Blaming migrants doesn't pay: the political effects of the Ebola pandemic in Italy

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Abstract

This paper investigates the political effects of perceived health risks associated with immigration in Italy. We leverage the exogeneity of the 2014 Ebola pandemic, which resulted in almost no cases in Italy but triggered a significant public reaction, with extreme right-wing politicians claiming ongoing immigration could endanger citizens' health. In a differences-in-differences framework, we examine the changes in the vote share of the main right-wing and anti-immigration party (Lega) across Italian municipalities before and during the Ebola outbreak. Treatment is based on perceived exposure to risk-Ebola immigrants, proxied by the local share of immigrants from West African countries. Results document a drop in political support for Lega in the more exposed municipalities, i.e., those with a larger share of risk-Ebola migrants. Our findings suggest that strategically exploiting a health crisis to garner support for anti-immigrant policies can eventually backfire.

Keywords— Refugees; Immigration; Ebola; Voting; Political Economy; Populism; Electoral campaigns
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1 Introduction

If viruses travel with people, mobility control is pivotal during a pandemic. Immigration, as a specific form of mobility, gains prominence, particularly when originating from countries with heightened pandemic risks. Immigrants may be perceived as potential carriers of contagion by individuals residing in unaffected regions, leading to shifts in attitudes, behaviors, and even voting preferences due to increased chances of contact with the potential 'importers' of a hazardous disease. In these cases, however, it becomes challenging to causally ascertain whether health concerns driving preference shifts are empirically grounded or, rather, stem from misperceptions, often exacerbated by biased media narratives and/or anti-immigration political campaigns.

From an empirical perspective, an ideal experimental setting would require an exogenous shock that changes citizens' contagion *expectations* but does not turn into an *actual* change in health risks. This is the case of the 2014 Ebola pandemic, which, unlike the more recent COVID-19 pandemic, did not escalate health risks in countries distant from West Africa, such as Italy. While the actual health of Italians was not in danger during the Ebola epidemic, this external shock might have heightened the *perceived* health risks associated with the potential interaction with prospective immigrants, particularly those originating from the countries affected by the disease.

Although only two official cases were documented in Italy by the World Health Organization (WHO) in late 2014 - early 2015, Ebola received, in fact, considerable media coverage in Italy. The virus outbreak was repeatedly associated with immigration-related issues, not ultimately because Italy is a country that is frequently exposed to immigration episodes. Rather swiftly, Ebola became a salient topic in the political debate, with extreme right-wing parties, notably the Lega party, strategically capitalizing on the alleged intersection of immigration and health crises. This strategic maneuver aimed to amplify citizens' per-

ceived sense of threat, thereby fostering heightened support for more stringent immigration policies. Even though public health experts underlined that Italy would have unlikely experienced an uncontrolled outbreak of Ebola, emotions like fear and anxiety started to spread anyway after the event reached public opinion. Far-right politicians, thus, fuelled these emotions and criticized the government further for rescuing refugees from Africa, which were publicly blamed for the (potential) spread of the disease.

Against this backdrop, the outbreak of Ebola provides us with a unique opportunity to estimate the political effects of the increased perceived health risks associated with immigration without the confounding effects of real contagion. While the political consequences of immigration have been extensively acknowledged by previous research[1], to what extent (fear of) contact with prospective immigrants from high-contagion areas influences the political outcomes of a spared country is still – to the best of our knowledge – an open question.

To assess the political effects of the 2014 Ebola pandemic in Italy, we rely on a Difference-in-Differences (DiD) approach, leveraging data from two waves of local elections (conducted in 2009 and 2014), supplemented by an antecedent electoral round (in 2004) to test for non-significant pre-Ebola trends. Using a continuous treatment approach, we assess the changes in the vote share of the leading far-right and anti-immigration party (i.e., Lega) over time and across municipalities in northern Italy, where that party is historically rooted. Treatment is based on geographical variation in the historical (pre-Ebola) clusters of immigrants from countries later affected by the Ebola pandemic, i.e., West African countries. In our empirical framework, the local share of risk-Ebola immigrants aims to capture the increase in citizens' expectations of future arrivals when the Ebola epidemic hit the headlines, generating an exogenous shock to perceived health risks stemming from prospective immigration.

According to our preferred DiD specification with municipality and region-by-year fixed effects, in municipalities with an above-median share of risk-Ebola migrants (more vulner-

[1]See Alesina and Tabellini (forth.) for a review.

able to risk-Ebola immigration), support for Lega drops by about 1.2 percentage points more relative to municipalities that are less exposed to risk-Ebola immigration. Additional estimates show a larger decrease in support for extreme-left parties and a more substantial increase in the vote share for moderate left-wing parties in more exposed municipalities.

Results are robust to falsification tests based on immigrants from countries different from West Africa, generating no significant treatment effects. Furthermore, the estimated effects are not driven by the endogenous sorting of West African migrants in response to the local political cycle. Finally, our main findings are confirmed under an alternative identification strategy, which exploits the proximity of each municipality to refugee reception centers. This last result also implies that the political loss for anti-immigrant politicians leveraging the health crisis stems from the voters' (perceived) threat of *both* regular and irregular migrants.

Our findings suggest that strategically exploiting a health crisis to garner support for anti-immigrant policies can eventually backfire. They also align with the "rally 'round the flag" hypothesis (Bol et al., 2021), implying that, during crises, citizens increase demand for political stability and support established, more moderate parties they believe are best placed to help them through an unexpected shock (Leininger and Schaub, 2023).

Our work fits into the growing literature looking into the political impact of the Ebola crisis on the behavior of voters (Campante et al., 2023, Beall et al., 2016), anti-immigration sentiments (Adida et al., 2020), trust in institutions (Fluckiger et al., 2019, Gonzalez-Torres and Esposito, 2020), export activities (Kostova et al., 2019). As in Campante et al. (2023), we study the electoral effect of a pandemic in a country that was not directly affected by the disease, thereby focusing on the role of perceived health threat. Differently from their study, which focuses on a highly polarized country such as the US, our analysis examines voters' reactions to a perceived health shock in a context characterized by a wide array of political parties often sharing the same ideological roots, and where the disappointed voters'

cost of shifting parties is lower.

Secondly, the paper adds to the literature documenting the change in satisfaction with political parties and actors during severe crises (Atkeson and Maestas, 2012, Healy and Malhotra, 2013, Getmansky and Zeitzoff, 2014, Albertson and Gadarian, 2015, Vasilopoulou and Wagner, 2022). Such strand of literature emphasizes different mechanisms through which external events can generate electoral effects, such as emotional responses (e.g., voters react emotionally to a crisis and then translate these emotions into their voting behavior), retrospective voting (voting during an emergency is an opportunity for evaluating the incumbent's performance), and prospective-voting perspectives (political preferences are based on forward-looking strategic considerations). Our paper mainly refers to the first and third perspectives, in the specific scenario of a 'double' sense of threat originating from ongoing immigration and a world pandemic. In this setting, the political salience of immigration in regular times might be amplified during a pandemic. On the one hand, political campaigns aiming to increase insecurity and vulnerability could boost anti-immigration attitudes, thereby increasing support for parties that propose more stringent immigration policies to deal with alleged health risks[2]. Hence, if voters were to express feelings of outgroup hostility at the elections, we would expect an increase in vote shares of Lega. On the other hand, however, such political campaigns can backfire if (rational) voters realize that the contagion dynamics do not empirically mirror the immigration-related health risks alleged by extreme right-wing parties. Hence, distrust towards these parties might increase, and, under the threat of a shared and external enemy, citizens "rally 'round the flag": they support more moderate and established political forces, which – in their view – call upon national unity to implement health policies in a more effective way (Mueller, 1970, Oneal and Bryan, 1995).

