30ae75f4eecd6749](https://www.nytimes.com/2020/07/08/theater/streaming-theater-experiments.html?campaign_id=28&emc=edit_cu_20200708&instance_id=20129&nl=theater-update&regi_id=130173261&segment_id=32918&te=1&user_id=7662ea0b343f050d30ae75f4eecd6749). Consulted on 11 November 2020.

140 – P. Smith, J. Valls-Russell & D. Yabut, 'Reviewing Shakespeare under global lockdown: Introduction', art. cit.

The Covid-19 pandemic:  
what the HSS say

# 2

## ‘After the crisis’: the questions for HSS research

**T**he HSS have already embarked on the analysis of certain aspects rather than others, and have placed certain questions to the fore rather than others. What this points to is the significant and perhaps even henceforth inevitable nature of certain questions, both for research and in the field of social and political action.

Without making any claim to be exhaustive, we would like here to point to the analyses that are being developed with regard to the relationship between human health and the environment; both in connection with this as well as independently, the issue of organising space; social protection policies; the place allowed to the most vulnerable in the decision-making processes that concern them; and the issue of the value placed on human life in the management of the pandemic.

### **HEALTH AND THE ENVIRONMENT**

One of the challenges facing research that has been raised by the

2020 health crisis is the need to stop neglecting the link between environment and health. Can there still be any doubt that the quality of the environment is of prime importance for everyone's good health? Is it possible to continue to ignore the thousands of scientific publications demonstrating and quantifying the links between a population's state of health and the state of its environment?<sup>141</sup>

While prevention and public health strategies based on maintaining or improving environmental conditions have been advocated by the WHO in the form of the UN Millennium Development Goals for the past twenty years, they are rarely considered in the assessment of the health risks our societies are having to face. This assessment is often reduced to standardised approaches that consider 'average individuals', and taking account of the social factors involved in health vulnerability remains firmly in the background. One of these factors as revealed by the Covid-19 pandemic is our collective inability to prevent or reduce a 'silent epidemic' of environment-related diseases, which paves the way for large-scale health vulnerability as denounced by the RES network:

- Environmental pollution has been killing an exponentially growing number of people since the beginning of the in-

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141 - The World Health Organisation (WHO) estimates that cardiovascular diseases, diarrhoea-related diseases and infections of the lower respiratory tract are the principal environment-related causes of death worldwide. The reasons are obvious: the scale of pollution in domestic ambient air, unequal conditions of access to water (household use is not a priority everywhere), waste disposal and hygiene, are the main environmental drivers of mortality. A considerable number of deaths may therefore be attributed to avoidable environmental risks. The WHO estimates that 12.6 million deaths in 2012 worldwide were caused by living or working conditions in unhealthy environments (22.7% of deaths worldwide may be attributed to the environment) - i.e. almost 1 in 4 of the total number of deaths. This total number of environment-related deaths has not changed since 2002, but the figures show an explosion in non-transmissible diseases, particularly in Europe and the Americas (A. Prüss-Üstün et al., 'Preventing disease through healthy environments: a global assessment of the burden of disease from environmental risks', 2016). The Covid-19 pandemic will without a doubt reinforce this in the long term, as repeated forcefully by the French environment and health network (Réseau Environnement Santé - RES) (RES press release, 8 April 2020).

dustrial era. Ambient air pollution, for example, kills about three million people each year worldwide. About 90% of the world's population breathes air that does not meet the WHO's recommendation on air quality (WHO, 2016).<sup>142</sup>

- Soap and water have become the main tools for health protection among the barrier gestures on an individual scale to combat Covid-19. Yet access to drinking water and waste disposal has been for decades and still is today a major problem on the planet, accounting for 842,000 deaths each year.
- Environment-related diseases cause losses of income (because of the inability to work or the death of one of the productive members of a household) and have consequences not only for that family but also for society as a whole, with knock-on effects on public finances and care systems.
- Equality in terms of the protection of vulnerable people and groups is a colossal challenge, since to achieve this we would need to know how to assess global vulnerability, and that remains a real question for research to take up.

In this sense, the current pandemic has essentially shown us that 'staying healthy' will mean reinventing the ecosystem of our daily lives and our relationship to the environment, both at the individual level and the political level. How do we perceive, position, and defend environmental issues in our public health policies or, more generally, in the organisation of our production and consumption supply chains, work sectors, etc.? While a natural starting point would be to examine the dynamics of public decision-making (as the Réseau Environnement Santé does well), in fact greater congruence

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142 - WHO, '*Burden of disease from household air pollution for 2012. Summary of results, 2014*'. Available on-line at: [https://www.who.int/phe/health\\_topics/outdoorair/databases/FINAL\\_HAP\\_AAP\\_BoD\\_24March2014.pdf](https://www.who.int/phe/health_topics/outdoorair/databases/FINAL_HAP_AAP_BoD_24March2014.pdf). Consulted on 11 November 2020; WHO, '*Ambient air pollution: a global assessment of exposure and burden of disease, 2016*'. Available on-line at: <https://apps.who.int/iris/bitstream/handle/10665/250141/9789241511353-eng.pdf?sequence=1&isAllowed=y>. Consulted on 11 November 2020.

between policy and society at various levels of governance will only be possible if we can arrive at a clearer understanding of processes for prioritizing addressing risks the population faces in their daily lives and specific conditions that require change.<sup>143</sup>

Questioning the values that drive the choices we make on an individual and collective scale in terms of caring for ourselves and maintaining normal living conditions, has become virtually unavoidable in these particularly uncertain times. One of the avenues explored in this perspective of rebuilding our capacity to 'cope with risks'<sup>144</sup> and uncertainty is to design and implement an *ecosophy*, which literally means *wisdom of living*, as Guattari proposed, in his time,<sup>145</sup> in its different dimensions: environmental (protecting the biosphere), social (reforming modes of production and consumption), and subjective.

The issue of the relationship between humans and non-humans, animal species in particular, is central to this question of the relationship between (human) health and the environment: certain species are considered to be virus transmitters or 'intermediate hosts'.<sup>146</sup> However, '*viruses are not intentional entities aiming to kill human beings, but rather the signs of an imbalance between species within an ecosystem*'. Analysing viruses through the lens of infec-

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143 - S. Becerra S., '*Vivre avec les risques environnementaux: vulnérabilités et dispositions sociales*' (Living with environmental risks: vulnerabilities and social arrangements), Habilitation to direct research defended at l'Observatoire Midi-Pyrénées October 18th, 2019. École Doctorale des Sciences de l'Univers, de l'Environnement et de l'Espace (<http://sduze.obs-mip.fr/> Université Paul Sabatier).

144 - S. Becerra, M. Lalanne and J. Weisbein, '*Faire face aux risques dans les sociétés contemporaines*' (Coping with risk in contemporary societies), Toulouse, Octarès, 2016.

145 - F. Guattari, '*Les trois écologies*' (The three ecologies), Paris, Ed. Galilée, 1989 ; F. Guattari, '*Qu'est-ce que l'écosophie*' (What is Ecosophy). Texts arranged by S. Nadaud. Editions Lignes, 2013.

146 - F. Keck, '*Les sentinelles des pandémies*' (The sentinels of pandemics), op. cit., p. 13.

tious ecology forces humans to recognize *'their dependence on other species on a threatened planet that they inhabit in common'*.<sup>147</sup> It also invites us to take note of the fact that *'new relationships between humans and animals (such as the intensification of industrial breeding) have produced new emerging risks'*.<sup>148</sup>

This issue of linking human health and the environment, and the association we are facing currently, particularly pertaining to zoonotic diseases and the relationship between humans and non-humans, must also be considered in the light of the conflicts that may arise when political decision-making involves considering environmental factors. Thus, behind the formula 'One world, one health', different rationalities of risk come into play as soon as global health extends to animals and the environment: *'One, oriented towards preparation, follows the mutations of pathogens between species and requires the work of microbiologists to anticipate the next catastrophe. The other, prevention-oriented, counts the number of victims of the current disaster with the help of epidemiologists and tries to limit disasters by treating the victims. The first aims at biosecurity – on controlling the proliferation of biological material circulating around the globe – while the other aims at biodiversity – the inventory and conservation of the different forms of life that inhabit the planet'*.<sup>149</sup>

Furthermore, a range of separate conflicts surrounding our reasoning for protecting living environments and biodiversity should be considered and investigated in future research: between societies, or within the same society between different social groups,

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147 - *Ibid.*, p. 197.

148 - *Ibid.* p. 14–15. See the report on pandemics published by the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services. Available online: [https://ipbes.net/sites/default/files/2020-11/20201028%20IPBES%20Pandemics%20Workshop%20Report%20Plain%20Text%20Final\\_o.pdf](https://ipbes.net/sites/default/files/2020-11/20201028%20IPBES%20Pandemics%20Workshop%20Report%20Plain%20Text%20Final_o.pdf). Consulted on 11 November, 2020.

149 - F. Keck, *'Les sentinelles des pandémies'* (The sentinels of pandemics), op. cit., p. 60.

between private or public economic organisations, or even within the family unit or for an individual in isolation, whose practices, choices and behaviours are not always coherent.<sup>150</sup>

### SPATIAL PLANNING

The Covid-19 pandemic leads us back to Henri Lefebvre's insights on planetary urbanisation, a circumstance he argued called for a radical shift in the usual categories of analysis, notably in how we distinguish urban from rural. The concept has been revisited more recently by the English-speaking community following the publication of *Implosions/Explosions*, an anthology coordinated by Neil Brenner.<sup>151</sup> Theoretically ambitious, this last work provoked widespread debate, but had difficulty in gaining support, largely due to the absence of convincing empirical evidence.<sup>152</sup> Nonetheless, from the emergence of Covid-19 to its spread, and from the public response to the health crisis to its economic and social consequences, many recent events can be interpreted and better understood through the prism of global urbanisation.<sup>153</sup> Broadly speaking, this is expressed in four closely interconnected processes: the disappearance of the 'wilderness'<sup>154</sup> (extensive urbanisation explains the accelerated frequency of the emergence of new zoonotic diseases), global interconnectedness of territories (which in this case explains the speed and scale of the current outbreak),

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150 - C. Emelianoff, 'La problématique des inégalités écologiques, un nouveau paysage conceptuel' (The issue of ecological inequalities, a new conceptual landscape), *Écologie & politique*, 2008, 35(1), 19-31. Available online: <https://www.cairn.info/journal-ecologie-et-politique1-2008-1-page-19.htm>. Consulted on 11 November, 2020.

151 - N. Brenner, *Implosions/Explosions: Towards a Study of Planetary Urbanisation*, JOVIS Verlag, 2013.

152 - M. Giroud, 'Au-delà de l'urbanisation planétaire: refonder la recherche urbaine contemporaine' (Beyond 'planetary urbanisation': refounding contemporary urban research), *Métropolitiques*, 2015. Available online: <https://metropolitiques.eu/Au-dela-de-l-urbanisation.html>. Consulted on 11 November, 2020.

153 - É. Charmes and M. Rousseau, 'La mondialisation du confinement: Une faille dans la planétarisation de l'urbain?' (The globalisation of lockdown: A crack in the planetaryisation of the urban?), art. cit.

154 - Réf. V. Maris

the blurred division between town and country (in Europe, the virus first transited through the suburbs and ski resorts before reaching city centres), and lastly, the globalisation of urban inequalities.<sup>155</sup>

Strategies for ending the lockdown directly impacted urban space planning, particularly by requiring physical distancing measures and planning of public spaces to limit the spread of the virus by establishing designated circulation routes to avoid overcrowding and mandatory stopping points, in contrast to the serendipity and unpredictability that, for some, is what make cities special. And the lockdown itself sparked debate about the issue of mobility as bringing the world to a standstill provided empirical evidence of how transport impacts air pollution by showing, for example, a 30% drop in fine particulate matter in the Paris city centre.

Considered through these two phenomena, the Covid-19 pandemic invites us to rethink land-use planning. On the one hand, rural and landlocked areas less affected by urban sprawl have appeared, for the time being, to have more resistant to the spread of the virus. Many of these areas had become accustomed to losing their workforce to more lucrative jobs in metropolitan areas, but the pandemic and lockdowns have suddenly made them more attractive. This is because maintaining autonomy in the event of a threat of disruption to supply chains is more accessible there, largely because of greater land availability, which facilitates self-sufficiency and forms of collective organisation, such as local production and ultimately shorter food circuits.<sup>156</sup> Only time will tell whether these areas that suffered serious decline due to increased urbanisation will be able

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155 - É. Charmes and M. Rousseau, '*La mondialisation du confinement: Une faille dans la planétarisation de l'urbain ?*' (see above), art. cit.

156 - A. Delage and M. Rousseau, '*Le Grand confinement: la crise de l'urbanisation planétaire ?*' (The Great Lockdown: the crisis of global urbanisation), Webinar available online organised by MSH Sud, 8 July, 2020: <https://www.hs3pe-crises.fr/ressources/les-sciences-a-lepreuve-de-la-pandemie/>. Consulted on 11 November, 2020.

to recover after the pandemic. This possible development that would lead to lower population density in cities could alleviate real estate pressure in larger metropolitan centres and make them more accessible to people with more modest means. But it could also be accompanied by increased pressure on the environmental resources in areas chosen by those who are more affluent. Here, the central concern is the possible acceleration of soil artificialisation and the threats this poses to food security and biodiversity preservation.

Moreover, the global crisis has revealed that the city itself must now be understood in a broader sense and must now be viewed as a space that is inseparable not only from its suburban and peri-urban belts, but also, and especially, from its rural hinterland.<sup>157</sup> The main lesson in interpreting the Covid-19 pandemic through the lens of global urbanisation is that spaces are now more interdependent than ever. Consequently, town-country relations need to be less defined by competition, or even predation, but should centre on cooperation. Such demands for an extension of the planning perimeters pre-existed the health crisis. They had begun to find political outlets, for example, with the recent creation of town-country reciprocity contracts. The fear of new shortages (food, energy) resulting from lockdown measures strengthens awareness of the need to change scale: it is only at the level of larger metropolitan areas and their associated hinterlands that future conflicts over land use can be legitimately debated and mediated, whether the issue is housing distribution, industrial and agricultural relocation, or environmental preservation. The challenge is therefore to create a government of 'bioregions'.<sup>158</sup>

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157 - In geography, the term 'hinterland' refers to the area behind a coastline or river, as opposed to the coastline, and more precisely to the zone of influence and economic attraction of a port.

158 - See on this concept A. Van Newkirk, '*Bioregions: Towards Bioregional Strategy for Human Cultures*', *Environmental Conservation*, 1975, Vol. 2, 2

## THE POLITICS OF CARE

As we recalled in the introduction, the HSS have for decades studied the causes that lead to the 'construction' of crises,<sup>159</sup> and the way in which these events translate in terms of damage or chains of impact when crises are declared.<sup>160</sup> Since the 1980s, the idea of a 'vulnerable society' has been recognised in the context of major events, such as the Chernobyl accident, and has revealed the fragility of modern societies. Thus, the concept of vulnerability allows us to account for the multidimensional character of 'socially produced' crises, in other words, those generated by the activities, modes of decision-making, functioning and production, and the values that underlie them in human societies. With the current Covid-19 epidemic, the 'vulnerable' have more than ever become a central category of public action.

The 'most vulnerable' here are those who, for one reason or another, are more likely than others to contract the disease and are more susceptible to its more serious forms. Indeed, we are all vulnerable since everyone can be affected by the disease. But the hypothesis of greater vulnerability among patients suffering from chronic diseases whose incidence has exploded in the past ten years (cardiovascular diseases, asthma, COPD, occupational and paediatric cancers, but also metabolic syndromes – obesity, overweight, diabetes) makes it difficult to ignore the spectrum of ways the environment impacts health, which has been

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159 - C. Gilbert, '*La fabrique des risques*' (The risk factory), *Cahiers internationaux de sociologie*, 2003, n°1, 114, p. 55-72. Available online <https://www.cairn.info/revue-cahiers-internationaux-de-sociologie-2003-1-page-55.htm>. Consulted on 11 November, 2020.

160 - F. Benitez and M. Reghezza (2018), '*Les capacités à faire face ou comment repenser la résilience des individus*' (Coping skills or rethinking the resilience of individuals), *Vertigo* - the electronic journal in environmental sciences, Special edition 30 | May 2018, posted online May 15th, 2018, Consulted on 11 May, 2020. Available online: <http://journals.openedition.org/vertigo/19116>, Consulted on 11 November, 2020.

neglected in spite of scientific warnings for almost fifty years.<sup>161</sup>

If we think of *care* as a notion that applies to all dimensions of human life, in all its forms of vulnerability, and highlights actions aimed at prolonging or restoring human life, the current context invites us to take a closer look at public health policies and review their effects in terms of increased vulnerability of populations or certain social groups. In the case of France, as in other countries, these policies led to a continuous decrease in the number of available intensive care beds, closure of hospitals,<sup>162</sup> and outsourcing of the production of essential pharmaceutical products to China, etc. More specifically, the French health system is based on two principles: centralisation (the unique rules of the hospital function) and competition (from modes of financing to organisation of research).<sup>163</sup> Over time, the health care system has been increasingly refocused on curative care and on hospitals. The major medical events of the 1970s and 1980s were organ transplants, gene therapy, and new minimally invasive surgical techniques. Moreover, the administrative, even bureaucratic, aspect of health care is predominant in France, and it often prevents rapid decisions and prohibits charitable donations. One might also question the orientations of the regional health agencies (ARS), which have shown no signs of supporting a convergence between the public and private sectors, nor towards prevention policies, or merging efforts with staff of the prefectures.

