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## *Illegitimate Rule Harms Italians' Health and Safety*

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Doing Good Government has always been a boring, sometimes vexing nuisance for irresponsible, inefficient or 'simply' dishonest élite.

Thinking of Good Government in non-totalitarian regimes, one thinks of the principles of Equity, Justice and Magnanimity that distinguish Ambrogio Lorenzetti's representation of Good Government in the Palazzo Pubblico, Siena (1338-1339).<sup>1</sup> In a democracy, these principles underscore a *sine qua non* of Good Governance: rulers' duty to safeguard the rights of citizenship. Two fundamental such rights are healthcare and public safety. It follows that, absolutely critical to the democratic covenant between rulers and the ruled (Stankiewicz 1980, Prato 2019, Pardo 2021), the management of both needs to be recognized as legitimate in the broader society. This is a bedrock concept in the theoretical contention that the authority of leaders is inevitably based on credibility, management of responsibility and reciprocal trust with citizens. In Italy, as in other Western countries, misgovernance and criminal and non-criminal corruption in public and professional life (Pardo 2018) deeply undermine this *fundamental* of associated life in a context where citizenship rights are Constitutionally stated, though not always protected in reality.

This brief article precedes a full-length essay to be published in an edited volume (Pardo and Prato 2023). The analysis heeds the key concept in the anthropological reflection on legitimacy (Pardo 2000, Björklund Larsen 2010, Pardo and Prato 2019) that not all that is legal is received as legitimate in the broader society and that, there, not all the strictly illegal is necessarily viewed as illegitimate. Given the limited space at my disposal, at the appropriate places I shall refer the reader to separate works for more information and analysis on these issues.

Naples' urban reality graphically exemplifies the ramifications of bad legislation that has allowed a sneaky, ever-growing privatization of the public health service, the personal and public health hazards generated by bad governance and the weight of unfair, punitive policies on ordinary people's lives. The ethnography collected through long-term traditional anthropological fieldwork plus a wealth of informants' reports collected from a distance throughout the pandemic — a precious by-product of well-established relationships that go back a long time —<sup>2</sup> testifies to the tyranny (Arendt 1951) of the structural inequality that historically undermines local society; a tyranny now dramatically evidenced by the impact of Covid-19.

Empirical knowledge and the theoretical insights offered by anthropological reflection help us to understand the unconscionable tension between *de jure* and *de facto* legitimacy that qualifies

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<sup>1</sup> The front cover of *Citizenship and the Legitimacy of Governance* (Pardo and Prato 2010) shows significant details of Lorenzetti's opposing frescoes of Good Government and Bad Government.

<sup>2</sup> For accounts of long-term anthropological field research in Naples and its Region, see Pardo (1996 and 2017). A recent article deals with the methodological issues that have arisen during the Covid-19 pandemic (Pardo 2020b).

ordinary Neapolitans' access to healthcare, their right to public health and safety and growing precariousness in their lives. In a national scenario dominated by the unspoken but pervasive con that the tax-paying citizen is in debt with the state, they are dealt a mighty triple blow that effectively turns them, as they say, into '*figli di un Dio minore*' (children of a lesser god), citizens whose life is *made* pervasively hazardous and precarious. They are saddled with a health service that, increasingly, is public in name only. They are forced to live in a filthy and hazardous public domain. They are subjected to discriminative policies that disadvantage large, vulnerable proportions of the population. Let us look briefly at these three blows.

### 1) *A Public Health Service?*

In Italy, healthcare has been gradually turned from a right to a commodity. Since the early 1990, this progression has ridden on the back of the so-called *intra moenia* scheme, whereby medical personnel are legally allowed to exercise privately while publicly employed in the aptly, if ominously, named *Aziende Sanitarie Locali*; literally, Local Healthcare Companies, generally known by the acronym ASL. The ASLs are part-funded by the central government and are managed by the Regional authorities, which, as Prato notes (2022), explains significant variations (in technical equipment, personnel, performance, cost to the patient, and so on) across the 21 Regions. Flying in the face of the Constitutional principle that healthcare is a citizen's right (one's taxes pay, of course among other things, for one's healthcare), an ever-expanding proportion of medical and pharmaceutical services is accessible only by private purchase, and access to the rest involves varying amounts of payment. Over the years, these legal yet illegitimate dynamics have been paralleled by cuts in public funding to the tune of 37 billion Euros (Fondazione Gimbe 2019).

