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Pandemic in Italy

From health emergency to social crisis

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The emergency that we have experienced in recent weeks in Italy has a health, economic and social nature in a broad sense, which could soon turn into a real crisis, with security implications. As we write (data updated on the afternoon of 11 March 2020) in Italy there are 12,462 infected, with 827 deaths. Unfortunately, these numbers are constantly increasing, seeming to follow an exponential trend. But to understand where we are today and where we could be in a few hours, days or weeks, it is necessary to take a step back to define the characteristics of the particular political-social phase that we are going through.

The beginning of the infection

On February 21, 2020, the first case of Coronavirus in Italy was detected: a 38-year-old patient was hospitalized in Codogno, a town with just over 15,000 inhabitants in the province of Lodi (Lombardy, in the north of the country) that today has the main outbreak of the epidemic in our country.

In a few days, cases of infection spread rapidly throughout northern Italy, particularly affecting Lombardy, followed by Veneto and Emilia Romagna, who still register more than 80% of national cases today. Initially, there was an underestimation of the possible consequences derived from the spread of the virus, among political leaders who urged normal life go on so as not to stop economic growth and a public opinion that regarded the Coronavirus as little more than a normal flu. The measures initially adopted in the regions mentioned above, such as the requirement of a mask and gloves, the requirement of at least one meter of distance between people, as well as the reduction of the inflow of people in public offices such as hospitals and courts and the limitation of the movements of residents from one municipality to another, were too late to delay or stop the spread of the epidemic, now present throughout the national territory.

A health system on the verge of collapse

COVID-19 is frightening and its spread needs to be slowed down. We find it explained in several articles, drawings and tutorials: flatten the curve, slow down infections to distribute them over a longer period of time, so as not to collapse the SNS (Italy's national health system). Because in Italy this virus has sent about 15% of hospitalized cases to the ICU, a decidedly higher percentage than that of seasonal flu hospitalizations, and the virus is, moreover, more contagious than seasonal flu.

On the other hand, the epidemic occurs in a context of chronic under-financing of the SNS, which has led to a 50% reduction in hospital beds from 1997 to 2015 (going from 575 beds per 100,000 inhabitants to the current 275) and 46,000 fewer hospital employees between 2009 and 2017. Therefore, at the beginning of the emergency, Italy had 5,090 intensive care units (ICU), of which, at least normally, 80% are already used for ordinary cases. From the outset, it was clear that a collapse scenario is more than real. At the beginning of the month, the Ministry of Health launched a plan to increase ICUs by 50%, and in the pulmonology and infectious disease wards by 100%, possibly freeing units through the transfer of patients to private facilities.

In this context, as of 11 March we have already registered 12,462 infections, of which 10,590 are currently positive, 1,038 ICU hospitalizations and 827 deaths. If national data already indicates a strong health emergency, the data

from some of the regions gives an even more complicated picture. In Lombardy, where the virus is more widespread, the numbers are as follows: 4,400 hospitalized of which 560 in intensive care (15 already classified in other regions), just under 13% of those hospitalized. In summary, the rigidity of the system is on the verge of collapse, if not beyond, despite efforts to increase ICUs.

And we must consider that Lombardy is a leading region in health, in a country where public health management is state-regional, with strong North-South disparities. A similar impact of the virus in the southern regions of the country would have even more devastating effects. As the government runs to cover itself, trying to patch up a defined healthcare system, the exponential growth in infections and deaths imposes the need for some form of infection containment.

Containment measures and the widening red area

The spread of the virus led the Italian government to adopt a series of legislative decrees, which initially referred to the territories of the northern regions where there were outbreaks of infected people (decree of 23 February), then gradually spread to the regions of the north (8 March) and, finally, to the entire national territory (10 March), which provides for a series of restrictive measures that can be summarized as follows:

1. Prohibition on leaving the municipality or area in question by all the people inside;
2. Prohibition of access to the municipality or area in question;
3. Suspension of events or initiatives of any nature, of events and of any form of gathering in a public or private place, including those of a cultural, recreational, sports and religious nature, even if they are held in closed places open to the public .

Also, schools, cinemas and museums are closed.

Finally, by decree of the prime minister on 11 March, certain activities are declared closed until 25 March, such as bars, restaurants, canteens, gyms, beauty centres, hairdressers and so on. Sectors that are considered productive, such as industry and large retailers, remain open. It is clear that from an institutional, economic, health and social point of view, we are in a situation unprecedented in Italian republican history.

