Andrei S. Morgan **The coronavirus outbreak in France and the United Kingdom: a view from Paris.** andrei.morgan@inserm.fr

It's a race! The French started first, but Great Britain is going faster….

There's a friendly rivalry between "the Frogs" and "les Rosbifs" that stretches back many years, akin to the rivalry seen between Cambridge and Oxford in the annual boat race on the river Thames (although it didn't happen this year). France and the United Kingdom are the closest of neighbours – just 21 miles separating the two between Dover and Calais, and the train between Paris and London taking from 2 hours 16 minutes. And, while there's a world of difference between the two countries, there are many similarities in how the coronavirus pandemic is affecting them.

As I write this – on Saturday 9 May at 17:23 – official statistics report that in France 176,000 people have had COVID-1919 compared with 215,000 in the United Kingdom (UK); the number of deaths from COVID-19 is re[ported as 26,233 and 31,316 people respectively (see figure). These numbers rely on different definitions which have changed over time, and are largely fictitious and not comparable. But this matters little: they merely indicate that neither country has escaped unscathed. France was the first European country officially affected by the outbreak: one person was hospitalised in Bordeaux and two in Paris on 24 January. In the United Kingdom, the first cases were identified a week later, on 31 January. The UK has continued to be about a week behind France in more or less

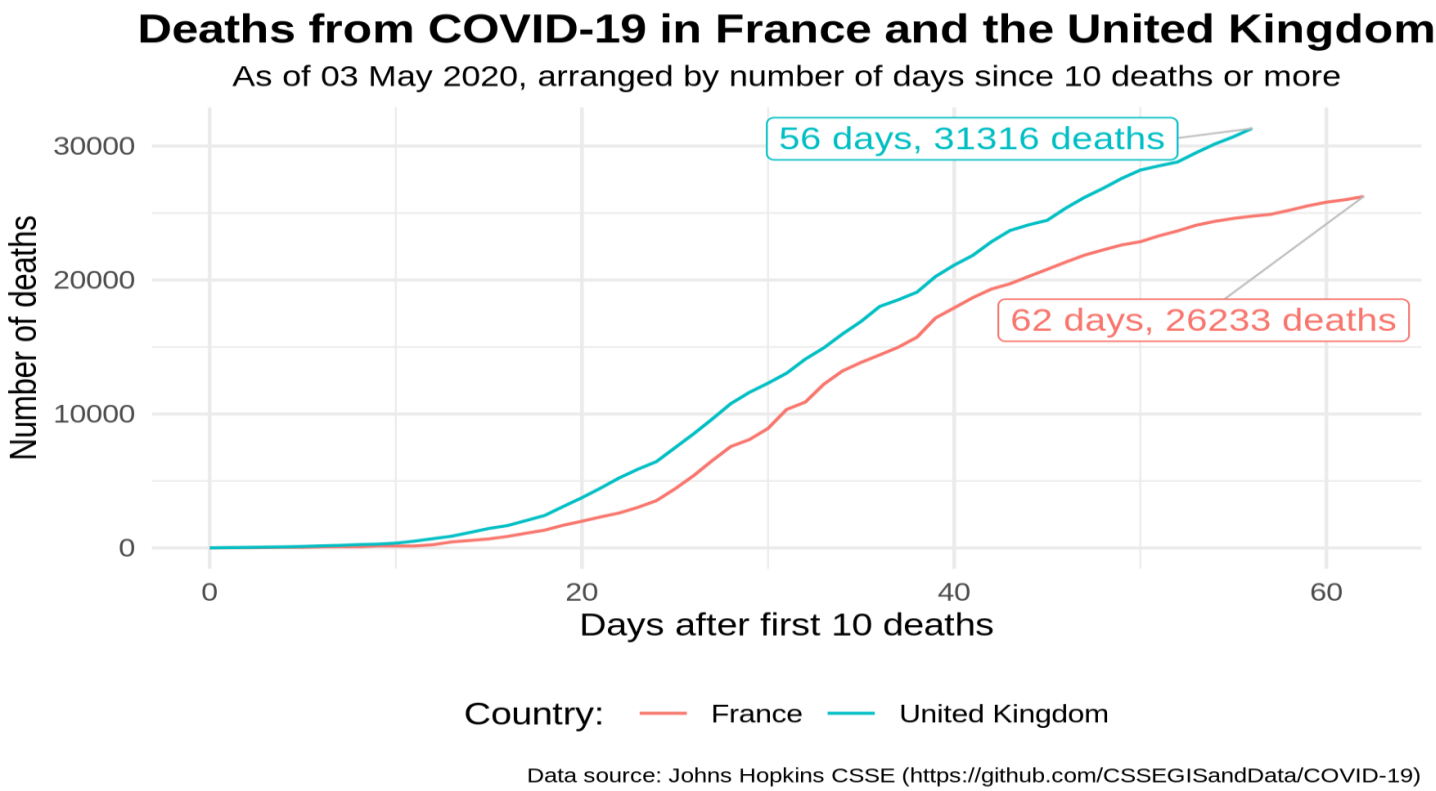
everything, except that the first deaths were two weeks apart (14 and 28 February respectively): the first 10 deaths were ten days apart (7 and 13 March); the lockdown announcements were a week apart (16 and 23 March), and so were the implementations (17 and 24 March).

