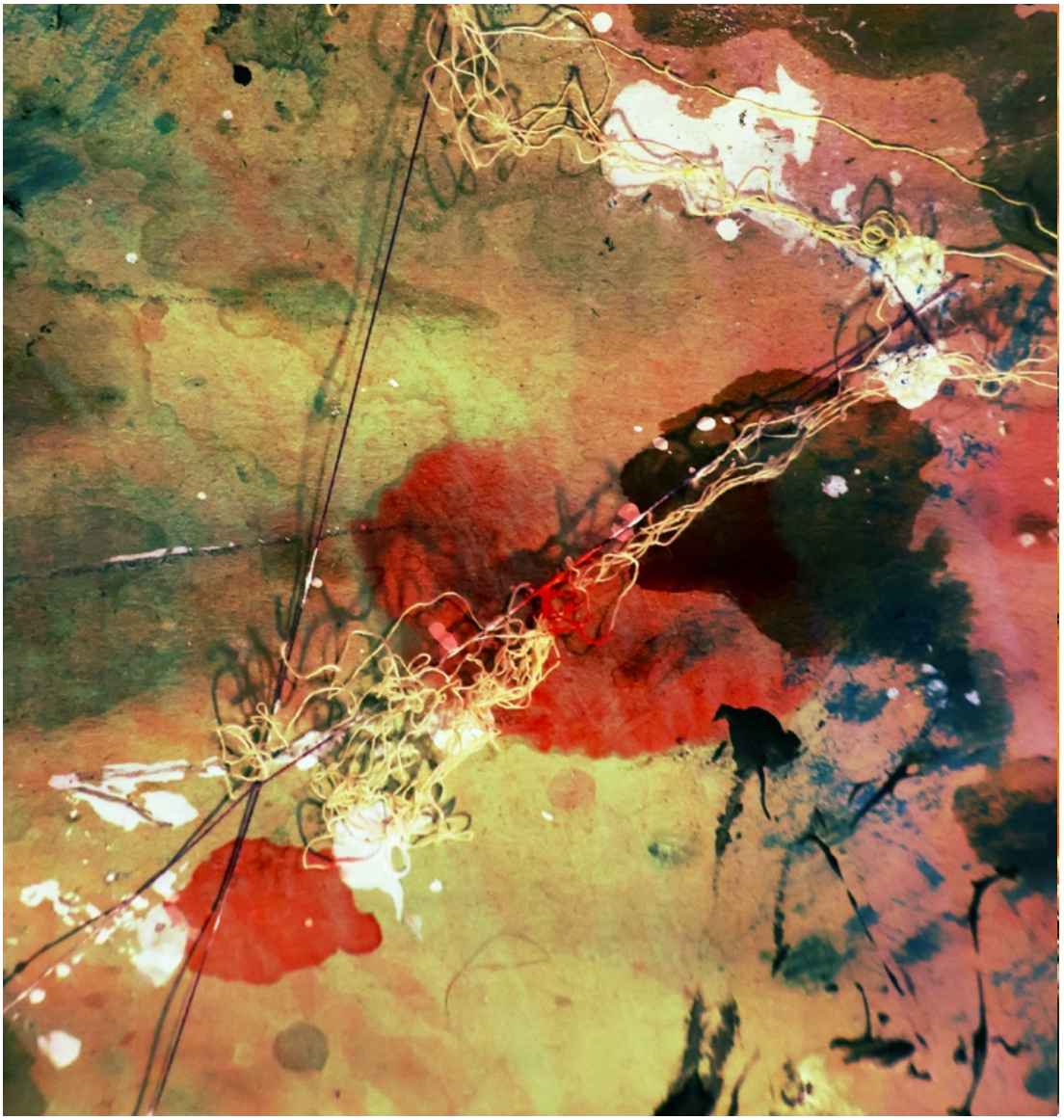

Explorations in Space and Society
no. 70, March 2025
ISSN 1973-9141
www.losquaderno.net

