Memory and the Representation of Public Health Crises: Remembering the Plague of Provence in the Tricentennial

Abstract

From May 1720 through the summer of 1722, the French region of Provence and surrounding areas experienced one of the last major epidemics of plague to strike Western Europe. The Plague of Provence (or “Great Plague of Marseille”) represents a major eighteenth-century disaster that left in its wake as many as 126,000 deaths. Over the last three hundred years, commemorative artworks have memorialized the disaster and helped define how it is remembered. To help mark the tricentennial, this essay will examine a series of images portraying different aspects of the Plague of Provence. In particular, it will analyze how these images depict what I argue are two central themes in the art of the Plague of Provence: Marseillais civic virtue and the medical profession. Doing so reveals how these...
subjects were valued or perceived in the first decades of the eighteenth century, and why this matters today as we confront new contagious diseases including COVID-19.

Figure 1 depicts various mounted figures in noble dress, surrounded by masked workers who appear to be clearing corpses from along a city’s wharf. The figure at the forefront is using a pole to direct the actions of one of these men. There are two armed guards standing in the center right to help with the task at hand. The dead bodies are close together and strewn in large numbers as far back as the viewer can see, up to the steps of a church that is bathed in light. The day is overcast, and there appears to be little activity in the harbor. The buildings, too, appear to be abandoned. Unbeknownst even to the artist, what is driving the story in this image is the invisible microorganism that plagued much of Europe from the mid-fourteenth century through the eighteenth century. Yet it is captured here, frozen in time, in each brushstroke, to convey to posterity both the ghastly landscape engendered by the imperceptible microbe and the noble leaders who nevertheless willingly threw themselves into it.

The painting depicts an episode that took place during the Great Plague of Provence, also known as the Great Plague of Marseille. The last of the great outbreaks of bubonic plague in Western Europe, it
began in the port city of Marseille in May 1720, and over the next two years, it took as many as 126,000 lives in the French province of Provence and surrounding areas. As historian Régis Bertrand has observed, the plague of 1720 is the most depicted event in the history of Marseille, “giving rise to the greatest number of painted, engraved, or sculpted representations, and undoubtedly the most works of any kind, from accounts given by witnesses to recent historical novels.”

To help mark the tricentennial—from 2020 to 2022—of this monumental event in the history of infectious disease management, this essay will look at a series of artworks depicting different aspects of the Plague of Provence. Disease is fundamentally environmental—from its origins, to its transport, to its transmission. Yet, unlike many other natural hazards, the pathogen is imperceptible to the naked eye. There are no burning flames, no flooded streets, no toppling mountainsides. Instead, the environment’s agency is manifest in these vivid portrayals of suffering and death, of abandoned structures and overcast skies, of mercy and manifestations of the divine, and of the shielding garments of those who dared lend a hand. Like other disasters, however, disease outbreaks reveal as much as they destroy, laying bare underlying power structures; the strengths or vulnerabilities of existing resources and infrastructures; and the values, prejudices, and belief systems of an affected population.

The images examined here depict two primary approaches to the memorialization of the Provençal plague: the civic and the medical. In the civic tradition, upon which the majority of these artworks are grounded, legendary moments and local heroes emerge. Commemorative artworks produced from as early as 1720 and as recently as the twentieth century lend an air of myth and celebrity to particular episodes and individuals. Rather than acknowledge the larger, central role of the state in the management of this public health crisis, they celebrate the civic virtue that the Marseillais—dedicated as they were to classical republicanism and self-governance—believed set them apart from the rest of France. By comparison, portrayals of the medical approach to the handling of this disaster exist in much fewer numbers and mainly depict the well-known “plague doctor” costume that was introduced decades earlier. Physicians and the medical sphere—long viewed with suspicion by many—have been mostly marginalized in the memorialization of this event and, as we will see, even ridiculed. Yet their depiction is undoubtedly worth considering: for their peculiarity, for the interest that they continue to garner, and for what they tell us about disease, contagion, and contemporary understandings of the medical profession.