In this sense, the public health policies implemented by the different

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161 - R. Carson, *Silent Spring*, Boston, Houghton Mifflin, 1962. W. Hueper, 'Factores ambientales en la génesis del cáncer. aspectos de salud pública. Boletín de la oficina sanitaria panamericana', 1952. Available online: <https://iris.paho.org/bitstream/handle/10665.2/11939/v33n1p21.pdf>. Consulted on 11 November, 2020.

162 - P.-A. Juven, F. Pierru and F. Vincent, 'La casse du siècle. À propos des réformes de l'hôpital public' (The heist of the century. About the reforms of the public hospital), Paris, Raisons d'agir éditions, 2019.

163 - F. Crémieux, 'Un système de santé en déséquilibre' (An unbalanced health system), 2020. Available online: <https://esprit.presse.fr/actualites/francois-cremieux/un-systeme-de-sante-en-desequilibre-42696>. Consulted on 11 November, 2020.

governments in France cannot technically be considered policies centred on *care*: they have been too centralised, too marked by the separation of public and private sectors, overly focused on the need for competition between hospitals and regions, overly focused on types of populations largely constructed by the administration and insufficiently in touch with the real world, with the evolving and diverse range of vulnerable situations and the varying degree they may relate to class, gender or ethnic origin.

The next problem could be viewed as a product of dominating, authoritative relationships and ethical issues associated with *care*: we may well be witnessing in current approaches to managing the pandemic an erasure of health democracy that risks undermining any meaningful form of future societal appropriation of medical questions. Consequently, the medical knowledge–power relationship is being de-democratised and ultimately risks undoing all the achievements made thus far towards incorporating the health democracy in the social body. For some thirty years, medicine has been the object of certain citizen vigilance and subject to rigorous bioethical monitoring that has permeated the medical profession in the form of consultative councils, expert committees, patients' associations, and multiple health education initiatives at all levels nationwide. A democratic culture of medicine has been formed, and the issue at stake is the possibility for citizens to decide for themselves. It is important to extend this thread not only in the medical field but also in the more general field of *care* relations (which includes the medico–social field, and anything more broadly related to caring for others and the world) until we consider the relevance of a model of *care* democracy.<sup>164</sup>

How can we establish a collective system of responsibility focused on care with existing *care* policies that are generally more concerned

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164 - J. C. Tronto, *Caring Democracy. Markets, Equality and Justice*, New York, New York University Press, 2013.

with the specificities of individuals and differences?<sup>165</sup> How can we conceptualize equal participation of each person involved when it comes to questions of health and illness and facilitate a more integrative approach to public health concerns? This line of questioning will orient HSS research in the years to come, both on the curative and relational levels of care<sup>166</sup>, because as the Covid-19 pandemic has shown, the current health crisis is also a social crisis and requires that we revisit current health and social protection policy decision-making.

### THE RIGHTS OF VULNERABLE PEOPLE

Beyond the question of health and social protection, a more general issue seems particularly salient: the rights of vulnerable people. Indeed, the health crisis linked to the Covid-19 pandemic has accentuated the observation that accounting for the most vulnerable people in society is challenging, if not difficult. Introducing the state of emergency, and implementing public health measures of physical distancing, lockdown and isolation to protect the community, had considerable effects on the exercise of rights of the most vulnerable people.<sup>167</sup> In closed environments (residential care homes for the elderly, psychiatric facilities, homes for handicapped persons, prisons) where the risk of rapid spread of the disease is greater,<sup>168</sup> significant, even excessive, restrictions of rights have been imposed.<sup>169</sup> And while certain inde-

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165 - C. Gilligan, *'Une voix différente'*, Flammarion, 2008 [1982].

166 - P. Paperman, S. Laugier, *'Le souci des autres, éthique et politique du care'*, Paris, Éditions de l'EHESS, 2005; P. Molinier, S. Laugier, P. Paperman, *'Qu'est-ce que le care ? Souci des autres, sensibilité, responsabilité'*, op. cit. ; F. Worms, *'Le moment du soin: à quoi tenons-nous ?'*, Paris, PUF, 2010 ; F. Brugère, *L'éthique du care*, Paris, PUF, 2014 ; M. Gaïlle, *'Les ressources de la pensée du care. Pour un soin plus humain'*, *Archives de Philosophie*, 2020/4 (Tome 83), p. 41-58.

167 - S. K. Brooks et al., *'The psychological impact of quarantine and how to reduce it: rapid review'*, *The Lancet*, vol. 395, March 14<sup>th</sup>, 2020.

168 - B. G. Druss, *'Addressing the Covid-19 Pandemic in Populations With Serious Mental Illness'*, *JAMA Psychiatry*, 2020.

169 - The office of the Controller-General of prisons (CGLPL) (2020), Urgent recommendations issued May 25<sup>th</sup>, 2020 by the Controller-General of prisons concerning the public mental health establishment Roger Prévot de Moisselles (Val-d'Oise), JORF n°0150 from June 19<sup>th</sup>, 2020.

pendent oversight bodies (the National Consultative Ethics Committee, the Human Rights Defender, the Espace Éthique Ile-de-France) focused on the protection of rights and ethical standards have largely been successful in voicing their concerns, all observers generally agree that mobilising democratic bodies in the health sector has proved particularly difficult.<sup>170</sup>

More generally, this crisis has brought into focus the scale of challenges facing democratic societies in a context of general mistrust of institutions, particularly those meant to be representative, and has given rise to a proliferation of social backlash and conflicts of identity politics.

Beyond the already identified challenges observed to be associated with health democracy, which have been known about for several years,<sup>171</sup> and despite the numerous initiatives and recommendations aimed at promoting its principles,<sup>172</sup> the health crisis has also highlighted the paternalistic reflex of public action.<sup>173</sup> Far from

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170 - CCNE - National Consultative Ethics Committee (2020), Response to the referral from the Ministry of Solidarity and Health on strengthening protection measures in nursing homes for the elderly (EHPADs) and long term care (USLD). Available online: [https://www.ccne-ethique.fr/sites/default/files/publications/ccne\\_reponse\\_a\\_la\\_saisine\\_du\\_26.03.20\\_reforcement\\_des\\_mesures\\_de\\_protection\\_en\\_ehpad\\_et\\_usld\\_o.pdf](https://www.ccne-ethique.fr/sites/default/files/publications/ccne_reponse_a_la_saisine_du_26.03.20_reforcement_des_mesures_de_protection_en_ehpad_et_usld_o.pdf). Consulted on 11 November, 2020.

171 - C. Compagnon, in collaboration with V. Ghadi, *Pour l'An II de la Démocratie sanitaire, Rapport à la Ministre des Affaires Sociales et de la Santé* (For Year 2 of the Health Democracy, Report to the Minister of Social Affairs and Health) February 2014. Available online: [https://solidarites-sante.gouv.fr/IMG/pdf/Rapport\\_democratie\\_sanitaire.pdf](https://solidarites-sante.gouv.fr/IMG/pdf/Rapport_democratie_sanitaire.pdf). Consulted on 11 November, 2020.

172 - As an example, the renovation of the CNCPH with the presence of qualified persons and self-representatives (2020-2023 mandate) in the continuity of the report 'Towards the full citizenship of people with disabilities - Representation and participation in the construction of public policies for an inclusive society' by Carine Radian and Thierry Michels submitted to the Prime Minister and the Secretary of State in charge of people with disabilities on June 19<sup>th</sup>, 2019. Available online: [https://handicap.gouv.fr/IMG/pdf/rapport\\_mission\\_gouvernementale\\_pleine\\_citoyennete\\_personnes\\_handicapees\\_michels\\_radian\\_19\\_juin\\_2019\\_vf2.pdf](https://handicap.gouv.fr/IMG/pdf/rapport_mission_gouvernementale_pleine_citoyennete_personnes_handicapees_michels_radian_19_juin_2019_vf2.pdf). Consulted on 11 November, 2020. See also the creation of the User Engagement Council at the Haute Autorité de Santé (HAS) in 2019, as well as the development of good practice in parity on 'Facilitating people's engagement for their health, peers and organisations' on the HAS website.

173 - Roman, 2020

being exclusively the work of public actors, this approach seems to be part of the common sense and reflective of deep-rooted social representations.<sup>174</sup> In general, there seems to be a strong social demand for protection when the well-being of the most vulnerable people is at stake. This paternalistic instinct, which can also be described as protective, results in a decline in democratic life and ultimately threaten the capacity of the most vulnerable to exercise basic rights. These observations are not new, the current health crisis has merely brought them to the surface, but they are nonetheless significant and should motivate us to rethink the foundations of the democratisation movement in public health and medico-social contexts, and more generally to place the vulnerabilities linked to old age, illness or disability at the heart of the transformations of health and social policies.

The democratisation movement in medico-social contexts, although it is part of deep-rooted trends in democratic societies, does not yet seem to have taken the measure of the progressively affirming a model related to human rights for vulnerable people. Following various social movements, such a model is in the course of development. A subject of discussion among official international bodies, the notion was first mobilised in the 2000s with the International Convention on the Rights of Persons with Disabilities (ICRPD), it was raised during the questioning of the Oviedo Convention, has been discussed in the context work relating to an international human rights instrument for the elderly, and is the subject of important debates in the international scientific literature in various fields. The legal and symbolic status of these rights is discussed, both in the broader human rights community

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174 - A. Béal, N. Kalampalikis, N., Fieulaine, V. Haas, '*Expériences de justice et représentations sociales: l'exemple du non-recours aux droits*' (Experiences of justice and social representations: the example of non-recourse to rights), *Cahiers Internationaux de Psychologie Sociale*, 2014 103(3), p. 549-573.

and among international rights lawyers,<sup>175</sup> as well as in science and political philosophy.

Its most salient feature, in relation to more traditional formulations of human rights, is that of the rights to full and effective participation and integration of people in society, as affirmed, for example, in the principles of the CRPD (article 3). In its academic formulations, this means the promotion of a more inclusive society; in its more common formulations, it means 'putting people at the centre' of the services they receive. At first glance, the paradigm shift does not appear to compare to the principle of autonomy promoted by ethics (especially medical ethics) and democracy (notably in health) for several decades now. It is essentially by drawing on the social and legal implications of the right to participation by affirming 'universal legal capacity'<sup>176</sup> that the architects of the international convention on the rights of persons with disabilities have laid the foundations of a real paradigm shift.<sup>177</sup>

Challenging the founding dichotomy of modern democratic societies between an ordinary presumption of capacity and questioning this on the grounds of insufficient rationality (senility, insanity, dementia, etc.) appears to have major anthropological implications. Considered at best utopian, or even dangerous by the States Parties and various actors in civil society, in particular help relationship professionals (psychiatrists, social workers, etc.) who refuse to embrace this model, precisely in the name of protecting the

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175 - F. Mégret, 'The Disabilities Convention: Human Rights of Persons with Disabilities or Disability', *Human Rights Quarterly*, 2008, 30(2), 494-516.

176 - A. Dhanda A., 2007, 'Legal capacity in the disability rights convention: stranglehold of the past or lodestar for the future?', *Syracuse Journal International Law and Commerce*, 2007, 34, p. 429-462.

177 - B. Eyraud, J. Minoc and C. Hanon, 'Choisir et agir pour autrui ? : controverse autour de la Convention de l'ONU relative aux droits des personnes handicapées' (Choosing and acting for others? The controversy surrounding the UN Convention on the Rights of Persons with Disabilities), Doin éditions, 2018.

rights of the most vulnerable,<sup>178</sup> it appears to us to raise core issues related to participation in personal and collective decision making that democracy in health care often only manages to formulate in a procedural and incantatory form. Thus, serious consideration of the ideal of supporting people in the exercise of their rights and their decision-making, rather than protecting them, implies confronting the difficult modalities of what underlies the needs and interests of individuals in their personal lives, in the relationships of care and support, and in civil and political life.

These developments have been the subject of specific research, notably several works that looked at the organisation and overall functioning of health democracy bodies. While these studies produced indisputable results, particularly by highlighting limits associated with participative democracy, they failed to sufficiently account for the voice of those considered the most vulnerable.

We can also point to the numerous initiatives that have emerged which have relied on a different approach for studying communities that involves researchers and participants working together by emphasizing participation and action. Several of these initiatives, based on intervention research, participatory action research and disabilities studies, are directly involved in shifting the existing paradigm by requiring active participation of those most directly concerned in all aspects of the research.

### **THE VALUE OF LIFE: WHICH LIFE OR LIVES ARE WE REFERRING TO?**

Finally, an issue that is both obvious, if not at times taboo, emerged with the beginning of the pandemic that speaks to various political

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178 - P. S. Appelbaum, 'There are all kinds of rights', *Hastings Center Report*, 2016, 46-2, 2016; M Freeman et al. 'Reversing hard won victories in the name of human rights: a critique of the General Comment on Article 12 of the UN Convention on the Rights of Persons with Disabilities', *The Lancet Psychiatry*, 2-9, 2015, p.844-850.

choices made about the management of the pandemic: can value be placed on human life, and in the wake of this question, what criteria would suggest that one life is worth more than another?

This issue is not new to the field of health policy, nor to other fields. One example from the relatively recent past, which bared a striking resemblance to what we experienced in the spring of 2020, was a pandemic that did not concern public authorities in France: the Hong Kong flu, which spread from China in 1968. It is estimated that more than one million people died from this flu worldwide and about 35,000 died in France between 1968 and 1969.<sup>179</sup> This event, which was not very 'visible' politically at the time it occurred, is one example among others of historical phenomena that provoked long-term critical reflection in the human and social sciences about the value of human life.<sup>180</sup> The very decision to count the deaths of the Covid-19 pandemic constitutes an element in the framing of the crisis, as we discussed in the first section. It also refers to a choice: that of making this pandemic visible. 'When people are not counted, it seems that they do not count,' declared J. Phumaphi in 2004 when speaking about global maternal mortality.<sup>181</sup> By analogy, this view can be taken about the Covid-19 pandemic.

The idea that some lives count for little or nothing, count less than others, or that only selected lives are mourned – during health crises, wars, or in times throughout history marked less by conflict

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179 - See the podcast: [ps://play.acast.com/s/pandemie/2fd4e822-d5a2-4f55-be32-1d7a025d4f22](https://play.acast.com/s/pandemie/2fd4e822-d5a2-4f55-be32-1d7a025d4f22), May 9<sup>th</sup>, 2020. Consulted on 7 July, 2020.

180 - D. Fassin, 'Évaluer les vies. Essai d'anthropologie biopolitique, Ce qu'évaluer voudrait dire' (Evaluating lives. Essay in Biopolitical Anthropology, What Evaluating Would Mean), *Cahiers internationaux de sociologie*, 2010, n° 128-129, 1.2, p. 105-115; M. Gaille, *La Valeur de la vie* (The Value of Life), Paris, Les Belles Lettres, 2010; (coord.) F. Cahen, C. Cavalin and P.-A. Rosental, dossier 'La mesure de la valeur humaine' (Measuring human value), dossier, *Incidences*, December 2016.

181 - L. Pozzi, L. Kennedy and M. Manfredini, 'Did mothers's lives matter ? The protection and promotion of maternal and infant health from the 16th to the 20th century'. *Annales de démographie historique*, 2020, 1, cité p. 12.

but by structural, political and/or economic violence – has been discussed in the context of two different timescales. The American philosopher Judith Butler<sup>182</sup>, for example, examined this notion in the immediate aftermath of the 9/11 attacks in 2001, and Michel Foucault offers a long-term perspective on the subject of the action of sovereign power where he associates the idea of sovereignty with the exercise of the power, from the 18th century onwards, to ‘make’ people live and ‘let’ people die.<sup>183</sup> This type of assessment is never obvious, but rather needs to be established by analysing how deaths are counted by actors involved in one way or another in a mortality phenomenon. Thus, if we return to the subject of maternal mortality in the world, which is still a topical issue in certain societies today, the beginning of the 20<sup>th</sup> century was roughly when the problem became more widely recognised as a problem that could be prevented, it was deemed ‘unacceptable’ and measures for lowering maternal deaths were actively sought. However, certain moral dilemmas accompanied this evolution, particularly related to the notion of ‘choosing’ between the life of the mother and the life of the unborn child.<sup>184</sup>

With respect to the Covid-19 pandemic, we could hypothesise that the position taken by a society and its government with respect to the value of human life is one of the elements that has guided public policy and government management of the health crisis in

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182 - J. Butler, *Vie précaire, les pouvoirs du deuil et de la violence après le 11 septembre 2001* (Precarious life, the powers of grief and violence after 11 September 2001), Paris, Amsterdam editions, tr. de J. Rosanvallon et J. Vidal, 1st edition. In English 2004.

