ENACTING CITIZENSHIP AND SOLIDARITY

Urban Struggles on Migration, Housing and Care in Europe

Edited by
Helge Schwiertz, Donatella della Porta,
Martin Bak Jørgensen, Mojca Pajnik
and Sarah Schilliger

BRISTOL
UNIVERSITY
PRESS

First published in Great Britain in 2026 by

Bristol University Press
University of Bristol
1–9 Old Park Hill
Bristol
BS2 8BB
UK
t: +44 (0)117 374 6645
e: bup-info@bristol.ac.uk

Details of international sales and distribution partners are available at bristoluniversitypress.co.uk

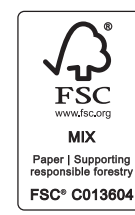
DOI: 10.51952/9781529251418

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN 978-1-5292-5139-5 paperback
ISBN 978-1-5292-5140-1 ePub
ISBN 978-1-5292-5141-8 OA PDF

Cover design: Qube Design
Front cover image: Angela Adami
Bristol University Press uses environmentally responsible print partners.
Printed and bound in Great Britain by CPI Group (UK) Ltd, Croydon, CR0 4YY

Bristol University Press' authorised representative in the European Union is:
Easy Access System Europe, Mustamäe tee 50, 10621 Tallinn, Estonia,
Email: gpsr.requests@easproject.com



Contents

List of Figures

Notes on Contributors

Angela Adami is Research Fellow at Scuola Normale Superiore, Faculty of Political and Social Sciences and member of the Centre on Social Movement Studies. Research interests include critical migration studies and social movements, memory and biographical studies, total institutions and resistance. Angela's book, *Migrants' Collective Action: A Temporal Approach*, was published by Routledge in 2026. Angela's academic articles have been published in *American Behavioral Scientist*, *Social Movement Studies* and *PaCo* (*Partecipazione e Conflitto*).

Franz Bernhardt is Research Assistant in the Department of Culture and Communication, Aalborg University, Denmark, where he had worked as a postdoctoral fellow at the research project *Enacting Citizenship and Solidarity in Europe 'From Below'* (ECSEuro). His work is situated within the fields of critical migration studies and political geography. His research on geographies of migration, cities, nationalism and citizenship has appeared in peer-reviewed journals such as *Political Geography*, *The Geographical Journal* and *Citizenship Studies*. He is a co-editor of *Framing Solidarities in Times of Multiple Crises* (Palgrave Macmillan, 2025).

Paola Buconjic is Research Assistant at Aalborg University, associated with the DEMOS research group in the Department of Culture and Communication. She holds an MA degree in Culture, Communication and Globalization with specialization in International Migration and Ethnic Relations. Through her research she engaged with topics such as civil society solidarity, social movements and integration practices.

Donatella della Porta is Professor of Political Science, Founding Dean of the Faculty of Political and Social Sciences and Director of the PhD programme in Political Science and Sociology at the Scuola Normale Superiore in Florence, where she also leads the Centre on Social Movement Studies. She was the recipient of the Mattei Dogan Prize for distinguished achievements in the field of political sociology; the Research Awards of the Alexander von Humboldt Stiftung. She is an International Honorary

Member of the American Academy of Arts and Sciences and of the Accademia dei Lincei. In 2024, she has received the John D. McCarthy Award for Lifetime Achievement in the Scholarship of Social Movements and Collective Behavior. Among her recent books are *The Contentious Politics of Global Health Movements* (Cambridge University Press, 2025), *Regressive Movements in Times of Emergency* (Oxford University Press, 2023) and *Contentious Politics in Emergency Critical Junctures* (Cambridge University Press, 2022).

Natascha Flückiger holds an MA degree in Social Anthropology. As part of her master's thesis, she ethnographically explored how solidarity is locally constructed and maintained through everyday practices. Natascha worked as a research assistant at the Interdisciplinary Center for Gender Studies at the University of Bern, where she was part of the research project *Enacting Citizenship and Solidarity in Europe 'From Below'* (ECSEuro). Together with her colleagues, she wrote the joint *Urban Planning* article, 'Cooking, caring, and commoning: Grassroots community kitchens across five European cities' (2025).

Joana Lilli Hofstetter is Acting Director of the Global Studies Programme at the University of Freiburg, Germany. She holds a PhD in Sociology and Political Science from Scuola Normale Superiore, where she worked as a postdoctoral fellow in the research project *Enacting Citizenship and Solidarity in Europe 'From Below'* (ECSEuro). Joana is co-founder of the German Association for Sex Work and Prostitution Research and a member of the Centre on Social Movement Studies. Her research interests are social movements organizing at the intersection of gender, labour and sexuality, as well as feminist theories, research ethics and collaborative methodologies.

Martin Bak Jørgensen is Professor of Migration Processes at the Department of Culture and Communication, Aalborg University. He has led and contributed to international research projects, including the DFF-funded CORRIDORS project, lately the DFF-funded GIG-MIG (Migrant platform labor in Denmark: Governance, implications, contestation) project and Networks of Migrant Solidarity: Local and Translocal Dynamics in Civil Society and Municipalities. His research has been supported by prestigious grants from the Velux Foundation, the Danish Research Council and the European Commission. His publications include *Solidarity and the 'Refugee Crisis' in Europe* (Palgrave, 2019) and numerous peer-reviewed articles on migration, solidarity and integration policy.

Mouna Maaroufi is Post-doctoral Research Associate at the Department of Comparative Cultural and Social Anthropology at the European

University Viadrina in Frankfurt Oder. Her teaching and research focus on transformations of labour and migration infrastructures, on autonomous and anti-racist social struggles, and on abolitionist, internationalist and Black radical traditions. She is publishing the book *Everyday Refusal of Racial Capitalism: Unsettling Logistics of Forced Migration and Labour in Germany* (Manchester University Press).

Carla Mannino is Research Fellow at Scuola Normale Superiore, Faculty of Political and Social Sciences, and a member of the Centre on Social Movement Studies. Her research explores social movements and collective action, interactions between institutional and non-institutional actors, and processes of participation and conflict, based on empirical work on nationalism, environmental mobilizations, urban movements and youth participation.

Mojca Pajnik is Professor at the Department of Media and Communication, Faculty of Social Sciences, University of Ljubljana and a senior researcher at the Peace Institute (PI) in Ljubljana. She has published extensively within the fields of media and political theory, social movements, migration, populism and gender (in)equality. She is head of the research programme 'Equality and Human Rights in Times of Global Governance' at the PI, financed by the Slovenian Research and Innovation Agency, and a partner to Weave project on Discourses of Right-Wing Populists on Migration within Regional Europe. She acts as vice-chair of European Cooperation in Science and Technology (COST) action Data Matters: Sociotechnical Challenges of European Migration and Border Control (DATAMIG) on datafication of migration.

Marko Ribać is Research Assistant at the Peace Institute in Ljubljana. He holds a PhD in Communication Sciences from the Department of Media and Communication, Faculty of Social Sciences, University of Ljubljana, where he also holds a position as an assistant. His research interests encompass wider processes of democratic backsliding, practices of social movements and rise of populism at the intersection of the political, media and migration fields. He has published in the following social science journals: *Communications*, *Journalism Studies*, *Social Movement Studies*, *Javnost / The public*, *Družboslovne razprave*, *Annales*, among others.

