

Brief

Interpreting the Italian response to the COVID-19 pandemic: patterns and dynamics of Disaster Risk Creation

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Summary

FEEM Policy Brief

The COVID-19 “virus” in Italy, as happened elsewhere and for many other socio-natural hazards, has been confused and equated to the “risk” concept, which “veils and dissimulates the operation of a range of other underlying risk drivers” (Lavell et al., 2020) that largely contributed to the social construction and creation of this catastrophe.

Disaster Risk Creation (DRC), which has been pictured as a global pandemic itself (Alcántara-Ayala et al., 2021), constitutes a solid analytical reference for framing the causes and the drivers underlying the different COVID-19 disruptive effects but also the phases of its emergency management. The present contribution reflects on the shortcomings of the Italian emergency response and first recovery attempts from the COVID-19 pandemic, all of which may provide key insights to the spatial and development planning realms that are trying to deal with the changing climate and the increasing number of recurring, cyclic slow and sudden onset catastrophic events.

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COVID-19, Pandemic, Disaster Risk Management, Emergency Response, Spatial Planning

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01

Contribution of Disaster Radicals to the framing of the Italian pandemic response

From a “Sociology of Disasters” perspective, the COVID-19 pandemic should be referred to as a catastrophe (Lavell et al., 2020), as a set of situations where the organisations established to deal with emergencies and disasters are themselves overwhelmed or collapse (Lavell et al., 2020).

In this paper, the COVID catastrophe is framed and argued to be socially constructed not in relation to the greater global connectivity and dense urbanization (Alcántara-Ayala et al., 2021) that rapidly increased the exposure to the virus worldwide, but to the vulnerability and lack of preparedness of the national institutional and health systems that contributed to several waves of deaths, paralysis, and confinement: *“If risk was synonymous with hazard, the impact of the virus ought to be homogeneous across affected countries and populations [...]. Given that this is not the case, it is clear that exposure and vulnerability factors are also mediating the level of risk and the evolution of the disaster”* (Lavell et al., 2020).

On top of this, the different Disaster Risk Management (DRM) choices and strategies adopted to counteract this emergency shaped different scenarios of response and recovery with different degrees of success around Europe.

Analysing COVID-19 from a disaster risk management perspective allows an examination and evaluation of the Italian response to the COVID-19 pandemic as the ultimate disrupting event that might have revealed several systemic shortcomings. The policies deployed to address the COVID-19 pandemic in the past two years have led not only to a transfer of risk (Lavell et al., 2020) to those individuals that were already most exposed and vulnerable but also to the reinforcement of those causes underlying the severity of the pandemic’s impacts in Italy: distrust on political and medical authorities, disinvestment on the health system and the welfare state, reinforcement and marginalization of informal economic practices, etc. Ultimately, in Italy as it has happened elsewhere, *“the efforts to manage and control the COVID-19 pandemic diverts resources and political capital from efforts to address other critical priorities”* (Lavell et al., 2020).

02

Resemblances between everlasting humanitarian crises and the Italian pandemic mismanagement

Analysing the Italian response to the COVID-19 pandemic recalls aid, DRM and planning barriers and challenges that emerged from past analysis of humanitarian crises and catastrophes in Haiti and Guatemala (Cazzola, 2021).

Recurrent and cyclic crises, while revealing systemic vulnerabilities constructed in decades of public health cuts and disinvestment – for example, it has been argued that “between 2000 and 2017 the number of hospital beds per capita in Italy decreased by about 30 per cent to 3.2 beds per 1,000 population” (Sanfelici, 2020) – highlight certain patterns of DRC within the different waves of COVID response and recovery attempts.

They also constitute a key bridging element between the Italian COVID risk management and humanitarian aid arenas of intervention (Hilhorst, 2013; Hilhorst & Jansen, 2010), which directs the analysis onto those policy barriers and challenges related to long emergency management. Such recurrence and non-linearity, as argued by (Fakhrudin et al., 2020) may differentiate from other emergencies experienced in Italy regarding socio-natural hazards, but do recall the periodic catastrophes certain territories have been experiencing, particularly concerning hydro-meteorological events.