183 - M. Foucault, *Il faut défendre la société, cours au Collège de France* (Society must be defended, lecture at the Collège de France), 1976, *Sécurité, territoire, population* (Security, territory, population, lecture at the Collège de France), 1977–1978, *Naissance de la biopolitique* (The birth of biopolitics, lecture at the Collège de France), 1978–1979, Paris, Hautes études/Gallimard/Le Seuil, respectively 1997, 2004 et 2004.

184 - L. Pozzi, L. Kennedy, M. Manfredini, *Did mothers's lives matter ? The protection and promotion of maternal and infant health from the 16th to the 20th century*, art. cit., p. 1–22.

the different countries affected by the pandemic, and at different levels. The first being the level of overarching strategy: when British Prime Minister Boris Johnson declared on 15 March that due to the dangerousness of the disease, '*many families will lose their loved ones prematurely,*' he was formulating a strategy based on the acquisition of collective immunity, which relies on the acceptance of the loss of some British citizens for the benefit of the community; or when Brazilian President Jair Bolsonaro questioned physical distancing measures and called on regional governments to lift restrictions in order to save the economy: '*We're all going to die one day,*' he says on 9 June, 2020, indicating that in his eyes, the lives of some matter less than the smooth running of the economy as a whole.

Less apparent at first glance was the effect of publicly emphasizing that certain individuals are more at risk than others (the elderly, people with various comorbidities, etc.). According to the sociologist G. Matta, this messaging had a stigmatising effect for these groups in Brazil and deaths among them were considered 'natural' — they died because they were at increased risk (insufficiently protected), whereas it would have been more appropriate to convey that people should take precautions to protect themselves and others, without highlighting one group or another.<sup>185</sup>

Consequently, this should prompt us to examine more closely what makes preserving human life the sole or dominant purpose, at least for a given time, of government action in one country and not in others, and to identify how this decision is made and what other purposes or concepts of life would discourage making that the priority.

The positioning of a society and its government with respect to the value of human life also comes into play in the management of hospital beds. In the case of France, the problem of hospitals being

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185 - G. Matta, <https://portal.fiocruz.br/video/covid-19-mortes-nao-sao-numeros>.

overwhelmed by pandemic has regularly been put forward by the government, which begs the question, has this issue led to forms of selective screening? Suspicions of age discrimination in intensive care units have been raised several times during the lockdown period, notably since the word 'triage' in French can be confusing: caught between the medical logic of benefit/risk assessment and its more common meaning of 'sorting', the term merits a degree of caution. Nevertheless, if it is too early to draw firm conclusions on the subject, France's response to the pandemic during the spring of 2020 clearly constitutes a major episode that merits further study, to better understand current triage practices in France and the ethical issues these raise,<sup>186</sup> that stem from the perception of triage as proof that not all lives are equal and '*the promise of a rational and egalitarian medical decision*'.<sup>187</sup>

This investigation and analysis will undoubtedly need to extend the question of screening to beyond intensive care units and should aim to propose a more global line of questioning, for instance to include what happened in residential care homes for the elderly.

Finally, the issue of the value of life encompasses at least one other aspect: it sheds light on what conception of life is involved in the primacy accorded to human life. Is it exclusively life in the biological sense of the term that takes precedence? On the surface, this line of questioning might closely resemble a recurring debate that surfaced in the field of bioethics in the 1960s between those who affirm the primacy of life, whatever its form, and those who claim the question centres on the capacity to pursue a fully human life relative to a particular physiological state. While this questioning

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186 - See Sandrine de Montgolfier and Antoine Lamblin, <http://ethique-pandemie.com/covid-19-et-risque-dinegalite-daces-aux-soins-critiques-pour-les-personnes-vulnerables/>. Consulted on 2 November, 2020.

187 - C. Lefève, G. Lachenal, V.-K. Nguyen, '*La médecine du tri - Histoire, éthique, anthropologie*' (Triage medicine - History, ethics, anthropology), Paris, PUF, Cahiers du Centre Georges Canguilhem, 6, 2014, p. 3.

is far from being formalised, survey data will help to establish how individuals and societies decide what lives are worth living by considering psychological, social, economic, cultural dimensions, among others, in addition to the purely biological context.

The observation and analysis of these contrasting dimensions of the lived experience, both on a collective and individual level, has fundamentally guided key lines of research, some of the most salient of which we have just presented: the focus on the relationship between health and the environment, the promotion of health care policies, the questioning of the rights of vulnerable people and the questioning of the forms and limits of the value accorded to human life and to human lives.

The Covid-19 pandemic:  
what the HSS say

# V

**Collaboration initiatives,  
sharing and innovative  
approaches: research in  
motion**

The Covid-19 pandemic:  
what the HSS say

## The mobilisation of the humanities and social sciences: an ‘extraordinary’ scientific moment

**T**he response to Covid-19 by researchers working within the French Higher Education and Research (ESR) system was immediate, resolute, and multi-faceted. One of the first most visible examples of this was the call for proposals issued by the National Network of Houses of Human Sciences (initiated by MSH-Alpes): ‘the call for the creation of an interdisciplinary working group in human and social sciences’ entitled CODE-VIRUS (Interdisciplinary Coordination for the Societal Impact Assessment of CoronaVIRUS),<sup>188</sup> which received more than 600 responses. The results of this initiative are currently being analysed by the PACTE joint research unit.<sup>189</sup>

This mobilisation led to an ‘extraordinary’ scientific moment that institutions and research organisations have sought to support since March, through funding calls and flexible forms of coordination.

188 - <https://www.msh-alpes.fr/actualites/appel-etude-limpact-societal-covid19>.

189 - <https://www.pacte-grenoble.fr/programmes/code-virus>.

Thus, in March 2020, the CNRS and INSERM launched the ‘HS3P-CriSE Health and Environmental Crises – Humanities, Social Sciences, Public Health’ initiative that aims to study the current health crisis, its long-term effects and potential future crises. This coordination is collaborative and multidisciplinary and is being developed in conjunction with the Athena and Aviesan alliances, the Conference of University Presidents, the French National Institute for Demographic Studies (INED), the French National Research Institute for Agriculture, Food and Environment (INRAE), the French Research Institute for Development (IRD), the National Network of MSHs, and the *World Pandemic Research Network* initiative.

The following presentation is largely based on the work of identifying projects and initiatives carried out in this coordination since March 2020, in order to avoid redundancy and encourage articulation between the various research competencies, and to inform the research community about calls for projects, surveys and projects launched, research tools (bibliographic, collaborative, etc.), and data and information made available by teams in France or internationally.<sup>190</sup> There are numerous syntheses and personal blogs by researchers and students. We have selected a rich and varied set to present here, but it is certainly not exhaustive.

## **REAL TIME DOCUMENTATION AND ANALYSIS**

### **Surveys, studies, analyses: an objective of real time documentation and reflection**

One of the initial research modalities was the creation of multiple surveys focused on the lockdown experience. These surveys, most of them using questionnaires distributed on the internet, focused on how adults and children experienced the lockdown, and participants were questioned as individuals or members of a family. For example, the *Lockdown & COVID* survey led by the PASSAGES laboratory, which closed on 1 June,

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190 - This information has been posted on the website: <https://www.hs3pe-crises.fr/>.

2020, aimed to collect information on the experiences and feelings of people during the lockdown period imposed by the coronavirus outbreak. Some surveys seek to document the effects on individuals, such as the COV-JEUNENFANT survey for parents of children aged 0 to 6 years, or even for young children themselves if they are willing and able.<sup>191</sup>

Several surveys have highlighted psychological issues: *the study on the psychological impact of the Covid-19 pandemic and the lockdown situation in France* addressed issues related to mental health;<sup>192</sup> the questionnaire assessing well-being during lockdown in relation to Covid-19 developed by the Centre Ressource de Réhabilitation Psychosociale (Le Vinatier Hospital Centre); the national study in social psychology by the University of Nantes aiming to better understand the behaviours, emotions, and reasoning of individuals over time;<sup>193</sup> and the survey *What are the consequences on our health?* on the impact of the COVID crisis, particularly in the cancer research community but also in the general population.

Other surveys or studies have focused more on habits and practices, for example dietary habits, such as the Call for feedback: eating at the time of the coronavirus, launched by Catherine Darrot, or the survey *Approvisionnement et consommation alimentaire pendant le confinement* (Food supply and consumption during the lockdown), initiated by the Coactis laboratory, which focuses on the evolution of our food consumption habits in during lockdown conditions. The Centre Emile Durkheim conducted a questionnaire survey, *L'école à la maison – le point de vue des parents* (Home Schooling – the parents' perspective),

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191 - <https://pinel-jacquemin.wixsite.com/covjenfant>. Consulted on 29 June, 2020. This survey is now the subject of ANR funding through a project led by Chantal Zaouche Gaudron: COV-JE.

192 - [https://psychology.eu.qualtrics.com/jfe/form/SV\\_4U1GC58SIQKw4Hb](https://psychology.eu.qualtrics.com/jfe/form/SV_4U1GC58SIQKw4Hb). Consulted on 29 June, 2020. Link no longer active, contact the holder.

193 - <https://bricebeffara.github.io/etude-psychologie-covid19/>. Consulted on 29 June, 2020.

which is aimed at parents of students in the French education system to study home schooling practices during the lockdown period.<sup>194</sup> Another group of researchers conducted the VICO survey that focused on social relations and different forms of solidarity during the lockdown period.<sup>195</sup> This survey, which closed on 11 May, 2020, collected over 16,000 responses and is currently being analysed.

Other studies have focused on people's beliefs, representations, and values: the *Covid-19 coronavirus lockdown and health crisis study* focused on how lockdown and the health crisis are experienced in terms of people's values and beliefs;<sup>196</sup> the longitudinal, comparative and qualitative study led by the SolPan Consortium involving research teams from nine European countries used interviews conducted during lockdown periods in several countries to explore peoples' experiences during the pandemic, and how they felt about measures either suggested or imposed by their respective governments to slow the spread of the virus, particularly from the perspective of solidarity, with two additional interview phases planned for 2020-2021;<sup>197</sup> the Covid-19 survey aimed to understand different 'representations' following the announcement of the lockdown in France;<sup>198</sup> the survey conducted by Martial Foucault explores the *Representations, perceptions and attitudes towards the Covid-19 virus*; and the study *Coping with Covid-19: Social distancing, cohesion, and inequality in 2020 France* led by Ettore Recchi focuses on various aspects of the public's reaction to the pandemic.<sup>199</sup>

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194 - [https://docs.google.com/forms/d/e/1FAIpQLSfn\\_Y4GdEzsXelnwS7wXOgZsUBS8yIlQMczudgBzGQWjYTaQ/viewform](https://docs.google.com/forms/d/e/1FAIpQLSfn_Y4GdEzsXelnwS7wXOgZsUBS8yIlQMczudgBzGQWjYTaQ/viewform). Consulted on 29 June, 2020.

195 - <https://enqueteconfinement.wixsite.com/site>. Consulted on 29 June, 2020.

196 - [https://ufrpsycho.eu.qualtrics.com/jfe/form/SV\\_9KQqBFDKEYs4YAt](https://ufrpsycho.eu.qualtrics.com/jfe/form/SV_9KQqBFDKEYs4YAt). Consulted on 29 June, 2020.

197 - <https://politikwissenschaft.univie.ac.at/forschung/forschungsschwerpunkte/cescos-zeitgenoessische-solidaritaetsstudien/solidarity-in-times-of-a-pandemic-what-do-people-do-and-why/>. Consulted on 29 June, 2020.

198 - <https://resproject.limequery.com/588643?lang=fr>. Consulted on 29 June, 2020.

199 - Both projects are funded by the ANR RA-COVID call for proposals.

The places where people live and their relationships to these places, whether it is the home environment, city or region, have also received attention. The joint research unit 'Environment City Society' (EVS) launched the survey *Lockdown, Inequality, Place effect, Health* on the degree to which characteristics of where people experienced lockdown influenced their experience. The effect of place on people's overall experience of the situation was considered by broadening the scope to extend beyond where people reside to the larger environment (as in 'what surrounds them').<sup>200</sup> Taking a novel participative approach, the *Silent-Cities* survey set out to document the soundscapes of peoples' 'lockdown worlds', by calling on the international community of eco-acousticians to participate in creating a compilation of urban soundscapes.<sup>201</sup> In the post-lockdown era, the *CoViDomestiC – Confinement: pratiques spatiales dans le espaces domestiques, et aménagements des espaces de travail et d'apprentissages* (Lockdown: spatial practices in home settings, and design of work and learning spaces), which aims to understand *'the ways lockdown has changed our habits, or not, with our personal/domestic space and to analyse different strategies for create work spaces for ourselves and/or our children when distance learning is required'*.<sup>202</sup>

Finally, several investigations applied findings associated with other phenomena to understand the specific impacts of lockdown, such as the international questionnaire study by BabyLab conducted by the Laboratoire de Sciences Cognitives et Psycholinguistique (CNRS/ENS/EHESS), which aimed to study the influence of lockdown and social distancing on psychological mechanisms underpinning language acquisition of infants between the ages of 8 and 36 months.

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200 - <https://urlz.fr/cxzT>. Consulted on 29 June, 2020..

201 - <https://mycore.core-cloud.net/index.php/s/wAKir7hCGvpOOa#pdfviewer>. Consulted on 29 June, 2020.

202 - <https://questions.huma-num.fr/SurveyServer/s/fuxHJ856/CoviDomestiC/questionnaire.htm>. Consulted on 29 June, 2020.

Most of these studies and surveys took the form of online questionnaires, whose answers are currently being analysed. Others relied on calls for public feedback, such as the Maskovid survey – which we will discuss later – on the wearing of masks, which issues the following invitation on its website: *'Share your opinions, anecdotes and stories about the use of these masks, without judgement as to whether or not it's a good way to behave or think. The questions below are designed to allow you to share your experience on three themes. Express yourself freely: there is no size limit, and you have carte blanche to express yourself and expand on the topic!'*<sup>203</sup>

### **Daily consolidation of data collected in observational studies**

Collecting and communicating reliable information and data has represented another leading concern during this period. Several research organisations have dedicated efforts to upholding standards of accuracy: for example, the National Institute of Demographic Studies has made freely available not only international data, detailed by sex and age group, but also explanations for non-demographers as to how these data are compiled, which vary from country to country.<sup>204</sup> The Research Institute for Development (IRD) has provided regularly updated data on the pandemic, particularly epidemiological data.<sup>205</sup> Many International Research Laboratories have set up observatories to provide free access to demographic data and information on the health, social, political, demographic and epidemiological situation updates, sometimes in bilingual versions (French/English).<sup>206</sup>

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203 - <https://maskovid.limequery.org/498447?newtest=Y&lang=fr>. Consulted on 29 June, 2020.

204 - <https://dc-covid.site.ined.fr>. Consulted on 3 July, 2020.

205 - <https://www.ird.fr/covid19>. Consulted on 3 July, 2020.

206 - Others include: <https://covidam.institutdesameriques.fr>; <https://coronamazon.usahidi.io/views/map>; <http://www.ifpindia.org/content/covid-19-insights-ifp>; <https://cefas.cnrs.fr/spip.php?article765>; <http://covid19-ifrjmj-tokyo1.e-monsite.com>; <https://demomed.org/index.php/fr/ressources-en-ligne/coronavirus-situation>; <https://covidasia.hypotheses.org>; <http://www.csh-delhi.com/news/csh-at-the-time-of-covid-19-epidemics/>; <http://www.ifas.org.za/research/>; <https://www.covid19afrique.com>. Consulted on 3 July, 2020.

### **SHARING KNOWLEDGE AND TOOLS, COLLECTIVE PRACTICES AND OPEN SCIENCE**

As mentioned above, on 16 March, 2020, MSH-Alpes launched a call for the creation of an interdisciplinary working group in the humanities and social sciences, CODE-Virus (Interdisciplinary Coordination for the Study of the Societal Impact of CoronaVIRUS). Its objective is to *'monitor, document and anticipate collectively and in an interdisciplinary manner the consequences of the pandemic on our ways of life, our organisations and our territories'*. The call for project proposals, written by geographer Luc Gwiazdzinski, received more than 600 responses in the space of a few weeks, which were first analysed by the PACTE laboratory as part of the larger framework of the National Network of Houses of Human Sciences (RnMSH) to facilitate, among other things, establishing relationships within the community of researchers wishing to collaborate on a particular theme. At the time of preparing this report, the RnMSH is benefiting from the larger framework of the HS3P-Crises initiative, thanks to the work of an engineer financed for one year by the MESRI (Ministry of Higher Education, Research and Innovation). She has created a database of 445 research projects in social sciences and humanities (which could potentially include other sciences) dealing with the theme of 'health and environmental crises' and is working to bring researchers together with the aim of initiating possible collaborations on this subject.