In this article, I discuss primarily Great Britain and mainland France, the largest contiguous land masses in each country; however, some information is more focussed and some more broadly applicable.

Population structure

Understanding what has happened, and what *might* happen next, requires a deeper understanding of the two countries. Mainland France's population (2020 estimate) is about 65 million, and its area is 544,000 km^2 This is almost twice as large as Great Britain which has a population approximately the same size but an area of 287,000 km^2. Population density in France is thus about half that in Great Britain. However, you would not think this if you visited only Paris and the surrounding *banlieu* in the Île-de-France region – one of the areas most affected by coronavirus. Here, the concentrated buildings and lack of green space mean that many people are confined to tiny apartments. In Paris itself, over 50% of people live alone. But the vast majority of the population live in the suburbs with, not-surprisingly, over-crowding a major problem – particularly in the poorest department of Seine-Saint-Denis where the toll from coronavirus has been the highest in the Île-de-France by a large margin. Indeed, with respect to coronavirus, it is the degree of urbanisation that is important – that is, how many people live in urban conglomerations, and how dense those

are.



For this, according to the Organisation for Economic Cooperation and Development index from 2016, Britain 'wins' on a couple of fronts: more cities; and 35 of the 50 cities with the highest population density – 11 of them with over 1000 people per km^2 (Paris, the 12th city on the list, has 994 people per km^2).

Organisation of medical care in France

The French have a national insurance-based system of medical care whereby up to 80% of the cost of medical care is reimbursed by the state; safety nets exist for those not entitled to full social security coverage or who are unable to pay the balance such as recent arrivals or undocumented immigrants, and emergency medical care is accessible to all (albeit not always accessed by all). Pre-hospital first response care is provided by (often volunteer) fire services, backed up by the SAMU (*Service d'Aide Médicale Urgente*) who are able to send medical teams including a doctor and specialised nurse (known as a SMUR – Service Mobile d'Urgence et Réanimation) if emergency calls are triaged as being serious or of high risk. During the middle of March, until just after the lockdown commenced, the emergency contact telephone number received what was described by one of the heads of the SAMU in the Île-de-France region as a "tsunami of calls" – up to 4 or 5 times what would normally be expected. Medical interns (equivalent to junior doctors in the UK) and general practitioners volunteered for shifts on the phone banks, but telephone response times still stretched to 10s of minutes. The SMUR were also working harder: not only were there increased

community calls for emergencies, with sicker patients who more frequently required complicated management such as intubation and ventilation (when patients require a breathing tube to be placed into the windpipe and are then helped with their breathing by a machine), but the time for each call was longer because of the need for personal protective equipment to be put on and equipment to be deep-cleaned following each patient transfer.

