

Environmental risk, healthcare system crisis, and health inequalities: evidence from an ethnographic research in Pisticci (Basilicata, Italy)

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The pandemic and post-pandemic era have powerfully underscored the structural weaknesses of public health policies, as well as of hospital organization and, more broadly, healthcare services. In this context a gradual erosion of the capacity of the Italian health systems to adequately respond to population needs has become increasingly apparent. This trend, already underway starting from the last century, can be understood in relation to the growing dominance of the neoliberal paradigm in shaping public policy at both global and local scales. The financialization of the healthcare sector has led to the introduction of corporate, managerial, private, and market-oriented logics, resulting in a prolonged underfunding and weakening of the public service, as well as a reinforcement of the hospital-centered model. This shift has come at the expense of community-based and primary care, thereby constraining the ability to provide healthcare services that are both widely accessible and effective, including in terms of prevention and health promotion. Although supranational organizations and the national government have underscored the importance of reinforcing primary care, community-based services and care continuity, these priorities have not been translated into programmatic guidelines and consistently applied policy frameworks across Italy. This gap between policy formulation and its practical implementation contributes to the persistence – and, in some cases, the intensification – of inequalities in healthcare access, with significant consequences for socially vulnerable communities, as well as for those more exposed to health risks.

Starting from these considerations, this contribution focuses on Pisticci, a municipality in Southern Italy (Basilicata, Matera province) which underwent significant industrial and petrochemical development from the 1960s onwards, resulting in a lasting environmental burden. This legacy is now compounded by processes such as depopulation, population ageing, youth outmigration, and declining birth rates, which collectively signal a growing territorial fragility. Such vulnerability is further reflected in the healthcare system, which is widely perceived as inadequate and structurally unfit to respond to evolving population needs. The collective perception of the territory as an “unhealthy” environment – further reinforced by its designation as part of the Val Basento National Interest Site (SIN) – contributes to a widespread sense of environmental and health risk. This is closely associated with what is locally regarded, from an emic perspective, as a high incidence of cancer cases and asbestos-related diseases, concerns that are particularly pronounced in a small-sized community characterized by close social relations and a high degree of mutual familiarity among residents. Despite the complexity that characterizes the multiple relationships between environmental exposure and

health – that are neither always linear nor easily interpretable – this perception finds a partial support in the available scientific evidence, which nonetheless indicates an excess of lung cancers, mesotheliomas, circulatory system diseases, and asthma, with mortality rates higher compared to those observed in other areas of the Basilicata Region. In this context, individuals requiring medical care are often compelled to seek treatment in healthcare facilities located in the region's main urban areas – particularly in the Northern area – or, in many cases, to extra-regional providers, leading to significant patterns of healthcare migration. Local public healthcare facilities are often perceived as deficient in personnel, infrastructure, and responsiveness, resulting in prolonged patients' waiting times and barriers to accessing complex diagnostic services. Out-of-region diagnosis and care thus represent a widespread strategy, which nonetheless reveals significant social inequalities, as the ability to pursue healthcare mobility depends on several factors, primarily economic resources as well as family and social support networks. Consequently, the most vulnerable segments of the population – such as older adults and low-income individuals – are disproportionately disadvantaged, experiencing a form of double exclusion. Within this scenario, associative volunteering emerges as a key driver in the development of a hybrid care system, bridging formal healthcare institutions, informal networks, and community-based support mechanisms. Patients associations provide logistical assistance (such as transportation), informational support (including bureaucratic and healthcare procedures orientation), and emotional support (mutual aid among patients and families), thus playing a crucial role in care pathways at a local level. Based on an ethnographic fieldwork conducted in Pisticci from May 2025 onwards within the LucAS t project – “Society” Analytical Line, WP6 “Exposed Bodies, Fragile Places. Normative-Value Codes and Symbolic Horizons of Meaning” (Department of Social Sciences, University of Naples Federico II) – and on in-depth interviews with patients and caregivers, this contribution aims to explore, on the one hand, how socially constructed perceptions of environmental and health risk foster a gradual erosion of trust in regional and local institutions, alongside a parallel decline in the perceived reliability of healthcare services. On the other hand, it analyses the consequent behavioral strategies adopted in response to gaps in service provision, along with the social inequalities that surface and their unequal consequences for particular social groups.