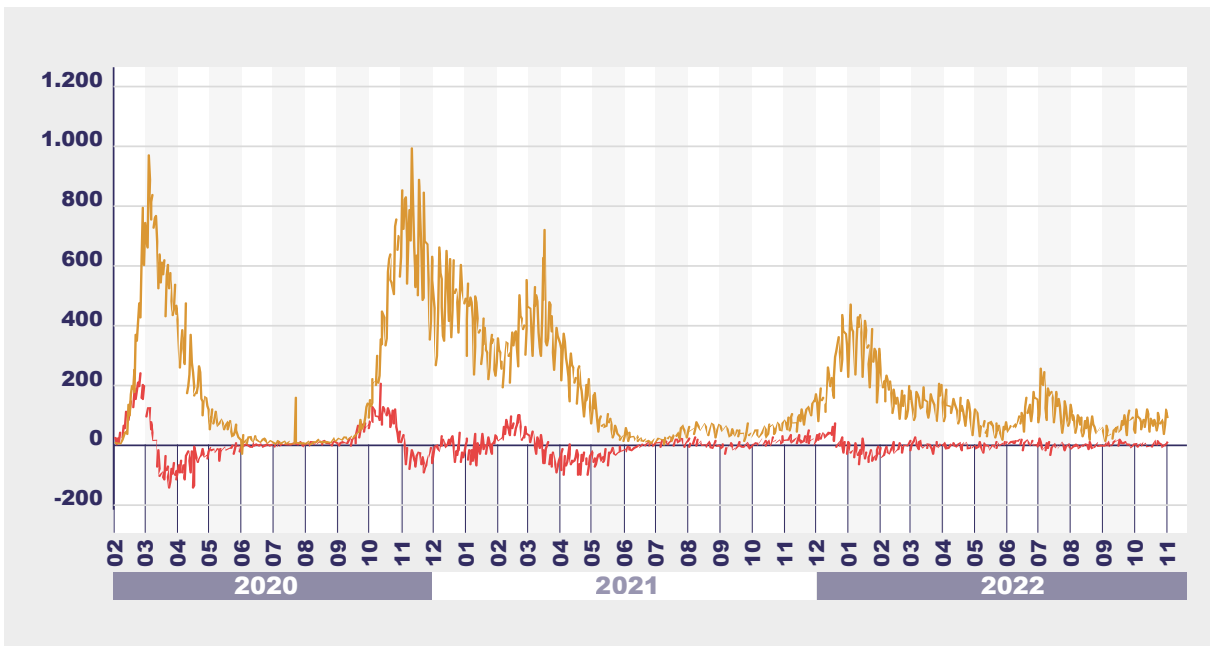


Figure 1 - Overall trend of the daily total number of COVID-19-related deaths (orange) and intensive care patient net entries (blue) in Italy, February 2020 to November 2022 (Source: <https://lab24.ilsole24ore.com/coronavirus/>).

03

Framing COVID-19 key elements of public discussion in Italy through the DRC analytical lens

The analysis of DRC patterns in the Italian COVID-19 pandemic response and management covered some of the political, institutional, economic, and social elements of the public and media debate. The barriers and challenges clustered and presented below follow the COVID risk management life cycle: response and mitigation (e.g., DPI, social distancing, lockdown, closure of crowded locations, quarantine for direct contacts), monitoring and forecasting (e.g., swabs, infection tracing, modelling the epidemiological curve), preparedness (e.g., vaccines), and risk drivers' reduction (e.g.,

investments on health facilities, machinery, and personnel).