Increased numbers of teams were deployed day and night, and hospitals extended their intensive care capacities taking over surgical theatres and paediatric units to cope with the influx. Staff members also required quarantine if they developed a fever or any respiratory symptoms, thus increasing the pressure on those who were able to work. This story is familiar to anyone who has followed developments in the UK or elsewhere: the anxiety induced in the population, the severity of disease, lack of personal protective equipment, dedication of medical services etc. And, as the capital London has been one of the most affected areas of the United Kingdom, the Île-de-France area including the capital Paris is one of the two regions most affected by the SARS-CoV2 outbreak in France – the other is the Grand-Est, just to the east bordering Belgium, Luxembourg and Germany, where a religious gathering in mid-February is thought to have aided propagation of the virus. Of course, other factors almost certainly played a role too, particularly international migration and asymptomatic viral spread: Belgium, with 704 deaths per million population has one of the highest death rates in the world (in the UK there have been 465 deaths per million population and in France the rate is 402 per million; in Italy the rate was 500 deaths per million population) may have played an important role in spread in the Grand-Est. Furthermore, recent evidence from retrospective testing of a patient admitted to intensive Care in a hospital on the 27th December 2019 in the Seine-St-Denis department shows that the virus was present in France earlier than previously recognised. It would be surprising if this were not also true in the United Kingdom.

Implementation of public health measures

There are both differences and similarities in the story. President Macron, with his penchant for regalism, made clear announcements in the days before and since the lockdown was initiated, detailing how everyone needed to play a role. His intermittent televised speeches to the nation described steps that need to be taken in the "war" against COVID-19and who were allowed out of their houses, in what circumstances and why (see box below)[28]. More recently, he promised an end to the confinement beginning on May 11th despite the French scientists stating several days later that educational establishments should remain closed until September. Notably, he'd also been to the theatre just days before the lockdown started, saying at the time that French people needed to get out of their houses and not be scared of the virus. Similarly, the first round of municipal elections was maintained in the week before lockdown: turnout was 45% - amongst the lowest ever in France.

Meanwhile, throughout March in the UK, Prime Minister Johnson gave conflicting and oftentimes contradictory messages. He advised people to practice physical distancing, but was

[28] The requirement to carry such a document is unusual and only applied – in Europe – to France and Greece.

prominent in shaking hands with coronavirus patients. Perhaps it was this *laissez-faire* attitude which led to his own hospitalisation? His leadership style resonated throughout government and beyond, with interpretation of how the lockdown should be implemented left to individual police forces. It soon became clear that policing was dependent upon where people lived: in some areas, people were stopped from exercising; elsewhere, parks were full of sun-bathers.

Permitted reasons for leaving the primary residence in France

Anyone leaving their house during the "confinement" must provide a signed and dated self-declaration, including name, date of birth and address, with one of the following listed reasons:

- Travel between home and work
- Travel to make necessary purchases for businesses or essential home requirements (food etc)
- Medical and healthcare visits
- Essential family trips – e.g. to assist elderly relatives or in relation to childcare

Glorious weather combined with pollution-free air did not encourage people to stay at home in either country: 2020 is on course to be one of the hottest years ever recorded: long term threats caused by the climate crisis remain greater than those posed by the coronavirus pandemic despite the relative lack of media coverage the climate has been receiving. In fact, the pandemic may be causing longer term behavioural changes that benefit the environment, such as less holiday travel and potentially lower consumption of disposable goods. But such considerations need to be offset against increasing reliance on "cloud" computing services and other environmental costs related to changes in our energy consumption patterns. Furthermore, climate effects are realised over long periods of time: we are unlikely to see any immediate impact on weather patterns even if one exists.