Mashudu Salifu is PhD Fellow at the Department of Culture and Communication, Aalborg University, Denmark. He is a member of the DEMOS research group and affiliated with the *Enacting Citizenship and Solidarity in Europe 'From Below'* (ECSEuro) project. He holds an MA in Culture, Communication and Globalization and an MSc in Development

and International Relations, both from Aalborg University. His research concentrates on migration corridors, infrastructures of solidarity, and how global crises influence urban responses.

Sarah Schilliger is Senior Researcher at the Interdisciplinary Centre for Gender Studies at the University of Bern and at ETH Zurich (Spatial Development and Urban Policy). Her research focuses on intersectional perspectives on urban inequalities, social infrastructures, urban migration regimes and (care) labour. Her recent publications explore care activism/caring cities, urban citizenship and infrastructures of solidarity. She conceives of herself as an activist scholar who conducts research not only *about* social movements, but *with* them.

Helge Schwiertz is Acting Professor of Sociological Theory, University of Hamburg, and PI of the project *Enacting Citizenship and Solidarity in Europe 'From Below'* (ECSEuro), with research interests in social theory, political sociology, migration studies, citizenship, solidarity, radical democracy, social movements and infrastructures. His publications include *Horizontal Citizenship* (Brill, forthcoming), *Framing Solidarities in Times of Multiple Crises* (Palgrave, 2025), *Inclusive Solidarity and Citizenship* (Routledge, 2021), *Migration und radikale Demokratie* (transcript, 2019) and articles in journals including *Sociological Theory*, *European Journal of Social Theory*, *International Political Sociology*, *Critical Sociology*, *Philosophy & Social Criticism* and *Citizenship Studies*.

Anteja Tomašič is a PhD candidate in Sociology at the Faculty of Social Sciences, University of Ljubljana, and a research assistant at the Centre for Spatial Sociology at the same institution. Within the research project *Enacting Citizenship and Solidarity in Europe 'From Below'* (ECSEuro), she worked at the Peace Institute. Her research focuses on refugee studies, social inclusion and informal forms of social networking. She is actively engaged in field research and collaborates with various communities in Slovenia.

Acknowledgements

This book is a result of the research project *Enacting Citizenship and Solidarity in Europe 'From Below': Local Initiatives, Intersectional Strategies, and Transnational Networks* (ECSEuro), funded by Volkswagen Foundation (2022–2025). We acknowledge the financial support of the Open Access Fund of the University of Hamburg.

8

Reviving Legacies in Health Movements: Practices of Care and the Commoning of Health Provision in Italian Cities

Angela Adami, Donatella della Porta and Carla Mannino

Introduction

The COVID-19 pandemic is the most extreme combined health and economic crisis of the last century. Health systems around the world have been hit hard by it, with 90 per cent of countries reporting disruptions to essential health services (World Health Organization, 2022). As several authors have pointed out, since its onset, the pandemic exposed the structural contradictions of neoliberal globalization (Castillo Fernández, 2023). In particular, it highlighted existing critiques of health system transformations under neoliberalism, such as the depletion and privatization of healthcare systems. In spite of compulsory confinement and social distancing, the pandemic – like other crises – spurred new and existing mutual aid and solidarity activism to support those most existentially hit by it (della Porta et al, 2024). While these initiatives and organizations primarily covered needs through direct social action, some of them simultaneously advanced claims for social and political change (Loukakis, 2018). In this chapter, we focus on examples of grassroots initiatives around healthcare, exploring how healthcare practices both drew on previous mobilizations and legacies and adapted to new challenges.

In Italy, the European country initially most hit by the pandemic, public health expenditure had already dropped significantly in the early 1990s when a neoliberal reform package was approved that introduced 'major changes in the principles, structure and functioning of the Italian NHS, in three

directions: corporatisation, regionalisation of the service, and privatization of activities' (Giorgi, 2022, p 11). The context in which our empirical cases emerge is thus one of private healthcare expansion and growing inequalities. We have selected two initiatives, the People's Health Clinic in Palermo (providing free healthcare services) and the Brigata Basaglia in Florence (providing free psychological support). While both organizations emerged in moments of crisis, they are embedded in a set of previous experiences of collective action and have drawn on pre-existing practices and knowledge. Our aim here is to examine how past legacies have shaped present-day initiatives, focusing on continuities in healthcare practices from below, while also acknowledging the new ways in which these practices are adapted to current challenges. In the cases selected, legacies of the past are built around two figures active in the 1960s and 1970s: Giulio Maccacaro, a founding father of universal healthcare in Italy and of Medicina Democratica (Democratic Medicine), and Franco Basaglia, a psychiatrist and leader of the movement Psichiatria Democratica (Democratic Psychiatry), which achieved the closure of insane asylums in Italy.

After a section providing an overview on health movements, with a focus on their transformative impact in Italy during the 1970s, the methodological approach is discussed and the ethnographic analysis of the two cases is presented. The chapter concludes with a comparative discussion on the revisiting of past legacies within contemporary health movement organizations.

Health movements between legacy and innovation

Health movements and care: an overview

Conceptualised as a distinct category of social movements, health movements are defined as 'collective campaigns to bring about change in medical and public health policy, beliefs, research, and practice' (Taylor and Zald, 2013, p 550). As such, they have been located at the intersections of medical history and sociology, health policy, and social movement studies. Among movements concerned with the welfare state, health movements have particular value, given the very characteristic of health as at once the *expression* and the *measure* of wellbeing (Christou, 2022).

Social movement scholars have only sporadically addressed health-related movements (Epstein, 2008; Christou, 2022; Barone, 2024) and their research has revealed both variety and fragmentation. Different campaigns have tackled a wide range of issues, including the general healthcare system, disease-specific needs, healthcare workers' conditions, as well as the very conception of mainstream medicine, targeting the private healthcare business, health inequalities based on race, ethnicity, gender, class and sexuality, and 'the authority of medicine, science, governments and corporations such as the drug and corporate industries' (Taylor and Zald, 2013, p 555).

Health movements have in fact contested – but also influenced – conceptions and practices of medicine, public health, belief systems, research agendas and curative practices as medical science into the 'dominant epidemiological paradigm' (Brown et al, 2012, p 24). Especially since the 1960s, emerging social movements expressed 'a reflexive concern with identity construction, a focus on the politics of the body, and a commitment to cultural transformation' (Epstein, 2008, p 527). Among them, the women's movement contested the impact of male-dominated and ultimately sexist logics of medical and healthcare systems on female bodies and rights. Feminists experimented with systems of knowledge and practices that became foundational to the movement's strategy and aims (Bracke, 2014). Concerns with the right to access medical treatments became more and more central in the 1980s; with the spread of the HIV/AIDS pandemic, especially but only the gay movement used die-ins and advocacy to call for investment in research and accessibility of treatments (Narayan et al, 2020).