This initiative, as well as the work surrounding analysis and networking of joint proposal initiatives it entails, is emblematic of a desire to promote collective research practices. In harmony with other actions, these efforts have led to the development of research tools aimed at serving the community and the use of existing tools for the same purpose. One major focus of these actions has been to develop a comprehensive corpus of literature in the human and

social sciences related to the pandemic,<sup>207</sup> or more broadly to health and environmental crises.<sup>208</sup> A number of cartographic visualisation tools for mapping ongoing research have been proposed or made available to the research community.<sup>209</sup> The National Library of France launched an emergency collection of works related to the Covid-19 health crisis (from January to July 2020), with a view to creating a unique archive for understanding the crisis and its ongoing public discourse. Finally, numerous websites for sharing articles, points of view and documents have been created for the academic world.<sup>210</sup>

This ensemble of operations and proposals fall under the overarching request issued on March 30, 2020 by the Ministry of Higher Education, Research and Innovation ‘*for the complete opening of publications and scientific data from French research on Covid-19*’.<sup>211</sup>

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207 - [https://www.zotero.org/groups/2467117/documentation\\_relative\\_au\\_nouveau\\_coronavirus\\_sars-cov-2](https://www.zotero.org/groups/2467117/documentation_relative_au_nouveau_coronavirus_sars-cov-2). Consulted on 29 June, 2020.

208 - <https://leo.hypotheses.org/17029>. Consulted on 29 June, 2020.

209 - <https://iscpif.fr/projects/cartographie-des-connaissances-lics-au-coronavirus/>; <http://geoscimo.univ-tlse2.fr/ou-se-font-les-recherches-sur-le-covid-19/>; <https://www.kaggle.com/allen-institute-for-ai/CORD-19-research-challenge>. Consulted on 29 June, 2020.

210 - <https://isidore.science/tag/e13tw6>; <https://codevirusshs.wixsite.com/website>. Consulted on 29 June, 2020, without forgetting the platform ESOCVID10-ShareDocs hosted by the TGIR Huma-Num. We can also mention: <http://msh-paris-saclay.fr/analyses-et-debats/>; <https://www.u-bordeaux.fr/Actualites/Dela-recherche/Participer-a-la-reliance-de-l-economie>, on the economic recovery aspect; [http://www.cso.edu/dossier.asp?do\\_id=37](http://www.cso.edu/dossier.asp?do_id=37). Consulted on 3 July, 2020.

211 - <https://www.enseignementsup-recherche.gouv.fr/cid150779/le-gouvernement-demande-l-ouverture-complete-des-publications-et-donnees-scientifiques-issues-de-la-recherche-francaise-sur-le-covid-19.html>. Consulted on 3 July, 2020.

## Reconfiguring research: objects, methods and research questions

**T**he initial problematic facing the humanities and social sciences was analysing new and unprecedented social situations as objects of study developing in real time. Research in the HSS is traditionally centred on studying phenomena in given contexts<sup>212</sup> and is therefore essentially prepared to formulate reflections about novel scenarios, such as the extraordinary social situations the context of the current pandemic presents. That said, as we will see going forward, this type of research requires specific mechanisms.

*Ad hoc measures: work developed by the joint research unit TRIANGLE (Action, discourses, economic and political thought), which began in 2008, the year of the global financial crisis: 'the global financial crisis of 2008'; 'The terrorist attacks and following 'Reflections'...'; 'The Yellow Vests and the real debate'. The example of the*

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212 - Thus in political philosophy in the last 50 years, Balibar, Terray, etc.

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*research-intervention experiment 'The Yellow Vests and the Real Debate:'*

To address the Yellow Vests movement, a multi-disciplinary group is formed within the unit to collectively decide on what actions should be taken and how to coordinate a cohesive response to various solicitations by journalists, institutions and associations. A digital link for news and updates is installed on the Triangle laboratory website. Following the announcement of the Great Debate, a collaboration was initiated with a group of associations interested in establishing dedicated protocols for collecting and describing data sourced from implemented electronic consultation platforms. This collaboration, called the 'Real Debate', relies on expertise from the digital humanities. It led to an initial qualitative analysis of the results, which showed that an exhaustive exploitation of the data for research purposes required launching a long-term collective study, more in line with rigorous academic research in HSS. New collaborations were considered (the National Archives, the École des Chartes, etc.) with the overarching objective of co-producing and sharing knowledge. Based on this research, several elements of methodological and epistemological reflection are put forward: the need to work on the comparative historicisation and spatialisation of what first appears as 'unpublished' or 'new'; the need to sort through emerging literature, since working with hot situations generally involves intensive reading — specialised journals, but also works on current events, ongoing interventions, etc.; the ambition to identify how specific knowledge in the respective fields of those who participate in this reflection are likely to provide tools for describing or re-describing events or facts; the working perspective

which consists of first turning to the human and social sciences as a rich source of practices and instruments with which to read the immediate events unfolding, which more often than not are best understood at a distance from ongoing media coverage, and possible collaborations for co-producing knowledge with non-academic partners; and subsequently, as a tool for generating new knowledge.

### **INCREASED INTRA- AND EXTRA-ACADEMIC COLLABORATION**

These research topics, as well as the increased stakes of producing relevant, enlightening and useful knowledge for our societies, have led to more collective modes of research. These perspectives are thus marked by increasing attention being given to consistent collaboration within the academic world, as evidenced by the calls for pluri-, inter-, and even trans-disciplinarity, but also by the motivation to set new standards for established research groups, look beyond surface commitments to strive for plurality and put them to the test in concrete terms in the contextual hybrid research partnerships that have been formed or set up to specifically address the current crisis context. But we also note how much this increased emphasis on collaboration also affects the links between researchers and non-researchers, whether they are decision-makers, social actors or even citizens and users more or less involved in collectives.

The COV-JEUNENFANT study reflects these intra- and extra-academic collaborative issues. Conducted during the lockdown (as a reminder, the official dates of the lockdown in France were from 17 March to 11 May, 2020), this study was designed to collect information that would allow us to analyse what mothers, fathers and their young children experienced during the lockdown, what they experienced as favourable or less favourable moments, to understand possible gender dimensions or social aspects of

specific activities (educational, care giving, sharing of domestic and educational tasks, etc.) and associated emotional feelings for each of the two parents. Despite the restrictive time conditions (designing the survey questionnaire for maximum transparency, obtaining authorisations for collecting and managing data, etc.), members of the scientific interest group referred to their respective professional networks for input and support and mobilised to begin implementing newly revisited research methods. The conditions of both the developing pandemic and lockdown measures in place required moving quickly, as the researchers recognised they faced added complications involved with requesting survey participation by or within families with young children, in addition to the broader worrisome context. These challenges were successfully overcome thanks to interdisciplinary work previously developed in the context of other projects, and a group of researchers in the humanities and social sciences (psychology, sociology, information and communication sciences, anthropology) and public health and medical sector professionals specialised in the development of young children in the family setting and other life contexts, were quickly mobilised.

It was this project that brought together members of the BECO-UFTMiP scientific research group in partnership with the Children's Hospital of Toulouse University, teams we had collaborated with on previous projects, the Occitadys Association, the EHESS-CNRS 8562 joint research unit, the Departmental Council of Haute-Garonne, the Ideas Laboratory of the Labex SMS, and a number of non-academic institutions (paediatricians, child and mother protection centres, medical, medico-social and charitable structures, associations). Communicating with these structures has been fundamental to investigating the most financially disadvantaged groups and has allowed us to document and report their experiences, which all too often go unnoticed.

Despite certain efforts, however, the number of respondents in precarious situations remained low (as is the case in most field surveys, especially when conducted online). To remedy this bias linked to the urgent nature of the research and facilitate the necessary collection of data during the lockdown period, cooperation was solicited with the *Epidemic* research initiative focused on social and psychosocial determinants and consequences of the Covid-19 pandemic and population lockdown measures, led by M. Kelly-Irving, in order to analyse the interviews of families of young children that they had successfully conducted during the same period. This data was collected between 28 April, 2020 and 29 May, 2020 (as the questionnaire remained online beyond 11 May, some were completed after that date).

At the same time, the researchers working on this project contacted colleagues in Quebec and Switzerland, with the aim of performing comparative analysis between three countries with different modes of lockdown: in Quebec, sections of the self-questionnaire related to the experience as a mother and/or father, the experience as a child and the activities during lockdown were adapted to the Quebec population; with our Swiss colleagues, we will plan to compare our results of daily activities logged by families with children under the age of three.

The interdisciplinary and collaborative approach adopted in this project, as in others, allows for a more comprehensive perspective by considering aspects or areas of focus specific to the different hypotheses, theoretical reference models and plural methodologies referenced and mobilised by each of the disciplines involved, which offers the advantage of providing complementary information.

For the field of research focused on work, a major human activity, the health crisis has also led to a number of different forms of

interactions among researchers and intra- and extra-academic collaborations, both in France and internationally, that began with a strong demand for expertise in labour law. Researchers covering labour and employment issues quickly mobilised to bring their expertise to both the general public and to policy and decision-makers. During this same initial period, their overarching research agenda, in including (for doctoral students) dissertation work, was adapted to focus on two fundamental axes: understanding the revelatory effects of the natural experience the current dramatic crisis represents and exploring its cyclical and structural consequences. This double effort was largely pursued outside of rare calls for projects.

In a context where working from home has become the common situation, and with it emerging concepts such as ‘non-teleworkable’ functions or activities deemed ‘non-essential’, labour law has seen several changes. Lawyers have been brought in to comment on the question of imposing normative values on production and on cases that could lead to litigation, particularly when it concerns the safety and well-being of ‘necessary’ workers, or the possibility of exercising rights of withdrawal.<sup>213</sup> In the aftermath of the lockdown, primarily with regard to telework, the implications of digital technology in work contexts or reconciling family and professional life, key focal points for those working remotely, have been compounded by broader questions related to job cuts and economic performance agreements many firms have implemented in response to major economic stressors, higher value placed on specific careers such as care givers and the recognition of coronavirus as an occupational disease.

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213 - During the lockdown, we may cite a virtual colloquium organised by Professor Patrice Adam at the Institut François Géný of the University of Lorraine on 16 April, 2020, and the publication of a special issue devoted to the Covid-19 pandemic by *La Revue de droit du travail* at the end of April. Comments on decisions on occupational health and safety can also be found in *La Revue de droit du travail* or in *Le Droit Ouvrier*.

Social networks and the media were the primary platforms where researchers were questioned about unemployment figures and the short and medium-term global and sectoral outlook for employment, but these would eventually extend to institutional websites of research organisations engaged in the widespread dissemination of initial analyses of the crisis. As such, on several CNRS podcasts, economist Nadine Levratto guides the discussion to the effects of local/regional socio-economics,<sup>214</sup> and sociologist Mirna Safi to the effects of the crisis on ‘Gender Performances’.<sup>215</sup> Other independent structures concerned with bridging research with public policy, such as the French Conseil d’analyse économique (Council of Economic Analysis) and France Stratégie (a government agency responsible for advising the Government on fiscal policy), and various informal panels of researchers convened by the executive branch, supported an exchange between researchers and government officials.

It is also interesting to note that intra-institutional collaborations and partnerships with non-academic institutions take place within a complex network involving multiple actors and are based on multiple interconnections between them. The investigations are not exclusively orchestrated within the academic research environment. A number of surveys have been launched from outside of academics, while based on a scientific corpus, particularly in terms of methodology, by trade union organisations such as the CFDT<sup>216</sup> or the UGICT-CGT<sup>217</sup> providing a complex perspective on

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214 - See N. Levratto on a survey conducted on a regional base which allows the contrasts between local regions in terms of employment to be contrasted. Available online: [https://www.youtube.com/watch?v=-ZrB\\_NSl\\_Ie](https://www.youtube.com/watch?v=-ZrB_NSl_Ie).

215 - See M. Safi analysing the results of a CSO survey in the podcast: <https://www.youtube.com/watch?v=xyY1eBGxwFw>.

216 - [https://www.cfdt.fr/upload/docs/application/pdf/2020-05/rapport\\_cfdt\\_covid19.pdf](https://www.cfdt.fr/upload/docs/application/pdf/2020-05/rapport_cfdt_covid19.pdf)

217 - <http://www.ugict.cgt.fr/ugict/presse/rapport-enquete-trepid>

telework in particular. The INSEE has also produced data via the Household Living Conditions survey on living conditions during lockdown, integrating work and differences in experience according to socio-professional sector and income.<sup>218</sup> The same is true of the ACEMO-Covid survey – known as *Flash* – at DARES, which enabled monthly monitoring of labour management practices by companies during the first half of 2020.<sup>219</sup> One of the upcoming challenges for researchers will be accessing these data, and quickly.

More generally, this theme of relationships and circulating knowledge between researchers and non-researchers poses a democratic question to the sciences. Our democratic societies appear, over time and across a range of local or systemic crises, to be marked by an essential tension between, on the one hand, the rise in power of expertise as an instrument that supports policy-making deemed non-negotiable because it is based on facts, evidence, and models developed and disseminated by the sciences, and made visible by *ad hoc* scientific committees, and, on the other hand, the assertion of democratic ownership that cannot be fulfilled through a delegation-based approach to managing events.

Contributing to this tension are several trends characteristic of the time, which are themselves well known and widely commented on. The constant input from our ‘information society’ sheds a harsh light

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218 - See the document '*Conditions de vie pendant le confinement: des écarts selon le niveau de vie et la catégorie socioprofessionnelle*' (Living conditions during lockdown: differences according to standard of living and socio-professional category), INSEE Focus n°197 June 2020, <https://www.insee.fr/fr/statistiques/4513259>. Consulted on 11 November, 2020.

219 - See the document '*Activité et conditions d'emploi de la main-d'œuvre pendant la crise sanitaire Covid-19. Synthèse des résultats de l'enquête flash août 2020*' (Labour force activity and employment conditions during the Covid-19 health crisis. Summary of the results of the August 2020 flash survey) Available online: <https://dares.travail-emploi.gouv.fr/dares-etudes-et-statistiques/enquetes/article/activite-et-conditions-d-emploi-de-la-main-d-oeuvre-pendant-la-crise-sanitaire>. Consulted on 11 November, 2020.

on the mechanics of science, its inconsistencies, its controversies, but also its rivalries and interpersonal hostilities, the controversies surrounding therapies that could potentially contribute to curing Covid-related disease being one such example. On the other hand, a certain dynamic of polarisation, fuelled by growing mistrust of the institutions and actors responsible for national, European and global 'governance' (in the case of pandemics, the role of the WHO is actively discussed, even denigrated), leads a significant part of the population to continuously apply an exacerbated and sometimes misguided form of critical thinking to any form of knowledge perceived as official.

The challenge of building a form of trust in science that is not reduced to a simple, naive, and passive acceptance of a discourse of truth that would provide evidence and reasons for public action is a major challenge for research that is increasingly interested in the dynamics of the 'co-production' or 'co-construction' of knowledge. This plea for a form of openness in science is in line with the growing political demand for more direct citizen participation in governance (especially at the local level). In its application to research activities, this desire to involve the public in the production of knowledge has manifested itself in recent decades through the various 'participatory science' projects (to use the terminology of the 2016 Houllier report) that have flourished in the four corners of the globe. The effort would not simply consist, for scientists, in (passively) trusting the capacity of citizens to contribute a set of data, hypotheses or interpretations calibrated to match those emanating from the scientific field, but rather in accepting the need to change, in some cases substantially, how science is practised: identifying relevant research questions, developing protocols, gauging the reliability of the data and extracting explanatory models. These research practices can be explored in greater depth by considering various participatory science experiments, such as those conducted

at the French Natural History Museum as part of the national Vigie-Nature (Nature Watch) programme.<sup>220</sup>

Thus, the question of connecting researchers and non-researchers, whatever form these relationships take, is intricately linked to the problem of producing knowledge that is both true and useful for society. Public perceptions of scientific consensus, the notion that scientists should (or are expected to) come to unanimous conclusions about a specific issue, is a common theme and widely discussed. Throughout the current health crisis, we have witnessed politicians relying on the 'opinion of scientists' or manipulating interpretations of these opinions to bolster ratings for upcoming elections or justify lockdown measures, suggesting that the scientific community is a single, unified body that uses homogenous methods and can offer a uniform opinion. Mainstream media also plays a role in portraying science as unambiguous, governed by the 'scientific method' and 'opinions of scientists' emerge accordingly. Finally, scientists themselves regularly invoke the argument that the scientific community is unified and should speak with one voice, as was the case with a number of Covid-19 clinical trials.<sup>221</sup> Such expectations refer to a conception of science that justifies demanding a degree of *commonality*. However, this commonality, whatever its form (methods, results, values, objectives, institutions, ways of thinking, etc.), must not mask a fact that is well known in the human and social sciences studying scientific work, and which has been made undeniably clear once again during this crisis: scientific research is also multifaceted, constitutively multifaceted, so that the same problem can be addressed by sometimes vastly different approaches.