[2]Indeed, although migrants were not the key drivers of contagion, nationalist parties emphasized the need for stricter immigration policies, Italy being a paradigmatic example: https://www.theguardian.com/commentisfree/2020/feb/28/coronavirus-outbreak-migrants-blamed-italy-matteo-salvini-marine-le-pen.

Thirdly, this paper also contributes to the literature on the effect of other pandemics (with increasing attention to COVID-19) on political and electoral outcomes (Mansour et al., 2020, Fernandez-Navia et al., 2020, Giommoni and Loumeau, 2020, Adam-Troian et al., 2020, Leromain and Vannoorenberghe, 2022, Picchio and Santolini, 2022, Leininger and Schaub, 2023). By focusing on real health risks, however, all these studies could not disentangle whether the political effects of the pandemic were driven by (mis)perceptions or actual contact probabilities. Our setting, instead, allows us to kill the latter confounder.

Fourthly, our research also ties into the literature investigating the relationship between immigration and the increasing support towards extreme-right parties. These studies focus on labor market competition (Barone et al., 2016, Halla et al., 2017, Edo et al., 2019) and rivalry in benefiting from welfare and public services (Otto and Steinhardt, 2014, Halla et al., 2017, Levi et al., 2020) as main channels through which the conflict between natives and immigrants arises, shaping voters' choices and leading to an increase in the share of votes for right-wing and populist parties. Proximity to refugee centers is shown to boost anti-immigration attitudes (Dustmann et al., 2019, Vertier et al., 2023, Steinmayr, 2021, Dinas et al., 2019, Hangartner et al., 2019, Bratti et al., 2020), even though, in the long run, the anti-immigrant sentiment can be mitigated by the 'compositional amenities' (i.e., local schools) and population growth brought about by those centers (Gamalerio and Negri, 2023).

Lastly, this study also relates to the previous research on how electoral outcomes are affected by (biased) expectations about prospective immigration (Newman and Velez, 2014), often due to the way migration is covered by the media (Benesch et al., 2019) and the spread of fake news (Barrera et al., 2020, Cantarella et al., 2023) that boost immigration worries.

The remainder of the paper is structured as follows. Section 2 describes the context and background of the Ebola crisis and the Italian institutional and political context. Section 3 presents the data and the econometric approach. Sections 4 and 5 summarise the main

results and the robustness checks. Section 6 concludes.

2 Background

2.1 Ebola outbreak: stylized facts & public reaction

The Ebola pandemic started in Guinea and spread to neighboring countries such as Sierra Leone and Liberia. The WHO declared the outbreak a public health emergency of international concern on August 8, 2014, (WHO, 2014). Throughout the epidemic, the disease spread to 7 additional countries: Italy, Mali, Nigeria, Senegal, Spain, the United Kingdom, and the United States of America. After two years, in June 2016, the outbreak was declared over, with more than 28,600 people infected and 11,325 people dying (WHO). Most Ebola-related cases and deaths recorded worldwide were in Guinea, Liberia, and Sierra Leone. The death toll was much lower when the outbreak spread outside Guinea, Sierra Leone, and Liberia (36 cases and 15 deaths).

Despite the few cases registered outside Guinea, Sierra Leone, and Liberia, Ebola caused a significant public media reaction and coverage. In the United States, where four diagnosed cases were found between September and October 2014, the Ebola-related tweets revealed the presence of negative emotions such as anxiety and anger (Fung et al., 2014), generating more news interest than any previous public health crisis according to a report by the Pew Research Center[3]. Polls conducted in the second part of October revealed that more than half of adults (52%) are concerned that there will be a large outbreak of Ebola inside the U.S. within the next 12 months[4]. This is not only related to the United States. Indeed, a

[3]Link: http://pewrsr.ch/1t4aEFI. Accessed June 1, 2023.

[4]Harvard School of Public Health/SSRS. Ebola poll. Boston, MA: Harvard School of Public Health/SSRS, 2014. Available at the link: https://www.hsph.harvard.edu/news/press-releases/poll-finds-most-believe-ebola-spread-by-multiple-routes. Accessed June 1, 2023.

Poll conducted in seven European countries revealed that participants from Great Britain, France, and Germany had a level of concern similar to those in the US[5]. It was also clear that the fear of Ebola was amplified by the media (Merino, 2014, Fung et al., 2014, Lancet, 2014), which may have also generated public confusion and misinformation on the topic[6]. Many US citizens believed that Ebola could be transmitted through sneezing or coughing and that the virus could be transmitted even before the symptoms appeared. Instead, in reality, people are unlikely to get sick from someone sneezing or coughing, and the virus is not contagious before symptoms appear (SteelFisher et al., 2015). Given the negligible risk of infection, the anxiety about Ebola was most likely driven by a perceived rather than actual danger to health (Fung et al., 2014).

Italy experienced two official cases. In late 2014 - early 2015, the media reported the first Italian case being an Italian doctor who contracted Ebola in Sierra Leone and was cured at Rome's Spallanzani hospital[7]. At the beginning of May 2015, the WHO received notification of a second case of Ebola virus disease in Italy. The patient was a healthcare worker who developed symptoms after returning from an Ebola treatment center in Sierra Leone. He was also treated at Rome's Spallanzani Hospital. In both cases, the two patients were disease-free after receiving the treatment.

Despite the limited number of cases and the almost null risk of contagion, the concern of a potential virus spread also heightened in Italy. A national poll revealed that more than 40% of the Italians were worried or very worried about the Ebola diffusion[8]. Moreover, the Ebola pandemic received significant coverage and popularity in the media: Figure 1 (panels

[5]YouGov. French and Americans are most concerned about Ebola. London: YouGov, 2014. Available at: https://yougov.co.uk/topics/politics/articles-reports/2014/11/04/french-americans-most-concerned-about-ebola, Accessed June 1, 2023.

[6]See for instance Kaiser Family Foundation (KFF) poll October 8-14, 2014. Available at the link: https://files.kff.org/attachment/kaiser-health-policy-news-index-special-focus-on-ebola-topline-methodology. Accessed June 2, 2023.

[7]An institution specialized in infectious diseases.

[8]The data were collected by SWG in 2014, and aggregated results were made available to us upon request. SWG and Dr. Fonda are gratefully acknowledged for sharing these data

A and B) plots the association between the dynamics of Ebola-reported cases and the dynamics of Ebola-related and Ebola-&-Migration-related tweets. The graph reveals that the salience of Ebola-related news among Italian users closely mirrored the evolution of the pandemic. Despite the peak at the end of 2014, explained by the first case of Ebola reported in Italy, the traffic on Twitter about Ebola increased primarily before the elections (May 2014). Looking at the residuals of the Ebola-&-Migration-related tweets dynamics[9], we observe that in 2014 – the year of the Ebola outbreak – a positive jump precedes the time in which administrative elections took place (Figure 2). This suggests that a significant share of Ebola-&-Migration-related tweets over that period are left unexplained. Suppose the salience of Ebola-&-Migration-related tweets follows the evolution of the pandemic regarding reported cases worldwide. Then, the evidence in Figure 2 would support the hypothesis that some politicians campaigning for local elections in 2014 strategically relied on (and perhaps inflated) the amount of Ebola-&-Migration-related news circulating in the pre-electoral period.