Following the financial crisis, cuts in public spendings affected the field of public health and led to mass mobilizations, especially in those countries most hit by austerity policies. Campaigns for the right to health, carried out by citizens against the neoliberal restructuring of healthcare systems, addressed issues of access to health and working conditions advocating for health as a common. During the COVID-19 pandemic, social movements highlighted the deadly effects of structural inequalities and neoliberal policies which had reduced public health funding, contributing to the increased cost of the pandemic in terms of lives lost (della Porta and Lavizzari, 2024).

Forms of solidarity from below involved grassroots initiatives that helped distribute information and health provisions. Critical health experts also mobilized, calling for strengthening public health provisions at the territorial level (della Porta et al, 2024). At the transnational level, campaigns advocated for free access to vaccination and therapy in the global South, with calls for the suspension of patents on medicine (della Porta and Christou, 2025).

The COVID-19 pandemic highlighted long-standing issues related to public health provision, environmental health, its social determinants and workplace safety. In this context, the term 'care' gained visibility and was adopted in different ways by collective actors, national governments and companies. The broad reference to care is closely linked to the undeniable importance that care services gained during the pandemic, exemplified by the recognition of care workers as essential and celebrated as the 'new heroes' of our time. And practices such as social distancing and self-isolation were also framed as forms of care. Additionally, mutual aid and solidarity networks that emerged during the pandemic increasingly adopted the concept of care to describe their forms of collective action. On a more general level, the idea of a democracy of care also gained traction internationally as a desirable

alternative to the logics and practices of the current neoliberal world (Tronto, 2013; Rottenberg and Segal, 2020).

Therefore, we argue that social movement actors referring to the concept of care during the pandemic have imbued it with multiple meanings that were not necessarily anchored in the scientific conceptualizations, such as social reproduction theory or ethics of care. Care practices became central to movements supporting those most affected by the virus – through food and sanitary products distribution, community-based education, psychological support and local primary services (della Porta, 2022; della Porta and Lavizzari, 2022).

As is often the case, innovations build upon existing discourses and practices within a movement milieu. Many of the solidarity and mutual aid networks that were active during the pandemic drew on previous experiences, which had emerged in the aftermath of the financial crisis. Additionally, through the mobilization of medical personnel, references to past conceptualization and experiments with health services re-emerged: the local initiatives we observed were directly or indirectly inspired by experiences of the mobilization for health rights in the 1960s and 1970s. Both groups draw on theorizations and practices grounded in a different idea of health, proposed in the 1960s and 1970s by two medical activists – Giulio Maccacaro and Franco Basaglia.

The movement for health rights in Italy: the historical roots in the 1970s

Since the 1960s, demands for the right to health and medical reform began to spread in Italy. In the field of medicine, the physician and biologist Giulio Maccacaro expressed a harsh critique against medical science as a tool of capitalism, as directed at social control and status quo maintenance. In 1976, Maccacaro was one of the founders of Medicina Democratica, a movement focused on improving the health of those affected by exploitation, marginalization and repression so that they could emerge as a primary political subject (Giorgi, 2024). In the field of psychiatry, Franco Basaglia played a central role as one of the founders of Psichiatria Democratica in 1973, whose goals were to fight against the confinement of the mentally ill and the asylum institutions. Basaglia developed a political critique of psychiatry viewed as a tool of social control and of the asylum as a total institution designed to stigmatize, punish and relegate the poor and the deviant away from broader society (Goffman, 1968).

Both Basaglia and Maccacaro shared an idea of health as a social issue. They advocated for a transformation of the medical field so that it could guarantee the right to health for all citizens, instead of perpetuating and reinforcing the existing class order. As Giulio Maccacaro noted:

> The demands of the health movements of the 1970s … aimed not to separate social and health issues; they pursued a radical change in

> the training of health personnel; they put prevention first, giving priority to basic and community medicine. … The struggles for the reappropriation of health aspired to forms of direct democracy in the social-health field, to combating the concept of health as a form of profit, and to achieving de-hospitalisation, including the closure of psychiatric hospitals. (Maccacaro, 1979, p 461)

Along these lines, in the introduction Basaglia wrote for the Italian translation of Goffman's *Asylum* (1968), he argued that the psychiatric institution addresses illness solely to define and categorize it, ultimately managing its exclusion through the custody of a fully objectified patient (Basaglia, 1968, as cited in Goffman, 1968). Similarly, Maccacaro denounced an objectified treatment of patients:

> The doctor is educated in such a way as to believe that he has … the right to use the sick person. It is therefore a science that rejects the subjectivity of the patient; this can be seen in a thousand moments of the medical act which always reduces the patient to the objective, which always seeks the sign, the laboratory examination, the datum, the X-ray, but completely disregards him as a subject and exalts precisely the objectivity of the relief, whether manual, instrumental or whatever. (Maccacaro, 1979, p 430)

Indeed, a central point of both their elaborations aimed at redefining the doctor–patient relationship, making it more equal and more participatory. This is also connected to their vision of illness.

For Maccacaro, the diagnostic framing pointed at an interpretation of illness as produced by capitalist exploitation, thus presenting health as one main battleground between classes. He criticized the concept of 'classism in pathology' (Maccacaro, 1979), where the healthcare system prioritizes acute or traumatic illnesses that offer greater chances of recovery for the workforce. This results in the neglect or denial of other conditions, which are either dismissed as non-illnesses or classified as mere states or types. Furthermore, within a capitalist framework, medicine and doctors serve to restore workers' capacity, conceal the system's flaws, suppress societal demands and act as a form of social pacification, with anxiolytics, sedatives and analgesics playing a key role in this process (Maccacaro, 1979). In other words, what is denounced is the medicalization of politics as a choice of the class of capital against which the politicization of medicine emerges as a choice of the working class (Giorgi, 2024, p 125).

Similarly, Franco Basaglia and his wife Franca Ongaro, a key figure of the health movement, denounced the asylum as a class-based tool for social exclusion:

> After all, how would one justify the fact that only those without bargaining power end up in the meshes of public institutions, where the disease instead of being cured is most often confirmed as irreversible? The sick person who can manage his own ailments remains, even in illness, included in the production process (as a subject-object of a particular economic cycle such as that of nursing homes and private physicians); which preserves his social role almost intact. Thus, it is not only the illness that reduces the internee in our asylums to what he is, so much as the internment or class membership as the origin before this internment. (Basaglia, 2023, p 794 [translated by authors])

In this context, psychiatrists are converted to repressive prison guards and act as agents of social control seeking to limit, regulate and isolate deviant behaviour. To break away from this traditional, hierarchical model of psychiatric treatment, Basaglia promoted a community-based approach in which psychiatrists work alongside a range of other professionals (psychologists, social workers, nurses), as well as the patients themselves.

The reorganization of medical and psychiatric healthcare also implies the development of new preventive strategies. In Maccacaro's thinking, the prognostic frames point at 'real' prevention in the factory and in the territory. Prevention must extend beyond the individual level and take place within the social context of people's lives and work. Indeed, the Medicina Democratica proposal implied a reorganization of public health around local health units grounded in the territorial specificities and envisaging grassroots participation.

