

France and COVID-19: Incompetence and Conceit

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On December 31, 2019, the Chinese government informed the World Health Organization of an epidemic of animal origin in Wuhan, reporting similarities to SARS-CoV (Severe Acute Respiratory Syndrome Coronavirus, originally appearing in 2002 in the province of Guangdong) and to MERS-CoV (Middle East Respiratory Syndrome, originally appearing in Saudi Arabia in 2012). On January 12, Chinese scientists shared the completely sequenced genome of this new coronavirus with the entire international scientific community.

The epidemic had already killed 80 people in China and thousands were infected. The city of Wuhan (11 million inhabitants) and the province of Hubei (60 million inhabitants the city of Wuhan included) were isolated on January 25-26. Factories, offices, stores, schools, universities, museums, and airports were all closed down. Urban transportation in the city was significantly reduced. As a precaution, the authorities extended the Chinese New Year vacation by one week (January 23-31) to cover the incubation period for the virus among the inhabitants of Wuhan who left the city and could have been infected. They set up shelter hospitals (“*fangcang*”) in gymnasiums, conference centers, hotels, and other facilities to separate the symptomatic and the likely-infected from their healthy relatives. With the number of ill people exceeding local hospital capacity, the authorities set up two 1,200-bed hospitals in fifteen days and summoned medical and voluntary nursing

personnel from all over China. More than 42,000 healthcare personnel responded. Despite the use of Personal Protective Equipment, 4.4% of them (3,387) had tested positive and 23 had died as of April 3 according to the Chinese Red Cross.^[1] The lockdown was strict and neighborhood committees were mobilized to ensure food deliveries to the inhabitants. Masks were requisitioned and distributed to the population. Street fixtures and furniture were disinfected, even banknotes were disinfected. The average age of the ill was 55 and 56% of them were men. No case of infection was reported in anyone under the age of 15.

All this information was shared in international medical journals by Chinese doctors and researchers starting on February 20.^[2] The creation of hospitals *ex nihilo* in the space of a fortnight was given ample coverage in the media but the French authorities did not appreciate the gravity of the implications: they preferred to view the initiative as the Chinese marketing their public works. In mid-January, COVID-19 cases were recorded in Bangkok, Tokyo, and Seoul. Thermal sensors were installed in the airports of China, Korea, Thailand, Taiwan, Hong Kong, and Singapore. On January 26, the authorities in Hong Kong cancelled all sports and cultural events. A testing campaign began in the city on February 18.

And what of France? On January 24, the Ministry of Health announced that three patients coming from China had been hospitalized with the coronavirus. The French National Institute of Health and Medical Research (INSERM) outlined two scenarios for the spread of COVID-19: one high-risk, the other low-risk. Given air traffic, the countries estimated to be the most exposed were Germany and the United Kingdom. Italy was not even mentioned. The Minister of Health, Agnès Buzyn, commented on the INSERM scenarios that same day as she left the Council of Ministers: “the risk of secondary infection from an imported case is very low and the risk of propagation of the virus in the population is also very low.”^[3]

On January 30, France repatriated 250 French citizens and 100 European immigrants from Wuhan, putting them in quarantine in southern France. On February 10, a British citizen coming from Singapore infected five other people in the small Alpine ski resort of Contamines-Montjoie. A summary screening did not detect other cases at the resort. The infected were hospitalized. Buzyn reminded us on that occasion that “the risk of infection is very low; only close and sustained contact with an infected person can increase it.”^[4]

At that point, with 900 reported dead in China, WHO Director-General Tedros Adhanom Ghebreyesus made clear reference to the danger of global propagation, “we may only be seeing the tip of the iceberg.”^[5]

But in France the authorities—duly warned but strangely untroubled—took no particular measures. On March 6, while at the theatre with his wife, President Macron stated, “Life goes on. There is no reason, except for the more vulnerable members of the population, to change our outing habits.”^[6] His aim was to encourage the French to continue to go out despite the coronavirus epidemic and the lack of protective masks. That same day, the Italian government decided to lock down Lombardy, extending the provision to the entire country the following day. While Macron was enjoying the performance, there were 613 cases of coronavirus in France and the number was doubling every three days (roughly the same rate recorded by Chinese physicians in Wuhan in January and seen in South Korea and Italy). Extrapolating this exponential growth, it could be estimated that on March 16 there would be approximately 6,500 cases; the final official figure was 6,633.