The impact of the foregoing is felt more in some Regions, like Naples', where the everyday reality of the inadequate and understaffed public health system raises serious challenges to key aspects — medical, moral and ethical — of the Hippocratic Oath. As a social anthropologist doing field research since the early 1980s, I have recorded how the actions of some in the medical profession contribute to the deterioration of public healthcare. I have observed the conflict between the dedication and professionalism of many doctors, nurses and health administrators and the corruption — moral, criminal or both — of some. While many medical staff scrupulously abide by what can be appropriately described as the sacrality of their science and conscience obligation, others do not. A significant minority — some well-qualified but morally corrupt, some holding bogus qualifications obtained through corruption (Beneduce 2021) — betray this fundamental principle, as they generally stay within the strictly-defined boundaries of the Law but practice what their patients resent as *de facto* abuses of power, pursuit of private interest in public office and monetary and career greed. These unscrupulous — and well-networked (Beneduce 2019) — medics, trade unionists, contractors and agents of pharmaceutical companies act, often jointly, with little or no concern for the health (even the life) of the patient. Not always for good reason, some refer their public health-service patients to their private practice, or to private specialists, or to private test laboratories (in each case, tax-avoiding cash payments are requested), and so on. Once these professionals sell their public office and professional ethics, their profitable contacts expand,

as do their lucrative contracts with private medical establishments and their favour-credit among their networks.

These actions may or may not fall outside the strictly defined boundaries of the law. This matters not to my informants. What matters to them is that the corruption of the best is the worst, a rot long known to Western wisdom and well encapsulated by the ancient phrase, *corruptio optimi pessima*. What matters to ordinary men and women are the practical ramifications of the (mostly legalised) corrupt metamorphosis of the right to healthcare into a ‘commodity’. What matters to them is that, adding scorn to injury, all-too-often — and usually, preposterously, publicly — this ‘commodity’ becomes a privilege, as they see the powerful and the well-connected who systematically benefit from preferential treatment. On the strength of legalistic technicisms that remain obscure to the non-specialist, and totally incomprehensible to ordinary citizens, they mostly do so without committing crimes but betraying, nonetheless, basic principles of legitimacy in the spirit and in the letter.<sup>3</sup> What matters to our analysis is that the insidious, malignant impact of these actions is invariably received at the grassroots as a betrayal of the ‘first do no harm’ principle, a despicable corruption that *hits one when one is at one’s most vulnerable*.

Interestingly, these efforts to turn patients into customers, or clients, or supplicants do not always appear to have the intended results. Stubbornly resisting pressure to make them subaltern to some ‘superior powers’, the ordinary Neapolitans whom I have met over the years have developed varied and complex ways to deal with this and most other distortions of associated life. As I have explained elsewhere in detail (Pardo 1996: Ch. 6 and 2017), inspired by their fundamental will ‘not to be subject to anyone’,<sup>4</sup> many have built multiple contacts and generalized relations of (often delayed) exchange. When in need, they use more than one contact, usually with good *and* relatively not-too-expensive results.

## 2) *A Filthy and Hazardous Public Domain*

The developments that I have outlined occur in a context where uncollected rubbish continues to jeopardise local public health<sup>5</sup> in lethal combination with the injuries and deaths caused by badly maintained public property — overflowing sewage; falling trees; broken or uneven walkways (*Il Mattino* 2019); large and deep potholes; pieces of public buildings that fall on pedestrians (*La Repubblica Napoli* 2019); and so on.

These hazards now include a ‘rubbish trade’, whereby illegal immigrants peddle objects scavenged from dumpsters and displayed for sale on rugs thrown on the pavement; a practice on which the authorities appear persistently inclined to turn a blind eye. In spite of citizens’ repeated protests and widely reported appeals to the authorities (Garau 2020), this practice has expanded across the city centre (Folle 2021).<sup>6</sup>

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<sup>3</sup> Exemplifying a notoriously widespread behavior among the privileged (Bechis 2021), a well-known journalist in his forties managed to get vaccinated before his compatriots who were elderly or at risk, yet *technically* did not commit a crime (Adnkronos 2021).

<sup>4</sup> They say: *Nun voglio sta suggestt’ a nisciun’*.

<sup>5</sup> This continuing problem (Corriere del Mezzogiorno 2022) has become entrenched since the early 1990s. Some of those responsible are under criminal investigation (Beneduce 2020).

<sup>6</sup> For more on this, see Pardo (2020a).

This dangerous setup is magnified by the practice of shallow-burying household, industrial and hazardous waste in dumping sites (Beccaloni et al. 2020). Over the years, pulmonary disease, cancer and death have multiplied exponentially (Senior and Mazza 2004, Martuzzi et al. 2009, Beccaloni et al. 2020).