Overall, these descriptive results suggest that the attention devoted by Italian media to the Ebola outbreak closely mirrored the worldwide diffusion of Ebola, particularly in countries most severely hit by the disease. Yet, the topic's popularity cannot be fully explained by the actual epidemiological evolution of the disease, measured in terms of reported cases. The dynamics of this unexplained component suggest that the Ebola salience is inflated in specific periods, such as after the peak of the epidemiological cycle (August 2014), when the 1st Ebola case was reported in Europe (late 2014), and - most importantly - in the weeks preceding the administrative elections (spring 2014).

Importantly, Ebola was particularly salient in those municipalities where citizens might have felt more vulnerable to imported contagion from West African immigrants: Figure 3 shows that occurrences of Ebola-related words in Twitter are more prominent in municipal-

[9]Residuals are obtained after regressing the count of Ebola-&-Migration-related tweets on the count of Ebola-reported cases over time.

ities with large historical clusters of regular immigrants from West Africa[10]. Hence, at the onset of the Ebola virus, citizens residing in those municipalities might have felt more at risk of contagion as more exposed to a prospective risk-Ebola (regular or irregular) immigration.

[Figure 1, Figure 2 and Figure 3 around here]

2.2 Institutional and political context

Our study relies on data from three waves of Italian municipal elections (2004, 2009, and 2014). Elections for municipal governments (local council and mayor) occur every five years[11], with direct election of the mayor on a single or dual ballot depending on resident population size[12]. Since the electoral schedule across the country is staggered, several elections occurred in the years considered in this paper, with only a subset of municipalities voting simultaneously[13].

At the national and local level, the political party 'League' ('Lega') is associated with anti-euro and anti-immigration campaigns. Their leaders have repeatedly promised to expel all illegal migrants from Italy with the slogan *Italians first*. At the beginning of the 2000s, the party reached increasing success in the country, becoming a proper nationalist party like other national parties in Europe (e.g., National Front in France, Freedom Party in Austria, AfD in Germany). Matteo Salvini, the leader of the Lega, at the beginning of

[10]These municipalities are characterized by an above-median concentration of migrants from West Africa, relative to the total number of migrants from West-African immigrants in Italy (both measured in 2004).

[11]The only case in which a municipality votes with a different schedule is when mayors, or at least half of the councilors, resign before the end of the term. Early termination can also be due to the dissolution of suspected mafia presence in the council, merging with other municipalities, and other law violations.

[12]Cities with more than 15,000 inhabitants have a runoff stage among the most-voted candidates if none collects more than 50% of the votes in the first stage. Italy's municipal level of government includes over 8,000 authorities and corresponds to the lowest level of administrative government jurisdiction.

[13]The exact day of the election is chosen each year by decree of the Minister of Internal Affairs on all Sundays from 15 April to 15 June. It is the same for all municipalities in the election year.

April 2004, in a session of parliamentary questions of the EU Parliament, complained about the massive scale of migratory flows, to a large extent illegal and quantified at a minimum of half a million migrants a year from the African continent to Europe, as well as about the consequent complications in terms of health controls[14]. Moreover, the leader of Lega, in both the Ebola and the more recent COVID-19 pandemic crises, explicitly associated prospective refugee arrivals with a real risk to the Italians' health[15].

3 Methods

3.1 Data

Data on electoral outcomes are obtained from the Italian Ministry of Interior[16] and contain information on the day of the election, the size of the electorate and turnout, the number of blank and null ballot papers, the number of candidates mayors and the share of votes obtained by all the parties running for local elections in each municipality. For all municipalities included in our sample, we collect additional information on municipalities' characteristics such as total population and number of resident immigrants by nationality, which is obtained from the Italian National Statistical Institute (ISTAT), and the amount of taxable income available from the Ministry of Economy and Finance. We also collected the location of active SPRAR reception centres across Italy over the years of interest[17].

[14] Available at https://www.europarl.europa.eu/doceo/document/E-7-2014-005070_EN.html. Accessed June 6, 2023. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:C:2014:405:FULL&qid=1661860546044. Accessed June 6, 2023.

[15] See, for instance, https://www.huffingtonpost.it/politica/2014/05/06/news/matteo_salvini_contro_gli_immigrati_darei_a_loro_il_daspo_portano_scabbia_tubercolosi_ed_ebola_-6470532/, https://www.theguardian.com/commentisfree/2020/feb/28/coronavirus-outbreak-migrants-blamed-italy-matteo-salvini-marine-le-pen and https://time.com/5789666/italy-coronavirus-far-right-salvini/.

[16] https://elezionistorico.interno.gov.it.

[17] https://www.siproimi.it/pubblicazioni.

3.2 Exposure to Risk-Ebola migration

We measure exposure to risk-Ebola immigration at the municipality level by exploiting historical clusters of regular West African immigrants across northern Italian municipalities. This measure (*WA Migrants Share*) is based on the real presence of migrants from countries where Ebola later spread, and is calculated as the share of this group of migrants over the total number of migrants in the municipality.

More precisely, we compute the ratio between the count of (legal) resident migrants in municipality i from West African countries (*RE resident migrants*) and the total count of (legal) resident migrants in the municipality i (*Total resident migrants*) in 2004, i.e., ten years before the outbreak of Ebola:

$$\text{WA Migrants Share}_{i,2004} = \frac{\text{Count of RE resident migrants}_{i,2004}}{\text{Count of total resident migrants}_{i,2004}} \tag{1}$$

WA Migrants Share is intended to capture how likely it is for citizens of a given municipality to come in contact with present and prospective risk-Ebola immigrants. It has higher values in municipalities with a high proportion of migrants from risk-Ebola countries relative to the total number of migrants.

Such a proxy for exposure to health-immigration risk is built on the idea that, as the salience of Ebola increased, citizens in municipalities with a higher share of migrants from West Africa might expect to get even more immigrants from West Africa. More specifically, as migrants tend to settle where they have a sizeable pre-existing network of co-nationals (Altonji and Card, 1991, Barone et al., 2016), voters may increase their expectations about future immigration by combining information about the geographic spread of Ebola and the local clusters of immigrants. Thus, the threat of risk-Ebola immigration is higher (lower) where West African immigrants are more (less) expected to settle, that is, in municipalities with a high (low) local share of regular West African migrants.

An alternative interpretation of this index hinges on the relative importance that regular immigrants with origins in West Africa might have to local voters, regardless of their beliefs on future immigration. As soon as Ebola becomes a salient issue, citizens could perceive a heightened threat due to increased chances of interaction with West African immigrants who have already established residence within their municipality. In this context, voters might struggle to differentiate between migrants who arrived before or during the Ebola pandemic, possibly forming beliefs that any West African immigrant could serve as a carrier of Ebola infection. In either scenario—whether the perceived threat originates from the augmented salience of the local pre-Ebola proportion of West African migrants or anticipations of future arrivals of migrants from Ebola-prone countries—the Ebola outbreak is expected to induce shifts in health risk perceptions in municipalities hosting a greater share of West African immigrants.

As part of our robustness checks, we employ an alternative denominator for the index in Equation (1), using the total count of resident immigrants from risk-Ebola countries in Italy, akin to the approach taken in Barone et al. (2016). While yielding similar outcomes (see Section 5.2), our preferred index version remains the one presented in Equation (1), primarily because the ratio conforms more closely to a normal distribution in this formulation. This characteristic makes it better suited for linear models.