Next steps

Both France and the UK are now talking about the end of the initial lockdown, and discussion rages on how to manage the *déconfinement*. Should schools re-open or not? Are face masks a mandatory requirement for going out in public? Are we able to perform sufficient numbers of tests everyday? What about contact tracing? Does the health system have enough capacity if the number of people affected starts to increase again – and how will we know? Many questions remain unanswered, and in both countries political control seems more important than scientific opinion, economic wealth more important than public health. Moreover, agendas remain hidden: who is really running the show, and what are their real motives? A lack of openness has characterised the response in both countries, from the secret Scientific Advisory Group for Emergencies (SAGE) in the UK to the elitism of Macron and his followers in *La République En Marche*. The advice used to make political decisions often remains hidden, that making it into the public domain (like "*Report 9: Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare*

demand" from the Global Infectious Disease Analysis Group at Imperial College, headed by Neil Ferguson) seemingly based on unknown – and questionable – assumptions. Openness in science (see Ball, RSJ 127) is essential to ensure quality and enable rapid progress through the sharing of ideas. Usage of *medRXiv*, a preprint server for the medical sciences set up in June 2019, has soared since the start of the pandemic. Yet neither government seems to have listened to evidence, nor provided justification of how policies are informed.

It is clear that, to overcome challenges posed by the coronavirus pandemic, contact tracing is essential. Standard outbreak advice from the World Health Organisation and others is to "trace, test and isolate". Thus far we have been isolating, but neither testing nor contact-tracing has been adequately implemented. Tests have not been widely deployed, and false negative rates are high. Government missives are now advocating technology to facilitate contact-tracing, but smartphone applications will not achieve this. In France, smartphones are used by around 80% of the population whereas in the UK it is around 90%; however, among older people – the most at risk – the percentage is much less, around 50%.

Even assuming that:

a) 80% of those with smartphones download such an app (with a diversity of apps being developed, many of which may be unable to communicate with other apps, this is an extraordinarily optimistic figure); and,

b) 80% of those who *do* download the app turn on their phone's bluetooth functionality (again, an optimistic figure – just given practical concerns, e.g. about battery life);

then barely 50% of the population would have the required functionality.

In Singapore, where a smartphone app was trialled, uptake was 13% - far below the 60, 70 or 80% required to make a contact-tracing app worthwhile. In reality, the forces of surveillance capitalism are out to enslave us all, to profit from our misery, and this is just another tool in their armoury. Transnational corporations *are* tracking our online habits and desire to extend this. Do not be misguided: the opportunities afforded by lockdown and the transition to a virtual world where every online connection is just another additive fraction filling the coffers that treasures too rewarding to turn down. This should be resisted. A people-based contract-tracing movement which, once someone is identified as being infected with SARS-CoV2, can help that individual to self-isolate yet continue to shelter, eat, survive, and which can trace and identify potential contacts so they also can be tested is required.

Winners or losers?

Yet, as seen in the figure, the choices of the political systems and the public health measures each respective country has taken *do* seem to have had an impact. While there are many similarities in the systems of control being implemented in France and the United Kingdom, and secretive governmental agendas appear to run in parallel, the manner in which the strings have been wielded differs.

The friendly rivalry of the "race" alluded to at the beginning of this article is just another aspect of the divide-and-conquer strategy for which the coronavirus pandemic is merely a helpful tool enabling governments to take advantage of us. True glory for the people will come with the ways in which they resist: the prizes are the longer-term social freedoms

which are there for all to enjoy together, not as French or as British, but as citizens of this world.

Further reading

- https://reseaumutu.info/ – (French language) Mutu Network of radical, participatory media sites in France.
- https://lundi.am/What-the-virus-said – "I've come to shut down the machine whose emergency brake you couldn't find." English translation of *What the virus said*, from the weekly magazine providing alternative reportage.
- *The Age of Surveillance Capitalism*, by Shoshana Zuboff, Profile Books, 2019.
- https://www.privacyinternational.org/long-read/3675/theres-app-coronavirus-apps – Privacy International article about the potential uses of smartphone applications to help deal with the coronavirus outbreak.