In short, for over 30 years, local authorities have mismanaged public property and what takes place there. That such mismanagement should have continued during the pandemic has raised widespread anger among citizens. A local friend's experience at the height of the pandemic is exemplary:

'We can only take care, try to stay safe and hope for the best, you know. The reality is: A politician has a temperature? Test! Someone famous has a temperature? Test! One of us has a temperature? Call emergency and pray! My brother has all the symptoms of this virus. He has not been tested. One doctor talked to him on the 'phone with no results. Yesterday I drove him to the hospital. Couldn't get in. A sign on the door said "We are closed due to COVID-19"! Meanwhile, the government floods us with injunctions that contradict each other. What a deadly mess!'

### 3) *Discriminative Policies that Disadvantage Many*

As authoritatively stated by Gian Carlo Blangiardo, the President of ISTAT (*Il Tempo*, 24 May 2021), 'in 2020 the number of people below the poverty threshold reached unprecedented levels'. Meeting Prato's discussion (2020) of new inequalities, he points out that the increase in poverty is explained by the loss of jobs and income, especially among the self-employed and the micro and small entrepreneurs.

Earlier, I mentioned the inequality between the privileged and 'the others'. Let us now dwell briefly on 'the others' to consider the inequality between the secured and the unsecured and its impact especially in times of crisis. The historical bias of a certain political ideology against the self-employed and micro and small entrepreneurs is known and widely discussed in the literature (Pardo 1996: Ch.2; 2017: 39-43; 2021). This bias has played a key role in discriminating between the non-guaranteed, who are traditionally forced to fence for themselves, and the guaranteed, who enjoy secure, trade-union-protected employment mostly in the public overstuffed and historically clientelism-ridden sector. In this environment marked by extraordinarily high formal unemployment (Banca d'Italia 2020), most informants are (by choice or more often *perforce*) self-employed (Pardo 1996: Ch. 2; 2017). They have developed excellent entrepreneurial abilities, unfortunately mostly limited by the context to the micro and small level.

In recent decades, 'those in command', as my informants contemptuously say, have proved stubbornly allergic to a fundamental democratic rule: power must be determined by the electorate and its exercise must take place under a regime of responsibility within publicly recognizable limits. Rulers who are mostly unelected are *appointed* by political bosses who manage State powers to serve their and their gang's interests. Recently, they have used the pandemic as a convenient trojan horse to grab extraordinary powers and impose incredibly unfair policies, while continuing to exercise power Italian style; ruling, that is, without being elected and staying in power despite losing

the elections.<sup>7</sup> Lockdowns (inevitably impeding business) and the exacerbation of bureaucratic and fiscal weight have brought to bear the aforementioned political bias, amplifying throughout the country the inequality between the guaranteed and the non-guaranteed, with particularly devastating effects in urban environments like that we are dealing with.

During the pandemic, none of my ‘non-guaranteed’ Neapolitan friends received help or assistance, monetary or otherwise, from the local, regional or national government. Many were driven out of business; others, who worked for small entrepreneurs, lost their jobs. As always, these non-guaranteed could count only on themselves; the ‘luckier’ among them, could rely on limited help from their kin. Local stall-keepers’ experience typifies the plight of precarious workers’ struggle to survive. One friend remarked:

‘Market’s shut. I can’t work. No one is helping. Savings are dwindling. My children and wife are barely coping. Nerves are frayed. The neighbourhood is dirtier than ever. Yeah, we’ll be all right indeed!’.

As another put it,

‘we’ve been forced to eat the few savings from a lifetime of working without a parachute. Now I and mine’re truly in the shit, as we have almost nothing left to fall upon. If, God forbid, one of us should fall seriously ill as my little daughter did a few years ago, we’d have to borrow from loan-sharks. We have no guarantees, you know; so, banks won’t even look at us.’<sup>8</sup>

The severe impact of this third blow has egregiously complemented the punishing job done by the seriously crippled health ‘service’ and the misgovernance of the public domain. The precarious are more precarious, or dead. The guaranteed have kept their jobs and financial security; the well-connected have thrived; the wealthy have become wealthier.

### *Closing Remarks*

At risk of labouring a point that I believe to be fundamental, let me remind the reader that, by definition, misgovernance breaches the democratic contract with citizenship. When it affects people where it hurts most, I argue, the legitimacy of the ‘system’ becomes dangerously questioned; the casualties are trust and, ultimately, authority. The Naples ethnography graphically exemplifies this progression in a country that has manifestly become a test case for social and political consequences of the eroded legitimacy of the system which, until relatively recently too dire to contemplate, are now unescapably real.

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<sup>7</sup> For an anthropological analysis of this practice, see Pardo 2021.

<sup>8</sup> I have discussed local experiences during the pandemic (Pardo 2020b). The forthcoming full-length chapter cited earlier (Pardo 2022) offers ethnographic evidence on the plight of these Neapolitans.



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