

risk for little economic gain". The memorandum is unlikely to guarantee Italian firms access to BRI projects or specific investments, and Europe's largest exporters to China—Germany and France—have not signed similar accords. Rather, says Ms Poggetti, the agreement serves Mr Xi's purposes, conferring credibility at a time when his signature policy is facing criticism for creating debt traps in some of the countries in which it invests.

The issue has become yet another point of contention within Italy's coalition government. The anti-establishment Five Star Movement is keen to move ahead. The nationalist Northern League is concerned that cosyng up to China puts its alliance with America at risk.

As Mr Xi signs his memorandum, he may glimpse another division, over an existing infrastructure project. A protest is planned for the same day against a partly completed high-speed rail link between Turin in northern Italy and Lyon in France. Debate continues to rage within the government between the League, which favours it, and the Five Star Movement, which does not.

Of all these various "ticking bombs" threatening to blow apart Italy's coalition government, says Francesco Galletti of Policy Sonar, a political-risk consultancy, the biggest is the next budget in November. For now, both sides are focused on sticking together at least until May's European parliamentary elections are over. ■

Slovakia

If the Caputova fits

A liberal triumphs in an illiberal region

ONE YEAR ago tens of thousands of demonstrators filled the streets of Slovakia's cities. Shocked into action by the murder of Jan Kuciak, a young journalist probing links between ministers and organised crime, and his fiancée, they demanded an end to the corruption of their country's elite. The protests toppled Robert Fico, the prime minister, and galvanised a generation.

They also convinced Zuzana Caputova, a 45-year-old liberal lawyer with no political experience, to run for president. "I suddenly found myself failing to justify why somebody else and not myself should assume responsibility for bringing about change," she says. On March 16th, after a disciplined and dignified campaign, Ms Caputova took 41% of the vote in the first round of Slovakia's presidential election. She is set to win the run-off on March 30th. Two months ago she was polling in single digits.

Victory would see Ms Caputova take office as the only unabashed liberal head of state or government in the central European "Visegrad" group. Poland has followed Hungary's slide into illiberalism under Viktor Orban, and the Czech Republic is run by Andrej Babis, a Trumpy tycoon prone to scandal. Slovakia's euro membership has always left it closer to Europe's core, as even Mr Fico, who flirted with Orbanist populism when it suited him, had to accept.

The election also shone a light on Slovakia's darker corners. Between them an Islamophobic populist and an outright neo-Nazi secured a quarter of the vote. Grigorij Meseznikov, a political analyst in Bratislava, says such "anti-



The lone liberal

system" forces are growing stronger. Yet although Ms Caputova's support for the EU and NATO, climate policies and gay rights places her light-years away from the reactionary right, she hopes to seduce some of their voters with a Macronesque message of change. Top of her agenda as president, she says, will be to restore citizens' trust in the rule of law.

Indeed, her rise has much to do with voters' frustration with the grubby clientelism nurtured by Mr Fico's Smer party, which remains in government. Beset by feuding, Smer will struggle in the run-up to a parliamentary vote that must be held in the next year. Two days before the presidential election, a businessman who cultivated links with Smer was charged with ordering Kuciak's murder. A useful reminder of why Slovaks are demanding change.

Lithuania

To life

SEDUVA

Lithuanians are starting to pay respect to their country's murdered Jews

ALL THE Jews of Seduva are dead. The lucky ones who died ordinary peacetime deaths lie beneath simple gravestones in a windswept cemetery outside this unremarkable village. The unlucky ones were dragged out of town, forced into a ghetto in the next village, and then, in August 1941, marched into the woods and shot to death in their hundreds by their Lithuanian neighbours, overseen by the invading Germans. Their corpses were dumped in pits.

Most traces of centuries of Jewish presence were also obliterated, as they were in hundreds of other shtetls (small Jewish towns or villages) throughout Lithuania. The town's synagogues are gone. The old shtetl's square, where Jewish artisans traded and debated, is desolate. Until recently, the ancient cemetery was an overgrown mess of weeds and rubbish; the more ornate gravestones were plundered. With no Jews left to tend to the graveyard, the rough-hewn tombstones were worn blank by wind and weather.

Yet today the cemetery is well-kept and dignified. The gravestones have been put upright and restored, and the names remaining upon them carefully recorded. At the three mass-murder sites in the surrounding forests, there are solemn new memorials to the dead. And opposite the cemetery, construction has begun for a museum of Jewish village life, the Lost Shtetl Museum, set to open in 2020.

It comes as a surprise to find signs of renewal in this remote town. The country is itself a cemetery for Jews: out of some 250,000 Jews living in Lithuania before the second world war, some 90% were killed—one of the worst rates in Europe, due to the thoroughness of the Germans and the widespread collaboration of Lithuanians, who rounded up and murdered Jews.

Anti-Semitism remains common: in a Pew poll in 2015, half of Lithuanians said they would not accept Jews in their family. Almost a quarter said they would reject them as neighbours or citizens. Nationalists love talking about Lithuania's struggles against Russians or Poles, but are reluctant to discuss their compatriots who collaborated with the Nazis. In downtown Vilnius, a showy Museum of Genocide Victims is not about the Holocaust, which is strenuously downplayed, but about the post-war Soviet occupation of Lithuania, during which tens of thousands of people died in labour or prison camps over the decades. ▶

The memorials in Seduva are not the work of the government (although the prime minister and other officials attended a groundbreaking ceremony for the museum in May), but of a small private foundation, the Seduva Jewish Memorial Fund, which seeks to remember Jewish life in one typical shtetl. "All you can find is fragments," says Sergey Kanovich, a Lithuanian-born writer who emigrated to Israel and is a founder of the organisation.