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220 - <http://www.vigienature.fr/>.

221 - B. Couderc, A.-M. Duguet, A. Cambon-Thomsen and E. Rial- Sebbag, '*Essai clinique et traitement. Quelle éthique en cas d'urgence sanitaire ?*' (Clinical trial and treatment. What ethics apply in a health emergency?), 2020. Available online: <https://exploreur.univ-toulouse.fr/essai-clinique-et-traitement-quelle-ethique-en-cas-durgence-sanitaire>. Consulted on 17 November, 2020.

The project COVID-ETHICS – ‘Fabricating ethics in times of pandemic crisis. Anticipation, trust, innovation’, funded by the French National Research Agency (ANR) addresses this issue through a comparative study of several clinical trials conducted in France: Discovery, Hycovid and the study launched by the Mediterranean University Hospital Institute: a small selection which illustrated how studies considered a priori comparable, in that each tested at least hydroxychloroquine (HCQ), can differ considerably in several respects. To begin with, these trials showed certain bias relative to either care or research: this is the primary challenge involved in documenting the teleological viewpoint (orienting the purpose of the study to establishing scientific knowledge, while giving more emphasis to the important role of care and other factors specific to the current crisis), by focusing in particular on examining contextual, non-epistemic values put forward. They also showed important differences in how they claimed to have reached their findings: it is here where we must weigh the issue of access to knowledge against the epistemic values at play in scientific practices such as these trials. These two points of view relate, for the first, to external validity, that is, the *relevance* of an approach to society: its temporality, its objectives or its implementation must correspond as well as possible to what society expects of it in the specific form of the current crisis; for the second, it is a question of their internal validity, for example, the way in which they conform to a rigorous methodology that leads to reliable results, i.e., their *robustness*. The work carried out within the COVID-ETHICS programme has made it possible to show and document that it is only by satisfying these two conditions of external (relevance) and internal validity (robustness) that we are able to defend the reliability of these tests, while showing that the criteria of robustness, like the criteria of relevance, should be discussed in the context the respective disciplines and their objectives.<sup>222</sup>

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222 - D. J. Hicks, ‘A *new direction for science and values*’, *Synthese*, 2014, 191(14), p. 3271-95.

## **ORIGINAL AND EVEN INNOVATIVE METHODOLOGICAL DEVICES**

Beyond overcoming the collaborative issues associated with studying and analysing these new areas of research, the HSS have faced a strong set of challenges related to methodological approaches and project structuring.

The COVIDEHPAD project illustrates this point in that it focused on investigating a little known and often under-emphasised world, being residential care homes for the elderly (EHPAD [Établissement d'hébergement pour personnes âgées dépendantes]), to introduce new scientific and political questions. The aim of this research centred on objectively describing a diverse range of situations, away from the media filter, to give visibility to specific issues facing professionals and residents as they cope with this crisis and its consequences, and to draw useful conclusions that could potentially influence future policy decisions and guidance related to support for the elderly. Like many surveys on lockdown living situations, this vein of research represents a major challenge from a methodological perspective.

At the end of March 2020, the French National Platform for End-of-Life Research mobilised a scientific committee with the specific aim of designing the study protocol and survey tools (interview grids, information and consent notes, letters to EHPADs and various learned societies) and to solicit researchers in the six regions targeted by the study's objectives. Working remotely and under lockdown conditions, the researchers responded favourably and agreed to participate in the project, despite the fact that funding had not yet been secured and committed themselves to going forward by involving young researchers (doctoral students, post-doctoral students, master's students).

Structuring the study administratively required first establishing agreements between the Besançon University Hospital (sponsoring the study) and the Bourgogne Franche-Comté University (charged with overseeing scientific coordination) as well as with all the laboratories involved. The drafting and signing of these agreements together with the task of obtaining funding for the research were both time-consuming elements, on which recruiting young contract researchers heavily depended.

The research team formed as a result has been working collectively since April 2020, with weekly virtual meetings to discuss and decide on administrative and financial aspects as well as scientific and ethical aspects of the research. The collective has also agreed on guidance for future publication allowing for the involvement of the whole interdisciplinary collective. The interviews, during the epidemic peak and the lockdown period, were conducted by telephone (and sometimes on site after 11 May), with field workers (163), relatives (46) and residents (43). Researchers also met with bereaved family members (12), with whom three interviews are planned at three-month intervals to assess the evolution of their bereavement experience (i.e., roughly twenty interviews in total).

Contact with the EHPADs was facilitated by working with mobile palliative care and geriatric teams, the professional societies supporting the study, the researchers' professional networks and through personal networks. In some cases, project researchers were approached by EPHADs (care homes) directly on their own initiative to request that they be included in the study. The sample was gradually developed between April and August of 2020 and adapted to various constraints of the field and the willingness of the participants.

Today, the major methodological challenge lies in analysing a

corpus of more than 250 interviews (averaging 65 minutes in length) by an interdisciplinary group of 22 researchers and a scientific committee of 13 people. The interviews were transcribed in full verbatim, anonymised and stored on a secured extranet for sharing documents while ensuring anonymity within the team of researchers who conducted the interviews. The interview analysis phase began in September 2020, followed by qualitative analysis led by the MSH Caen who, aided by BaseX software, facilitated sharing the corpus and pooling analyses.

Turning to a different subject altogether – understanding the dynamics of decision-making in a context of radical uncertainty – the pandemic has allowed us to put to the test certain hypotheses that have emerged from innovative interdisciplinary collaborations. The current context of dramatic uncertainty raises two related questions. The first centres on the notion of anticipation, or the degree to which decisions aimed at dealing with an unforeseen event, or a series of positive or negative events that may be about to unfold, rely on a form of intuition. Is this sensitivity an actual characteristic of individuals? The second question is this: uncertain situations often demand that decisions be made quickly, even if an assessment of what the best decision is at that moment is not available, or, due to the nature of the situation, remains speculative. More generally, what actions do we take in response, and on what basis, when faced with a radically uncertain situation, that is, one in which the precise repercussions are unknown and unpredictable?

These questions were addressed, prior to the pandemic, in an interdisciplinary research project involving economists and neurobiologists.<sup>223</sup> This project involved modelling uncertainty that

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223 - W. Degoulet, C. Baunez, S. Luchini and P. Pintus: '*Sensitivity to Rare and Extreme Events in Rats: the Black-Swan-Avoidance Bias*', November 2020, forthcoming bioRxiv and AMSE working paper, 2020.

researchers generated in an experimental setting with rats and humans. The animal and human subjects are exposed to alternatives whose consequences are *a priori* both unknown and unforeseeable. Each of the alternatives leads to specific sequences of stimuli, in the form of gains and losses. The research question is how subjects choose between the alternatives. Do they do so randomly? Do they detect increasing gain/loss differentials based on previously observed gains and losses? Are they sensitive to accelerations or decelerations in gains and losses?<sup>224</sup> And if they are, do they adopt behavioural strategies that correspond to antifragility?

Antifragility is about being open to rare and extreme gains and avoiding exposure to rare and extreme damage. The ability to thrive as a result of extreme stressors or uncertainty can lead to significant gains in the form of innovations, discoveries, and vast improvements in life. Not being exposed to rare and extreme damage implies being protected from material, natural and human losses, including avoiding the scenario where the planet becomes uninhabitable for a large part of the species living on it. Antifragile behaviour is not an optimal response in the strict sense of the term, nor is it the best option in terms of rational calculation, given the alternatives and probable outcomes, but is a particular cognitive strategy that enables long-term survival, and major successes to catapult our society 'forward'.

The current pandemic has plunged societies and individuals alike into just such a situation of radical uncertainty. For the researchers involved in this project, the pandemic provided an opportunity to test their hypothesis. And indeed, epidemiological models multiplied from the beginning of the pandemic. Projections were associated with different scenarios, from non-intervention to different non-pharmaceutical strategies, ultimately with a view to assessing what

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224 - N. N. Taleb, *Antifragile: Things that Gain from Disorder*, Random House, 2012.

might be expected and what public policy would be appropriate in response. These models have provided lessons based on these scenarios. But they are based on a specific set of assumptions, including the probabilities of certain events occurring.

If we examine the phenomenon of radical uncertainty the current pandemic clearly represents, beyond trying to predict the future based on uncertain assumptions and probabilities that are difficult, if not impossible, to estimate, we need to ask ourselves the following: what information is necessary to slow the pandemic and prevent further damage? More precisely, how do we assess the dynamics of the virus without relying on models?

These researchers endeavoured to do this by prioritizing testing based on the reasoning that rapid deployment of testing on a large scale would help us to better understand the underlying mechanisms of the virus and would also allow us to quarantine those who test positive and thus limit contact with others to slow the spread of the virus. Matching the cumulative number of tests to the increasing cumulative number of cases would give an indication of the acceleration or deceleration of the damage. The intuition is that the more we test, the more cases we will find, which would point to the pandemic accelerating. If, on the other hand, we find fewer cases while we increase testing, the implication is that the pandemic is decelerating.<sup>225</sup>

Testing as an indicator, at once simple and built on readily observable data and not *ad hoc* hypotheses and probabilities, can thus, according to these researchers, assess the dynamics of damage caused by the pandemic, and show, in real time, how these dynamics are influenced by public health measures. It could potentially inform

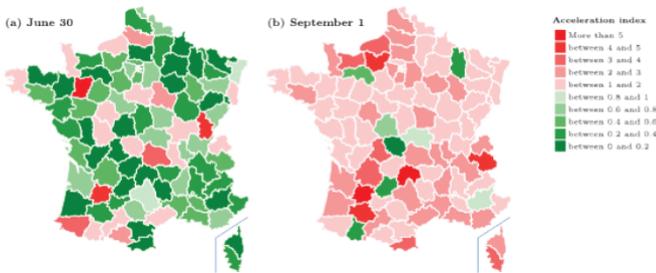
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225 - C. Baunez, M. Degoulet, S. Luchini, J.-P., Moatti, P., Pintus, M., Teschl, 'Urgently Needed For Policy Guidance: An Operational Tool For Monitoring The Covid-19 Pandemic', 2020. Available online: <https://ssrn.com/abstract=3563688>

decisions about the most appropriate way to control the pandemic.

This indicator makes more sense, according to this working hypothesis, than monitoring the evolution of the number of cases over time, which can be a crude and misleading measure, precisely because it fails to account the testing strategy implemented.

The figure below presents the acceleration indicator of the virus circulation thus developed, for the French departments before and after the summer months, and illustrates how the situation deteriorated during the summer:



This acceleration indicator may be useful to characterise a more efficient testing strategy. Testing is a scarce resource and should therefore be allocated where it can gather the most information and detect new cases. Consequently, tests should not necessarily be allocated where the most cases are observed, but instead where the acceleration is greatest. This allows more positives to be detected and isolated and would thus contribute to slowing the spread of the virus.<sup>226</sup>

226 - C. Baunez, M. Degoulet, S. Luchini, P., Pintus, M., Teschl, 'Sub-National Allocation of Covid-19 Tests: An Efficiency Criterion with an Application to Italian Regions', *Covid Economics: Vetted and Real Time Papers*, CEPR Press, 2020, Issue 12, pp. 192-209; C. Baunez, M. Degoulet, S. Luchini, P., Pintus, M., Teschl, 'Tracking the Dynamics and Allocating Tests for Covid-19 in Real-Time: an Acceleration Index with an Application to French Age Groups and Départements'. Available online: <https://doi.org/10.1101/2020.11.05.20226597>.

The results presented here were in large part made possible by previous work conducted in the context a multidisciplinary project that investigated the phenomenon of radical uncertainty. The COVID-pandemic has led to new avenues of research and exploration that abstract from predictive models in an innovative way.

### **PRODUCING KNOWLEDGE IN RESTRICTIVE POLITICAL CONTEXTS**

Beyond the situation in France, methodological problems facing researchers around the world depend not only on government level crisis management policies but on country-specific situations and research conditions. For example, the COCOMASR collective project (about Covid-19 in Egypt), which brings together some fifteen researchers, PhD students and master's students attached to the CEDEJ (Centre for Economic, Legal and Social Studies and Documentation) in Cairo, seeks to provide analyses as part of a social science approach, in a context where data production – particularly figures – is subject to (and complicated by) government restrictions and where the issue of source manipulation appears to be a sensitive subject for work on this theme. Here again, the issue of visibility in the HSS is highlighted. The surveys conducted so far point to the importance of structured reflection on the changing nature of practices related to public spaces and considering the less visible dimensions of the crisis. Thus, interviews with residents of Cairo's central districts reflect a shift in practices ranging from dual residence between these districts and less densely populated and more 'airy' centres to prioritizing walking, and somewhat more moderately, cycling or other forms of soft mobility. The rise in soft mobility is less related here to formal encouragement in the form of public or municipal policies (we are in a context where there is no elected municipality) than to a windfall effect of a young public becoming aware of the opportunities offered by

the decline in car traffic. At the same time, heavy car transport infrastructures such as bridges continue to be integral parts of general infrastructure policy that is insensitive to environmental issues. These contradictions have only been reinforced since the pandemic crisis began, together with strengthened security for managing public spaces (prohibiting certain street markets, for example). The health and social crisis is now partly overseen by the army and its subsidiaries in the construction industry, which have become the main players in regional and urban policies. As such, initiatives put forward by urban community action actors as responses to the health crisis must therefore be coordinated with the army and its subsidiaries, who ultimately will be charged with ‘cleaning up unsafe neighbourhoods’.

While there are cases where research on the social and spatial impacts of the pandemic is hampered by enforced restrictions on published statistics that contradict government interests, other avenues of knowledge production have emerged, which shed light on less evident and less visible dimensions of the crisis. To begin with, it’s important to consider non-governmental sources of knowledge production such as, for example, UN-Habitat which, with German cooperation, has produced a geographical information system that allows – for the first time – for a focused analysis of the areas of greatest vulnerability by cross-referencing population and traffic density maps. These documents are made available to all cooperation agencies, representatives of several ministries (local development and housing) and researchers who participate in monthly seminars.

This renewal of knowledge is an extension of collaborative initiatives that began gaining attention around the turn of the century but have quieted somewhat over the last four or five years. Thus an ‘Umran’ Wiki (habitat wiki) is currently being developed, under the voluntary

guidance of several academics and consultancy firms, with the aim of archiving, organising and producing knowledge in urbanisation and diffusing it to a wider public. The CEDEJ is involved in certain aspects of this data production, notably thanks to the work in progress with Géo-cités and the Centre for Human Sciences (CHS) on Facebook and (voluntary) mobility data, as well as a mapping project and a press review on cafés and social gathering spaces. This type of combined involvement of actors has the merit of associating independent researchers capable of producing a large amount of data from government sources that are not disseminated or are little analysed – constituting what Y. Shawkat called a ‘shadow ministry of housing’ in the mid-2000s – and selected active researchers without access to such information. In this way, it will be possible to identify and analyse the activity and distribution of care distribution, food distribution and, more broadly, solidarity activities, but also perhaps to question the link between the circulation of the virus and the concentration of carbon monoxide, etc.

As shown by the work of the SOCOSMA group (Observational Seminar on Covid-19 in Arab Societies), which brings together the six International Research Laboratories in Arab states, at the initiative of the French Centre for Archaeology and Social Sciences (CEFAS - Kuwait), since April 2020, the pandemic has made it possible to study certain phenomena that are difficult to address in ordinary times, and to treat them as political issues. In the Arabian Peninsula in particular, the forced return of men to their homes because of lockdown mandates disrupted perceptions of relationships with children (whom the former seem to discover) and with women (whose domestic work is suddenly made visible). In part through humour, and increased activity on social networks in particular, pertinent questions do emerge but are only rarely treated as serious political issues. The media space in these societies is constrained and the information centralised, generating

a form of depoliticisation of the issue. Self-censorship is prevalent. The monarchies of the Persian Gulf are concerned by a specificity: the massive presence (everywhere, and accounting for at least one third of the population) of foreign workers. The pandemic has also reconfigured public perceptions of these non-national populations, whose presence is called more into question by the crisis and public policies, which has particularly impacted domestic spaces where the presence of a 'familiar' foreigner, is at once necessary and a source of mistrust in terms of health and safety.