Similarly, Franco Basaglia stressed the importance of understanding individuals holistically, considering their beliefs and values. Emphasizing the social determinants of mental illness, he argued that the best way to address it was by fostering inclusive, supportive communities that would act as tools for preventive care. Opposing the isolation within psychiatric hospitals, he advocated for removing physical barriers, opening hospital gates and creating daytime open hospitals to encourage community involvement and reduce stigma (Basaglia, 2023).

The proposals of Medicina Democratica and Psichiatria Democratica were both directed at institutional change and partially succeeded. The year 1978 was crucial for Italians' healthcare rights, leading to three pillar reforms in the field: Law no. 194 on the voluntary interruption of pregnancy, Law no. 180 on the psychiatrist assistance reform and, finally, the long-awaited reform establishing the National Health Service (NHS) (Giorgi, 2022).

Methodological note

Following a qualitative approach, we initially conducted place-based participant observation in Palermo for five months (October 2023 to

February 2024). During that time, we participated in the activities of the People's Health Clinic (the Clinic) and interviewed its activists and doctors. Later, in the autumn and winter of 2024, we returned to Palermo and met with the Clinic's activists at a Transurban Laboratory in Berlin, as part of the project's final participatory stage.

Around the same time, we reached out to the Brigata Basaglia in Milan and Florence, starting with phone calls and online contact, as the majority of their activities (internal meetings, the helpline, the therapy sessions) are done online. We interviewed activists and psychologists who are part of the network and attended some of their public events in Florence.

Our dataset includes documents produced by the movement organizations and collected online, field notes taken during participant observation, and 17 semi-structured in-depth anonymized interviews conducted with local activists and organisers who we recruited through theoretical sampling.

The cases selected are the People's Health Clinic and the gynaecological helpdesk in Palermo and the Brigata Basaglia in Florence. While the former was founded in 2016 in the context of major institutional weakness and inspired by Giulio Maccacaro as well as by the example of Greek clinics, the latter was founded in 2021 as a product of the COVID-19 pandemic and as an expansion of the Brigata Basaglia Milano – working autonomously but under the same banner. The broader national scope of the Brigata Basaglia has been maintained through online practices and a psychological helpline (although the Florentine group has recently opened a physical helpdesk), while the Clinic has always operated at the local level – providing medical visits and a vaccination service during the pandemic. Despite these differences, both actors are strongly connected to the territory and, in particular, to the neighbourhoods where they have based their activities. Borgo Vecchio in Palermo and Rifredi in Florence are both working-class neighbourhoods characterized by the presence of many families in material hardship and the increasing presence of migrant communities. Another similarity resides in the fact that their idea of healthcare and wellbeing is grounded in past health movements' legacies and re-adapted to present-day challenges, either directly or indirectly. Our analysis focuses on recent local healthcare initiatives that either emerged during the COVID-19 pandemic or were significantly strengthened as a result of the health crisis. And, as previously mentioned, these initiatives draw on theorizations and healthcare practices that developed during the 1960s and 1970s, centred around the figures of Franco Basaglia and Giulio Maccacaro. We explore how this legacy has been constructed, maintained and transformed during and after the COVID-19 pandemic.

Our ethnographic work was tailored to the specificities of each group. In Palermo, participant observation was more extensive due to the type of local work conducted within the Clinic, and this was especially useful to shed light on how healthcare activities transform the relationship between the

social centre and the neighbourhood. Notably, older residents came to see the Clinic as a reference point for their healthcare. In Florence, interviews were privileged at first, as the Brigata Basaglia (the Brigata) network mostly meets online. Subsequently, we participated in several public meetings co-organized by the Brigata. Here, participant observation revealed the strong ties between our case and other local struggles in Florence. The development of such a network emphasizes the interconnectedness of mental health with other social movement organizations, with the Brigata sometimes offering mental health support to movement actors from other groups and collectives. Additionally, the ethnographic research provided valuable insights into the intergenerational relationships at play within both groups, which lay the very foundation for the legacy reviving discussed in this chapter.

The People's Health Clinic in Palermo

In a *quartiere popolare*[1] (people's neighbourhood) in the northern corner of Borgo Vecchio, near the port of Palermo, activists of the Autonomous Social Centre Anomalia founded the People's Health Clinic back in 2016. The idea originated in the period of austerity measures that followed the eurozone sovereign debt crisis. Activists realized that the effects of austerity measures on healthcare would boost privatization of the healthcare sector, pushing healthcare provision further out of reach for the lower strata of the population and marginalized groups. As one founding activist recalled:

> We were reading this article that was reporting statistics from the past two years concerning the so-called PIIGS countries, with respect to the consequences of the 2009–2010 financial and economic crisis, and especially in commissioned Greece, there had been a drop in specialist visits. … The idea came to us from that: we came from years of disinvestment and we thought that what happened in Greece would also happen here. Albeit for slightly different reasons, we are going towards a privatization model. (Interview 5)

The Clinic represents one of many examples of mutualistic solidarity practices that emerged in the aftermath of the austerity movement in Southern Europe (Bosi and Zamponi, 2019). The case of Greece was seen as frighteningly familiar, and activists were convinced that what was happening there would soon affect Italy as well. On top of post-crisis austerity measures, the North–South divide had already hindered access to healthcare provision in Palermo, which was further exacerbated by the financial crisis (Asso, 2023). If the context of polycrises is essential to understand the birth and subsequent developments of the Clinic, it would be a mistake to focus exclusively on the moments of rupture. In fact, multiple and long-lasting temporalities

contributed to shaping the Clinic. These represent forms of continuity with the past, which persist particularly in the form of knowledge and legacies.

The autonomous social centre Anomalia, home to the People's Clinic, is located on the ground floor of a large public housing block that houses approximately 100 families. The Clinic brings together the medical, organizational and political expertise of activists and doctors. Activists drew on a previously established network of people, spaces and organizations at the local level. Examples of this include the connections with the families living in the apartment block above the social centre and the ties with the nearby meeting spot for Palermo's football club supporters. The doctors, on the other hand, contributed with their medical expertise, long-term experience in public hospitals and legacies of past struggles. And part of the medical staff who participate in the Clinic were actively involved in politics over the course of their life and the majority of them are now retired. These biographical characteristics are crucial for understanding the unfolding of the Clinic. On the one hand, the doctors have a great deal of time available for participating after retirement, and biographical availability is considered a key factor for participation – biographical availability being 'the absence of personal constraints that may increase the costs and risks of movement participation, such as full-time employment, marriage, and family responsibilities' (McAdam, 1986, p 70). On the other hand, these doctors trained as practitioners in the 1960s and 1970s, a period when the debate around healthcare reached its peak with the establishment of the Italian NHS in 1978. In this respect, the medical personnel are the direct link with the past, bearing a legacy of healthcare viewed as complete wellbeing – one that takes into account the social determinants of health, and sees patients as active participants in their healing.

This legacy makes reference to Giulio Maccacaro and Medicina Democratica, as previously mentioned, and is directly brought forward by one of the Clinic's founding doctors. In his training, this doctor (Interview 9) was involved in the healthcare movement in hospitals and universities and personally collaborated with Medicina Democratica and the medical section of the CGIL (Confederazione Generale Italiana del Lavoro) doctors throughout his career. Hence, his biographical trajectory functions as a direct link with past struggles that still shape the Clinic today.