The French government was all focused on the pension reform, president Macron’s top priority. Protests were organized in all French cities: retirees, railway workers, physicians, lawyers, fire fighters, and students all took to the streets. The demonstrations were violently suppressed by the police. Economists were in unanimous agreement—a rare event—that the proposed reform would harm all categories of worker except those in the upper income brackets. Sociologists warned the government about the deepening social schisms, as had been

thrust into the public eye earlier with the 12 months revolt of the *gilets jaunes* [yellow vests]. These protests had been staged every Saturday for nearly a year in all cities in France, drawing in a broad range of the hardest-hit social and occupational categories, a large portion of whom were pensioners. But all for naught: on Saturday afternoon, February 29, with the chamber of the Assemblée nationale -where the debate on the bill was taking place—almost empty because of the of the day, the government seized the opportunity of the COVID-19 pandemic to pass pension reform by constitutional decree. On that date, gatherings of more than 900 people were prohibited because of COVID-19. The authorities no longer risked protests by the people in the street.

But the Macron administration did not stop there. Against the advice of the medical team and the stadium manager, it authorized a Juventus–Olympique Lyonnais football match for the Round of 16 in the Champions League. Three thousand Italian fans were in Lyon on February 26: at that time Italy had 21 coronavirus deaths and 900 people infected. Dr. Marcel Garrigou-Grandchamp, who had warned the new Minister of Health on the morning of the match, published an opinion piece on the website of the Fédération des Médecins de France on March 31, where he spoke of an “explosion” in coronavirus cases in the Département du Rhône some two weeks after the OL–Juventus match. A similar sequence of events had taken place in Italy with the Atalanta B.C. – Valencia match on February 19, termed a “*bomba biologica*” by many Italian physicians. It was March 4, fifteen days after the match, that the number of cases in the Lombard city of Bergamo exploded, making it the most heavily impacted city in Italy. Walter Ricciardi, Italian representative to the WHO, acknowledged that the match had been a “catalyst for the propagation of the virus”. The Paris-Nice 8-stage professional cycling race was held as scheduled from March 8th to the 15th. More significantly, the government confirmed the first phase of municipal elections on March 15, after it had ordered the closure of schools and universities on March 12 and the shutdown of most stores, bars, and restaurants on March 14. There are 34,000 communes in France that had to organize the elections with local volunteers: volunteers and voters without adequate protection—there were no masks available. The government had requisitioned them for hospital personnel, where the shortage was critical. Half of the voters stayed home for safety’s sake. To make matters worse, Agnès Buzyn announced her candidacy for mayor of Paris on February 16, less than one month before the election, to take the place of the government’s candidate, Benjamin Griveaux, who had been discredited when an explicit video he had sent to a young woman was posted online. Buzyn left the Ministry of Health in the middle of the Coronavirus crisis. The healthcare workers who had organized numerous strikes over the previous eleven months to protest the deterioration of public hospitals felt belittled. Losing by a wide margin, Buzyn declared in an interview for *Le Monde* that the election had been a “masquerade”.^[7] The lockdown was not ordered until the day after the elections, *politique oblige*.