To identify the risk-Ebola cluster, we classify immigrants based on their country of origin, considering a broad definition of the risk-Ebola macro-area, which encompasses the entire West Africa region and counts a total of 16 countries, including the three countries most severely hit by the Ebola outbreak: Guinea, Sierra Leone, and Liberia[18].

As done in other studies (e.g., Bracco et al. (2018)), we focus the analysis on the northern regions (Piemonte, Lombardia, Liguria, Veneto, Friuli-Venezia Giulia, Emilia-Romagna),

[18]The other countries included in the West-Africa macro-area, based on the geographical classification by the UN, which we rely on, are: Benin, Burkina Faso, Cape Verde, Gambia, Ghana, Guinea Bissau, Ivory Coast, Mali, Mauritania, Niger, Nigeria, Senegal, Togo.

omitting municipalities in geographical areas in which the electoral strength of the Lega party was negligible in the years we consider.

3.3 Empirical strategy

To assess the effect of the 2014 Ebola outbreak on political preferences, we rely on a DiD approach. We compare the electoral outcomes of northern Italian municipalities that voted in 2014 with the electoral results of the same municipalities that regularly held the previous round of local elections, i.e., in 2009. We expand the time span to include the 2004 electoral wave to test for differences in pre-Ebola trends between treatment and control municipalities.

The following equation summarizes the model we estimate:

$$\begin{aligned} Y_{i,r,t} = \beta_1 \text{WA Migrants Share}_{i,r,2004} + \beta_2 E_t + \beta_3 (\text{WA Migrants Share}_{i,r,2004} * E_t) \\ + \beta_4 X_{i,r,t} + \lambda_i + \delta_r + \delta_r * D_t + \epsilon_{i,r,t} \end{aligned} \tag{2}$$

In equation (2), Y is the electoral outcome for municipality i, region r, and year t (t=2004, 2009 and 2014). We consider as the main outcome the vote shares obtained by the extreme right-wing party Lega; then we also look at the vote share of center-right, center-left, and extreme-left parties. *WA Migrants Share* identifies our treatment variable, i.e., potential exposure to risk-Ebola immigration (see equation 1) in municipality i, region r, and year 2004. E is the election-year dummy variable, equal to 1 when elections are held at time t, with 2014 being the Ebola period. $X_{i,r,t}$ is a set of control variables that vary at municipal i level and over time t.

Our coefficient of interest is β_3, which estimates the electoral effects of the local share of risk-Ebola immigrants across the three electoral waves, comparing municipalities that have above vs. below/equal to the median values of *WA Migrants Share*. Following a continuous

treatment approach, we also estimate the treatment effect of the local share of risk-Ebola migrants using *WA Migrants Share* as a continuous variable.

Our primary focus is on the differential treatment effects between the electoral wave during the Ebola year (2014) and the previous one (2009). The lack of a significant treatment effect in 2004 relative to 2009 would trajectory of political outcomes within our control group (municipalities with a share of risk-Ebola immigrants below or equal to the median) serves as a credible approximation of the counterfactual political trajectory within our treatment group (municipalities with a share of risk-Ebola immigrants above the median), had Ebola never occurred.

We include among controls the number of individuals entitled to vote at the municipality level, which takes into account the changes in the size of the electorate due, for instance, to the historical variation in the dimension of the cohorts entering the voters for the first time[19] (*Electorate*). We control for the overall presence of regular immigrants affecting voting behavior by including the population share of all regular immigrants, excluding those with Italian citizenship (*Share of immigrants*)[20]. To control the effect of (present and past) contact with refugees and asylum seekers on voting behavior, we also include a dummy variable that takes the value one in case the municipality hosts a refugee center (*Presence of SPRAR*). Considering that immigration policies and political outcomes may be sensitive to top-income voters, we also control for the share of citizens with annual personal taxable income greater than 120,000 euros (*Taxable income*). In addition, we include an index capturing the characteristics of the age structure and demographic dynamics, i.e., the ratio between the number of elderly individuals (over 65) and the number of 0-14-year-old children (*Ageing*). Finally, λ_i, δ_r and $\delta_r * D_t$ capture, respectively, municipality, region and region-by-year fixed effects.

In all specifications, standard errors are clustered at the municipality level to account for

[19]This variable is also a proxy for municipality size.

[20]This variable allows us to control for the pre-Ebola presence of migrants in the municipality.

error correlation that could derive, for instance, from geographical spillovers (e.g., voters' reactions to heightened health risks from immigration spilling over neighboring cities).

Summary statistics for the main variables are reported in Table 1.

[Table 1 around here]

4 Main results

Our main results are graphically shown in Figure 4 and Figure 5, while Table 2 and Table 3 present the complete estimates. Overall, our estimates document a drop in the political support for Lega. Voters shift political support from the latter (and other extreme parties) towards more moderate left-wing parties.

We first show the results using the exposure to the risk-Ebola migration index as a dummy equal to one for values above the median of the *Share of WA Migrants*. Municipalities with above-median exposure to risk-Ebola migration experience a drop in the vote share of Lega by around 1.2 percentage points more than less exposed municipalities (Figure 4, dotted line, and Table 2, column 1). Using the exposure to the risk-Ebola migration as a continuous variable, we find that a one-standard-deviation increase in exposure leads to a decrease in the vote share of Lega by 0.4 percentage points (Figure 4, solid line, and Table 2, column 2).

In the estimates where the exposure index is a dummy variable, the point estimates suggest that the vote share of the center-left coalition is significantly and positively affected by risk-Ebola exposure. More precisely, the treatment effect on the share of votes for the center-left partnership is around +0.6 percentage points (Figure 5, panel b, dotted line, and Table 3, column 2), while on the share of votes for the extreme-left parties it is around -0.4 percentage points (Figure 5, panel c, dotted line, and Table 3, column 3). Results are similar when using treatment as a continuous variable. More precisely, in that case,

a one-standard-deviation increase in risk-Ebola immigration exposure leads to an increase (decrease) in vote share of the center-left (extreme-left) coalition by +0.4 (-0.2) percentage points (Figure 5, panels b and c, solid line, and Table 3, columns 5 and 6).

Finally, we add a post-Ebola election round (2019) to the analysis to check whether the treatment effects persist after the end of the Ebola crisis. While our previous treatment effects are confirmed in this alternative empirical strategy, the new estimates rule out long-run political effects of risk-Ebola immigration exposure (Table A1 in Appendix).

[Figure 4 and Figure 5 around here]

[Table 2 and Table 3 around here]

5 Robustness checks

5.1 Placebo tests

We perform two placebo DiD regressions based on 'fake' treatment groups. First, we construct the same exposure index as in Equation 1 using the share of Asian and South American migrants. Since these groups of migrants are unrelated to the Ebola epidemic, the estimated effect of such a 'placebo' exposure should be zero on average. Results for placebo regressions for the two separate groups are reported in Table 4, in which the (placebo) groups are now the share of Asian immigrants (column 1) and the share of South American immigrants (column 2).

Second, since the WHO declared the health emergency for Ebola only in 2014, we run an additional placebo DiD regression using all the Italian municipalities that voted earlier, i.e., in 2013, 2008, and 2003. Again, the treatment effect in these estimates is expected to be not statistically different from zero as there was no Ebola pandemic over that period. Results are reported in Table 4, column 3, and show that this is indeed the case. The falsification

tests in Table 4 provide additional evidence supporting the validity of our identification strategy.