The main tenets of this legacy relate to an idea of health as a complete state of physical, mental and social wellbeing and not merely the absence of disease. Formulated by the World Health Organization (WHO) in 1948, this definition opposes a reductive biological definition of health and was fully embraced by Medicina Democratica. From this ideal of health, practical implications developed. This holistic approach to wellbeing is inextricably rooted in a struggle against the commodification of healthcare, not just as a sector, but as a way of dissecting the body, fragmenting it and using the diagnosis as a commodifying tool:

> Health, as Maccacaro said, is not just the absence of disease. Health is complete psychophysical well-being, that is also how the WHO defines it. Social well-being is more than just not being hypertensive, the problem here is that if I reduce my social, psychophysical wellbeing to the absence of disease, I reduce disease to the diagnosis: at that point the diagnosis becomes a commodity. (Interview 9)

Connected to the rejection of hyper-fragmentation of the body and the use of the diagnosis as a tool for capitalistic medicine, the Clinic refuses to provide exclusively pharmaceutical responses to a given disease and rather stresses the environmental and social determinants of health. Here, activists and doctors promote health practices in which the patient is never regarded as detached from the surrounding environment, with its material, social and cultural conditions.

Moreover, a state of complete wellbeing can have different meanings for different people. Patients are consistently regarded as active participants in their healing, which is only possible through the consolidation of a relationship of trust between doctors and patients. Following Maccacaro's legacy, this trust is attainable through the spreading of territorial healthcare facilities: proximity and accessibility are central values inherited from the past that are still shaping the activity of the Clinic in the present.

Although the 1978 Law, which established the Italian NHS, introduced territorial healthcare, the gradual defunding of the Italian NHS has weakened territorial healthcare services and preventive medicine, which has led to an increasing disconnect between healthcare professionals and the population. As a result, they often only interact during emergencies, placing excessive strain on hospital emergency departments. Territorial services play vital roles, including the promotion of health education and the establishment of long-term relationships with practitioners who get to know their patients' medical histories. Similarly, prevention is concerned with a different approach to health, both in terms of time and education, making it possible to anticipate illnesses and promote health education beyond the appearance of acute symptoms. Many of the doctors at the Clinic have been working in public hospitals for several decades and are therefore direct witnesses to the deterioration of the doctor–patient relationship and the increasing return to defensive medicine:

> There should be greater integration between the hospital and the territory … over the years, there has been an increase in emergency room visits, leading to a huge overload of the emergency room, also due to all the consultations and exams that are done, because there has been a significant development of defensive medicine, precisely because the doctor–patient trust relationship has increasingly diminished, especially

> in the hospital. In fact, there are periodic assaults on the emergency room. … Therefore, there are vicious circles that can no longer be interrupted within the hospital. (Interview 12)

To counter this tendency, the Clinic aims to bring the territoriality of the service back to the forefront, with a view to improve both healthcare accessibility and the construction of trusting relationships. In the People's Clinic, patients are actively involved in the healing process. As one doctor pointed out, the patients' stories and background matter, and the idea of wellbeing is built together with the medical professionals rather than imposed from the top down:

> The relationship with the patient is no longer analytical, meaning that I am the doctor, you are the patient, and I have to understand why you're ill, what your diagnosis is. So, I don't reduce my intervention to just a diagnosis and objectify you, but the relationship becomes dialectical, meaning that the patient also engages with the doctor and together they develop a path. Maccacaro spoke of a journey towards wellbeing, and therefore towards revolution in a broader sense. So here, I tell you that you have a problem, your problem has a name, and I want you to take responsibility, I want you to understand what you have, and together we develop a path that could lead you to wellbeing. This, of course, is all theoretical. Then there are times when you succeed, and times when you don't. It is complicated, especially in such a difficult context, so it requires the patient to trust you, you to be receptive and empathetic. (Interview 9)

In this quote, the element of continuity with Maccacaro's legacy is openly stated and the focus is, once again, on trust. These relationships have been facilitated by the work of activists who were already rooted in the neighbourhood's social fabric. As a result of opening the Clinic, these ties with local inhabitants were further strengthened, making the social centre more accessible to parts of the community (such as the elderly) who would not normally participate in the social and political activities within it.

While the legacy of Maccacaro's work clearly resonates with the Clinic and its healthcare practices, there are, however, noteworthy differences related to the transformed social and political conditions. To begin with, Medicina Democratica, with its actions always focused on the protection of universal public health, played a central role in the creation of the NHS. In this context, concerns have been raised about the risk that mutualistic initiatives might act as substitutes for the public sector. The idea to develop mutualistic practices is instead inextricably tied to the anti-austerity movements, corresponding to the specific moment in which the Clinic emerged. In a context of economic

crisis and increased privatization of the healthcare sector, in which left-wing movements in Italy found no institutional support, a different idea of politics took off. Grounded in everyday life, aimed at re-fostering ties with local communities of reference, this idea of politics was built upon a social praxis of direct action: 'A political activity that is based not just on theoretical work, but on work, on social practice – meaning that you live within a community and with your community, not only developing theoretical elaborations, but also living a practice that can, let's say, modify the context in which you operate' (Interview 9).

And while *Medicina Democratica* has focused much of its activity on work-related contexts and medicine, in the case of the Clinic the community of reference is primarily not the working class but the neighbourhood and its inhabitants. The relationships of trust built with the local community became central during the COVID-19 pandemic, when the Clinic was transformed into a vaccination hub for the neighbourhood. Activists emphasized how the existing connections and the idea of healthcare developed throughout the previous year were key to the success of the Clinic as a vaccination hub (Interview 5).

In 2020, at the end of the COVID-19 lockdown, the local trans-feminist group Non Una Di Meno (Not One Less) started managing the gynaecological helpdesk within the Clinic. As a result, the concept of healthcare cultivated within the Clinic also evolved, expanding towards trans-feminist perspectives, including gender-specific issues, as well as reproductive rights for women and LGBTQIA+ individuals. This broadened the Clinic's focus to address the challenges vulnerable groups face in medical institutions, particularly around reproductive rights, the over- and under-medicalization of LGBTQIA+ individuals, sexual health and invisible diseases.

> I'll give you one example: the very first Covid ward in Palermo was the obstetrics and gynaecology department of the Cervello hospital, which ceased to function as such and became a Covid ward for all intents and purposes. You should consider that it was one of the few hospitals where one could get an abortion. … This obviously sends out an immediate signal that one of the very first things to be given up when the global pandemic breaks out is reproductive rights for women. (Interview 6)

The realization that, from an institutional perspective, the healthcare rights of certain groups were de facto expendable in the wake of the pandemic, pushed trans-feminist activists to take an active part in the Clinic. Intersectional inequalities beyond class, including gender, race and ableism, along with a renewed attention to the concept of care, became central. The self-managed gynaecological helpdesk itself represents a form

of re-appropriation of collective care. Trans-feminist activists have organized the promotion and schedule appointments for the helpdesk, building a safe space for patients. Among other things, self-education debates on sexually transmitted diseases, contraception and trans-feminist language in the medical field have been organized.