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# 3

## Reviewing current frames of reference – revisiting the use of masks

**R**esearch methodologies are not the only aspects of HHS research that are being re-examined, recast, and reoriented. Focus is also being given to certain existing frames of reference or perspectives that some would suggest, following current discussions, should be revisited. The Maskovid project, a collective investigation supported by the ANR and conducted by a group of researchers in sociology focused on mask wearing in France has contributed to this ongoing debate about certain perspectives or pre-conceptions that some argue should be deconstructed or set aside, so as not to force the issue with misplaced interpretations. As the world over has witnessed, the virus and the masks that came with it – or rather, against it! – changed our ordinary, daily social relations in a powerful way. Faced with a poorly understood, unpredictable and potentially fatal virus for which there was no vaccine (preventive deficiency) or drug (curative deficiency), the authorities had no choice but to invent a social prophylaxis. They promoted distancing (outdoors) and

lockdown measures (indoors). Distancing quickly appeared to be a stopgap measure fraught with uncertainty, as evidenced by the rapid emergence of a controversy over the ability of the virus to spread through the air in the form of short-range droplets or more diffuse aerosols.<sup>227</sup> As for lockdown, it proved to be effective but terribly inefficient: the capacity of a general lockdown to curb the progression of the epidemic was counterbalanced by a disastrous economic and social cost,<sup>228</sup> so that the mask gradually imposed itself as a third, even central, solution. It is perceived by many as inexpensive, available, light, easy to use, because essentially it allows the comfort of protection outdoors or 'inside-out', to continue to confine oneself when one is not supposed to be, to keep our distance from others while allowing ourselves to close that gap. The Maskovid project set out to study this complement to distancing and lockdown, from the beginning of lockdown at the end of March 2020, at a time when supplies were sorely lacking and consequently reserved the care workers deemed essential.

To investigate the use of masks during the lockdown, the project decided to circulate large-scale calls for testimonies, inviting people to describe their experience: whether they had masks, how they had obtained them, what their experience of their use was, etc. Thanks to the support of major daily newspapers such as *La Dépêche du Midi*, *La Montagne*, *Nice Matin* and those part of the East Burgundy Rhone Alpes (EBRA) group in Eastern France (*Le Dauphiné Libéré*, *Le Progrès*, *Les Dernières Nouvelles d'Alsace*, *L'Est Républicain*, etc.), the project was able to collect a large number of testimonials from the public using the Limesurvey digital platform used for nationwide surveys: 1018

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227 - D. Lewis, 'Is the coronavirus airborne? Experts can't agree', *Science*, 2 April, 2020. Available online: <https://www.nature.com/articles/d41586-020-00974-w>.

228 - Much emphasis is placed on the fall in Gross Domestic Product, on unemployment, on the billions spent to deal with the health crisis, but we cannot forget the inequalities exacerbated by the lockdown and the psycho-social problems it has engendered: depression, domestic violence, domestic accidents, less use of healthcare...

individual accounts were collected between 3 April and 12 April, just 13 days after the lockdown started – with an additional 620 testimonials received between 18 May and 8 June, 2020, corresponding to the period when the lockdown was lifted (on 11 May).

How does mask wearing affect our social relationships (at the global level) and physical distancing (at the local level)? Before any empirical studies began on the subject, responses from the classical human and social sciences were not long in coming, notably through ethico-political and interactionist readings of the issues at stake. On an ethical-political level, the philosopher Daniel Salvatore Schiffer, following Foucault's analyses, likened masks to a 'walking prison', an aid for confining people in a new 'correctional world'.<sup>229</sup> From an interactionist perspective, the sociologist David Le Breton aligned himself with Goffman's theory of face-to-face interaction to criticise mask wearing for fundamentally altering facial recognition and reducing the expressiveness necessary for ordinary interactions,<sup>230</sup> aside from how it compromises the actors' capacity for learning and their ability to continuously adjust and negotiate the conditions of the interaction.

The Maskovid data puts these two readings somewhat at odds with each other: while the arrival of the mask undoubtedly raised ethical and socio-political questions and complicated basic interaction, it is only secondarily relevant to group of proposed dimensions at play. With the help of IRAMUTEQ software for analysing large amounts of qualitative data, we used a dynamic classification method to gauge what aspects of masks concerned participants most, and at what stage. Figure 1 shows the five general categories and their evolution over time. These are broken down into two sub-groups: categories

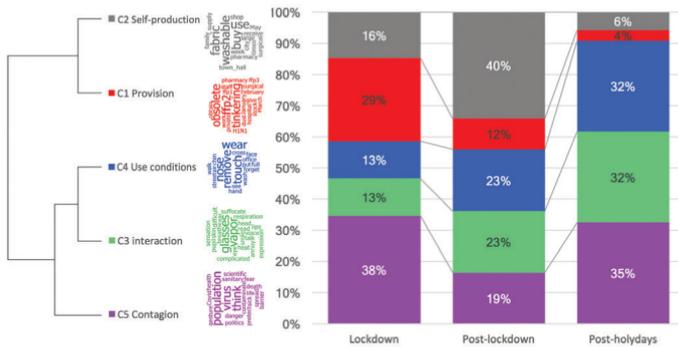
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229 - D. S. Schiffer, '*Le masque du confinement: occultation du visage et enfermement de la personne*' (The mask of lockdown: concealment of the face and lockdown of the person), *Le Soir*, May 15th, 2020.

230 - D. Le Breton, '*Le port du masque défigure le lien social*' (Wearing the mask disfigures the social bond), *Le Monde*, 11 May, 2020.

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1, 3 and 4 highlight practical concerns when masks were first made mandatory, being the supply of masks, which involved searching for available masks when they were in short supply (category 3, 'supply'), or obtaining masks from local authorities, employers or buying them on the open market (category 4, 'use'), and lastly creating homemade fabric masks oneself (category 1, 'creation'), which does not exclude the rapid commercialisation of these types of mask. On the other hand, categories 5 and 2 group responses centred on reflexive, ethical and political aspects of participants' mask experiences, either as visual reminders of how much the virus changed our relationships with one another (category 5, 'spread'), or concerns raised over the issue of prioritizing giving masks to carers or other related controversial government-level decisions (category 2, 'concern').



**Figure 1. Categories of mask issues and how they evolved during and after lockdown**

When we look at the different categories and importance respondents gave them over time, we see that the five changed very little between lockdown and coming out of lockdown: categories 1 ('creation') and 5 ('spread') remained relatively stable, with a variation of less than 10%. This stability contrasts sharply with the 'concern' and 'use' categories, which virtually reversed over time: the former almost

disappears, while the latter rises sharply. It is as if we witnessed a logic of concession, a change of norm, as masks have become more widely available, and as the general population have come to view masks less as a less worrisome indicator that the virus is still present than as a protective tool. Not only did the practical aspect of mask use show to be stronger from the outset, surpassing perceived ethical and political implications, but soon takes on a commanding role.

This evolution is best understood if we examine the way in which the orders of concern are not only evoked but are linked to one another. The second figure shows, for each moment, text clouds for 150 of the most frequently used words – a tool chosen specifically to clearly depict ‘entries’ and ‘exits’ of certain concepts or notions in participants’ vocabulary ‘that mattered’ most. This statistical tool assigned colours to the terms based on a ‘community detection’ algorithm (calculation of class modularity).

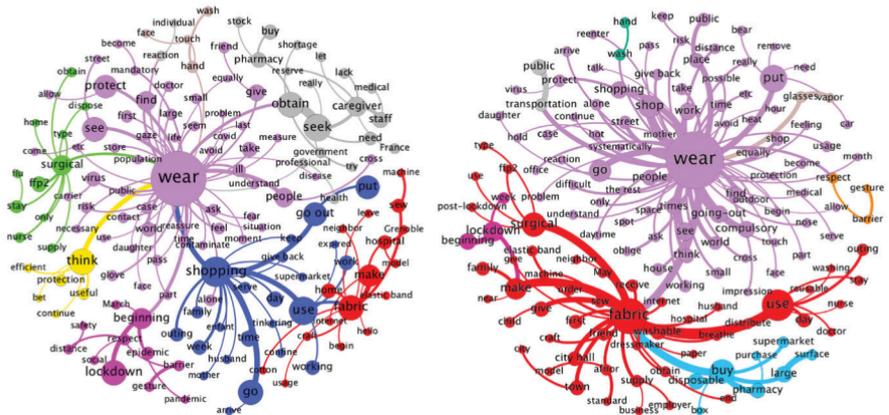


Figure 2: Text clouds of the 150 most frequent words for two periods (left : lockdown, right : coming out of lockdown); the size of links and nodes are proportional to frequency.

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Looking at the two graphs, any number of observations are possible. Among the most striking, however, is the notably rapid disappearance of ethical and political concerns. The grey community of terms (north-east on the first graph) links 1) expression of the lack of masks ('need'; 'lack'; 'scarcity'; 'seek', 'provide'), 2) moral awareness of priorities ('reserve'; 'medical staff', 'carer[s]') and 3) acquiescence or resentment towards the government ('government', 'France'). This community refers to the charged ethico-political debates that took place in France at the beginning of the pandemic, highlighting the driving role of public authorities in the lack of protective measures. This thematic, which was very visible in testimonies collected during the first wave of the survey, disappeared spectacularly in the second.

Most of the concepts that unite the other communities are being renewed or evolving. The universe of 'fabric' is gaining in importance, 'capturing' the dimension of the descriptive 'surgical' in contrast to how 'homemade' masks are defined, and also the larger category of use ('use'). It is as if, after having first focused on the creation of cloth masks ('sew', 'pattern', 'make'), a shift occurred and more focus was given to their use ('reusable', 'washable', 'washable', etc.).

The green community of surgical masks ('surgical'; 'ffp2') for patients disappeared, while a new light blue community related to commercial supply emerged, speaking to the possibility of 'buying' 'disposable' masks from 'pharmacies' and 'supermarkets'.

The term 'shopping' that brought together the restricted and strictly utilitarian uses of the mask during lockdown, whether outside ('work'; 'supermarket') or within the domestic setting ('family', 'child', 'mother', 'husband'), lost its centrality and becomes just one element in the larger 'wearing' grouping.

While this grouping surrounding 'wear' is maintained and even

strengthened (from 56 to 74 direct links, i.e., an increase of 32%), its strong renewal is clear: of the 105 terms associated with ‘wear’ during the two periods, less than a quarter (23%) are retained from one to the other. More than half (55%) of the original terms disappear, while on the other hand almost half (47%) of the terms from the second period are new. The wearing of masks is now linked less to early anxieties than to a more mundane set of activities and concerns. Significantly, the words that are seen to disappear tend to be related to fear of the pandemic (e.g., ‘contaminate’, ‘Covid’, ‘illness’, ‘fear’, ‘virus’, etc.), whereas conversely, the concepts that appear to centre essentially on pragmatic perceptions of physical interaction with the mask (‘hot/heat’, ‘glasses’, ‘nose’, ‘touch’, ‘face’), on specific actions (‘put on’, ‘wash’, ‘use’), on the context of use (‘office’, ‘street’, ‘home’, ‘transportation’, etc.), current rules (‘oblige’, ‘respect’) and on recovery and conditions of interactions (‘cross’, ‘speak’).

In short, ethical and political considerations, and anxiety diminish as the availability of masks increases, the number of cases, hospitalisations and deaths decreases, and people feel better protected. During the coming out of lockdown period (without anticipating the later development where the extended mask wearing mandate was accompanied by the parallel emergence of an ‘anti-masks’ movement), the mask is very clearly a vector of appeasement: ordinary actors (average citizens) do not perceive it as a political control device, but as a simple and practical means of managing the daily relationship with the disease. The mask reverses distancing: while it was often perceived at the outset, by both specialists and lay people, as the embodiment of a threat and as a tool for distancing people and erasing their expressiveness, this perception was quickly reversed among the population. The survey respondents saw the mask not as a dehumanising constraint, but on the contrary as an empowering tool; with the mask, many sensed it would be possible to cautiously resume their social interactions and to exchange again and more widely with others.

The Sars-Cov2 and the mask have invaded the world like aliens – creatures which are all the more disturbing because they represent something external and foreign. As is often the case with aliens (or the like), the social sciences are not immune to analytical errors, nor hasty, incomplete, or asymmetrical interpretations. Perhaps best known for being keenly sensitive to what *aliens* disrupt, to associated dangers or risks, they can at times fail to see the bigger picture. Thus, available explanatory models were quickly imposed; informed by Foucauldian biopolitics, which gives us cause to vilify the mask as a new muzzle, and classical interactionism, to see the mask as a screen that ‘disfigures the social link’. Except that in this particular case, the direction of the relationship between policy and populations is reversed, and the mask problematic does not exclusively apply to interactions between people.

At the beginning of the crisis, the authorities discouraged citizens from buying masks because of the shortage. And it is these same citizens who have, on the contrary, ardently desired, demanded and sought them out. It is difficult, under these conditions, to position the mask as a new disciplinary tool, except perhaps by way of arguing for self-discipline.<sup>231</sup> The neo-Foucauldian reading considers what the mask imposes, the muzzle aspect, but little of what the mask offers, protection. Similarly, the mask is not merely a tool for social distancing or for disrupting interaction. If masks are designed to distance us from something, it is first and foremost the virus. It represents a barrier between ourselves and something external, and not ourselves and others. Ordinary actors, perhaps less critical but certainly more concerned with the urgency of the situation, have understood this. After having hesitated, between fear of ridicule and anxiety over concerns about the altering effects on identity and expressiveness, they quickly understood that wearing a mask was less an obstacle to interaction than a condition that would allow it to resume. As the philosopher Jean-Sébastien

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231 - E. Lardreau, ‘*Le coronavirus comme avènement de l’autodiscipline*’ (Coronavirus as the advent of self-discipline), *Les Échos*, 9 April 2020.

Philippart<sup>232</sup> wisely noted, the mask, far from denying our humanity, on the contrary and paradoxically reinforces it, since it spectacularly manifests our care for others and shows that the social link is not limited to relations between people.<sup>233</sup>

We shall see in the long term whether this analysis proves to be true and whether or to what degree we might need to rely on the argument that masks are inexpensive, light, and easy to use. This view is not universally popular considering certain socio-economic conditions. Mask wearing also presents a very real problem for deaf or hard of hearing people who rely on lip reading to communicate, or for migrants learning a new language in their host country. Finally, the fact that mask wearing takes place in such a wide range of social and cultural contexts merits investigation, certainly a comparative analysis of its perception, interpretation (self-protection, protection of others, etc.), and uses, that would also consider the symbolic signification of masks in all kinds of relationships: anonymous encounters in public spaces, professional, amorous, friendly, seductive, etc.

Having described the ways in which the HSS have mobilised to address the current pandemic, how research has been reconfigured to adapt new approaches and methodologies, and finally the issue of evolving interpretative frameworks, we would like to continue by shifting our attention to a particularly important issue this ‘extraordinary’ period has brought to light for the HSS that speaks to the temporality of research, namely how it differentiates from the temporality of media culture, which leads us to consider media coverage itself as a focus of research.

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232 – J.-S. Philippart, ‘*Le masque défigure-t-il réellement nos rapports à autrui ?* (Do masks really disfigure our relations with others), *Libération*, 29 May 2020.

233 – B. Latour, ‘*Changer de société, refaire de la sociologie*’ (Changing society, redoing sociology), Paris, La Découverte, 2006.

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## Media coverage of the pandemic: a focus of research

**T**he media have largely facilitated communication from researchers to the public forum, which in and of itself does not necessarily place academic work and media coverage of the pandemic at odds with each other, if it were not for the porous boundary that separates the two. The time required for research to unfold can in no way be measured against the time of the news feed cycle. Moreover, in a context marked by so many unknowns about the nature of the virus, its primary and secondary effects and potential treatments, the flow of data, information, and publications, notably preprint versions of scientific works, produced an obfuscation effect<sup>234</sup> such that this pandemic (like any public health, environmental or political disaster or crisis) has been accompanied by a steady flow of fake news, rumours, and conspiracy theories. The last few months have given rise to an immense amount of literature on this

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<sup>234</sup> - B. Finn and H. F. Nissenbaum, *Obfuscation: a User's Guide for Privacy and Protest*, Cambridge, Massachusetts, MIT Press, 2015.

aspect, in both academic publications and scientific journals, and a collaborative bibliography has been launched, with the hope that it will be able to be expanded, enriched and commented on by the various HSS specialities.<sup>235</sup> In this context, research in HSS has not only had to take pause while closely following current events, in a temporality separate from that of media coverage but it has also, simultaneously, trained its sights on the latter as a focus of research.

We can cite several directions this work will take. A foundational start will involve testing the degree to which the emergence of the concept of an infodemic in the context of the current pandemic, which would become omnipresent following a speech by the WHO Director-General in early February 2020, marks a ‘difference’ compared to the type of information or disinformation that might otherwise concern global warming, protest movements or candidates running for election.