Figure 1 portrays a civic hero of the Plague of Provence, Chevalier Nicolas Roze (ca. 1671–1733), a Marseillais nobleman who became well known for various acts during the plague and who has been immortalized in a number of paintings, engravings, stained glass
windows, and monuments. His most famous deed, captured in this canvas (which Roze himself owned) and in a number of other oeuvres, was the clearing of cadavers at La Tourette along the port of Marseille. In September 1720, at the head of about one hundred men—mostly prisoners and “enslaved Turks”—Roze undertook the grisly task of removing and disposing of hundreds of corpses, which by then had undergone weeks of decomposition in the sunlight and heat of the port. The masks on the faces of those removing the corpses are suggestive of the dreadful smell—believed to be the very cause of contagion—that permeated the urban environment for weeks at a time. Around their heads, the prisoners wore bands soaked in vinegar, which was believed to help protect against the infection. Like most of those involved with the clearing of bodies throughout the epidemic, Roze is said to have caught the disease, but unlike the majority, he survived. Michel Serre (1658–1733), the painter known primarily for his numerous representations of the 1720 plague, captured the whole macabre episode only months after it took place. In doing so, the artist preserved for posterity a notable instance of civic virtue by a “generous citizen” of Marseille and helped set a standard for how the Plague of Provence would be recorded and remembered.

Figure 2 depicts another oft-commemorated personage of the Plague of Provence. Henri François Xavier de Belsunce de Castelmoron, Bishop of Marseille (1671–1755), is portrayed in his pontifical vestments, administering communion to a dying woman, whose child, laying naked at her feet, has already perished. Her eyes plead for mercy as she rests on the ground, held up by an older man. The bishop is surrounded by fellow Jesuits and others who assist him in his task. The light on this ominous, overcast day is focused on the wretched scene and on a monk in the foreground, who tends to a plague victim and points to her final resting place in the heavens. On the right, a woman, perhaps already deceased, rests on the corpse of a man in more advanced stages of decomposition. In the shadows, behind the bishop, a friar raises the holy cross over the entire dramatic setting, while others pray for salvation as they await their deaths. Marseille’s Fort Saint-Jean, lined with people in an apparent state of distress, is visible in the background indicating that this episode, too, is unfolding just along the entrance to the port. The colors, deep and subdued, lend gravitas to the already sober backdrop of a people resigned to death.

Painted nearly one hundred years after the Plague of Provence by the French painter Nicolas-André Monsiau (1754–1837) and purchased by King Louis XVIII of France, this iconographic canvas captures contemporary understandings of disease as divine retribution as well as the virtuous acts of a bishop celebrated for his legendary selflessness and service to his community. Whereas Roze is remembered for his role in clearing the urban environment of moldering, disease-
causing cadavers, the Bishop Belsunce is remembered for his efforts in cleansing the spiritual environment of the evil believed to have invited the wrath of God. Upon the appearance of plague in Marseille, he immediately undertook the task of exorcizing the infection from the city by performing public acts of devotion and contrition, including the consecration of the city of Marseille to the Sacred Heart of Jesus. With each reappearance of plague through the summer of 1722, “the Good Bishop,” as he became known, doubled down on his moral condemnations and his control over the city’s religious activities. Today, he is memorialized in artworks, statues, literature, and sermons, and both a major boulevard and a district in Marseille bear his name. The artist of this painting, who fell ill after beginning the project, is said to have deferred a much-needed medical procedure until the painting was complete, stating: “If this delay ... proves to be the cause of my death, my last work will at least be a tribute to virtue.”

Remembered as civic heroes, or “great men” of the Plague of Provence, the chevalier and the bishop—both locals with deep ties to Marseille—continued to be depicted in numerous artworks into the
twentieth century. In these commemorative oeuvres, the much larger, more prominent role of the centralized state and its representatives in mitigating this disaster is completely absent. From the moment it became apparent that plague was present in Provence, the administration in Paris during the regency of Philippe d’Orléans stepped in and directed efforts to manage the epidemic. The Crown deployed military commanders from the capital—most notably, Charles Claude de Langeron—bestowing them with unlimited authority to manage the crisis. It also distributed food and aid from the royal treasury; intensified surveillance and police presence; issued curfews and quarantines; prohibited movement in and out of Provence, requiring certificates of health for mobility and establishing massive military cordons (or guarded sanitary lines); issued trade embargoes; and established new health bureaus in Provence under the direction of the royal intendant along with municipal officials. Yet it is not representatives of the Crown who are memorialized in the art of the plague but, rather, these local figures—members of the community who are remembered for rising to the occasion when their neighbors needed them most. Essentially, by directing the audience’s attention to the noble acts of these Marseillais citizens and omitting the central role of the state in the management of this crisis, artists and audiences sought to highlight local civism over statist claims to power. For the artists, administrators, and residents of Marseille, a city well known for long-standing traditions of municipal autonomy and self-rule, Roze and Belsunce, as well as the artist Serre, are themselves representative of Marseillais civism and of the idea that, in times of crisis, it was these acts of virtue, heroism, and local patriotism that saved the city.

