

Message from Italian health workers union to the members of the COVI Committee

#ApplausesNotEnough

Lombardy, considered one of the Italian regions with the best healthcare system and therefore an attraction for thousands of patients from the rest of the country and the world every year, was particularly affected by Covid-19, like other northern regions, but it also showed the greatest inability to manage the emergency.

Indeed, the Lombardy Region tried to manage the health emergency by giving a hospital-only response - more than doubling the number of intensive care beds - but without being able to rely on a territorial health system that it had dismantled long ago.

The hospitals soon became saturated and the healthcare system, after some 20,000 infections, went haywire.

The healthcare system failed at the impact of the virus due to the lack of a territorial network, with basic medicine increasingly impoverished and abandoned over time. A model that, over the years, has not only given more and more space to the private sector, but has also concentrated on highly specialised hospitals.

The first cases of Covid in Lombardy broke out in the Lodi area, in Codogno. The initial fright and lockdown of people was followed by an opposite reaction to minimise the danger of the pandemic.

The territories most affected at first are those of Lodi, as mentioned above, Bergamo, Cremona, Brescia and Milan. But soon the wave spreads and reaches the whole region and overtakes it.

The delegates and delegates of the FP CGIL (one of the unions affiliated to EPSU in Italy that organises in public and private health) have been sounding the alarm since the first days of the arrival of the virus, while, throughout the first phase of the Covid, the Lombardy Region only issued a few directives. It made no intervention to try to limit the spread of the contagion, to try to test people and separate those positive to the virus.

It had made no intervention to protect those who work on the front line in health and social welfare, in hospitals, in rest homes and residential facilities, in home care services, among general practitioners. Workers for a long time had to face the health emergency with their bare hands, without personal protective equipment since the mandatory stock of PPE was lacking and the regional pandemic plan had not been updated for 10 years.

The GPs were left to their own devices, as they died one after the other, without any indication of what lines to take to treat all the positive people left at home for days and days and weeks, and who were then admitted to intensive care.

An immense drama and disgrace then took place in the care homes, now almost all privatised in Lombardy: guests and staff were totally abandoned. They were left without safety devices and without doctors able to give directions on how to manage the situation. The contagion began to spread among the elderly residents but swabs are not done nor are people taken to hospitals. So the care homes (RSAs for the name in Italian) suddenly find themselves to be hospitals themselves, without having the means, with patients suffering from an as yet partly unknown, life-threatening disease.

Meanwhile, hospitals convert all possible wards into intensive care units, with respirators at every available outlet. But Covid wards are also opened in unsuitable facilities, and staff are not only not given specific directives, but they are also not even given dedicated training.

The health workers gave everything they could during this terrible phase but paid too high a price. They have become infected in caring for Covid patients without protection, or with inadequate protection, they have worked shifts of up to 12 consecutive hours without rest and, at the end of the shift, they have isolated themselves in a room at home to avoid infecting relatives.

And the Region of Lombardy continues not to activate the monitoring of possible Covid positives. It was extremely serious, despite the Health Protocol signed in Rome, not to swab doctors, nurses, technicians, social and health workers, and every other worker in public and private hospitals, Hospitals, and care homes, including employees of social cooperatives.

In the Lombardy 'of excellence', the swabs were not taken because there was a lack of reagents. If in February, with difficulty, it could still be tolerable that adequate purchases and stocks were not planned, it was unacceptable that in the second half of April this region, the driving force of the Italian economy, was still unable to produce them.

Thus, without adopting a specific prophylaxis, without an in-depth epidemiological investigation to identify the entire possible network of family, work, and occasional contacts, so that further quarantine and home isolation measures could be put in place, Covid spread even among Lombardy's welfare workers. Breaking the legs of a system already on its knees.

The arrival of doctors and health workers from foreign countries, Cuba or Albania to name a couple, certainly represented a breath of fresh air as well as beneficial solidarity, but it was not enough to bridge the gap between the existing staff and the promised and needed personnel.

The unbearable work overload, the spread of the contagion, and the numerous bereavements, even among colleagues, weighed more and more heavily on doctors and health workers, causing physical and mental fatigue, frustration, and stress to grow, as well as the pain of people continuing to die, even in ambulances queuing to enter hospitals. Growing malaise, anger, as well as cases of burnout. Very few are the organisation that have activated a psychological support service, the unions did it!

To make up for the lack of safety devices, makeshift expedients have been made: masks made from strips or tampons, visors made from transparent plastic folders, shoes made from black rubbish bags.

As if that were not enough, the Region of Lombardy went so far as to rule that workers had to measure their fever and self-certify that they had not taken Covid, thus offloading onto them the criminal responsibility of any possible contagion. The resolution, after union pressure, was later withdrawn. The situation became dramatic and frightening everywhere.

Private healthcare was only brought in when the region saw that public healthcare was close to collapse. Some of the largest facilities reorganised their wards and doubled their intensive care beds, while others took in patients who had passed the acute phase.

The frontline workers constantly called on the trade union to take action to ensure that their health was safeguarded and monitored to protect the health of all people. They first demanded to separate, in the RSAs, the positive patients from the non-infected ones; to separate, in the hospitals, the 'dirty' spaces from the 'clean' ones. To invest in territorial medicine for the care of asymptomatic patients or those with mild symptoms.

Workers asked for help from the trade unions, which tried in every way to communicate with the Lombardy Region or the Ats. Their doors remained closed at that stage and, as a result, there were continuous trade union reports to the prefects.

The lesson of the pandemic for Lombardy and for the whole country was harsh and clear: we need to invest in public health and social health services, starting with territorial medicine and strengthening the network between territorial and hospital services. New recruitments are needed, and precarious personnel must be stabilised. Public and universal healthcare, a right of citizenship, must be considered a lever of development and not an expense to be cut.

We believe that universal healthcare represents one of the cardinal values for the European Union, which is why greater coordination and integration between the healthcare systems of the Union's countries is indispensable in order to face future emergencies together and in a timely manner and, above all, to continue to guarantee all European citizens the same access to the fundamental right to health care.

This is a brief summary of what health workers went through during the worst of the pandemic. We expect the European Parliament to hear our voice, not in the streets on Milan but in the hemicycle!