COVID risk management has been framed here as aimed at the reduction of: (a) *hazard* (detection, masks, and transportation restrictions), (b) *exposure* (confinement, social distancing), (c) *vulnerability* (strengthening the public health system to avoid its collapse), and (d) *the economic damages and losses* (fiscal and monetary policies). The cyclic accumulation of disaster risk, crisis after crisis, response after response, constitute an analytical challenge

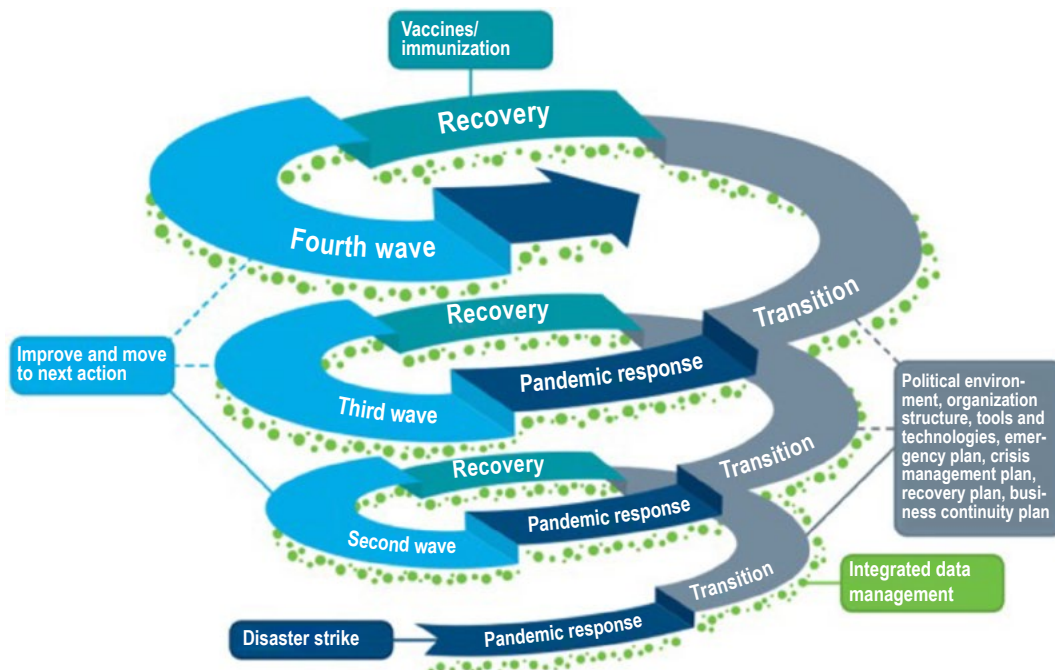


Figure 2 - Transitioning of repeated waves of infections and related responses in a spiral fashion as framed by (Fakhrudin et al., 2020)

(Source: <https://www.sciencedirect.com/science/article/pii/S2590061720300399#f0010>).

in terms of defining and clustering the dynamics, and so far it has been for its management, with confusion regarding the phases that different areas of Italy were undergoing (infection wave, short-term response, transition period and recovery) and the most appropriate measures needed.

i. Preparedness

- The unprepared and decentralized Italian health system, with regional agencies splintered, uncoordinated, and unequal in terms of personnel and resources in the face of a national-scale emergency.
- Hospital and intensive care unit (ICU) beds were unprepared for a national scale emergency, with an uneven and polarized distribution at the national level (to this regard see for example Celata, 2020), that collapsed during the first months of the 2020 COVID outbreak.
- The discovery of outdated and unenforced national pandemic plan ignited an institutional scandal and brought to judicial inquiries.

ii. First emergency response

- Initial confusion on whether and how to react, with contrasting information and recommendations stemmed from the scientific and political domains regarding the adoption of social distancing and the use (or not) of personal protection equipment; in other words, Italy became one of the first *“governments around the world that failed to act on their warnings about a pandemic due to not understanding the magnitude of the problem”* (Fakhruddin et al., 2020).

- The adoption of the first restrictions were delayed by economic and self-absorbed interests, which brought some of Northern Italy’s most productive industrial areas to become the contagion’s hotspot due to the underestimation of the virus spread, the high connectivity and concentration of workers, and the prioritization of productivity over safety.
- Initial restrictions and lockdowns lacked coordination and were politically questioned:

“On 8 March - More strict measures applied to the residents of the Region of Lombardy and other 14 Provinces in the northern regions. For unknown reasons, the news about the extended lockdown was spread by the media the night before the official announcement. This caused panic and many people, working or studying in the North, decided to leave to reach their families in the Southern regions” (Sanfelici, 2020).