The new Minister of Health, Olivier Véran, a member of parliament with the party in power, took up the government’s mantra, one that every minister and secretary of state is expected to chant in unison: “masks are useless, the tests are unreliable”. They all swear by handwashing and lockdowns. No reference is made to the way things had been handled in Seoul, Hong Kong, or Taiwan, where free masks were distributed and people were required to wear them, and large-scale testing was carried out, and where economic life goes on, in slow motion, but it goes on. Today, with 23 million inhabitants, Taiwan has recorded 6 COVID-19 deaths; Hong Kong, with 7 million inhabitants, has lost 4. As for the French doctors who were in Wuhan working alongside their Chinese colleagues and thus well informed, they were not even consulted.

The French police stop and fine transgressors, solitary walkers or joggers, while the metro, airports, trams, and buses are all operating and supermarkets and tobacconists are open for business. The police are themselves without masks and many fall victim to the virus, becoming potential carriers. The same is true of healthcare and administrative personnel, working without personal protective equipment in retirement homes. The authorities

refused to report the number of victims among healthcare workers, citing “medical secrecy” concerns. The elderly die but are not counted in the official statistics. Nor are those who die at home. Now that their numbers are so high and can no longer be ignored, we discover that the residents of these retirement homes account for 40% of the deaths recorded in France. They are not hospitalized. Their treatment? Paracetamol for the mildly afflicted, morphine for the rest. Close to half of the nursing staff in retirement homes are affected by the epidemic.^[8] But the government is powerless: it does not have sufficient testing solution and will not allow tests to be conducted in retirement homes unless there is a confirmed case there. Ubuesque!

The borders remain open. President Macron refuses to close the border with Italy, which the leader of the Rassemblement National party, Marine Le Pen has been demanding since February 26. For the Head of State, the problem posed by the epidemic “can only be resolved through perfect European and international cooperation.” The events of the following days would quickly contradict this wishful thinking. Every country has closed in on itself. But not France. There are no health controls at French airports, train stations, or ports. Not even today, April 18, 2020, when the official death toll has reached 18,000. In the worksite next to my home, Italian workmen come to work, without protective equipment, every morning on the 7:35 train from Ventimiglia, getting off at the Gare d’Eze: no checks when they depart, no checks when they arrive. Italy has now officially recorded more than 23,660 deaths. On its April 18 evening newscast, the television station Antenne 2 aired the report by journalist Charlotte Gillard, who had taken an Air France flight from Paris to Marseille: the plane was packed, not a free seat, the passengers did not have masks, no one’s temperature was checked on either departure or arrival.

We gradually learn from news reported in the press that France currently has no stores of masks or test kits. For economic reasons—annual savings of 30 million euros—the country’s strategic stocks were depleted in 2012 and never replenished. On the eve of 2020, when the coronavirus epidemic began to spread, France’s supplies consisted of zero FFP2 masks, 117 million adult surgical masks, and 40 million pediatric masks! The hospitals are experiencing critical mask shortages. The nursing staff in retirement homes have no protection (no gloves, no masks, no sanitizing gel). There is no more sanitizing gel available in pharmacies or stores. Doctors and nurses do not have the equipment they need. As for hospitals, they have neither enough beds nor enough ventilators to adequately cope with the epidemic.

The French authorities do not admit it publicly. And they seem to drag their feet for reasons that are impossible to grasp. They did not expect this. And when it began to materialize, they denied it for reasons that can only be called conceit, a traditional mark of distinction among the French political elite. The French regions authorities, realizing the government deficiencies, order and purchase their supplies directly from China. When they arrive, they are requisitioned by the state: thus 4 million masks that were ordered from China by Bourgogne-Franche-Comté for the nursing staff in its retirement homes were confiscated on the tarmac of the Basel-Mulhouse airport by the police on April 4, using methods that would make a gangster blush. As for the rare mayors who have stocks of personal protective equipment and graciously make them available to the local population, requiring the use of masks, they are taken to court by the Ministry of the Interior, which wants to preserve its royal prerogatives. On April 16, the Council of State, the highest administrative body in France, asserted its regal status by limiting the power of mayors. The decision calls to mind its role in 1942-1944 during the Vichy regime. It stays true to itself; it serves the State, not the Nation.