As one activist emphasized, the COVID-19 pandemic exacerbated the effects of the neoliberal erosion of healthcare rights that they had been denouncing for years. This gave the People's Health Clinic renewed visibility and legitimacy. After the pandemic, the Clinic in Borgo Vecchio was regarded as a replicable example, leading to the opening of two new clinics managed by civil society organizations in other working-class neighbourhoods of Palermo.

To conclude, the flow of temporalities that shaped the Clinic is multifaceted, comprising both long- and short-term perspectives, legacies and moments of crisis that have driven its formation and transformation. While the financial and Eurozone crises spurred the opening of the Clinic, the healthcare vision behind it was inspired by an earlier movement led by Maccacaro in the 1970s. In this case the legacy is directly incorporated through the past experience of a retired doctor who helped in founding the Clinic. Even in the case of direct legacies, however, there is no mere copy-paste from the past, but rather:

- the recognition that certain struggles have deep roots and distant histories, which come to be considered as part of a single timeline, even if not in a linear way;
- a reformulation of past legacies in ways that adapt to changing circumstances, coupled with the production of new knowledge.

The Brigata Basaglia in Florence

The Brigata Basaglia was founded in March 2020 in Milan to respond to the exacerbation of social and psychological distress due to the COVID-19 pandemic. At the onset of the pandemic, many informal groups called Brigate Volontarie (Volunteer Brigades) were created – each strongly tied to a specific area of Milan – to provide people in distress with material support such as delivering food parcels and medicines. Differently from them, the Brigata Basaglia emerged as a non-territorial group revolving around the free emergency helpline service and specializing in psychological support. The idea came from a few people who were involved in an historic People's Health Clinic located in Via dei Transiti, which has existed for more than 30 years. The birth of Brigata Basaglia is linked to the support provided by the Italian medical non-governmental organization Emergency and the Municipality of Milan that ensured free access to a helpline app, through which the group set up a service of psychological triage with different emergency codes. Over

time, not only did the Brigata develop into an independent organization, but it also expanded through the creation of new local branches, namely in Florence (2021), Pavia (2022–2023) and Turin and Perugia (2024). In order for them to better meet the specific needs of their territories, each branch operates autonomously. However, in some senses, they are simultaneously also part of a single, national organization (facilitated by online meetings which have been held every Thursday since conception).

As mentioned, the Brigata Basaglia was formed to address the rise in psychological distress caused by the COVID-19 pandemic, while also recognizing that the pandemic unveiled deeper systemic contradictions. Psychological assistance in Italy is mostly private, and it is cost-prohibitive for those in precarious economic situations – who are the most exposed to stress. The new conditions of economic and relational insecurity allowed for the emergence of social distancing trends that were already present before the pandemic. So, while the pandemic brought about unprecedented tensions, many of the problems addressed by Brigata Basaglia, and other movements born during the pandemic, had been unfolding long before. Relatedly, ruptures and continuities constantly intertwine with one another in Brigata Basaglia's practices and discourse.

The Brigata's name directly evokes a connection to past experiences, although this choice was not entirely intentional. While the name Basaglia is widely recognized due to a famous Italian law, the connection with Basaglia's legacy was in fact developed only after the creation of the Brigata in Milan. Even psychologists have limited knowledge of his works since the latter have not received much attention in university programmes. However, the Brigata soon ended up embracing and advocating for many aspects of his approach. Basaglia's works are related to an idea of mental health that is much more than just the absence of mental illness: mental illness is shaped by a generalised system of social and institutional oppression and, as such, it needs to be tackled as a socio-political issue, not an individual problem. It is therefore crucial to look at individual wellbeing in the context of a person's life conditions and environment (Interview 14). As one of the psychologists of the Brigata in Florence argued, its aim is:

> To care, not in the sense of fixing but looking after, I'd say. It doesn't mean denying mental illness exists and that is part of people's inner world. It's about finding its other intersections, that's what we believe in. I mean, mental health is a political issue. … It's not an a priori category and so it intertwines deeply and constantly with housing, work, social, and economic factors. (Interview 17)

During the pandemic, restrictions of personal freedom, mobility and sociability further widened intersectional inequalities; thus, intensifying the

individualization and depoliticization of psychological distress and obscuring its social causes and collective responsibilities. In response, the Brigata started its activities based on a series of considerations regarding the role of patients, the type of mental health services and the preventive strategies.

Basaglia advocated for a shift from 'custodialism' to a therapeutic paradigm of mental health care by placing the patient – and not their illness – at the centre of care, which he viewed as a fundamental right for each individual (Interview 16). The Brigata exemplifies this approach by asking people who call them through the helpline, 'What helps you in moments of crisis? What makes you feel better? What do you usually lean on in difficult times?' (Interview 14).

Starting with the closure of asylums, Basaglia's legacy revolves around 'breaking down' those walls of oppression at every level of our existence. The members of the Brigata believe that containment is not only physical but also social, so first and foremost they aim to address the social stigma of mental illness and, more generally, any form of discrimination and marginalization connected to socioeconomic status, culture, and so on. As they noted, the pandemic has created an opportunity to mitigate mental health stigma, as its widespread impact has made people more open to seeking help for their mental health challenges:

> The only silver lining of the pandemic was that it shed light on … the fact that you don't need to show psychological or psychiatric symptoms to seek help for your mental health. People called us simply because they were alone, they didn't know whom to speak with. … So, the problem of mental health became a problem for everybody, necessarily, because it's not just people suffering from panic attacks that need to go to the psychologist but everybody has to go: those who felt an inner void during home confinement, those who lost their grandparents, those who were afraid of going out and became paranoid about contagion and touching things. You discover monsters because when you're alone at home, you have to talk with your own self. (Interview 15)

An approach that focuses on patients not just as ill but as individuals with personal economic and social needs translates into practices designed to provide social support in addition to psychological:

> People don't call us easily, psychotherapy is still considered weird, especially among people who really need it. Like, what the hell is psychotherapy? Something that costs a lot and will let unpleasant things emerge that are not going to help me. Here and now, I need help, I need something concrete, not just to talk. Talking is pointless, I need to eat, I need a place to sleep, I need a salary, a job. (Interview 15)

Highly critical of the private sector's logic and public sector cuts, the Brigata's members believe that psychological wellbeing is not solely achieved through clinical care, rather it is built together within communities by creating solidarity networks, challenging individualism and opposing the market's exclusionary logic. Since economic and relational insecurity has detrimental effects on mental health, activism is directed at fostering social connections and ties with the territory. In Florence, this approach is evident in their work at the Casa del Popolo Le Panche – il Campino, in the neighbourhood of Rifredi. Historically an industrial hub, Rifredi still remains a working-class neighbourhood where massive disused factories are pending repurposing and many families live in material hardship. Using Il Campino as informal 'headquarters', the Brigata has been connecting with an area that is facing a lack of socializing places and challenges in integrating young migrants.

As suggested by Basaglia in 1979, this communitarian approach also constitutes the best preventive strategy that can be implemented (Basaglia, 2025). In the Brigata, this component is very strong, as shown by its connections and joint actions with actors fighting dispossession and oppression, such as Palestinian groups, Mapuche activists, and so on.