- Health system saturation, lack of protective equipment and of professionals helped the pandemic to spread fastly:

“Starting in March, hospitals in the North of Italy reported system saturation, due to very high patient loads requiring intensive care. [...] The shortage of hospital beds, ventilators, and health professionals became a concrete threat (Nacoti et al., 2020). [...] An issue all over the country was that tests were not available for the majority of the health workers and sometimes not even adequate personal protection equipment” (Sanfelici, 2020).

iii. Emergency response

- Distorted contagion evaluations and uneven testing, with testing methodologies, technologies, and availability that have changed drastically among Italian regions during the first two years of the pandemic.

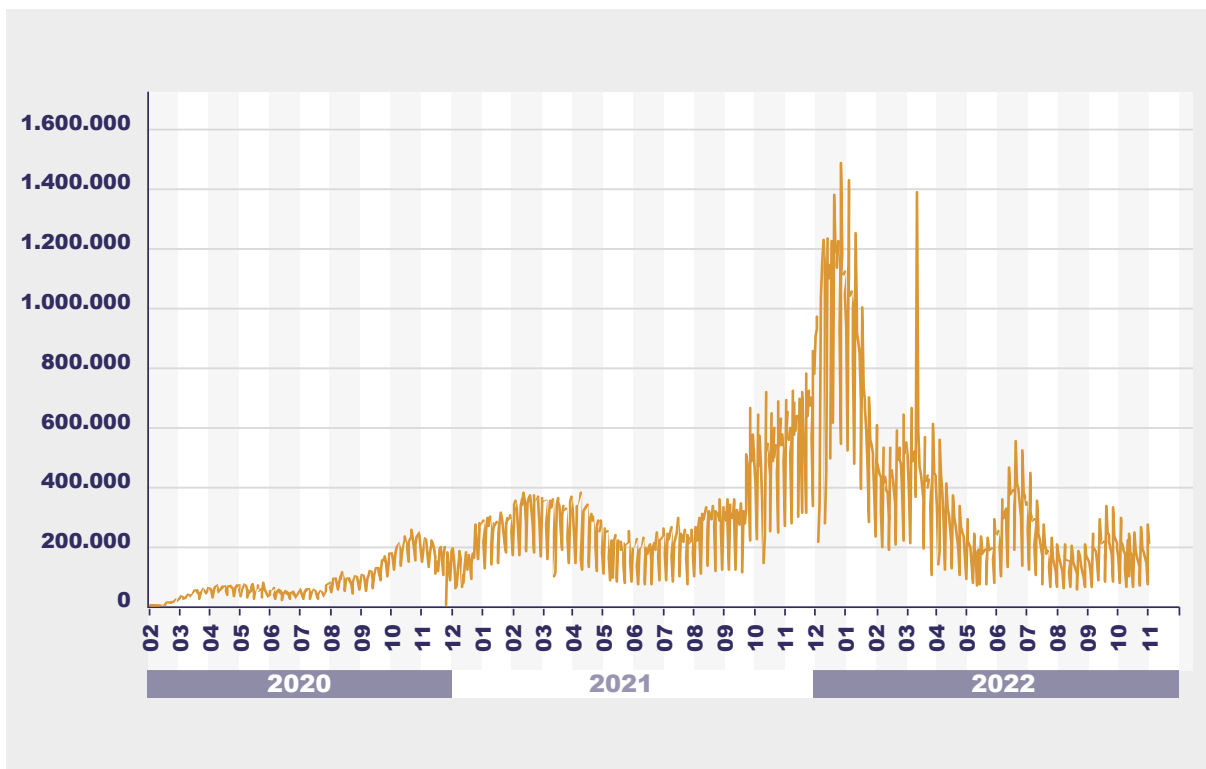


Figure 3 - Total number of daily COVID swab tests in Italy from February 2020 to November 2022 (Source: <https://lab24.ilsole24ore.com/coronavirus/>).

- Failure in tracking and monitoring the chains of contacts and the contagion. See, for example, the unsuccessful case of the “Immuni” mobile application (see table 4

for an example), adopted and promoted by the Italian Government from June 2020 onwards.