Medical practitioners, too, held a prominent place in the memorialization of the Plague of Provence. The epidemic led to an upsurge in the publication of plague tracts all over the Atlantic world and to extensive discussions on the efficacy of quarantining and the nature of contagion. It is in this context that new representations of the beaked plague doctor emerged in the first half of the eighteenth century. Since its use primarily in the seventeenth and eighteenth centuries, the costume has elicited fascination and enjoyed a growing popularity that ballooned during the COVID-19 pandemic. Yet medical practitioners did not always wish, nor were they necessarily expected, to handle cases of plague. In fact, from the earliest appearance of plague in the fourteenth century, physicians were more likely to abandon infected cities than to help treat the sick. This situation began to change, however, with the institution of the community plague doctor in the seventeenth century. Hired by an infected city to treat only those suffering with plague, these physicians or surgeons were expected to completely isolate themselves from the rest of society. In Florence, for example, they were expected to live alone to
avoid infecting the healthy. For clear identification, a sign was placed on their front doors that read “Medico della Sanità” (health practitioner).\textsuperscript{19} For these reasons, the persons who typically took on these positions were more likely to be inept, inexperienced, or unsuccessful in their practice.\textsuperscript{20}

It was practitioners like these who first donned the famous plague doctor costume, as depicted in the frontispiece to Genevan physician Jean-Jacques Manget’s *Traité de la peste*, published during the Plague of Provence (figure 3).\textsuperscript{21} In these depictions, there is no hero, no courageous act, no commemorative representations of civic virtue. Instead, depictions of the plague doctor are more straightforward, colorless, and relatively unsophisticated. But they do tell us a great deal about contemporary understandings of the contagious environment. In figure 3, which is in line with most plague doctor depictions of the seventeenth and eighteenth centuries, the plague doctor wears a hat, gloves, and a long gown, all made of Moroccan goat leather. These were intended to protect the practitioner’s skin from exposure to the disease-causing miasmas that could be absorbed through the pores. Underneath, boots made of the same leather, breeches, and a blouse, the bottom of which was tucked into the breeches, were supposed to further limit exposure but, in fact, served as an effective shell against the bites of plague-carrying fleas.\textsuperscript{22} The mask was shaped into a beak about six inches long, with spectacles over the eyes, and two openings near the nose that were filled with balsam and various fragrant herbs. These were believed to filter out and disinfect the poisonous air but presumably also helped limit the awful stench that these physicians were sure to encounter.\textsuperscript{23} Finally, the plague doctor is always pictured holding a pole like the one shown here. It was used both to feel a patient’s pulse and to poke and prod the ill at a safer distance.\textsuperscript{24}

By the early eighteenth century, in part thanks to the influence of new scientific and enlightened ideas, the practice of medicine was becoming increasingly professionalized. In France, and especially in Marseille, plague surgeons—initially charged only with the identification and treatment of plague around Marseille’s port and on its vessels—were refining their practice and gaining legitimacy.\textsuperscript{25} Yet Enlightenment ideas of science and medicine were slow to move beyond elite circles. For the average person, centuries-old views of physicians as largely ineffectual were not easy to overcome, and most people still did not call on the services of surgeons or physicians, even in times of plague, either because they could not afford them or because they lacked faith or trust in the practitioners’ skills and capabilities.\textsuperscript{26} In the early days after the arrival of plague in Marseille, for example, in order to preserve their reputations as well as the livelihood of this major commercial port, city officials paid doctors from Montpellier to diagnose the disease as merely a malignant fever and
Figure 3. Depiction of a plague doctor during the Plague of Provence (1721). The inscription reads: “Habit des Medecins et autres personnes qui visitent les Pestiférés, Il est de marroquin de levant, le masque a les yeux de cristal, et un long nez rempli de parfums” (“Outfit of doctors and anyone who visits plague victims. It is made of Levantine leather; the mask has glass eyes, and a long nose filled with perfumes”). Frontispiece to Jean-Jacques Manget, Traité de la peste recueilli, des meilleurs auteurs anciens et modernes (Geneva: Philippe Planche, 1721). Credit: Wikimedia Commons.
not the plague. Contemporary accounts of this fraud expressed anger and frustration about the corrupt dealings between high-ranking municipal officials and these handsomely paid, allegedly corrupt physicians.