[Table 4 and Table 5 around here]

5.2 Alternative treatments

As an alternative identification strategy, we rely on a measure of exposure to risk-Ebola immigration based on the distance of each municipality to the closer refugee reception centers (RRC). [21]. More precisely, we estimate the following model as in Equation 2:

$$\begin{aligned} Y_{i,t,r} = \beta_1 \text{RRC proximity}_{i,r,2004} + \beta_2 E_t + \beta_3 (\text{RRC proximity}_{ij,r,2004} * E_t) \\ + \beta_4 X_{i,t,r} + \lambda_i + \delta_r + \delta_r * D_t + \epsilon_{i,t,r} \end{aligned} \tag{3}$$

where *RRC proximity* is the inverse of the distance, in kilometers, between municipality i and the closest municipality with a refugee center j (we use the geodesic distance between the centroids of two cities). This index aims to capture how likely it is for citizens of a given municipality to come in contact with present immigrants. It obtains higher values in municipalities that are closer to an RRC. While we cannot explicitly isolate risk-Ebola

[21] As far as the Italian migrants' reception system is concerned, in the period considered in this paper, refugees receive first assistance, medical care, health screening, and identification immediately after arrival in a collection center close to the main landing ports. The Italian Prefectures coordinate these centers, and refugees can start the procedure to request international protection. Within 48 hours, refugees are transferred to temporary first reception centers (CPA). In the meantime, they receive a response for international protection requests, with an average permanence period of 10 days. In case of acceptance, migrants become asylum seekers. They can be directed to the second level of reception, where they wait for the final response to their international protection request, waiting for repatriation. The Ministry of the Interior coordinates the second-level reception system in collaboration with the National Association of Italian Municipalities through a protection system for asylum seekers and refugees (SPRAR). Once in the reception system, refugees are completely limited in their freedom of movement to circulate over the territory and are not allowed to leave the reception center temporarily, at least not legally, and not immediately after the landing (e.g., they cannot visit relatives without prior authorization).

immigrants from other immigrants hosted in RRCs[22], as aggregate statistics reveal, the risk-Ebola cluster is nonetheless over-represented in those centers[23]. This is enough to make their presence over-salient even without any specific information provision to citizens about the nationality distribution in each RRC. Moreover, the location of RRC, which relocated and hosted refugees and asylum seekers under the SPRAR program, might not be fully exogenous to the local political cycle[24]. To mitigate this potential concern, we keep only municipalities that did not host a refugee center in 2004 and exploit potential geographical spillovers to identify the treatment effect of interest (for a similar strategy, see Bratti et al. (2020)). Results using proximity to RRC as a treatment are summarized in Table 5 and confirm our main findings.

As an additional, alternative treatment variable, we replace our main exposure indicator as in Equation 1 with the ratio between the count of (legal) resident migrants in municipality i from West African countries (*RE resident migrants*) and the total count of (legal) resident migrants from West Africa in Italy (*Total RE resident migrants*) in 2004. Results are also confirmed using this alternative version of the treatment variable (see Table A2 in Appendix).

[22]Isolating the information on the nationalities of all immigrants hosted within each refugees' reception center is impossible due to data availability constraints.

[23]The percentage of migrants hosted in RRCs coming from risk-Ebola countries is indeed higher than the percentage of migrants from risk-Ebola countries over the total of all migrants who land in Italian ports or who are legally entitled to reside in Italy in each year. As a reference, in 2014, the total number of migrants who landed in Italy was equal to 170.000, and among the top 10 countries of origin, only a few belonged to the Risk-Ebola cluster: Mali (9.908), Nigeria (9.000), Gambia (8.691), and Senegal (4.933), representing roughly 19% of the total. In contrast, in the same year, the overall number of migrants who issued an asylum request, who are those entitled to be hosted in RRCs, was equal to 63.000, and among the top-10 countries of origin, those belonging to the Risk-Ebola cluster represented approximately 59% of the total (Mali: 9.800; Nigeria: 9.700; Gambia: 8.500; Senegal: 4.671; Ghanese: 3.104; Ivory Coast:1.491). Source: https://www.interno.gov.it/sites/default/files/t31ede-rapp_prot_int_2015_-_rapporto.pdf.

[24]Each Italian municipality can set up reception centers (usually pre-existing residences, apartments, or hotels), conditional on participating in national public tenders for refugees' reception. Winning participants then give their availability to host asylum seekers and refugees (Gamalerio and Negri, 2023). Refugees are assigned to these centers depending on the availability of the municipality to provide beds.

5.3 WA immigrants and the local political cycle

We run an event study to test for significant pre- and post-electoral trends in the share of WA immigrants. More specifically, we estimate the following model:

$$\text{WA Migrants Share}_{i,t,r} = \sum_{d} \beta_d E_{i,t+d} + \gamma X_{i,t,r} + \lambda_i + \delta_r + \delta_r * D_t + \epsilon_{i,t,r} \qquad (4)$$

where *WA Migrants Share* is the share of WA immigrants living in municipality i, region r and year t. $E_{i,t+d}$ is a dummy variable equal to 1 if an election is scheduled in municipality i at time $t+d$, with $d = \{-1, -2, +1, +2\}$, e.g., one and two years before and after the election year (omitted). The coefficient of interest from Equation 4 is β_d, which captures the time variation in the share of West African immigrants between year t and the year of the election. More precisely, when $d = -2$ and $d = -1$, β_d captures pre-electoral trends of West African immigrants (i.e., one and two years before the election year), whereas when $d = +1$ and $d = +2$, β_d captures post-electoral trends (i.e., one and two years after the election year). Results in Table A3 of the Appendix show no pre- or post-electoral trends of West African immigrants in response to the local political shocks. This evidence allows us to exclude that risk-Ebola immigrants endogenously sorted in a given municipality based on the local political cycle, which might have been a concern to our empirical strategy.

6 Conclusions

We examine the political effects of the 2014 Ebola pandemic in Italy, a country unscathed by the disease itself. Exploiting the pandemic as an external shock, we focus on the impact of *perceived* health threats on the political support of the main far-right and anti-immigrant party, i.e., Lega. The leaders of this party capitalized on the global health crisis to advance more stringent anti-immigration policies, explicitly linking ongoing immigration with the

potential diffusion of the disease within the country.

Our DiD strategy rests on variation across municipalities in the local share of West African immigrants, which we use as an indirect treatment measure capturing perceived health threats associated with immigration. As we argue in the paper, perceived health risks heightened when Ebola broke out, more so where i) prospective immigrants from risk-Ebola nations were (perceived as) more likely to relocate after arriving (e.g., municipalities with a high pre-Ebola share of regular migrants from West Africa), and/or ii) citizens perceived immigrants from West Africa residing in their city as potential sources of contagion. Our results show negative treatment effects, documenting a decrease in the vote share of Lega in 2014, the year coinciding with the Ebola crisis in West Africa. Moreover, supplementary estimates indicate a shift in political support toward more moderate parties, as positive treatment effects are observed in the vote share of center-left parties.

These findings do not necessarily go against those provided by Campante et al. (2023) for the US, most likely because of differences in the institutional context. More specifically, in a highly polarized country like the US, supporters of one of the two main political forces would hardly change their political affiliation because this would require a dramatic ideological shift. In a multi-party system like the Italian one, disappointed voters can enjoy, instead, many political alternatives without moving further away from their own political ideology. Future research should delve into the political effects of unexpected shocks from a comparative standpoint, e.g., focusing on the interplay between exposure to the crisis, its political effects, and the mediating influence of the institutional context.

