

ITALY

COVID ITALIAN STYLE: THE LOMBARDIAN CASE

Italy holds the sad record of having the highest number of Covid-19 related deaths in Europe. More than 27,600 people have died since the virus began spreading through the peninsula in early February. The number of casualties among medical personnel is particularly worrying: more than 130 doctors and about 40 nurses have lost their lives while caring for the sick. Some 10,000 medical staff are infected.

Initially, attempts to explain this have highlighted the general ageing of the Italian population - more than 60 million people - making it more vulnerable to a virus that is dangerous for the weaker amongst us; the time taken in hospitals to identify the specific presence of Covid-19 in thousands of patients admitted en masse for severe cases of pneumonia; and finally the significant delays taken by medical and political leaders in deciding and enforcing containment measures to slow the spread of the virus.

But these generalities soon gave way to a more refined analysis and, of course, to bitter political controversy, as always in Italy when the country finds itself in a serious crisis. Who is responsible and for what exactly? National unity, extolled in speeches, or even national interest, ladled to the public by party leaders of all stripes, are the verses of a refrain that cynical Italians pretend to believe until the storm subsides.

On closer inspection, Italy's problem can be reduced to the case of Lombardy. This

region of northern Italy, the most populous with 10 million inhabitants, has seen the highest number of deaths by far, with a total of more than 13,500. Bergamo, Brescia and Cremona are the most affected cities, as well as Milan, the capital of Lombardy. To give some indication, the number of deaths in this region is four times higher than in Emilia Romagna, or 60 times higher than in Sicily, which has 232 dead. Not to mention Calabria, without doubt the poorest and most neglected region in Europe, which deplores 85 deaths from Covid-19 as of April 29. A final comparison: the four most affected regions of northern Italy: Lombardy, Piedmont, Veneto and Emilia Romagna, account for four-fifths, with more than 21,500 deaths, of all Italian deaths.

This imbalance is not only due to demographics, and it calls for a number of remarks. First of all, it is a further illustration of the divide between northern and southern Italy. But this time in the opposite direction. The North, and Lombardy in particular, is Italy's flagship region. A laboratory of a creative hard-working rich Italy that sets an example for the rest of Europe. And its capital, Milan, is a showcase for fashion, high technology and even excellence in the medical field. Three northern regions, Lombardy, Veneto and Emilia Romagna, account for more than 40% of Italy's gross domestic product and contribute to more than half of Italy's exports. The political and economic elites of the North do not hesitate to denigrate the South, which has a reputation for inefficiency, even indolence, and corruption.

The industrial wealth of the region has given rise to strong separatist tendencies, which, for a long time, were represented by parties such as the Northern League. Today, these political forces talk more about autonomy, and the Northern League has changed its name, becoming the League, with national ambitions and a leader, Matteo Salvini, who has made

populism rather than separatism his hobbyhorse. Representatives of the “Lega”, Lombardy by Attilio Fontana, and Veneto by Luca Zaia govern the two richest regions of Italy, and the most affected by Covid-19. But because we are in Italy, being from the same party does not strengthen the collaboration between the two governors: the first, A. Fontana, is a Salvini liege, the second, L. Zaia, presents himself, on the contrary, as an internal opponent of the League's leader. Their approaches to contain the pandemic have been radically different: quarantine of the most affected localities and widespread containment in Veneto; hesitation to block the economy and minimal reduction of travel in Lombardy. The results speak for themselves: there have been ten times fewer deaths in Veneto than in Lombardy.

It is therefore the "Lombard case" that must be analysed if we are to understand why Italy has become the country that has been hardest hit by Covid-19. The first element is undoubtedly the weakness of the public health sector in Lombardy. Italian legislation gives the Regions vast authority over the management of their health system. For years, Lombardy has favoured the most lucrative activities of specialist medicine and has prided itself on the attractiveness of its health institutions to a rich foreign clientele. This development has gone hand in hand with two phenomena. The privatization of the health sector, with 50% of health activities are now in the hands of private companies. It is clear that for these companies, intensive care units are less profitable than cosmetic surgery services. And secondly, there has been the disappearance of local general practitioners, a trend that has placed hospital emergency services at the forefront.

The bad news for Lombardy, as for the rest of Italy, is that the public health system has been the target of deep budget cuts, again in the name of the neo-liberal credo of private sector efficiency. Between 2010

and 2017, the public health budget in Italy was reduced by €37 billion. And the freeze on recruitment has reduced the number of health workers of all categories by almost 43,000. The number of hospital beds fell from 3.9 per thousand inhabitants in 2007 to 3.2 ten years later. This is a far cry from the European average of 5 beds per thousand inhabitants. By way of comparison, Italy had 5,000 intensive care units before the start of the Coronavirus crisis and Germany 28,000. And this is not just a technical detail, since this figure should serve as a basis for measuring a community's capacity to manage the virus. It is, in fact, a decisive health and political factor. The more the health system has the capacity to admit patients with severe respiratory difficulties, the more willing the country concerned is to take measures to reopen social and economic activities.

Another aspect of the "Lombard case" must be emphasized. The region is rightly regarded as Italy's economic engine. Employers' organisations such as Confindustria have a decisive influence in regional policy choices. From the very beginning of the health crisis, Italian companies, mostly SMEs, have been reluctant to consider a complete cessation of their activity. The choice has been Cornelian: die quickly from the virus or die slowly from asphyxiation. The majority of employers and entrepreneurs therefore chose to continue their activities despite warnings or instructions to close down. The proportion of companies that remained in business in Lombardy is estimated at 65%, and the rate of mobility (i.e. individuals on the move) at 40% of the usual rate. An ideal recipe for the spread of the virus. And this was an approach supported by the governor of Lombardy, A. Fontana, and by his mentor, M. Salvini, who now advocates - after defending everything and its opposite - a rapid resumption of activity in all sectors. The Lega is accusing Giuseppe Conte's government (an M5S/Democratic Party alliance) of procrastinating, wasting time

and shirking its responsibilities. But the danger of a hasty "reopening" is obvious, and the governor of Campania, Vincenzo De Luca, has threatened to close the borders of his region if "northerners" try to enter. Campania and its capital, Naples, have always been the thorns in the side of the Lombards, and Matteo Salvini, and De Luca's words sound like revenge, or at least provocation in a time of acute crisis.

Finally, a last point must be stressed, to make the complexity of the "Lombard case" clear. Corruption, the hidden face of financial capitalism, of which Milan is the capital, has played its part in weakening the region's health system. In February 2019, the Court of Cassation upheld the conviction of Roberto Formigoni, former governor of Lombardy, for a spectacular case of corruption in the health sector. Formigoni was convicted of favouring private foundations managing health facilities in Milan to help them receive public funding.... But the Formigoni case is only one aspect of the infiltration of the health sector through corruption and organized crime. Italian anti-mafia prosecutors have long warned of the interest of criminal organisations such as the Calabrian Ndrangheta in recycling the huge profits from their illegal activities, primarily drug trafficking, into the health sector. The presence of this dirty money at the heart of the system is a guarantee of dysfunction and decay.

The "Lombard case" will be studied in greater depth once the health emergency has passed. However, it calls into question an economic and political model which, since the 1980s, has favoured financial profits over public investment - likewise, the dismantling of the major structures of social solidarity in favour of a pseudo-community that is as virtual as it is ephemeral. However, there is no indication that in Italy the lesson of the pandemic has been learned and retained. On the contrary, there is every reason to believe that in Lombardy, as elsewhere in the peninsula, the post-crisis period will strangely resemble the one that preceded it.

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