In fact, it is not difficult to find satirical illustrations of physicians and “quack doctors” dating to the time of the Plague of Provence. The copper engraving depicted in figure 4, by the Swiss engraver and draftsman Johann Melchior Füssli in 1721, is an example of the single-sheet prints that circulated in the decades around 1720. The captions for prints like this are written in German, but the plague events depicted always take place outside the German-speaking area—for example, in Marseille or parts of Italy. Images like this engraving, then, reflect the view of southern European plague outbreaks from cities like Nuremberg and Augsburg, where freedom from the disease came to symbolize a functioning state and public health system by the eighteenth century.

This plague doctor is portrayed as a corpulent man, with a mask that looks more like an oversized human nose than a bird beak. It appears to be emitting smoke, which implies that the defensive herbs encased within are burning like incense. The wide-brimmed hat found in other representations is now a head covering that appears to drape over a periwig underneath. The long, leather gown in figure 3 is replaced here with a shorter coat that ends at the knees, although the breeches and boots described in Manget’s treatise are in place. The gloves, however, are conspicuously missing. He holds one bare hand outward, while, in the other, he points his wand as though he is preparing to use it. He is surrounded on this overcast day by a number of plague victims, all stretched out on the ground despite the presence of a physician, and in the background is the skyline of a city on the other side of what appears to be a strip of water. The German inscription below the caricature describes a medical doctor of Marseille, “during plague dressed in Cordovan leather,” with a nasal cask stuffed with the smoke that drives out the plague and with a little stick (“stecklein”) in hand to feel the pulse of the sick. By using the word “stecklein,” the artist means to mock the physician and the practice of using such a pole. Indeed, this doctor is effectively made to look ridiculous and even imprudent given his lack of gloves. Whether we look at contemporary plague doctor representations from France, Geneva, the Italian cities, or the Holy Roman Empire, depictions of the medical sphere at this time were unlike other representations of the Plague of Provence, which are much more in line with figures 1 and 2.

All of the images explored here remain relevant for us today, particularly as we confront our own modern public health crises, including the COVID-19 pandemic (caused by the SARS-CoV-2 virus). Representations of past epidemics and pandemics offer us tools with
Figure 4. Single-sheet print (dating to Nuremberg, 1721) of a Cordovan-leather-clad doctor of Marseille by Johann Melchior Füssli (sometimes Füsslin) of Zurich (1677–1736). The inscription reads: “Portrait véritable d’un Médecin à Marseille, étant revêtu du marroquin et d’un étui de nez, rempli de parfums contre la peste, de même que portant à la main un petit bâton pour en tâter le pouls aux maladies” (“Veritable portrait of a Marseillais doctor, dressed in Moroccan leather, donning a nose covering filled with perfumes to ward off the plague, and carrying in the hand a small stick to feel the pulse of the sick”). Credit: Wikimedia Commons.
which to observe the present, encouraging us to consider how the current crisis is being documented and how it might be remembered. What values will our documentation of COVID-19 convey to future audiences? Will anyone be memorialized as the new heroes of public health management? Will the pandemic be remembered at all, or will it be largely forgotten—much like the 1918 flu pandemic—overshadowed by ongoing political and economic crises?

At this early point, it is impossible to answer any of these questions with certainty, but a simple web search for “art of COVID” offers reasons to believe that today’s medical professionals are well situated to be remembered among the heroes of COVID-19. Depicting these health workers as actual superheroes, as well as angels, saints, soldiers, and even the statue of liberty,32 these images point to how very much has changed in the medical profession since the Plague of Provence. Given what we know about the history of the public health crisis, it is difficult to predict how, or if, COVID will be memorialized in the long term and whether or not today’s medical professionals will be remembered as the heroes of the pandemic. What we do know is that it was not our political or religious leaders who were celebrated throughout the COVID crisis but, rather, the nurses, doctors, and frontline workers who risked it all by simply showing up to work.

Cindy Ermus is assistant professor of history at the University of Texas at San Antonio. Her current book project is a transnational study of the Plague of Provence of 1720 (“Great Plague of Marseille”), one of the last outbreaks of plague in Western Europe.