In conclusion, our findings suggest that the alleged health risks stemming from immigration might lead to a substantial loss in political support for those politicians leveraging the health crisis for personal gains. Therefore, strategically exploiting a crisis to gain support for anti-immigrant policies could prove politically counterproductive, providing an example of how populism can eventually backfire.

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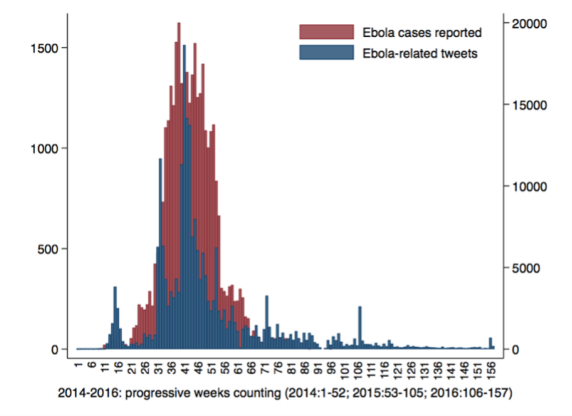
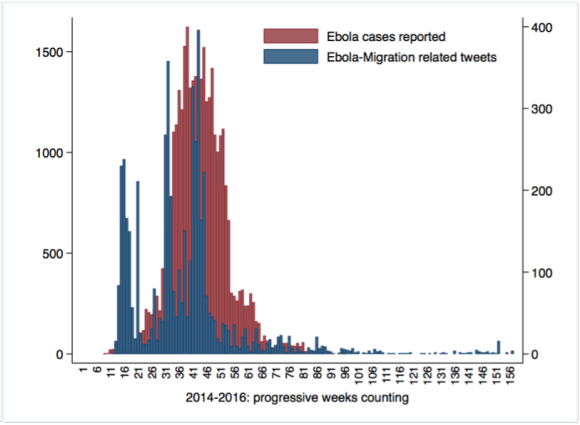
Figures

Figure 1: Occurrences of Ebola-related words in Twitter

(a) Ebola cases and Ebola tweets

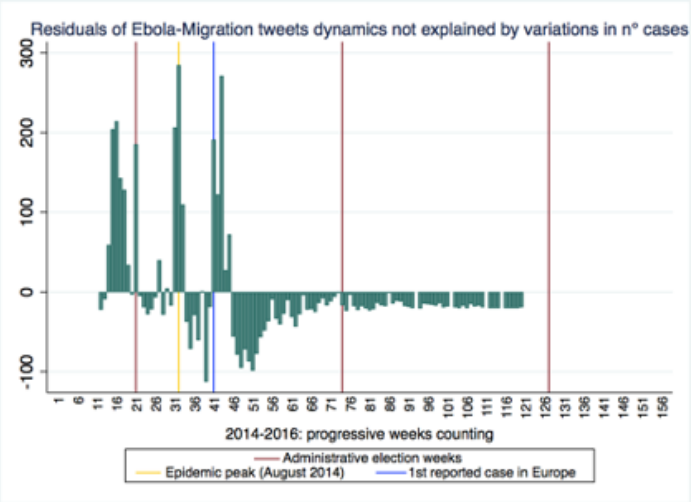


(b) Ebola cases and Ebola-Migration tweets



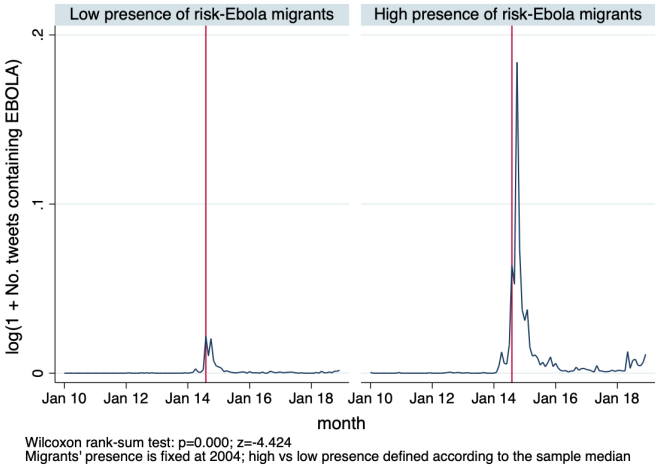
Note: The Figure reports the trend of Ebola-related occurrences in tweets collected from geolocalized users in Italian municipalities from 2010 to 2018, by high vs low presence (defined at the median) of West-African regular immigrants in a municipality relative to total no. of West-African immigrants in Italy in 2004.

Figure 2: Occurrences of Ebola-related words in Twitter



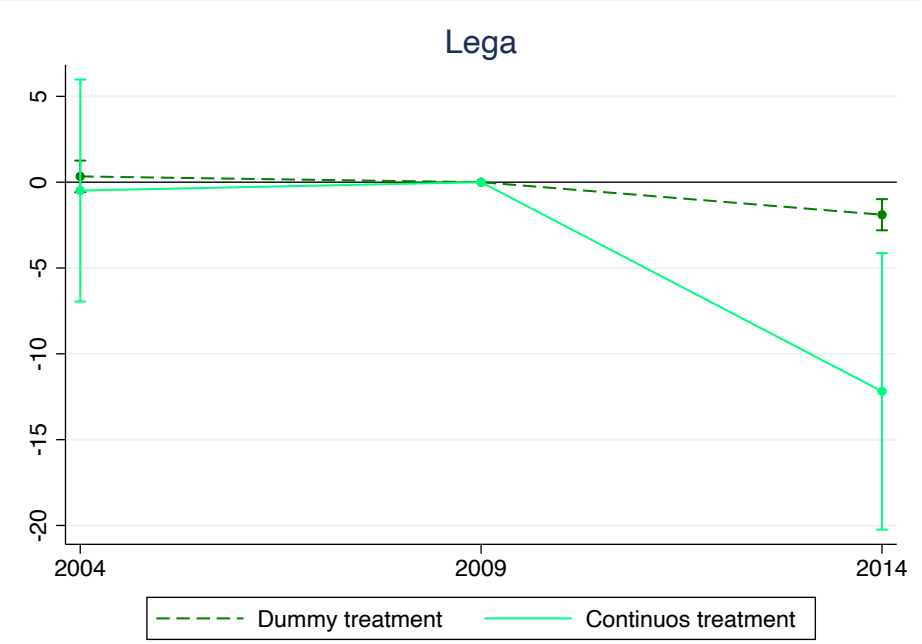
Note: The Figure reports the trend of Ebola-related occurrences in tweets collected from geolocalized users in Italian municipalities from 2010 to 2018, by high vs low presence (defined at the median) of West-African regular immigrants in a municipality relative to total no. of West-African immigrants in Italy in 2004.

Figure 3: Occurrences of Ebola-related words in Twitter



Note: The Figure reports the trend of Ebola-related occurrences in tweets collected from geolocalized users in Italian municipalities from 2010 to 2018, by high vs low presence (defined at the median) of West-African regular immigrants in a municipality relative to total no. of West-African immigrants in Italy in 2004.