If mental health goes beyond clinical treatment and involves the individual as a whole, everybody can contribute to the individual and collective wellbeing (Interview 14). The Brigata puts emphasis on its internal heterogeneity, which include both psychologists and activists from different backgrounds, and operates according to the principle of horizontality and deliberation in the decision-making process (Contestabile et al, 2023). This diversity is viewed as a valuable resource in its work, enabling it to help a wider range of people facing different types of issues. The group itself draws a parallel between its experience and Basaglia's therapeutic community:

> Basaglia talks about 'therapeutic community' which is a place where there's not a psychiatrist in charge but rather each member has a sort of autonomy in constantly re-adapting rules and practices. And so, the Brigata itself is an experiment of such a community, built 50 years after Basaglia theorized it, in a different historical context and in a different form. … But it's a place where there aren't only psychologists and everybody becomes a member to learn and come into contact with insanity, not with the approach 'I'll fix you' but 'let's try to understand what it is'. (Interview 16)

While using telematics means of communication differently from Basaglia, the Brigata turns all these ideas and reflections into concrete practices. To begin with, the Brigata's core activity on a national scale is the free helpline that offers psychological support to everyone in Italy. This service meets the need to ensure accessibility and inclusion by providing an initial four-session

support from psychologists of the Gruppo Clinico (Clinical Group), followed by referrals (if people decide to continue) to competent professionals in the private or public sectors at moderate prices for ongoing counselling. 'Psychotherapy nowadays is absolutely unreachable for many people. Half of the salary is needed to pay for it, it's impossible, that's a bourgeois concept. We can't ensure mental health only for wealthy people' (Interview 15).

So, differently from Basaglia's experimentation within the public sector, the Brigata has built a network of psychologists and psychotherapists, particularly where they have local branches. Additionally, the group promotes mental health by building networks with organizations working on different themes, such as housing, prison, school and university. That is the main task of the Gruppo Rete, made up of activists from different backgrounds, who help connect people reaching out to the Brigata to other services such as unions, migrant associations, and so on. A concrete example of how the Brigata operates as a 'sorting hub' (Interview 16), always putting the individual at the centre of care, was given in this interview extract:

> [One of the Brigata's psychologists] did a great job with a person who moved to Milan and left the community. The family was very worried but they didn't want to take and bring him/her home. So, we contacted different associations dealing with canteens, dormitories and so on. … We created a small network around this person that was possibly just going around, in the cold, telling nobody where he/she was. But at the same time, our approach is not to block him, take him down and call the ambulance. … We didn't want to leave him alone, in danger, nor cause him tension. (Interview 16)

Networks are broadened and fostered also through offline initiatives such as the annual Contatto Festival, which was created as a way of funding the Brigata's helpline. In Florence, the Brigata organizes social dinners at the Casa del Popolo Il Campino and carries out joint initiatives with other local actors. They have strong ties with the GKN movement (led by workers of a closed factory), trans-feminist groups and peasant organizations. They are also part of a local project that brings together all the grassroots efforts that, through mutual aid, foster solidarity, and not in the manner of charities (Interview 14). With the COVID-19 pandemic highlighting the need to reinsert people in the social fabric, or to create new networks from scratch, their work has followed a communitarian and territorial approach, emphasizing care as a collective wellbeing.

This same logic also applies to the group itself. Our interviewees told us that the Brigata helped them as much as they help people that call them. The Brigata is organized as a network that promotes solidarity-based work and has gradually become a place for self-care for its own members. In this

way, the group also opposes the competitive nature of the healthcare field, seeing it as harmful for psychological service; they emphasize the increased need for collaboration among practitioners.

While Basaglia's influence remains strong in the Brigata's practices, there have been some re-adaptations and transformations. One clear example is the internal organization of the Brigata that resonates with the original idea of therapeutic community. However, unlike Basaglia, who worked within the institution itself, the Brigata focuses on 'staying in the margins' precisely to reach marginalized people (Interview 13). This approach generates internal contradictions – for example, some people are more open to dialogue with the community mental health centres (operating for the Italian health service), while others are not, despite recognizing that this detachment from the state coexists with the request of its intervention in the healthcare system.

The Brigata avoids involvement in 'the third sector', seeing it as a crutch for neoliberal reform. Indeed, what distinguishes the Brigata from other voluntary organizations is its political commitment and its willingness to act on contradictions and fight against all sorts of simplification.

Moreover, Basaglia expanded his focus beyond the psychiatric hospitals by reflecting on society at large. However, his work concentrated on psychiatry and largely contributed to the closing of asylums in Italy. The Brigata, taking over from this accomplishment, continues the fight against other 'total institutions' such as prisons and Centres for Repatriation, and operates more broadly at the intersection between mental health and socioeconomic issues.

Finally, Basaglia advocated for local mental health services, rooted in communities, while the Brigata has been gravitating toward the online helpline service. However, the Florentine branch has recently opened a physical helpdesk to better serve the neighbourhood by making their services more accessible to migrants and homeless people. This shows an interesting evolution from before to after the pandemic. The core group of activists who founded the Brigata in Milan came from the experience of the People Health's Clinic and felt the need to create a group only for mental health care. During the COVID-19 pandemic, it could not be anything else but online support. Now, however, the possibility of operating offline has become a reality only for the Florentine branch.

Comparative notes on past legacies and innovation in pandemic times

The COVID-19 pandemic (as other health crises in the past) has 'acted as a sort of stress test on society, revealing, amplifying or widening existing social fissures and health disparities' (Forbes, 2021). For grassroots actors already carrying out solidarity healthcare practices in the face of neoliberal austerity, the pandemic only confirmed their analysis as well as the need for

political action from below. In response to the pandemic, calls for solidarity have been a ubiquitous feature, while new initiatives in the healthcare field have emerged.

The cases observed clearly show how moments of crisis sparked the emergence and transformation of bottom-up healthcare initiatives. However, this does not mean that these initiatives have a temporality that is defined solely by the crises themselves. Rather, what we found is that certain knowledge, born from previous mobilizations, reappears as legacy after several decades. The concept of knowledge produced and transmitted within movements is crucial here (della Porta and Pavan, 2017; Wathne, 2023) for highlighting not only the ruptures but also the continuities in health initiatives that have emerged or transformed – particularly during the COVID-19 pandemic. Legacies can take on different forms of mediation: they may come from direct experiences of the past or be reintroduced indirectly through archival research. Hence why we have analysed *how* the People's Health Clinic in Palermo and the Brigata Basaglia in Florence have used, revised and adapted these legacies in response to the pandemic.

In the case of Palermo, Maccacaro's legacy is directly linked to the past through the first-hand experience of retired doctors now working at the Clinic. In contrast, the connection in Florence has been built more retrospectively, through active research and the study of past approaches. Both groups consist of medical professionals and activists and are intergenerational in composition. Our ethnographic observation of the unfolding of these relationships characterized by varying levels of expertise and different past references were key to developing an analysis that merges present practices with past legacies. Furthermore, the pandemic has emphasized the importance of the social dimension of health, a central aspect of Basaglia and Maccacaro's legacies. Relatedly, in the Clinic doctors define health as overall psychophysical wellbeing, viewing it as a common, while the Brigata frames mental health as a political and communitarian issue. In both definitions, there is a strong focus on the social determinants of health, emphasizing that mental and physical wellbeing are inseparable from the broader social environment.