Notes
I would like to thank the anonymous reviewers, whose thoughtful and constructive suggestions helped me structure and articulate my argument.

1 The population of Provence at this time was roughly six hundred thousand. Although this was the last major outbreak of plague in Western Europe, there were smaller outbreaks later in the eighteenth century, including, for example, that of Messina in 1743 that killed as many as forty-eight thousand.

2 Régis Bertrand, “L’iconographie de la peste de Marseille, ou la longue mémoire d’une catastrophe,” *Images de la Provence: Les représentations iconographiques de la fin du Moyen Age au milieu du XXe siècle* (Provence: Publications of the University of Provence, 1992), 75.

3 In her study on statecraft and civic republicanism in early modern France, Junko Takeda examines the centrality of civic virtue in Marseille in the late seventeenth and early eighteenth centuries. Junko Thérèse Takeda, *Between Crown and Commerce: Marseille and the Early Modern Mediterranean* (Baltimore: Johns Hopkins University Press, 2011).

4 Marie-Claude Homet, *Michel Serre et la peinture baroque en Provence* (Aix-en-Provence: Édisud, 1987), 144.

5 For more on these men, see Meredith Martin and Gillian Weiss, “The Art of Plague and Panic: Marseille, 1720,” *Platform*, April 27, 2020, https://www.platformspace.net/home/the-art-of-plague-and-panic-marseille-1720; Arnoul Martin,
Histoire de la dernière peste de Marseille, Aix, Arles, et Toulon (Paris: Chez Paulus-du-Mesnil, 1721), 105–7.

6 Beginning most notably with Hippocrates (460–377 BCE) until the late nineteenth century when miasmatic explanations of disease etiology were slowly replaced by germ theory, illness was generally understood to result from the presence of miasmas, or bad vapors in the air, that threw off the balance of the four humors (or fluids) believed to determine all aspects of a person’s health and personality. Both the foul smell and the miasmas that emanated from rotting corpses, then, were understood to be one and the same.

7 As quoted in Takeda, Between Crown and Commerce, 142. The artist was also recognized for his own heroic deeds during the plague epidemic, including generous donations from his own wealth, as well as the removal and burial of corpses. His contemporary Pichatty de Croissante wrote: “Un citoyen à qui la patrie est si chère mérite certainement bien d’en être chéri” (“A citizen to whom the homeland is so dear certainly deserves to be loved”). Paul Gaffarel and Marquis de Duranty, La peste de 1720 a Marseille & en France d’après des documents inédits (Paris: Perrin et Cie, 1911), 203, 211.

8 While not all of the artwork pertaining to the Plague of Provence depicts the port (many are situated on the cours or boulevard that ran through the city, known today as Cours Belsunce in honor of the bishop), the fact that both figures 1 and 2 are situated along the port of Marseille speaks to its centrality to the city and its history and to its role in contemporary understandings of (and debates about) disease as a negative result of commerce.

9 Simon Lee, “Nicolas-André Monsiau [Monsiaux],” Grove Art Online (2003), https://doi-org.libweb.lib.utsa.edu/10.1093/gao/9781884446054.article.T059211.

10 Raymond Jonas, France and the Cult of the Sacred Heart (Berkeley: University of California Press, 2000), 37–39, 43. D. Théophile Bérenger, Journal du maître d’hôtel Mgr de Belsunce durant la peste de Marseille, 1720–1722 (Paris: Mairie de Victor Palmé, 1878), 10–12, Delta 150, Archives départementales des Bouches-du-Rhône, Marseille.

11 Jonas, France, 50–53.

12 As quoted in Lee, “Nicolas-André Monsiau.”

13 Marseille is both the birthplace and resting place of the chevalier and where Belsunce served as bishop and is buried.

14 Takeda, Between Crown and Commerce, 127. For more on the increased role of the centralized state in disaster management, see Cindy Ermus, “The Spanish Plague That Never Was: Crisis and Exploitation in Cádiz during the Peste of Provence,” Special issue on Humans and the Environment in the Long Eighteenth Century, Eighteenth-Century Studies 49 (January 2016): 167–93.

15 As with all heroes, the characters of these men, no less than their actions during the plague, took on a life of their own in the years that followed. No doubt, the reality is much more complex than the legend, but it is not the objective of this study to dispel the myths.

16 See, for example, Kaitlyn Tiffany, “Dressed for the Plague. No, Not This One,” The Atlantic, December 14, 2020, https://www.theatlantic.com/technology/archive/2020/12/pandemic-cosplay-tumblr-plaguecore/617369.