Figure 4: The effects of Ebola on political support for Lega

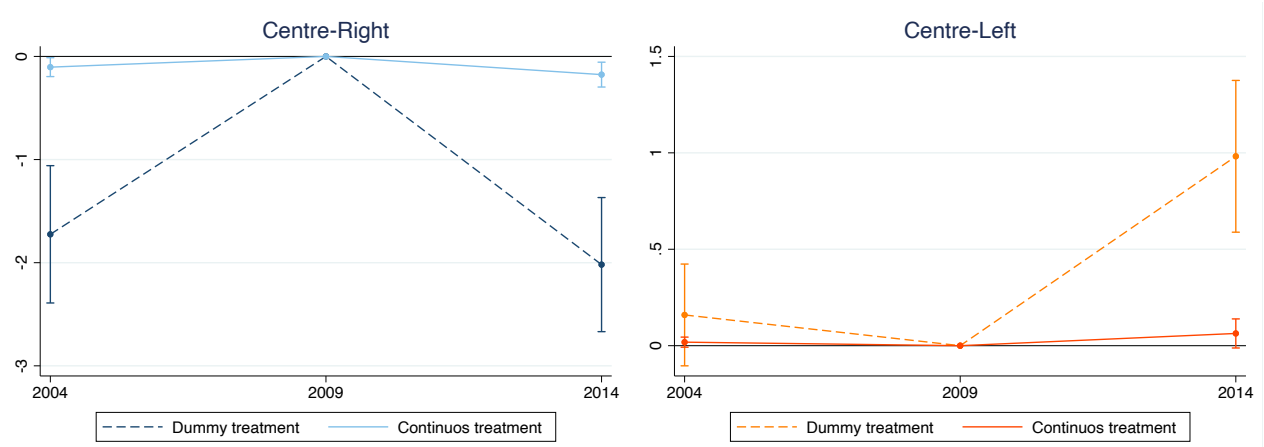


Note: Dotted line shows the effect of Ebola on political support for the Lega party using the treatment variable as a dummy equal to one for values above the median of the *Share of WA Migrants*. Solid line shows the effect of Ebola on political support for the Lega party using the treatment variable as a continuous variable.

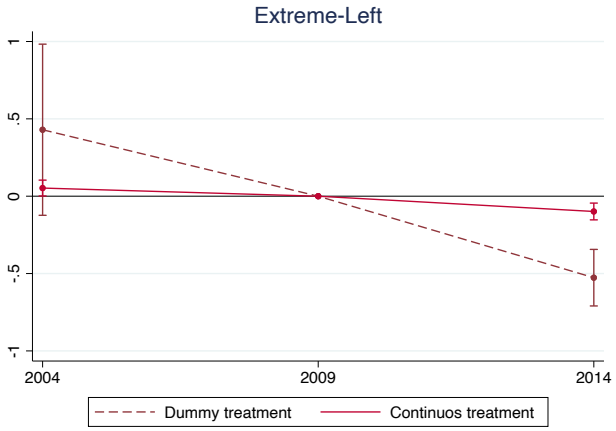
Figure 5: The effects of Ebola on political support for Lega

(a) Centre-right

(b) Centre-left



(c) Extreme-left



Note: Dotted line shows the effect of Ebola on political support for the Centre-right (panel a), Centre-left (panel b) and Extreme-left (panel c) parties using the treatment variable as a dummy equal to one for values above the median of the *Share of WA Migrants*. Solid line shows the effect of Ebola on political support for the Centre-right (panel a), Centre-left (panel b) and Extreme-left (panel c) parties using the treatment variable as a continuous variable.

Tables

Table 1: Descriptive statistics

Variable	Mean	Std. Dev.
WA migrants share	6.029	8.834
Share of votes Lega	3.609	11.342
Share of votes centre-right	1.242	5.686
Share of votes centre-left	1.408	7.25
Share of votes extreme left	0.618	3.709
Electorate (log)	7.444	1.17
Ageing	1.965	1.567
Share of immigrants	6.478	4.138
Taxable income	23.266	2.732
Presence of SPRAR	0.006	0.076
Observations	6950	

Note: Authors' calculation

Table 2: The effects of Ebola on political support for Lega

	(1)	(2)
	Share of votes Lega	
WA migrants share (above median)#2004	0.587	
	(0.464)	
WA migrants share (above median)#2009	-	
WA migrants share (above median)#2014	-1.155**	
	(0.450)	
WA migrants share#2004		0.037
		(0.031)
WA migrants share#2009		-
WA migrants share#2014		-0.059**
		(0.028)
2004	-0.662	
	(0.551)	
2014	-0.447	
	(0.459)	
Electorate (log)	-3.211*	-3.500*
	(1.797)	(1.820)
Ageing	-0.041	-0.045
	(0.027)	(0.028)
Share of immigrants	0.032	0.031
	(0.078)	(0.078)
Taxable income	-0.100	-0.091
	(0.096)	(0.095)
Presence of SPRAR	1.041	0.925
	(1.373)	(1.390)
Observations	6,950	6,950
R-squared	0.089	0.089
Number of codiceistat	2,321	2,321
Region by year fixed effects	YES	YES

Note: Column 1 shows the effect of Ebola on political support for the Lega party using the treatment variable as a dummy equal to one for values above the median of the *Share of WA Migrants*. Column 2 shows the effect of Ebola on political support for the Lega party using the treatment variable as a continuous variable. Standard errors clustered at the municipal level in parentheses; * p <0.10, ** p <0.05, *** p <0.01.

Table 3: The effects of Ebola on political support for Centre-right, Centre-left and Extreme-left parties

	(1)	(2)	(3)	(4)	(5)	(6)
	Share of votes					
	Centre-Right	Centre-Left	Extreme-Left	Centre-Right	Centre-Left	Extreme-Left
WA migrants share (above median)#2004	-1.172***	0.130	0.359			
	(0.313)	(0.131)	(0.264)			
WA migrants share (above median)#2009	-	-	-			
WA migrants share (above median)#2014	-1.611***	0.562**	-0.376***			
	(0.307)	(0.250)	(0.090)			
WA migrants share#2004				-0.038**	0.009	0.016
				(0.019)	(0.007)	(0.017)
WA migrants share#2009				-	-	-
WA migrants share#2014				-0.045**	0.037**	-0.008*
				(0.019)	(0.014)	(0.005)
2004	-0.827	-0.015	1.683***	-1.365**	0.018	1.808***
	(0.646)	(0.353)	(0.493)	(0.642)	(0.370)	(0.459)
2014	-1.557***	4.210***	-1.216***	-2.352***	4.366***	-1.408***
	(0.520)	(1.002)	(0.256)	(0.509)	(0.976)	(0.256)
Electorate (log)	2.175***	2.312***	0.577	2.043***	2.353***	0.330
	(0.786)	(0.821)	(0.840)	(0.762)	(0.803)	(0.846)
Ageing	-0.010	-0.006	-0.004	-0.007	-0.006	-0.009
	(0.018)	(0.026)	(0.021)	(0.020)	(0.026)	(0.022)
Share of immigrants	0.013	0.044*	-0.021	0.016	0.043	-0.025
	(0.031)	(0.027)	(0.038)	(0.031)	(0.026)	(0.039)
Taxable income	-0.046	-0.072*	0.023	-0.043	-0.076*	0.024
	(0.102)	(0.041)	(0.054)	(0.102)	(0.041)	(0.054)
Presence of SPRAR	-1.368	0.904	-3.905***	-1.398	0.943	-3.946***
	(1.226)	(0.797)	(1.351)	(1.269)	(0.809)	(1.369)
Observations	6,950	6,950	6,950	6,950	6,950	6,950
R-squared	0.067	0.059	0.050	0.062	0.059	0.048
Number of municipalities	2,321	2,321	2,321	2,321	2,321	2,321
Region by year fixed effects	YES	YES	YES	YES	YES	YES

Note: Columns 1, 2 and 3 show the effect of Ebola on political support for the Lega party using the treatment variable as a dummy equal to one for values above the median of the *Share of WA Migrants*. Columns 4, 5 and 6 show the effect of Ebola on political support for the Lega party using the treatment variable as a continuous variable. Standard errors clustered at the municipal level in parentheses; * p <0.10, ** p <0.05, *** p <0.01.