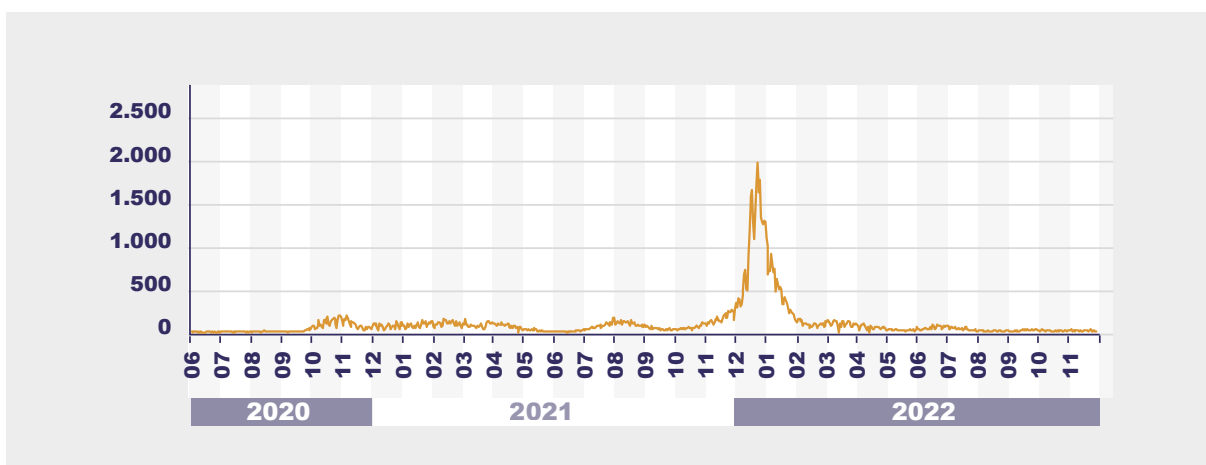


Figure 4 - Total users reporting their positivity to COVID-19 in the Italian mobile application for tracking the contagion Immuni (Source: <https://github.com/immuni-app/immuni-dashboard-data>).

- Restrictions and confinements benchmarked on certain sectors of the population and of the Italian territory, without considering context-specific conditions of those, for example, living in the countryside or in urban peripheries that had radically different conditions of population density, accessibility to services, and green spaces.

- Restrictions reproducing and transferring disproportioned inequalities on the poorest segment of the population in terms of access to decent and safe housing conditions, restricted access to public spaces and transportation, and basic means for self-sufficiency:

“The supposedly neutral and technocratic management of risk to lives, health systems and the economy may conceal a not-so-hidden transfer of risks from those social and economic sectors that will most benefit from the flattening of the curve and subsequent economic reactivation to those who in the meantime will take more risks and receive less benefits” (Lavell et al., 2020).

- Restrictions revealing existing housing paradoxes (e.g., empty Airbnb versus overcrowded social housing neighbourhoods), urban segregation, and injustices in terms of accessing shops, basic services, local doctors, and COVID tests, but also about the possibility of working remotely and taking care of children at home:

“[...] confinement itself has been described as a bourgeois concept (even if necessary in the present circumstances), as it implies the availability of a suitable place in which to be confined and the capability to undertake remote working and care for children at home. For those with these conditions, confinement may not be a significant risk. In contrast, where subsistence depends on

leaving the house to work, and where there may be no house to be confined in, the negative impact of this risk management policy may be greater than its benefits in terms of reducing exposure to the virus” (Lavell et al., 2020).