## Infodemic



Figure 3 : Evolution of searches concerning infodemic/ M. Girel

The concept of an infodemic is not new. The term has certainly been used with greater frequency after it appeared in the WHO Director-General's opening remarks at a media briefing in early 2020, but we need only look back to 2003 when it was used during the SARS

<sup>235</sup> - See the documentary platform initiated and produced by the CAPHES joint service unit: Access to the Zotero database maintained by the UMS 3610 CAPHES. Consulted on 11 November, 2020.

epidemic (David Rothkopf, 'When the Buzz Bites Back', *Washington Post Commentary*, Sunday, May 11, 2003). In the current context, it can take on three meanings, which had manifested prior to this more noteworthy recent use:

1. It can refer to all false information, rumours and conspiracy theories that accompany any important event, and in this sense would be synonymous with what is commonly referred to today as 'fake news'.
2. It can also function as a metaphor, according to the hypothesis that beliefs and representations can spread in a population like a virus; there would then be, if we follow this same metaphor, informational 'barrier gestures', 'vaccines', we could follow the spread of misinformation like we follow an epidemic. It would take the form of a parallel epidemic.
3. Finally, it can have a more specific meaning: disinformation or misinformation *about* an epidemic, with the idea that there is something specific at play, in the case of epidemics like SARS, Zika, H<sub>1</sub>N<sub>1</sub> and H<sub>5</sub>N<sub>1</sub>, Ebola, and of course SARS-CoV-2. A second term exists that closely resemble this third connotation, Panicdemie. This would be something that makes the 'real' epidemic worse, or even more dangerous than the real epidemic.

The notion can therefore be used to describe the phenomenon of fake news in general, to designate a mode of information circulation, or finally to insist on a specificity of the information (often, in this context, disinformation or misinformation) on the epidemic. In the latter instance, it can, in a subset of cases, be used to criticise the media hype or the excessive 'precaution' surrounding the epidemic. It could be that this notion, through its polysemy, but also through its instrumentalisation, increases general confusion about the pandemic.

Furthermore, this line of investigating the media coverage of the pandemic aims to identify and analyse the effects of the pandemic on the traditional media and social networks. Thus, Claude Grasland's work derived from the analysis of daily newspapers, carried out within the framework of the ANR GEOMEDIA project (2013-2016) and then by the H2020 ODYCCEUS project (2017-2021), allows us to identify the extent to which the words *coronavirus* and *Covid-19* invaded mainstream media and social networks throughout the world during the first few months of 2020.

Whether they pertain to entire messages or isolated sentences, these words have gone viral. Not solely for the fact that they seem to recur cumulatively from one article or tweet to the next, but also because they appear to be associated with a fleeting task of overshadowing competing news. More than just viral words, we seem to be in the presence of a semantic rupture that has affected the entire daily press, whether international<sup>236</sup> or regional<sup>237</sup>.

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236 - C. Grasland and J. M. Vincent, 'Much Ado about one (single) thing', Working Paper presented at the H2020 ODYCCEUS Internal Seminar, 2020. Available online: <https://halshs.archives-ouvertes.fr/halshs-02795093>. Consulted on 11 November, 2020.

237 - C. Grasland, 'Comment la pandémie s'est propagée dans la presse régionale' (How the pandemic spread in the regional press), *The Conversation - France*, August 19th, 2020, <https://theconversation.com/comment-la-pandemie-sest-propagee-dans-la-presse-regionale-141836>



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Finding equivalent events in the history of the last twenty or even thirty years presents more of a challenge. The viral word *terror* – did indeed experience a spectacular increase in usage after the September 11 attacks of 2001 in New York, but with less intensity and for a shorter period than in the case of the Covid/corona viral couple. Moreover, the media peak observed immediately following 9/11 seems to have been much less universal at the international level.

### An historical break: the case of the 2020 Covid-19 pandemic

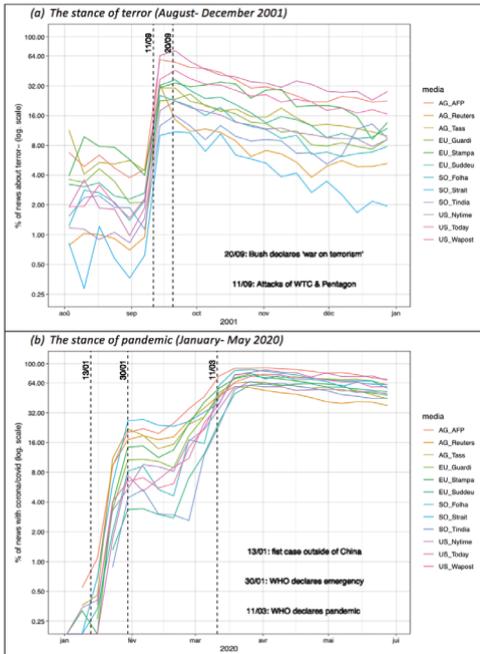


Figure 5 : Evolution of the presence of the terms *terror\*/corona\** in published news (Source: Mediacloud & Factiva – Author: C. Grasland, 2020)

The media focus on the Covid-19 pandemic was not limited to international news but also affected local media such as the regional daily press. Analysis of the French example shows that 50 to 80% of the news published in the weeks following the lockdown included the words *Covid-19* or *coronavirus*. Many sections were literally devastated because of the progressive cessation of a whole series of activities or events that constituted the bulk of local information (sports, parties, weddings, etc.), demonstrating the first impacts of the virus on daily life.

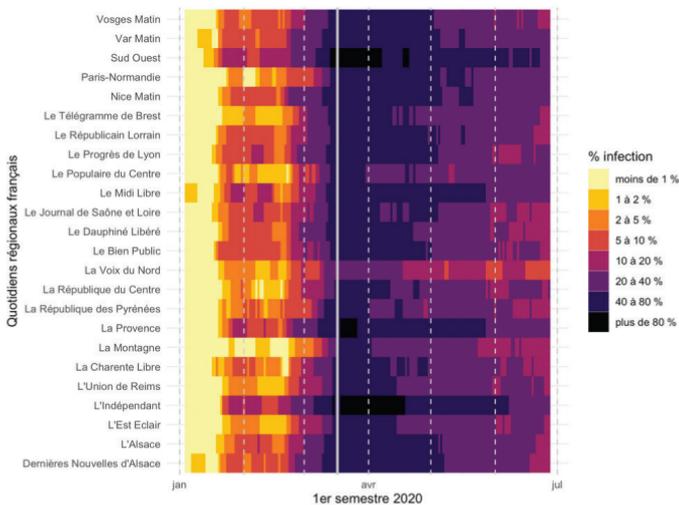


Figure 6: The contamination of the French regional daily press with the words Covid and coronavirus in the first half of 2020.

**Source:** Grasland C., 2020, How the pandemic spread in the regional press, *The Conversation - France*, August 19<sup>th</sup>, 2020

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Research conducted by the National Audiovisual Institute (INA) reached the same conclusions for radio, television and social networks.<sup>238</sup> These first analyses encourage further work on the media treatment of the pandemic, particularly with regard to the following aspects:

- Response of agencies and organisations to misinformation
- Conspiracy theories about the virus (5G, bio-military manipulation, Gates Foundation)
- Impacts of fake news on health
- Political and security effects (targeting of Asian minorities at the beginning of the pandemic, the theme of restrictions on freedom); censorship (China)
- Pressure to expedite research (pace of preprints, compliance or not with essential standards of scientific integrity)
- Instrumentalisation of the pandemic in the information war between powers (particularly the US/China confrontation over the origin of the virus)
- Distrust of the public authorities' response.

Considerable research in computational social sciences has demonstrated the relevance of studying digital media trends (social networks, online press, forums) to identify and characterise social groups in terms of thematic concerns, modes of online action and agenda. From this angle, an event such as the Covid-19 pandemic can act as a catalyst for reconfiguring these digital forums, whose social and thematic changes can be characterised by observing their digital content over a period that includes the pandemic.

This same analysis could be extended to organised disinformation

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238 - N. Hervé, *Étude de l'intensité médiatique du coronavirus en France* (Study of the media intensity of coronavirus in France), INA, Working Paper. Available online: <http://www.herve.name/pmwiki.php/Main/Etude-Coronavirus>. Consulted on 11 November, 2020.

groups that seek to further inflame unrest surrounding major events periodically experienced in our democracies (elections, extreme climatic events, pandemics, etc.). For example, teams with the Complex Systems Institute of Paris Ile-de-France (ISC-PIF) through several projects (Politoscope, Climate Tweetoscope and Covid-19) were able to identify similar operational modes in private disinformation companies from one context to another, accompanied by an effect of ‘attentional communicating vessels’. It is potentially expected that a detailed analysis of the shift in attention and interventions by disinformation actors in the digital public space during this pandemic, for how they abruptly changed the nature of mobilisation, will provide valuable insights into the diverse types of disinformation actors, their modus operandi and range of motivations.

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## Conclusion ...

as an opening: collaborative humanities  
and social sciences for knowledge transfer,  
against ignorance and infodemia

**O**ur attempt here to compile, rather than synthesise, parts of the arsenal of HSS research, first shows how much this work contributes to deepening our understanding of core processes involved in crises. Concerning the Covid-19 pandemic, the HSS are part of a larger effort to 'de-biologise' and 'de-sanitise' the crisis with a view to account for underlying human and social processes, which it either generates or augments. They are also helping to broaden the spectrum of 'human' actors involved in the current crisis. In particular, certain visibilisation processes currently being analysed broaden our attention economy, both on a global scale and on the scale of a particular society, social

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group or living environment during the pandemic.<sup>239</sup> By examining relationships that humans form with 'nature', animals or even technical objects such as masks, the HSS are also working towards this same objective, to de-biologise and- de-sanitise, and thus are opening up new avenues of reflection on the world we are moving toward and fundamental common goods we should strive to defend.

By purposefully avoiding a monopolistic reading based on the authority of a specific discipline (whether medicine, economics, mathematics and the algorithmic power of each, or others) or a designated paradigm, by defending a plural and firm position in terms of producing evidence, like other sciences, the HSS mentioned here are working towards a broad vision of human problems and the solutions we should aim to provide.

One of the most important contributions by the HSS in terms of knowledge produced relating to the pandemic and its range of impacts has been to highlight certain inequalities and vulnerabilities. While their objectification, description and analysis may not have the effect of removing the complexity of a crisis situation in which actors and organisation alike are impacted and engaged, certain unexpected opportunities, innovations and even social, economic and organisational benefits may emerge alongside the most challenging problems, which in part, can be attributed to these contributions. Importantly, these efforts contribute to reducing ignorance, which we know can serve the interests of the most powerful and overshadow difficulties of the most vulnerable in a world of growing inequalities.

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239 - Contrary to what Didier Fassin, a doctor and anthropologist, suggests during the lockdown: *'We have collectively allowed ourselves to be drawn into a sort of presentist and self-centred maelstrom (...) We are only interested in what is happening on the planet that speaks to us about the coronavirus, i.e., about ourselves. The whole economy of our attention is absorbed. This is a remarkable paradox: at a time when a global phenomenon is affecting the entire planet, our vision of the world has narrowed as never before. We have become myopic.'*  
*Le Monde*, May 24th, 2020.

## Conclusion

Secondly, the HSS contribute to highlighting the extent to which the Covid-19 pandemic constitutes a ‘total social fact’, borrowing the apt expression of anthropologist Marcel Mauss.<sup>240</sup> Information disseminated by the media corresponding to phenomena and events during the second wave of the pandemic tragically confirms this view that the pandemic affects all aspects of human life: a massive increase (+22%) in suicides in Thailand, a country hit hard economically by the collapse of tourism (*Le Monde*, 30 September, 2020); the end of school for children from the poorest families in India, who have no access to online education (*Le Monde*, September 30<sup>th</sup>, 2020); a situation of increased fragility among the unemployed across Europe, six out of ten of whom have not received any aid, and in particular for women and young people according to a report by the Eurofound agency published on September 28<sup>th</sup>, 2020 on living and working conditions; the cultural sector is ‘at the end of its tether’ and ‘sacrificed’ (*Le Monde*, October 16<sup>th</sup>, 2020); the issue of delayed care in the healthcare sector, and the fall in GDP compromising people’s ability to plan and envision the future, etc.

An important part of analysing this total social fact will consist of conducting a critical analysis of public framing of the crisis and establishing the latter as an object of knowledge, as we emphasised in the first section. The first elaboration of this aspect here could be enriched by examining how public perception evolved over time, the controversies surrounding the very idea that a crisis — *and such a dramatic crisis* — is unfolding before our eyes, and an understanding of dynamics, inscribed in the long-term, to account for the reasons why the pandemic risk was not, at the time the Covid-19 pandemic appeared, at the top of the governmental and state agenda of some

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240 - M. Mauss, *Essai sur le don: Forme et raison de l'échange dans les sociétés archaïques* In *Sociologie et Anthropologie* (Essay on the gift: Form and reason of exchange in archaic societies, in *Sociology and Anthropology*), Paris, PUF, 1973 (1923-1924).

societies while others seemed to be actively preparing for this risk.<sup>241</sup> Future research should also be mobilised on the controversies surrounding this subject, in conjunction with analyses proposed, for example, by Steven Epstein,<sup>242</sup> and other work on the construction of doubt and ignorance.<sup>243</sup> This work could also focus on the very categories with which the present situation has most often been described to date, notably unpreparedness and uncertainty. Who uses these terms? In what spaces of discussion and from what perspectives? Do uncertainty and the scientific process go hand in hand? <sup>244</sup>

For the HSS in particular, what the current health crisis has revealed, or rather confirmed, is the true extent of the issue of care – that it encompasses, in the very broad sense, not only curative but preventative aspects, but in relation to health and well-being, each person's relationship to his or her own health and body, and to the health and body of others. Before the pandemic, these questions have been the subject of numerous investigations in the HSS, some of which mistakenly concluded that care represents a moral issue or is a reflection on medicine in general, taking a narrow and restrictive view of both. But the current crisis has confirmed that care, medicine and human life are central to all of the challenges we are currently facing.

The importance of this issue requires that the HSS as a whole maintains close contact with the life, health, and environmental sciences, as well as with society and its most heated debates, from

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241 - F. Keck, *Les sentinelles des pandémies - chasseurs de virus et observateurs d'oiseaux aux frontières de la Chine* (Pandemic sentinels - virus hunters and bird watchers on China's borders), *op. cit.*

242 - S. Epstein, *Le Virus est-il bien la cause du sida ? Histoire du sida* (Is the Virus the cause of AIDS? History of AIDS), Paris, les Empêcheur de tourner en rond, 2001.

243 - R. Proctor, and L. Schiebinger, *Agnology: the making and unmaking of ignorance*, Stanford, Stanford University Press, 2008; M. Girel, *Science et territoires de l'ignorance* (Science and the territories of ignorance), Versailles: (Science and the territories of ignorance), Versailles, Éditions Quae, 2017..

244 - N. Oreske and M. E Conway, *Les marchands de doute* (The Merchants of Doubt), Paris, Le Pommier, 2012.

bioethics to public health. Moreover, this ‘extraordinary’ scientific moment will undoubtedly strengthen collaborations within the HSS for, given the dual nature of this health crisis for the issues it has revealed and those it has amplified, as we emphasised in part II of this report, certain analyses of the crisis intersect across several sciences. Thus, among the first working papers disseminated, French post-doctoral students in economics would quantitatively confirm that occupational exposure is an explanatory factor for spatial differences in Covid-19 mortality rates,<sup>245</sup> which overlaps with and corroborates the results put forward by other sciences (sociology, demography, geography, etc.). As we recalled more broadly in section I, a combination of various types of inequalities makes certain population groups particularly vulnerable in the context of the pandemic.

With this in mind, we suggest that the HSS would benefit by revisiting current research practices and, in light of the above, work to strengthen three core areas: linking health research and HSS research from the project stage; committing to multi-, inter- and transdisciplinary approaches; and articulating social issues, both nationally and internationally.