17 “At that time, the physicians considered plague a major calamity that was not within their jurisdiction.” Zlata Blažina Tomić and Vesna Blažina, Expelling the Plague: The Health Office and the Implementation of Quarantine in Dubrovnik, 1377–1533 (Montreal and Kingston: McGill-Queen’s University Press, 2015), 172–73.

18 Ibid., 173; Laurence Brockliss and Colin Jones, The Medical World of Early Modern France (Oxford: Clarendon Press, 1997), 356.
19 John Henderson, *Florence under Siege: Surviving Plague in an Early Modern City* (London: Yale University Press, 2019), 108.

20 Carlo Cipolla, “A Plague Doctor,” in *The Medieval City*, ed. Harry A. Miskimin, David Herlihy, and A. L. Udovitch (New Haven: Yale University Press, 1977), 65.

21 Contrary to popular understandings, this beaked plague doctor outfit did not exist in medieval Europe or during the Black Death of the fourteenth century. The first known mention is in a 1619 description of Charles de Lorme, physician to King Louis XIII of France, who recommended its use. It is worth noting, however, that despite numerous depictions, most of which one could argue simply copy one another, there is little evidence that these suits were actually frequently worn. See Winston Black, *The Middle Ages: Facts and Fictions* (Santa Barbara, ABC-CLIO, 2019), 215.

22 However, contemporaries lacked an understanding of the relationship between contagion and the bites of infected fleas.

23 Jean-Jacques Manget, *Traité de la peste recueilli, des meilleurs auteurs anciens et modernes*, vol. 2 (Geneva: Philippe Planche, 1721), n.p. (Avis au sujet de la figure qui est à côté du Titre du present Traité).

24 I have seen a contemporary image of a plague doctor whose pole appeared to be smoking at the end. If indeed this was ever the case, I would speculate that it was used as a means to disinfect, especially the air, as smoke was commonly used as a disinfectant throughout the early modern period of Europe.

25 Jamel El Hadj, “La réorganisation d’un groupe professionnel: Les chirurgiens de peste à Marseille aux XVIIe-XVIIIe siècles,” *Rives méditerranéennes* [en ligne] (2017), 2.

26 Cipolla, “Plague Doctor,” 72–73.

27 “Copie d’une lettre écrite par Mr. Reymond, médecin de Marseille, le 21 août 1720, touchant l’origine, les progrès, et l’état du mal contagieux qu’il y’a à Marseille,” 1F 80/37, Archives départementales des Bouches-du-Rhône, Marseille.

28 The portrayal of the physicians in the 1994 film *The Madness of King George* as laughably inept and ineffectual comes from a long history of distrust of medical doctors.

29 Marion Maria Ruisinger, “Fact or Fiction? Ein kritischer Blick auf den ‘Schnabeldoktor,’” in *Pest!: Eine Spurensuche*, ed. LWL Museum of Archeology, Westphalian State Museum, Herne, Stefan Leenen, Alexander Berner, Sandra Maus, and Doreen Mölders (Darmstadt: wbg Theiss, 2019), 273.

30 A copy of the Füssli engraving featured in *Aesculape* includes the following caption: “Quoi qu’en dise la légende, le bâton que le médecin tient de la main droite ne servait pas à prendre le pouls: c’était un bâton blanc dont le port était imposé par les règlements de police à toute personne fréquentant les pestiférés” (“Whatever the legend says, the stick that the doctor holds in his right hand was not used to take the pulse: it was a white stick [“bâton blanc” can refer to those used by the police] which anyone who frequented plague victims was required to carry by order of the police”). However, I have not yet come across any other similar descriptions of the stick’s purpose. Anon., *Aesculape* (1932), 13, https://wellcomecollection.org/works/sfeszjy5.

31 Eleonora Rohland (Universität Bielefeld), personal communication, April 25, 2020.

32 Among many others, see, for example, Will Phillips, *Solidarity Project*, Acrylic, April 2020 (Vancouver), https://theconversation.com/covid-19-murals-express-hope-and-help-envision-urban-futures-138706; Alaine DiBenidetto, *Stay Home, Dammit*, Acrylic, March 2020 (Baton Rouge), https://www.wafb.com/2020/04/09/self-quarantine-inspires-la-artist-paint-important-covid-messages.