



Kenneth R. Rosen

Newsweek – 03/18/2020

A café in northern Italy. It was cold outside, but a warm breeze whipsawed the city streets, a telegram from spring. Two patrons, wearied by headlines about a new virus and taunting clouds threatening rain, gathered inside at the counter and talked with the barista. The café around them, walled in glass panels, looked into the city as if through an incubator.

"If we didn't do anything we'd be chewed out for not doing anything, if we do too much..." the man said, the sound of coffee beans grinding interrupting him.

"I spoke to a doctor here who has friends in Germany," the barista said as she prepared a double espresso. "It's not that they don't have cases there, it's that they don't do tests."

I took the coffee and we exchanged cash, our hands brushing during the exchange of coins and paper.

"They don't know anything," the man said. He swirled sugar into his coffee. "If they block things, people say why are you blocking things? If they don't block things, people will say, 'Why aren't you blocking things?'" I looked between my coffee and the window, torn by collective local ambivalence and a worry that seemed all my own.

"Everyone's ran off," the woman said. "What happened to

me was that I was thinking of closing up and going away for a week of vacation. I didn't have to work, so it was a good time, so I tried to book a flight but the prices were unbelievable so I said no way. Then I thought, I'll take the camper and head north, but that's when they stopped the train! So I said, 'Ok. I guess we're going under lockdown, too.'"



This conversation occurred at the end of February, in a local café I've visited often for their airy, delicate brioches with cream. The café is not far from my home on the mountain overlooking the town, a home from which I can look into the valley and see the slow movement of my neighbors. From there, looking into the villages comprising the city below,

everything seemed as it should. Ambulances and emergency lights were sparse, no more than usual. Anything far off is rarely threatening.

In a matter of days this sentiment changed. Cases of the novel coronavirus, of which there had been murmurs, exploded across the Lombardy region. Adjacent to Veneto, the region in which we lived, Lombardy was home to Milan and one of the country's biggest international airports. Soon cases of the virus were reported there. As testing increased, thousands were reportedly sick and hundreds more were dying or dead. Towns within Lombardy went into lockdown. Residents were told to stay at home, to go out only for essentials like groceries or medical care.

People in my village remained cavalier, certain that the virus would be contained. Many in my city went out and visited bars, shared meals, went to concerts and sporting events even as their neighbors were told to all but shelter in place. One local, Paolo, wrote to me, "The tests done in Italy are more than reliable and more precise than in other countries in Europe," he said in an email. He lambasted the American healthcare system, calling Italy's "the best in the world."

I watched as increasing numbers of people contracted COVID-19, a respiratory dis-

ease caused by the novel coronavirus that suffocates the lungs; leading to hospitals inundated with patients, a shortage of beds and respirators. Doctors had to choose between intubating the elderly or the father or mother of two young children while outside the hospital bed 15 more people struggled to breathe, oxygen masks and tanks ever scarce. The Italian College of Anesthesia, Analgesia, Resuscitation and Intensive Care (SIAARTI) published a document outlining criteria for healthcare professionals to follow as cases grew, a guideline that read more like wartime triage instructions, suggesting that "the allocation criteria need to guarantee that those patients with the highest chance of therapeutic success will retain access to intensive care." Others would have to wait.

Dr. Daniele Macchini, who worked at the Humanitas Gavazzeni hospital in the northern city of Bergamo, wrote in a widely-shared Facebook post of the wartime conditions. "Let's stop saying it's a bad flu," he wrote. "The war has literally exploded and battles are uninterrupted day and night."

Even though most deaths in Italy were patients over the age of 70 with pre-existing conditions, similar to the cases seen in China where the virus originated, one in five who tested positive for COVID-19 were between the ages of 19 and 50. "Patient zero" was a 38-year-old man who, after three weeks of treatment, was beginning to breathe on his own.

As the dead were held in limbo at morgues and funeral homes, with funerals canceled and all public transportation under threat of closure if not delayed, with intensive care units experiencing a shortage of 3,000 doctors long before the outbreak — I decided I needed to leave, fearing I would be trapped.

At the Venice airport, I entered the bathroom and ran my hands beneath the automatic soap dispenser. I dipped my face in the cool water. I went to a shop and bought sundries. There was plenty of hand sanitizer. The man behind the counter slid my change, a few euros, and the receipt across the counter. I asked if this is because of the virus, not wanting to touch hands. "Do you want to? For me it's no problem," he said and extended his hand. The crowds around us wore face masks, standing apart from each other, the airport a hollow organ. "I have this liquid," the cashier tells me, pumping hand sanitizer into his palms, "and grappa." He smiled.

Less than a month later, Prime Minister Giuseppe Conte placed all 60 million Italians under quarantine. "We are out of time," he said about the measures which echoed efforts from the Second World War. "We have to stay home."

A form was issued to each citizen that read "Declare below your own responsibility," and asked for a signature to make certain the person in possession was "aware of the containment measures for the contagion concerning the movement of people within the national territory and of the penalties in place." This form was needed for anyone who had to travel outside their home. Soon other countries would follow and the European Union would shutter its borders.

"China put in place efficient, but not democratic, measures. Iran, which also isn't a democracy, didn't manage to do that," Matteo Renzi, the former Italian prime minister, told 'La Repubblica'. "Europe is being tested now and Italy, unfortunately, has been the guinea pig."

The story of Italy was that it wasted time. When I landed at Boston Logan International Airport I was certain what les-

sons were being learned in Italy would inform and direct efforts stateside. What had looked distant, what from afar seemed then manageable, meant a response was necessary if not possible. That distance did not prove instructive.