The nurses in the intensive care units in Paris hospitals report that given the shortage of beds and ventilators, they are essentially practicing battlefield medicine. This means there is a triage among the sick, choosing between those considered too old and those the doctors feel have a better chance of recovery.^[9] It is no

coincidence that the two European countries least afflicted by the pandemic are well-equipped Austria and Germany, which have not, so far, experience a shortage of beds or ventilators. In France, veterinarians are lending their ventilators to hospitals! Instead of nationalizing private clinics as they have done in Ireland, they transport patients long distances in medical trains, helicopters, or buses to less congested hospitals in the province or abroad (Germany, Switzerland, Luxembourg), increasing the possibility of infecting healthcare personnel and the risk of death. The statistics are biased because patients over the age of 75 do not have access to the ICU services: this is a sad fact for retirement homes.

It was not until March 28 that the Minister of Health, Olivier Véran, announced: “More than a billion masks have been ordered from France and other countries for the coming weeks and months.” This was the man who a few days earlier repeated publicly, in a sort of litany, that masks were useless.

In its decision of April 15 on the screening and protection of the elderly, the Council of State revealed the extent of the disaster. Assailed by associations demanding that people living in retirement homes and their caregivers be systematically tested and that protective equipment (masks, sanitizing gel) be distributed, the Council of State limited itself to reciting the paltry figures promulgated by the government (“40,000 tests per day will be available across the country by the end of April; 60,000 will be available in the weeks to come”). So in mid-May, France will be ready to do close to what Germany has already been doing since a month and a half: 500,000 tests per week. As for masks, the “current orders amount to some 50 million masks”. However, give the delivery rate, it will take nine months to receive them all.

There are 430,000 healthcare personnel and 752,000 pensioners in retirement homes and health centers. All told, there are close to a million healthcare professionals (210,000 active doctors and 700,000 nurses and nursing assistants) in France.

Under these conditions, it is clear that Macron’s announcement of the end of the lockdown and the resumption of school classes on May 11 is a gamble. If all teachers were to return to the classroom, that would mean 870,000 masks per day—reuse of masks is contraindicated. And if all the students return on this date, or even gradually, they would have to be supplied with more than 12 million masks per day.

Even with the President publicizing the “*grand public*” mask, a French invention no doubt handcrafted locally, the end of the lockdown on May 11 and the resumption of school classes is at best a gamble; without reliable masks to protect the entire population, it is a risky and irresponsible act.

The end of a health crisis that the authorities did not anticipate will be all the more painful for the French, both fiscally and socially, with the President and his administration coming out of this ordeal diminished and wholly discredited.

Notes.

1) “Death from Covid-19 of 23 Health Care Workers in China”, *The New England Journal of Medicine*, April 15, 2020. [↑](#)

2) *The Lancet* and the *New England Journal of Medicine*, see Chen Wang “Covid-19 control in China during mass population movements at New Year”, February 20, 2020 (on line). [↑](#)

3) Statement to the press, BFM TV, Palais de l ‘Elysée, January 24, 2020. [↑](#)

4) Benoit Pavan, “Coronavirus : la station de ski de Contamines-Montjoie, en Haute-Savoie, un foyer potentiel en France”, *Le Monde*, February 10, 2020.

5) Frederic Lemaître, “Coronavirus : la semaine où tout peut basculer”, *Le Monde*, February 9, 2020.

6) BFM TV, March 7, 2020. [↑](#)

7) Ariane Chemin, “Les regrets d’Agnès Buzyn : ‘On aurait dû tout arrêter, c’était une mascarade’”, *Le Monde*, March 17, 2020.

8) Béatrice Jérôme, Lorraine de Foucher, “Dans les Ehpad décimés par le coronavirus, ‘c’est un cauchemar collectif’”, *Le Monde*, April 2, 2020.

9) “Une situation de médecine de guerre”, *Nice Matin*, April 16, 2020. [↑](#)

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