Table 4: The effects of Ebola on political support for Lega (placebo tests)

	(1)	(2)	(3)
	Share of votes Lega		
Share of Asian migrants#2004	-0.020		
	(0.016)		
Share of Asian migrants#2009	-		
Share of Asian migrants#2014	-0.006		
	(0.017)		
Share of South American migrants#2004		0.014	
		(0.012)	
Share of South American migrants#2009		-	
Share of South American migrants#2014		0.028*	
		(0.017)	
Share of WA migrants#2003			-0.332
			(0.217)
Share of WA migrants#2008			-
Share of WA migrants#2013			-0.169
			(0.138)
2004	-0.147	-0.418	
	(0.492)	(0.463)	
2014	-1.095***	-1.277***	
	(0.388)	(0.343)	
Electorate (log)	-4.142**	-4.214**	14.386
	(1.836)	(1.817)	(14.374)
Ageing	-0.056*	-0.051	1.101
	(0.031)	(0.033)	(0.936)
Share of immigrants	0.005	0.012	0.380
	(0.078)	(0.079)	(0.417)
Taxable income	-0.107	-0.098	-0.012
	(0.096)	(0.095)	(0.460)
Presence of SPRAR	0.977	0.910	
	(1.376)	(1.385)	
Observations	6,950	6,950	296
R-squared	0.086	0.086	0.111
Number of municipalities	2,321	2,321	99
Region by year fixed effects	YES	YES	YES

Note: Columns 1, 2 and 3 show the effect of Ebola on political support for the Lega party using the treatment variable as a dummy equal to one for values above the median of the *Share of WA Migrants*. Standard errors clustered at the municipal level in parentheses; * p <0.10, ** p <0.05, *** p <0.01.

Table 5: The effects of Ebola on political support for Lega (alternative identification strategy)

	(1)	(2)
	Share of votes Lega	
RRC proximity above median#2004	-0.533	
	(0.489)	
RRC proximity above median#2009	-	
RRC proximity above median#2014	-0.930*	
	(0.480)	
RRC proximity#2004		-0.757
		(1.168)
RRC proximity#2009		-
RRC proximity#2014		-4.378***
		(1.300)
2004	0.092	0.428
	(0.513)	(0.970)
2014	-0.496	2.467**
	(0.419)	(1.067)
Electorate (log)	-4.189**	-3.708**
	(1.822)	(1.844)
Ageing	-0.060*	-0.050
	(0.031)	(0.032)
Share of immigrants	0.014	0.020
	(0.080)	(0.080)
Taxable income	-0.115	-0.115
	(0.095)	(0.095)
Observations	6,906	6,906
R-squared	0.087	0.088
Number of codiceistat	2,313	2,313
Region by year fixed effects	YES	YES

Note: Column 1 shows the effect of Ebola on political support for the Lega party using the treatment variable as a dummy equal to one for values above the median of the *Share of WA Migrants*. Column 2 shows the effect of Ebola on political support for the Lega party using the treatment variable as a continuous variable. Standard errors clustered at the municipal level in parentheses; * p <0.10, ** p <0.05, *** p <0.01.

Appendix

Table A1: The effects of Ebola on political support for Lega (long-run effects)

	(1)	(2)
	Share of votes Lega	
WA migrants share (above median)#2004	0.650	
	(0.466)	
WA migrants share (above median)#2009	-	
WA migrants share (above median)#2014	-1.168***	
	(0.450)	
WA migrants share (above median)#2019	0.915*	
	(0.522)	
WA migrants share#2004		0.041
		(0.031)
WA migrants share#2009		-
WA migrants share#2014		-0.060**
		(0.028)
WA migrants share#2019		0.012
		(0.037)
2004	-0.277	-0.092
	(0.520)	(0.457)
2014	-0.606	-1.013***
	(0.459)	(0.378)
2019	0.619	1.189*
	(0.674)	(0.611)
Electorate (log)	-2.734*	-2.439
	(1.616)	(1.635)
Ageing	-0.031	-0.034
	(0.025)	(0.025)
Share of immigrants	0.146**	0.143**
	(0.063)	(0.063)
Taxable income	-0.074	-0.058
	(0.082)	(0.081)
Presence of SPRAR	1.648	1.747
	(1.184)	(1.188)
Observations	9,264	9,264
R-squared	0.062	0.061
Number of municipalities	2,321	2,321
Region by year fixed effects	YES	YES

Note: Column 1 shows the effect of Ebola on political support for the Lega party using the treatment variable as a dummy equal to one for values above the median of the *Share of WA Migrants*. Column 2 shows the effect of Ebola on political support for the Lega party using the treatment variable as a continuous variable. Standard errors clustered at the municipal level in parentheses; * p <0.10, ** p <0.05, *** p <0.01.

Table A2: The effects of Ebola on political support for Lega (exposure index with an alternative denominator)

	(1)	(2)
	Share of votes Lega	
WA migrants share (above median)#2004	0.338	
	(0.470)	
WA migrants share (above median)#2009	-	
WA migrants share (above median)#2014	-1.895***	
	(0.464)	
WA migrants share#2004		-0.487
		(3.299)
WA migrants share#2009		-
WA migrants share#2014		-12.186***
		(4.109)
2004	-0.456	-0.260
	(0.581)	(0.464)
2014	0.172	-0.754**
	(0.507)	(0.350)
Electorate (log)	-3.059*	-4.162**
	(1.788)	(1.814)
Ageing	-0.039	-0.053*
	(0.026)	(0.030)
Share of immigrants	0.051	0.033
	(0.078)	(0.078)
Taxable income	-0.094	-0.103
	(0.095)	(0.095)
Presence of SPRAR	1.246	1.708
	(1.327)	(1.533)
Observations	6,950	6,950
R-squared	0.091	0.088
Number of municipalities	2,321	2,321
Region by year fixed effects	YES	YES

Note: Column 1 shows the effect of Ebola on political support for the Lega party using the treatment variable as a dummy equal to one for values above the median of the *Share of WA Migrants*. Column 2 shows the effect of Ebola on political support for the Lega party using the treatment variable as a continuous variable. Standard errors clustered at the municipal level in parentheses; * p <0.10, ** p <0.05, *** p <0.01.

Table A3: WA immigrants and the local political cycle

	(1) WA migrants share
Two years before elections	0.074
	(0.092)
One year before elections	0.037
	(0.080)
One year after elections	-0.026
	(0.082)
Two years after elections	-0.107
	(0.095)
Ageing	-0.917***
	(0.167)
Taxable income	0.301***
	(0.075)
Population below 15k	-0.508
	(0.783)
Observations	34,625
R-squared	0.118
Region by year fixed effects	YES

Note: Column 1 shows the effect of Ebola on political support for the Lega party using the treatment variable as a dummy equal to one for values above the median of the *Share of WA Migrants*. Standard errors clustered at the municipal level in parentheses; * p <0.10, ** p <0.05, *** p <0.01.