The American healthcare system, though often practiced for pandemics and emergency response, echoed what felled the Italian system. Access to paid sick leave was nonexistent. People kept working. Testing was delayed. Statewide and national responses to the outbreak were cavalier.

"Critical next steps are to ramp up testing" a doctor at Massachusetts General Travel Clinic told me. "Without that, we are groping around in the dark. As is evident by the emergence and spread of H1N1, MERS, Zika, Chikungunya, Ebola, SARS1 and now COVID-19, this is the new reality."

After President Donald Trump declared the outbreak a national emergency a week ago, shortly after the World Health Organization declared the virus a pandemic, I realized I had stepped from one quarantine into another. As I drove to my home in the western part of the state, I thought perhaps the countryside would be its own sanctuary. "Massachusetts is smaller than Italy," Sam Scarpino, an assistant professor of network science who heads the epidemics lab at Northeastern, told Bloomberg News in early March. "It has about 100 cases. There were 159 cases in Italy two weeks ago. That's where we're headed. We've got to move now and decisively prepare hospitals, work remotely and ramp up testing."

But it was too late. "The bottom line: It is going to get worse," Dr. Anthony S. Fauci, the director of the National Institute of Allergy and Infectious Diseases, told the House Oversight Committee.



As international arrivals into the U.S. were halted, as states recommended (never forcing) curfews and encouraged all nonessential businesses to close, the virus knew no boundaries.

"International travel restrictions and checks at borders are a proven strategy in combating epidemics," Dr. Elisabetta Groppelli, a lecturer in global health at St. George's University of London, told me. "However, they are most effective when implemented at the early stages. When a country is already experiencing extensive community spread like the U.S., reducing the number of imported cases is likely to be of minimal impact."

Though the new coronavirus has infected more than 205,000 people worldwide and killed over 8,000, more than 82,000 patients have recovered. Despite Japan, China, and South Korea reporting lower numbers of infected people each day, the America I

returned to was in chaos. A casino heist was helmed by suspects wearing protective face masks. People were hoarding hand sanitizer and toilet paper they aimed to resell on Amazon at marked-up prices (those sellers have largely been thwarted). Residents of my county bump elbows rather than shake hands. Grocery stores are monuments to panic-buying. Every cough is suspect.

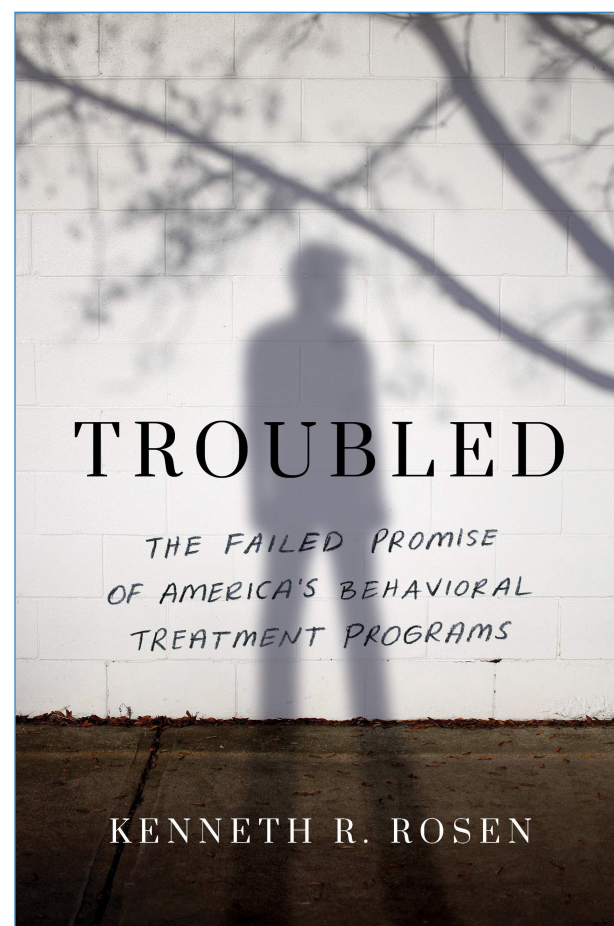
In an early-morning darkness recently, I went to my car and turned the key. The car began to warm and the radio turned on. "Go to the biohazard containment..." the surreal broadcast, a blip, was cut-off when I closed the door and began wiping snow from the roof of the car.

Later in the day, as I drove, the local radio station featured an interview with Dr. Elizabeth Whalen, the Albany County Health Commissioner. "We are estimated to be 9 to 10 days

behind Italy," she said. "Please look at what's going on there. What we do now as a community... can help blunt the curve," a common refrain plastered on electronic roadway signs aimed at slowing infections to help aid overburdened hospitals. Below those signs, four-lanes of traffic hummed with endless cars traversing state lines.

As I drove, between broadcasts about containment measures and the Centers for Disease Control's directions to limit gatherings to no more than 10 people, pre-paid radio ads promoted local festivals, concerts, upcoming shows in celebration of spring, a different kind of distant telegram. Then came the sign for a solar company on a backcountry road. "The sun will come out tomorrow," it read, "Guaranteed." It was a fleeting ray of hope, a message posted from a different time.

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Rosen's work has been supported by MacDowell (Calderwood Foundation Art of Nonfiction Grantee), the Banff Centre for Arts and Creativity (Literary Journalist-in-Residence), the Pulitzer Center on Crisis Reporting (Grantee '17, '20), the Fulbright Program, the Schuster Institute for Investigative Journalism, the Fund for American Studies (Robert Novak Fellow), the Steven Joel Sotloff Memorial Foundation, the Harry Frank Guggenheim Foundation with John Jay's Center on Media, Crime and Justice, the Heinrich Böll Foundation, and the Logan Nonfiction Program at the Carey Institute for Global Good.