- Unclear prioritization in the first phases of the vaccination campaign, with competition among professional associations for earlier access, and people changing location to get the immunization in advance.
- Intense and overwhelming public debate, fuelled by media, among politicians and health experts regarding the response strategies and the restriction policies, raising discontent and distrust in institutions and on the measures themselves.
- Restrictions and reopening decisions driven by political and economic interests, with regional and local authorities changing benchmarks for hospital beds available for ICU, and COVID testing totals, in order to lower the assessments and bypass the national restrictions.
- Interventions and reopening for the school system classified of secondary importance compared to many other economic activities.
- Public stigma and fault-blaming shifting from institutional shortcomings to individual behaviours, reinforcing the fear of others and the definitions of scapegoats to blame. One of the most striking cases concerned the younger population and students who have been blamed, on several occasions, of being reckless plague spreaders, despite being the less vulnerable part of the population and one of the most affected in terms of restrictions and sacrifices (social

distancing, online classes, school closures) for the public interest.

iv. Recovery

- Financial aids have prioritized economic activities and the boost of Gross Domestic Product (GDP), furtherly increasing the national public deficit.
- Economic aid aimed at mitigating lockdowns' negative impacts targeted specific categories neglecting others, particularly – but understandably – informal ones (e.g., migrant workers, irregular and moonlight jobs).
- Recovery investments “building back the vulnerable” (Davis, 2012), benefitting private and particular interests while

diminishing the importance of the health and welfare system (hospitals, schools, public transportation...), whose unpreparedness and under-capacity worsened the crises in the first place.

- First come, first served approach in delivering financial aid.
- Rise of speculation and corruption in the distribution and access to financial aids, see for example the building materials economic bubble as a consequence of housing energy retrofitting incentives.
- Recovery funds and strategies have been delivered based on the changing political will and agenda of the National Government.

04

Linking COVID dynamics with DRC-DRM clusters emerged in humanitarian arenas of intervention

Some of these elements have been explained (Fakhruddin et al., 2020) as patterns of ineffective responses to the pandemic:

- “Lack of knowledge on how to disseminate information correctly
- Inadequate/inconsistent information or misinformation, resulting in mistrust by the public
- Weak community vigilance and lack of public education measures
- Lack of collaboration between major parties with the lack of risk management integration into major sectors (e.g., health, infrastructure, tourism, environment)
- Lack of data interoperability and metadata standardisation
- Inadequate personal protective equipment and hygiene practices, no separation between the infected and non-infected patients
- Lack of support to community in lockdown” (Fakhruddin et al., 2020)

Furthermore, these dynamics recall some key barriers and challenges for the planning, aid, and DRM realms analysed in my PhD research (Cazzola, 2021) dealing with recurrent emergencies and humanitarian crises in Guatemala and Haiti. Countries that were highly prone to several hazards and catastrophes. Such barriers and challenges can be clustered in relation to their main underlying causes, i.e., governmental and political, assessment and prioritization, funding, timing and coordination, and ineffectiveness.

Governmental and political barriers	Addressing root causes and reducing risk drivers in contexts of weak and impoverished governmental systems would mean adopting unpopular measures and long-term strategies political leaders cannot afford.
	Lack of proper financial support to local governments from the central one (Witting, 2013), and inadequate dedicated budget and implementing power for DRM institutions.
	Governmental institutions are strictly interrelated to political turnovers and agendas, particularly in terms of DRM vision and priorities.
	Political and self-absorbed interests may affect governmental DRM authorities, manipulate interventions (Zicherman, 2011) in terms of areas and beneficiaries prioritizations, or exclusion: relief activities, aid distribution, and recovery processes might be politically exploited to gain votes and consolidate forms of clientelism.
	Aid funding and reconstructions, “leading to increased corruption, bureaucracy, political conflicts and rivalry at all levels” (Wamsler, 2008)
Risk and needs assessment, intervention prioritization	Methodologies for risk evaluations and mappings are not always shared and trusted among actors, need assessments and area prioritizations unclear and biased, and outputs are often not completely reliable and/or replicable.
	Untargeted areas may worsen their vulnerability and high-need conditions, the beneficiaries’ selections give rise to tension (Bonis Charancle & Lucchi, 2018) also in light of such unequal distribution of support and assistance.