For some six centuries before 1941, Lithuania was a centre of Jewish civilisation and learning. Vilnius, Lithuania's capital, was renowned as "the Jerusalem of the North", most famous for the 18th-century

teachings of Rabbi Elijah son of Solomon, who was celebrated as "the Vilna Gaon"—the genius of Vilnius. In the countryside, the shtetls nurtured scholarship, crafts and sports teams.

In Seduva, the hope is to recall some of what was lost forever when Lithuania's shtetls were annihilated. The town itself still has some of the humble wooden houses visible in 19th-century images, not much changed: walking some of its streets, it is hard to know exactly what century it is. While the museum cannot avoid discussing the Holocaust, it means to go deeper: understanding how the Jews there lived, and not just how they were murdered. ■

Health care in Ireland

On second thoughts...

DUBLIN

One more reason why Northern Ireland might not want to unite with the Republic

AS THE UNITED KINGDOM prepares to slip its European moorings, the ties that bind it together are also under strain. In Northern Ireland, which (like Scotland) voted to remain, there is often talk that a "hard Brexit" could even build new momentum for a united Ireland. One reason for doubting this, however, can be summed up in a word: health.

The 1.8m people of Northern Ireland enjoy free access to the British taxpayer-funded National Health Service (NHS). The Republic of Ireland's 4.8m residents have to make do with something less appealing. "I know people up north whose life's ambition is to see a united Ireland, and yet they worry when they see the health service we have down here," says Louise O'Reilly, an MP in Dublin and health spokesperson for the all-island Sinn Féin party.

Ireland's relatively high spending on health care—the seventh highest in the OECD, at \$5,500 per head in 2017—is not matched by the level of service. In theory, public hospital care is free, but waiting lists for diagnostic procedures and publicly funded specialists can stretch for months, even years. An over-reliance on expensive hospital treatment, rather than care in GP clinics, has contributed to a chronic shortage of beds. On any given day, hundreds of patients will be waiting on trolleys in hospital corridors, sometimes for more than 24 hours, hoping for a proper bed. Ireland's minority government is well aware that, along with the acute housing shortage, health is the issue on which they are most vulnerable.

Unlike their UK counterparts, some 60% of Irish people, mostly those who are

not very old or very poor, have to pay up front in cash for primary health care: a single GP visit typically costs between €50 and €60 (\$60–\$68). The state only pays for medicines above a monthly threshold of €134.

Junior doctors and nurses battle with long hours, stress and inadequate equipment in overcrowded and dingy old buildings. Many choose to take their training abroad. Meanwhile, a planned new National Children's Hospital, originally billed at a hefty €650m, has seen its projected cost balloon to €1.73bn. In terms of cost per bed,



At €3.7m a bed, it had better be good

an estimated €3.7m and climbing, it would be by far the most expensive hospital in the world.

Experts blame much of the dysfunction on poor and piecemeal long-term planning, inadequate budget control and Ireland's "two tier" public-private health system. In Ireland, unlike in most other EU countries, most specialists employed in publicly funded hospitals, already well paid by the state, are allowed to dedicate a portion of their time (typically 20%, though there is in practice little supervision) to private patients. These patients are often in the same public hospital and using publicly provided facilities. As a new EU country report noted last month, this "creates perverse incentives in publicly funded hospitals, where preferential treatment of privately insured patients adds to doctors' private revenues".

Róisín Shortall, a former junior health minister and joint leader of the centre-left Social Democrat party, notes that many worried families pay for no-frills health insurance (at an average annual cost of €1,850 in 2017), just to be able to skip lengthy queues. "Between 46% and 47% of Irish people are on private health insurance, which is by far the highest rate in Europe," she says. Yet only 13% of the total Irish spend on health comes from private insurance, leading to the charge that the private sector is piggy-backing on the public one.

Many Irish people are familiar with and envious of the UK's NHS and in 2017 a cross-party committee of MPs voted unanimously in favour of Sláintecare ("Sláinte" means "health" in Irish), a detailed plan to introduce free and improved care at all levels of treatment. One key recommendation was the phasing out of private practice in public hospitals.

The government of prime minister Leo Varadkar, himself a doctor and former health minister, has said that it accepts the plan. In practice, though, it has done little to advance it. Ms Shortall says implementing the plan would require a €7bn ring-fenced investment over ten years. The government has so far voted it only €20m.

Diarmaid Ferriter, a social historian at University College Dublin, says that resistance to reform comes partly from free-market ideology (the Republic throughout its history has always been ruled by alternating centre-right parties, never left-wing ones) and partly from the insurance industry and senior doctors. "In Ireland in the 1940s private medical practitioners were worried about a reduction in their income from what they saw as "socialised medicine", and they brought the Catholic church on board, saying that if the state extended its reach it might start looking at contraception and things like that," he says. "The church has declined in influence, but the power of the consultants has not." ■