The effects

First, it is quite clear that the measures taken by the government translate into a partial suspension of the rule of law and the suspension of a series of constitutionally guaranteed rights. From this point of view, the debate among the public and, in particular, on the left, has focused on the authoritarian and permanent risk of these measures; Professor Agamben in particular highlighted the risk of establishing a state of emergency. However, this thesis does not convince us and the impression is that these measures are the result of an initial state of confusion by the government, which managed the early stages of the infection in a confused and irresponsible way and which has not foreseen the public health risk derived from the spread of Covid-19 and therefore, to block it and prevent the collapse of the Italian health system, has had to adopt authoritarian measures, as can be clearly seen in the measures described in the previous paragraph.

Individual mobility is subject to constant vigilance by law enforcement officials, who can prevent the movement of people if they do not leave for work, health or necessity reasons (decree of 11 March). Therefore, officers can

challenge and inform judicial authorities about people who have left for other reasons, without committing any type of crime. It goes without saying that arbitrary power is concentrated in the hands of law enforcement which, as is already happening, can lead to abuse and intimidation.

In addition to the possible authoritarian turn of our democratic system, the risk of a deep economic crisis is serious. Italy, like all countries in the EU area (and beyond) has experienced economic stagnation for years and the epidemic we are experiencing will only worsen the health of our fragile economy.

Due to the government-decreed blockade, many sectors of the country are unemployed and, in particular, they have closed kindergartens, schools and universities, museums, theatres and cinemas, gyms, shops, bars. Tourism, both internal and external, has been radically reduced and now places like restaurants and hotels are closed and empty, many workers and domestic workers are forced to not work and stay at home, as well as self-employed temporary workers with VAT, freelance and intermittent workers and so on, while many other workers in large and public companies are forced to work in a smart work regime. Finally, illegal workers in the “black economy”, due to mobility limits, can no longer find work to support themselves.

In summary, a substantial part of the Italian production fabric is in fact blocked, with terrible consequences for the lives of many workers, in particular with many layoffs, particularly in the restaurant, hotel and tourism sector. Those who work in the social, hotel or entertainment sector and stay at home do not receive any remuneration/income, as do those who work for VAT, independently or with Temporary Employment Agency contracts, or those who survive through irregular or illegal jobs.

The consequences of these employment measures actually affect the lives of many people. In these conditions, it is likely that paying rents, mortgages, bills, being able to continue buying and covering basic needs such as medicines, sanitary napkins, diapers and clothes, will become increasingly complicated and demanding. There is a serious risk that many people may not be able to insure these assets and expenses necessary for their survival.

While at the moment there appears to be no risk of an Italian financial crash, the risk of an economic meltdown is absolutely realistic and in the last few hours, the government is preparing an economic plan. The Council of Ministers has raised the allocation to 25 billion euros to face the extraordinary situation the country is experiencing. These economic measures should refer to the allocation of funds to strengthen the health service and civil protection, as well as the adoption of economic measures that may allow the extension of social safety nets, the salary integration fund, dismissal in derogation for all, as well as special parental leave. At the moment there is no official communication from the government about these measures, only rumours fed by the national media.

Stop everything ... but never the profits of the big factories!

Italy closes ... factories don't. While the decree of 11 March closes all non-essential businesses/stores, while most citizens are closed at home between telework, unemployment, children and care for the elderly, factories and large production chains remain fully open and regimented, without planned production cuts and without convincing company-specific guidelines to protect the health of workers, who work in factories with thousands of employees every day.

Because of this, spontaneous strikes have occurred along the assembly lines of large engineering plants. At 14:00 on 11 March, the first strike took place at the Fiat de Pomigliano in Campania, where 5,000 workers gather every day for the production of the Panda, the best-selling car in Italy. On March 12, the wave of strikes moved to the northern

provinces: Mantua, Brescia, some of the areas most affected by the health emergency. They demand security measures, 10 days of closure to disinfect the environment and clear words from the government on social safety nets that guarantee a slowdown to protect health.

Prisons: a dramatic revolt

In the last 3 days there have been 27 prison riots across the country. The Italian penitentiary system has a surplus population of around 10,000 people, reaching up to 10 people per cell, sanitary conditions are very precarious and infections and various diseases are on the agenda. Furthermore, the health service within detention centres does not meet the minimum needs of any person. In fact, such a situation puts thousands of detainees at serious risk of contagion, seriously jeopardizing their lives. Finally, the spark that lit the meadow was the absurd anti-virus measures taken by the Minister of Justice, who suspended the possibility of using work permits, visits by parents to the prison, as well as suspending access for social workers and volunteers. Faced with these absurd and inhumane measures there have been many outbursts of anger and riots, in which 15 people have unfortunately died. The Italian state claims that the detainees died from an overdose, but there are many doubts about this version, and it cannot be excluded that these people died for repressive reasons and/or internal settling of accounts.

