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The Lombardy region of Italy launches the first investigative COVID-19 commission

During the first months of 2020, Italy had the highest number of cases of COVID-19 in Europe and in the world. Lombardy, with a population of 10 million people, was the region of Italy hit the hardest by the pandemic. According to the Italian Ministry of Health's COVID-19 dashboard Lombardy had 114 800 cases and 16 994 deaths as of Oct 13, 2020, which is one third of all cases and half of all deaths in Italy.

Lombardy, and the rest of Italy reacted to the surge in cases too late. Even a full lockdown could not slow down transmission of severe acute respiratory syndrome coronavirus 2. Between March and April, 2020, intensive care units treated up to ten times more patients than usual. In Lombardy, due to a lack of personal protective equipment (PPE) and training in the proper use of PPE, 12 000 health workers were infected, and 76 health workers died.¹

The COVID-19 pandemic revealed problems inherent to Italy's decentralised health-care system. Because different political parties represent the national government and the regional government of Lombardy, initial cooperation shifted quickly towards reciprocal blaming as the pandemic led to increased panic. Within just 3 days of the first COVID-19 diagnosis on Feb 21, 2020, different guidelines were issued by regional health authorities, significantly deviating from the guidelines issued by the national ministry of health.² For example, while the ministry of health suggested that all symptomatic patients in emergency rooms be tested, Lombardy's Welfare Regional Director, in official communication about COVID-19 hospital management, asked that only those patients with severe symptoms and requiring admission be tested, and

that all other patients be sent home without being tested.

Continuous wrestling between regional authorities and the central government caused confusion both among citizens and within hospitals. This delayed isolation of the highly industrialised towns of Alzano, Lombardo, and Nembro in the Bergamo area, leading to the most severe outbreak within Italy. Both national and regional authorities could have taken the decision, together or independently, to follow the suggestions of the national scientific committee. To this day, they blame each other.

Successive conservative governments in Lombardy have promoted private health-care institutions for more than 25 years. These have an important role within the welfare system, accounting for about 40% of the total health services provided. Unfortunately, these Lombardy governments have given free range to private health-care providers to develop excellent and profitable niches without demanding that those providers maintain social responsibility or invest in essential but less profitable services. Certain fields of health care, such as hygiene, preventive primary health care, and public health, and networks of general practitioners and hospitals, with all the essential supportive disciplines like epidemiology, have therefore been neglected. This severely undermined Lombardy's ability to respond to the pandemic. Findings from a retrospective analysis of epidemiological data³ suggest that Lombardy's first COVID-19 cases occurred as early as Jan 14, 2020—37 days before the first official diagnosis on Feb 21, 2020, when primary health-care doctors, unsuccessfully, tried to report cases of what was described as strange pneumonia.

The Regional Council of Lombardy has now formed a COVID-19 investigative commission within the

regional assembly to analyse the sequence of events and the specific choices that led to so many infections and deaths in a region with an extremely high standard of health care. The mandate is political and not judicial. The commission is the first of its kind in all of Europe and, to my knowledge, the first in the world. It is an essential step to learn from mistakes and to establish accountability to the Italian people. Many other countries are trying to set up similar organisational bodies. It took more than 4 months to elect the president of the commission; by Italian law, the president of such a commission must be a member of the opposition. The commission's objective is to retrace the series of events and decisions that were taken to respond to COVID-19, establishing the various degrees of responsibility involved in those decisions.

This investigative commission's work, which will last 1 year, will, if done well, be relevant to the entire Italian and international community. It is also essential that the commission members, of which I am one, do not play the party-politics customary role of pointing fingers at each other, while overlooking the search for truth within each mistake.

So many people have died and suffered—they and their families have a right to know what exactly has happened, good and bad, and I believe they will accept the commission's findings if presented with full transparency, considering the extremely difficult scenario. Unless our work proves humble, inclusive, and free of party interests, consequences could be detrimental.

Cooperation with the scientific community will be essential. Experts' counsel and research is crucial to understand the mistakes of the recent past. Scientists not only have the duty to be objective observers, but also to speak up. A new call for action is needed now. I call for all political representatives to get involved



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For Italy's COVID-19 dashboard see <http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?area=nuovoCoronavirus&id=5351&lingua=italiano&menu=vuoto>

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and take into account the science as the first and main voice in the investigative process, being aware that true cooperation is needed in order to develop better strategies for the future. This is the only way to ensure that Lombardy, Italy, and all other countries are better prepared for pandemics and able to offer their people the protection they need and are entitled to.

I am Regional Counsellor of Lombardy, President of +Europa/Radicali, and a member of the Regional Council of Lombardy's COVID-19 investigative commission.

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- 1 Redazione ANSA. In Lombardia 12mila medici e sanitari positivi, 76 morti. Sept 9, 2020. https://www.ansa.it/lombardia/notizie/2020/09/09/in-lombardia-12mila-medici-e-sanitari-positivi-76-morti_09beece1-8adc-4972-b05f-b1eb503a2c92.html (accessed Oct 14, 2020).
- 2 Ministero della Salute. Polmonite da nuovo coronavirus (2019 – nCoV) in Cina. Jan 22, 2020. <https://www.trovanorme.salute.gov.it/norme/renderNormsanPdf?anno=2020&codLeg=72796&parte=1%20&serie=null> (accessed Oct 14, 2020).
- 3 Cereda D, Tirani M, Rovida M, et al. The early phase of the COVID-19 outbreak in Lombardy, Italy. *arXiv* 2020; published online March 20. <https://arxiv.org/abs/2003.09320> (preprint).