This collective work also encourages us to question what the HSS is bringing, and could potentially bring, to the sphere of public debate so critical to society as a whole, notably at a time when many citizens around the world are increasingly relying on the constant flow of news and developing social networks as their primary sources of knowledge and information. The scientific contributions presented here show an overwhelming desire by the vast majority of researchers to address the most critical challenges facing society today by

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245 - P. Brandily, C. Brébion, S. Briole, L. Khoury, ‘*A Poorly Understood Disease? The Unequal Distribution of Excess Mortality Due to Covid-19 Across French Municipalities*’, 2020. Available online: <https://halshs.archives-ouvertes.fr/halshs-02895908>. Consulted on 11 November 2020.

contributing to this public debate without being overly prescriptive and without succumbing to accelerating news cycles and a constant flow of new knowledge being produced. The COVIDEHPAD study, mentioned earlier, illustrates this perfectly through the level of involvement of HSS researchers committed to mobilising thanks to a collective effort to address a topical issue that called for certain responsiveness, and managed to do so without letting the urgency of the situation compromise their work. Interestingly, this very issue, being the pace of research, and its significance when addressing issues deemed socially urgent, has itself become the focus of certain research projects.<sup>246</sup>

One way the HSS might make their research more readily understandable and visible to the wider public would be to give greater emphasis to both intra- and extra-academic collaborations related to knowledge transfer. Indeed, developing collaborations bridging disciplines, research paradigms and specialised research themes could potentially allow academia to account for the temporal (sequences) and spatial (from local to global) dynamics of events in progress. Similarly, working towards creating opportunities for collaborations with non-academic actors (decision-makers, media, social actors and citizens) will allow the HSS to gain greater accessibility and visibility in terms of knowledge transfer. Ideally, the latter would be considered as a continuing initiative and parallel to ongoing academic knowledge production, through reflections and actions specific to processes for circulating and translating new knowledge generated by the academic community. Among others, the Interdisciplinary Institute of the University of Paris *Ad Memoriam* led by L. Atlani-Duaault has just such an ambition of intra- and extra-academic collaboration, specifically by supporting data collection and analysis aimed at tracking the pandemic. Another example along these same lines is

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<sup>246</sup> - See the ANR CovEthos project led by sociologist Michel Dubois on scientific integrity, research ethics and care in the context of Covid-19.

## Conclusion

work the French scientific interest group on law and justice is preparing to launch through a series of meetings being organised between researchers and legal professionals.<sup>247</sup>

As we noted in the introduction, while researchers across the HSS mobilised rapidly, they did so in different ways and aligned their work in varying degrees to the question of decisive next steps and problems concerning the ‘appropriateness’ of measures implemented by the government. The issue concerning certain forms of expert knowledge we addressed in Part III certainly deserves to be revisited and explored in greater depth from a comparative perspective; recourse to scientific expertise and the contribution of researchers and academics for defining and orienting public policy in the health and environmental sectors varies considerably from one society to another.

But this is not the only issue: equally important is the transfer of knowledge to society. On this subject, several of the research approaches we endeavoured to describe here, underline the extent to which knowledge transfer cannot be thought of solely in top-down terms (from research to civil society), as is often suggested by ‘valorisation’ mechanisms that accompany research. The snapshot we have provided here of how the HSS mobilised to respond to the Covid-19 pandemic shows that knowledge sharing, and knowledge transfer also take place from society to research, notably through collaborations on questions about problems encountered, but also on methods of accessing and collecting data in the various field surveys, for example. We are therefore talking here about relations between research and those who are the subjects of a survey, but also with a range of other actors in society who play central roles

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<sup>247</sup> - See this call for proposals on the website: <http://www.gip-recherche-justice.fr/2020/11/06/appele-a-manifestation-dinteret-le-droit-et-la-justice-face-aux-circonstances-sanitaires-exceptionnelles-liees-a-la-pandemie-de-covid-19/>.

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in the knowledge transfer process. We are thinking in particular of decision-makers (technicians and elected representatives) and information and communication professionals, namely journalists.

In what appears to be an open battle against a lack of knowledge and a lack of visibility of certain major human and social challenges, the HSS will likely move towards integrating new resources by promoting ongoing work from particularly demanding academic and non-academic collaborations (in terms of producing rigorous results, but also in terms of ethics and values framing human relations). There is therefore potential for rethinking a certain number of functions, or even professions, surrounding the translation or 'brokering of knowledge', to use an expression developed by certain Canadian researchers, to meet the objective of dissemination within, or even co-construction with, society, in the direction of providing guidance for policies and actors most closely concerned with managing the pandemic.

The WHO has expressed the hope of ending the Covid-19 pandemic 'in less than two years' (*Le Monde*, 16 September 2020); long forms of the disease are emerging, which are poorly understood and not always identified; there is still a great deal that remains unknown about the ways in which the virus circulates and why it infects certain people or population groups more or less than others; some countries have entered a second wave of the pandemic, while others have contained the number of new infections or have reported the virus has stopped circulating altogether ('L'Asie laisse le virus à ses portes' [Asia leaves the virus on the doorstep], *Le Monde*, 7 November, 2020); a series of social distancing and movement-restriction measures, or even repeated lockdowns, have been mandated in several countries; on November 9th 2020, the American laboratory Pfizer and its German partner BioNTech announced provisional results for a vaccine that is '90% effective'.

but which is still undergoing a clinical trial.

In the present complex and evolving context, the research presented here can contribute in important ways to building public policies and health and psychosocial strategies adapted to better address the needs of families, or to respond to future epidemic risks<sup>248</sup>, notably through developed expertise in documenting and analysing the impacts of processes specific to populations (age, gender, class, ethnicity, etc.), or a given region or area (local, urban, rural, population density, etc.), both nationally and internationally. Giving particular attention to the diverse range of socio-economic determinants (employment, housing, household resources, social and family support systems, etc.), both in the context of the lockdown and beyond, and to potential long-term impacts of the crisis, will shed important light on the specificity of difficulties, concerns, resources and needs of individuals, families and social groups.

It is this effort as a whole, indeed the vivacity of research across the HSS, that should be supported, to accompany further elaboration of scientific corpuses to which new elements are added constantly in the present context, the ongoing development of international networks of researchers, the production of knowledge and keys to understanding the pandemic as a 'total social fact'.

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248 - F. Keck, '*Les sentinelles des pandémies - chasseurs de virus et observateurs d'oiseaux aux frontières de la Chine*' (The sentinels of pandemics: Virus hunters and bird watchers on China's borders), *op. cit.*, p. 13.

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# Afterword

## The Covid-19 crisis: has it revealed the inner workings of society?

Claude GILBERT, senior researcher emeritus at the CNRS  
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**E**pidemics and pandemics have long been a major source of concern for public authorities. This was the case with the plague which brought bans on access to ports and lazarettos from the Middle Ages onwards. Such health crises notably led to international measures in the 19<sup>th</sup> century to protect populations while limiting obstacles to international trade. At the start of the 20<sup>th</sup> century, Spanish flu played a decisive role in the implementation of a surveillance system which was well-adapted to this type of event.<sup>249</sup>

The humanities and social sciences (HSS) have also focused on these issues, particularly historians who integrated them into their

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249 - F. Vagneron, 'Surveiller et s'unir ? Le rôle de l'OMS dans les premières mobilisations internationales autour d'un réservoir animal de la grippe' (Monitoring and uniting? The WHO's role in the first international mobilisations concerning an animal flu reservoir), *Revue d'anthropologie des connaissances*, 2015/2 (Vol. 9, n° 2), p. 139-162.

study of the 'misfortunes of the times' (*les malheurs des temps*).<sup>250</sup> HSS' research into these questions increased with the research programmes on collective risks and crises which began in the 1980s and 1990s. These initially targeted 'major risks' (technological, natural, etc.) then went on to focus on succeeding health crises like AIDS, mad cow disease, asbestos or heat waves. The bird flu (H5N1) threat was also the subject of particular interest in the mid-2000s. For different reasons with each crisis, actors from the administrative, scientific, political and economic sphere joined together to elevate the issue involved to the status of a public problem. Similarly the World Health Organisation (WHO) has seized on the question of health crises at the international level to promote its new slogan: '*One world, one health*'.<sup>251</sup> In this context which favours exchanges, researchers in the humanities and social sciences in France have collaborated with actors from the administrative authorities and civil society to engage a process of thought and study which has made it possible to pinpoint the characteristics of large-scale, long-term health crises with a view to effectively dealing with future occurrences.<sup>252</sup>

As this report shows, Covid-19 has led to the HSS becoming involved once again although perhaps more on their own initiative than at the request of authorities during the current crisis. Other disciplines which are more directly concerned with health issues (virology,

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250 - J. Delumeau and Y. Lequin (dir), '*Les malheurs des temps: histoire des fléaux et des calamités en France*' (The misfortunes over time: a history of plagues and calamities in France), Paris, Larousse, 1987.

251 - N. Brender and C. Gilbert, '*De l'émergence aux émergences. Le cas de la pandémie grippale*' (From emergence to emergences. The case of the influenza pandemic'). in: Serge Morand éd., '*Émergence de maladies infectieuses. Risques et enjeux de société*' (The emergence of infectious diseases. Risks and societal issues). Versailles, Éditions Quæ, 'Matière à débattre et décider', 2016, p. 37-62.

252 - C. Gilbert (dir), '*Les crises sanitaires de grande ampleur: un nouveau défi ?*' (Large-scale health crises: a new challenge?) La Documentation Française, Paris, 2007.

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epidemiology, etc.) were 'on the front line' but specialists in certain other fields (public health, psychology, communication, etc.) have been members of expert bodies.

This report gives an account of how the HSS, in their full diversity, have done their best to contribute to enhancing understanding of the Covid-19 crisis. It shows us which avenues have been pursued and those which could be explored in the future given the singular nature of this health crisis compared to those which occurred in recent decades.

In very broad terms, the HSS have concentrated on three main areas – social aspects, political aspects and 'managerial' aspects. In each of these cases, a deviation from possible expectations was introduced.

Humanities and social sciences researchers are often designated (by the authorities or the media) as experts on 'the population' and, by extension, the public, civil society, public opinion, etc. As such, they are usually expected to address questions like the perception of risks, the conditions for the acceptability of risks and reactions to crisis situations. The Covid-19 crisis has led to questions about acceptability being extended to the restrictive measures implemented to manage the crisis. However, the research featured in this report focuses on analysis of the social consequences of this crisis, especially for the most disadvantaged categories of society. This approach is justified by the widening disparities and inequalities in terms of employment, housing, access to knowledge, division of labour, etc. 'Vulnerability' is the key word in many studies, serving to emphasise the fact that the crisis caused by Covid-19 accentuates situations that already existed in normal times. Different criteria (age, gender, professional status, etc.) make it possible to characterise various forms of vulnerability although

there is a risk of a bias with this approach namely considering vulnerable people and groups essentially as ‘victims’. This is an interesting point of discussion for future work.

Moving on to the political aspects of the crisis, the researchers were more interested in the effects of democratic life being suspended via emergency measures and declarations of a state of emergency than by questions of governance. They thus subscribe to an already well-established school of thought which is particularly influenced by the work of Foucault. The situation caused by the Covid-19 crisis is conducive to reconsidering questions about the respect of rights and freedoms in exceptional circumstances – the way in which the authorities can reinforce their ascendancy or abuse their powers. These are quite classical ideas but here they are faced with a paradoxical situation. There is indeed a certain contradiction between the repeated criticisms of government measures on many forums and the way in which these measures are actually generally respected. In France, the various lockdowns were managed without excessively resorting to the forces of law and order and there were only limited acts of protest or rebellions. This makes the analysis of this situation rather complex – a complexity exacerbated by the fact that the French government pushed forward with fundamental reforms during this kind of democratic ‘intermission’ while the protest-based agenda was inviting people to project themselves into the ‘world after Covid’.

With regard to how the Covid-19 crisis was managed, researchers once again highlighted the limits of a discourse based on the idea of war which identifies the virus as an external enemy. They provided a very well-documented analysis of this crisis as an endogenous phenomenon, thus effectively underlining the importance of

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organisational dysfunctions (Bergeron et al., 2020).<sup>253</sup> However, it still remains to be explained why the authorities ignored the experience acquired during previous health crises and refused to refer to existing mechanisms and plans which had previously been established in this area. It is also not clear why they persisted in using extraordinary measures to manage the situation when its length, scale and the choices needing to be made between health, social and economic factors seemed to be more suited to a return to more ordinary practices and ways of functioning. Why, then, did they use such a regal tone when exercising power by limiting expertise – which is restricted, personalised and focused on health issues – to a kind of easily-understood game knowingly played by Scholars and Politicians? Is this simply a case of matters being allowed to slide because of the circumstances? Or is it a reaffirmation of power in a context where it has been difficult to fully grasp the reality of the situation as illustrated by the management of masks, tests or vaccines?

Without attempting to respond to any possible expectations, the HSS thus assumed a critical position to analyse the Covid-19 crisis according to their own rules. They have also shown their capacity to deal with general questions based on the study of specific practices (wearing masks) and to deal with difficult points such as the value of life, or the relationship with death, which are both close to home (because of the risks of contamination) and distant (if we limit ourselves to more abstract statistics). Now the first step has been taken on the subject, researchers could extend their questions about a crisis that has helped make the inner workings of our society more visible.

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253 - H. Bergeron Henri, O. Borraz, P. Castel, Fr. Dedieu, '*Covid-19: une crise organisationnelle*' (*Covid-19: an organisational crisis*), SciencesPo Les presses, Paris, 2020.

This increased visibility firstly applies to ‘the population’. In France, the problems encountered during the Covid-19 crisis and the way these were managed on a daily basis revealed the diversity of professional groups. There are those whose ‘usefulness’ has been revealed (carers, people working on tills, delivery people, etc.) and those who are more distanced from such realities, working with new technologies and being part of the new economy. The media and social networks have been used to make a rather off-the-cuff inventory of French society, giving an image of the diversity of its social groups, the variety of its cultures and territorial inscriptions. This inventory gives substance to the somewhat stratospheric notion of population which therefore enables us to ‘come back down to Earth’.<sup>254</sup> All the discourse, debates and positions that contributed to this inventory are on the ‘lists of grievances’ in French society and even more so than during the ‘gilets jaunes’ (*yellow vests*) movement a few months earlier. The HSS therefore have a particularly favourable opportunity to analyse how society represents itself today in its full diversity, in France and worldwide, and to consider the nature of people’s demands and expectations. This leads to a central question – what links do these demands have with the issues that have monopolised debate in the public space (global warming, terrorism, sexual violence, etc.) until now?

The Covid-19 crisis also made the way society really functions more visible. It became clear that the economy depends to great extent on maintaining the circulation of goods, services and so forth on the national, European and above all international scales. This was true both for essential products during a pandemic (masks, tests, vaccines, etc.) and for products and services during ‘normal’ times. This situation also came to light during the bird flu crisis.

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254 - B. Latour, ‘*Où atterrir ? Comment s’orienter en politique*’ (Where to land? How to find the right direction in politics) *onesle* Éditions La Découverte, Paris, 2017.

Although this was less visible, large organisations and networks with varying links to public administrations were revealed as being central to the maintenance of these activities. Such organisations and networks have integrated the logic of just-in-time supply flows and the general absence of stocks while also being used to operate in a world based on interdependencies and even dependencies. The spectacular assertions of state power still mask this situation as does the state's capacity to tax and borrow which clearly remains intact. However, what is really left of the 'regal' dimension of the powers-that-be or their actual power as it is exercised? Without going so far as to opine that the Covid-19 crisis revealed that the truth about the Emperor's new clothes, this is still a valid question for the HSS.

The Covid-19 crisis also showed that, in France, a number of problems attributed to the crisis were in fact structural in nature. For example, in the health sector, clear problems were revealed in the coordination between public and private hospitals, between the hospital sector and general practitioners, between GPs and health auxiliaries, chemists, firemen and so forth. The dedication of staff providing care in particularly difficult conditions did not suffice to fully mask tensions about actors' prerogatives and struggles related to the appropriation of this health issue. Thus, criticism of the hospital system has faded since the Covid-19 crisis occurred and the importance of the curative approach has once again become clearly apparent to all. Nonetheless, in a related way, there has been a certain form of defeat for the 'public health' system as represented through the surveillance and warning systems and rapid action mechanisms with which it has tried to strengthen itself over the last few decades. Here again, the HSS can make a useful contribution by analysing what is at stake in the different sectors of activity during the Covid-19 crisis.

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In the past, HSS researchers have played the role of ‘prophets of doom’ by announcing the possible occurrence of health crises which would affect society as whole. Now that such a crisis has occurred, as this report suggests, the question is whether the crisis has provided a real opportunity to take full note of the structural changes it has brought to light.

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The Covid-19 pandemic:  
what the HSS say

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The ‘usefulness’ of research in the humanities and social sciences (HSS) is regularly called into question, but the Covid-19 pandemic and its multifaceted consequences highlighted the need for both the expertise of this academic sector and its high responsiveness to the crisis. The HSS were massively mobilised during the first part of 2020 by the media and by institutions: ‘viewpoints’ and ‘analyses’ regarding the pandemic and its management have multiplied, collective research projects have been initiated and publications on the pandemic, how it is managed politically and the issues at stake here and further afield have been flourishing.

In that context, the purpose of this work is to offer readers an analysis of how the humanities and social sciences, as a whole, have provided responses to the various questions raised by the Covid-19 pandemic. Taking in contributions from over 70 researchers from different areas of study, it aims to propose a research HSS overview about the pandemic and its management in various countries based on the scientific capital the HSS disciplines have developed on health and environmental crises over the last quarter century.

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