Although the protest has not helped the government to change its line in this field, at the level of public opinion it has had the merit of opening a debate, and many are asking that amnesty be applied for some types of crimes or a pardon, or that prisoners have the opportunity to take advantage of alternative measures to prison detention. These petitions, in addition to activists, are carried out by lawyers, human rights associations, journalists, and national newspapers such as *Manifesto* and *Riformista*.

8 and 9 March: or how the feminist movement reacted to the emergency

“8 March came in the context of the health emergency that we had and that we wanted to deal with. Fully assuming the collective responsibility to protect everyone's health, on March 8 in many cities in Italy we still consider it important to mark the public space with collective actions and alternative and networked forms of strike, which we have devised so as not to feel alone and feel part of the global strike. Because the emergency does not cancel, but rather confirms, the urgency of our fight.” Those are the words of one of the social media posts by the feminist movement Non Una Di Meno.

The mobilization had been announced and prepared for 8 and 9 March, with actions that extended throughout the territory by Sunday, 8 March, and a feminist strike was called for on Monday, 9 March, with union coverage provided by various grassroots unions after the appeal launched by the movement. But already in late February the first restrictive measures emerged, beginning with the prohibition of the strike by the Guarantees Commission. Then came the ban on meeting in closed places, and finally the ban on meeting in open places, as the number of infections increased. The feminist movement Non Una Di Meno faced a health emergency with enormous social implications. Because “the emergency does not cancel, but confirms, the urgency of our fight”. In fact, women pay the price for containment measures: women who must stay home to care for their children with closed or senior schools; workers who are fired or forced to use up their vacations; the highly precarious and feminized care and reproduction sectors, forced into exhausting shifts; domestic and care workers, often migrants, who live with their employers and so on. Not to mention domestic violence. Forced quarantine and isolation for weeks at home run the risk of being a real-time bomb for cases of domestic violence, as the Chinese case shows. For some, staying home sounds more like a threat than comfort.

And then it is necessary to shout louder, with the ability to occupy as much space as possible yet knowing that mutual care and solidarity are an integral part of our struggle. And for this there was a quick recalibration of the days of protest, which saw flash mobs, displaced actions, social campaigns, creation of feminist radios and mechanisms to amplify the stories of women who face the emergence of the coronavirus among a thousand obstacles and difficulties.

Solidarity from below

Undoubtedly, this emergency phase represents a break between a before and an after. In fact, people's perception of the correctness or otherwise of some political, economic and social options could change, as is already happening in part. Critical voices are raised from many sides on the process of dismantling public health and on the parasitic role of the private sector, as well as on decisions regarding employment policies and public spending.

In this delicate phase, the political and social spheres (occupied spaces, feminist collectives and LGBTQ +, associations, grassroots realities and social unionism, individual and collective activists) are trying to influence public opinion through demands and practices from below, to support subordinate sectors that risk paying dearly for this health, economic and social crisis.

Solidarity territorial networks have emerged throughout the country, dealing with the support of those who live in fragile health, economic and social conditions. The activists and the spaces, associations and individuals are in charge of making purchases and delivering them to homes every day, for those who are in isolated conditions and cannot leave the house due to health and age reasons. Also, phone lines used to talk and keep company or to signal an emergency are being activated, and from this point of view, self-managed and mobile radios are doing a great job of listening and caring, giving space to requests coming from those relegated to a condition of isolation and loneliness.

At a general political level, a social campaign has emerged to request a basic quarantine income to guarantee continuity of income and abstention from work for all. This campaign is being widely disseminated on social media with thousands of precarious workers who support it and is discussing how to find alternative and innovative ways of mobilizing regarding the limits of mobility that we are experiencing. Many political spaces, unions, grassroots, social and occupied spaces, individual workers, meet weekly in a conference call to decide together on the political demands to be activated. Other proposals have been articulated around rent demands, such as: the blocking of layoffs, the extension of the technical strike, the suspension of the payment of rent, mortgage bills, or the free distribution of basic items such as tampons , diapers, medicines, clothes and food.

It is not yet clear where this campaign will lead. However, the feeling is that this debate could go beyond the emergency problem and pose a general problem regarding policies that affect production and social reproduction.

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PS:

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