Isolation and confinement measures adopted to contain infections exacerbated social marginalization and exclusion. In response, both actors directed their activism into recomposing or creating territorial connections and networks. In doing so, they put into practice the community-based healthcare model (promoted by both Basaglia and Maccacaro), in clear contrast to the current profit-driven healthcare system whose problems had been exposed and exacerbated by the pandemic. However, in Palermo this connection to territory is achieved through a physical, local clinic, while in Florence, activists have so far privileged online methods – even if this did not prevent them from creating a network with other organizations across

various territories. Through their practices, both the People's Health Clinic and the Brigata Basaglia go beyond the notion of care intended exclusively as the responsibility for or attention to the individual's psychophysical wellbeing. Their practices seek to create a model of collective, universal, inclusive care as an alternative to a capitalist model of medicine. The political work of both Basaglia and Maccacaro was directed at implementing institutional transformations, respectively by closing the existing psychiatric institutions and promoting the creation of a national healthcare system. By contrast, in these two cases healthcare practices take place in the neighbourhood and the city, outside of institutional settings. In other words, Maccacaro and Basaglia, though critically, worked within the healthcare and psychiatric systems and transformed them from within, while the actors in our cases maintain their critical stance outside the institutional context. Facing an unjust, inefficient and exclusionary system, the local initiatives observed enact practices of solidarity and mutual aid from the margins, reaching out to underserved communities.

Note

[1] *Quartieri Popolari* (plural form)*:* neighbourhoods located in historic city centres and traditionally inhabited by a mixture of poor, working-class people and artisans.

References

Asso, P.F. (2023) 'New perspectives on old inequalities: Italy's north–south divide', in D. della Porta, M. Keating and M. Pianta (eds) *Inequalities, Territorial Politics, Nationalism*, Routledge, pp 22–41.

Barone, A. (2024) 'From self-management to institutionalization and back: Feminist health centers in Italy between the 1970s and today', PhD dissertation, Scuola Normale Superiore.

Basaglia, F. (2023) *Scritti 1953–1980*, Il Saggiatore.

Basaglia, F. (2025) *Conferenze brasiliane*, Il Saggiatore.

Bosi, L. and Zamponi, L. (2019) *Resistere alla crisi. I percorsi dell'azione sociale diretta*, Il Mulino.

Bracke, M.A. (2014) *Women and the Reinvention of the Political: Feminism in Italy, 1968–1983*, Routledge.

Brown, P., Morello-Frosch, R. and Zavestoski, S. (2012) *Contested Illnesses: Citizens, Science, and Health Social Movements*, University of California Press.

Castillo Fernández, D. (2023) 'The pandemic, the crisis of the neoliberal model, and the emergence of digital capitalism: The new labor market environment', *Latin American Perspectives*, 50(4): 88–102.

Christou, S. (2022) 'The diffusion, modularization, and institutionalisation of direct social actions in healthcare. The Greek healthcare arena: 1983–2019', PhD dissertation, Scuola Normale Superiore.

Contestabile, G., Campanella, E.G., Baldin, E. and Seconi, I.A. (2023) 'Apoyo mutuo y salud mental más allá de la sindemia: Una perspectiva psicosocial desde la experiencia de la Brigada Basaglia', *Argumentos Estudios críticos de la sociedad*, 101: 195–213.

della Porta, D. (2022) *Contentious Politics in Emergency Critical Junctures: Progressive Social Movements during the Pandemic*, Cambridge University Press.

della Porta, D. and Pavan, E. (2017) 'Repertoires of knowledge practices: Social movements in times of crisis', *Qualitative Research in Organizations and Management*, 12(4): 297–314.

della Porta, D. and Lavizzari, A. (2022) 'Waves in cycle: The protests against anti-contagion measures and vaccination in Covid-19 times in Italy', *Partecipazione e conflitto*, 15(3): 720–740.

della Porta, D. and Lavizzari, A. (2024) 'Framing health and care: Legacies and innovation during the pandemic', *Social Movement Studies*, 23(6): 738–755.

della Porta, D. and Christou, S. (2025) *The Contentious Politics of Global Health Movements: Contesting Patents During the Pandemic*, Cambridge University Press.

della Porta, D., Chesta, R.E., Chironi, D., Christou, S. and Felicetti, A. (2024) *Comunicare e partecipare durante una pandemia*, Il Mulino.

Epstein, S.G. (2008) 'Patient groups and health movements', in E.J. Hackett and Society for the Study of Social Sciences (eds) *The Handbook of Science and Technology Studies*, MIT Press, pp 499–539.

Forbes, A.W. (2021) 'Covid-19 in historical context: Creating a practical past', *HEC Forum: An Interdisciplinary Journal on Hospitals' Ethical and Legal Issues*, 33(1–2): 7–18.

Giorgi, C. (2022) 'A history of Italy's health policy from the Republic to the new century', *Modern Italy*, 28(1): 1–17.

Giorgi, C. (2024) *Salute per tutti. Storia della sanità in Italia dal dopoguerra a oggi*, Laterza.

Goffman, I. (1968) *Le istituzioni totali*, translation by Franca Basaglia, introduction by Franco and Franca Basaglia, Giulio Einaudi.

Loukakis, A. (2018) 'Not just solidarity providers: Investigating the political dimension of alternative action organisations (AAOs) during the economic crisis in Greece', *Partecipazione e Conflitto*, 11(1): 12–37.

Maccacaro, G.A. (1979) *Per una medicina da rinnovare: scritti, 1966–1976*, Feltrinelli.

McAdam, D. (1986) 'Recruitment to high-risk activism: The case of Freedom Summer', *American Journal of Sociology*, 92(1): 64–90.

Narayan, R., Schuftan, C., Donegan, B., Narayan, T. and Rajeev, B.R. (2020) 'The people's health movement', in D.V. McQueen (ed) *Oxford Research Encyclopedia of Global Public Health*, Oxford University Press.

Rottenberg, C. and Segal, L. (2020) *The Care Manifesto: The Politics of Interdependence*, Verso.

Taylor, V. and Zald, M. (2013) 'Health movements (United States)', in D.A. Snow, D. della Porta, B. Klandermans and D. McAdam (eds) *The Wiley-Blackwell Encyclopedia of Social and Political Movements*, Blackwell, pp 555–558.

Tronto, J.C. (2013) *Caring Democracy: Markets, Equality, and Justice*, New York University Press.

Wathne, S. (2023) 'Social movements prefiguring political theory', in A. Sevelsted and J. Toubøl (eds) *The Power of Morality in Movements: Nonprofit and Civil Society Studies*, Springer, pp 171–192.

World Health Organization (2022) *Third Round of the Global Pulse Survey on Continuity of Essential Health Services during the COVID-19 Pandemic*. Available at: https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2022.1