Funding	<i>Funding are generally “un-proportionately focused on first response phase in sudden-onset disasters” (Otto & Weingärtner, 2013) – due to more immediate political gains and media coverage – and on context-specific local variables, rather than on the political factors (Brett, 2016) underlying DRC.</i>
	<i>The unattractiveness and “low visibility of disaster risk reduction” (Schipper & Pelling, 2006) and unbalanced emergency and response orientation (Gibson & Wisner, 2019).</i>
	<i>Addressing the complexity of the poorest and most marginalized areas is still an inconvenient task, especially outside declared crises, or in long-lasting ones, when humanitarian activities may not apply, and funding diminishes.</i>
	<i>The unwillingness to invest or prioritise ahead on prospective and corrective strategies is related to the financial and time requirements, deemed too high to invest (Jones et al., 2015), and too slow and long-term for donors and governments “chasing votes and international recognition” (Schipper & Pelling, 2006).</i>
Lack of strategy, timing, and coordination	<i>Conflictive DRM approaches, with emergencies drawing most efforts and funding, and structural interventions that are hard and too expensive to be maintained in the long term.</i>
	<i>Lack of coordination mechanisms and joint strategic framework (Otto & Weingärtner, 2013; Witting, 2013) between DRM, planning, and aid organizations.</i>
	<i>Funding mechanisms and power distribution incentivizing competition over cooperation (Thomalla et al., 2018).</i>
	<i>Uncoordinated adoption, between neighbouring municipalities, of regulatory measures, which may cause the migration and reinforcement (Hernández, 2016) of unsafe practices in locations still lacking regulations.</i>
Ineffectiveness and unintended effects	<i>DRM measures are difficult to maintain and may induce communities to a false perception of safety.</i>
	<i>Creation of expectations to which interventions do not respond, interference in community functioning, lack of respect in relationships and to the cultural context, and long-term implications not taken into consideration (Bonis Charancle & Lucchi, 2018).</i>
	<i>Recovery projects igniting speculation, corruption, wrongful assignation, and exclusions of the poorest.</i>
	<i>The lack of efforts and efficiency in recoveries has been explained as a form of “punishment of the vulnerable”, i.e. the stigmatizations of impoverished victims, blaming them for perpetrating “self-harmful actions” and for living “in the wrong places” (Valencio & Valencio, 2017).</i>
	<i>Blame of impoverished communities for adopting unsafe behaviours and living conditions raises questions and dilemmas on whether to restrict aid towards them.</i>

Table 1 - Barriers and challenges clustered in my Ph.D. thesis (Cazzola, 2021) regarding disaster aid in humanitarian contexts.

05

Conclusive remarks

The patterns of emergency and recovery mismanagement of subsequent COVID-19 waves presented in this Policy Brief have been explained in relation to specific and sectoral shortcomings, e.g., communication weaknesses (Ruiu, 2020), but should rather be seen as a missed opportunity for disaster governance and development planning working strategically as a whole.

The adoption of extraordinary “fast track” executive powers and response procedures (Mascio et al., 2020) and the recovery programs with unprecedented financial resources did not seek long-term sustainable systemic transformation such as to:

- (a) Understand, assess, weigh, and map needs and weaknesses,
- (b) Address and reduce rooted vulnerabilities,
- (c) Define long-term strategies addressing the many needs and crises at stake,
- (d) Prioritize and coordinate interventions.

All of these are particularly relevant for other recurring crises affecting the Italian territory and cities, such as hydro-meteorological and seismic events, but also those exacerbated by climate change, like droughts, heatwaves, increasing rivers’ salinity level, and ongoing desertification. Development planning, disaster risk management and climate change adaptation strategies in Italy should carefully bear in mind the barriers and challenges presented in this Brief so as to direct resources to the driving forces

that create and consolidate disaster risk components, and to avoid inequalities, unintended effects, and marginalization along the way.

COVID and climate change present a taste of the “new normal” we are experiencing, for which the perceived seriousness and therefore the resources invested in economic recovery programs have been and are profoundly divergent. This observation highlights why the COVID-19 Italian Recovery Plan implementation process should be analysed thoroughly.

Generally, current and future risk management approaches should decide whether and how to reduce disaster risk components, to recover and develop future territories and cities, considering that “ultimately, any risk management strategy implies defining what is an acceptable level of risk and for who” (Lavell et al., 2020).

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