Alliances and Urban Precarity

70 Lo sQuaderno

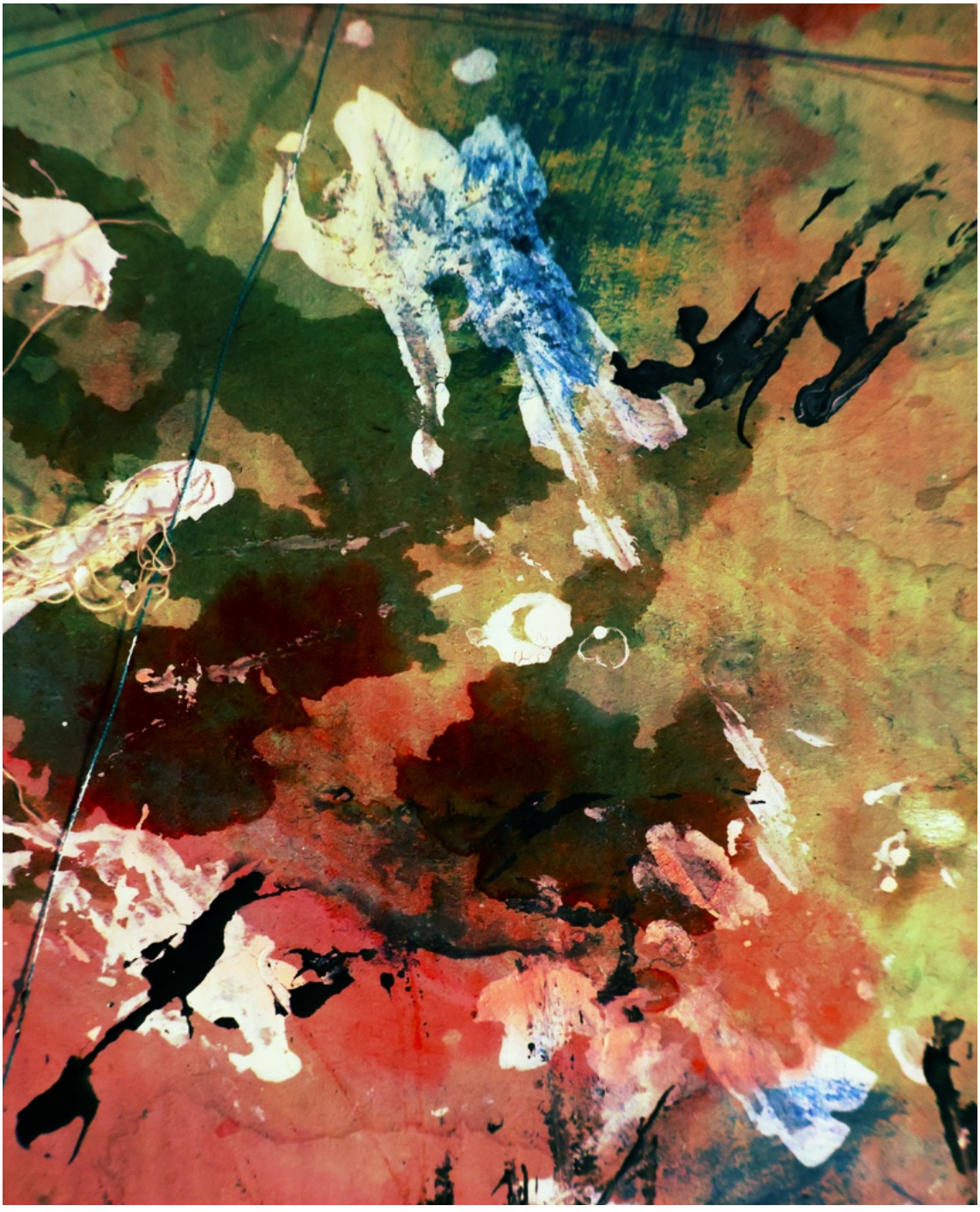

TABLE OF CONTENTS

Alliances and Urban Precarity

a cura di / dossier coordonné par / edited by
Cristina Mattiucci and Marina Volpe

Guest artist / artiste présentée / artista ospite
Nicolò Ceci

Who cares? Self-organised health spaces and alliances of care in Palermo and Rome

Gabriella Palermo
Andrea Simone

Introduction: social clinics and ambulatories in Palermo and Rome

This paper presents the preliminary findings of a militant research project on healthcare geographies, rooted in the mutualistic and transfeminist politics of the social spaces we are part of (*Ambulatorio Popolare Borgo Vecchio* in *Palermo* and *Nonna Roma* in *Rome*), both as researchers and as activists.

The *Ambulatorio Popolare Borgo Vecchio* is a self-managed social clinic, set up in 2016 within the Social Centre *Anomalia* in Palermo's Borgo Vecchio district, one of the city's working-class neighbourhoods where economic, social, and cultural marginalities intersect on multiple levels. Through cardiology, neurology, and other medical services offered by volunteer doctors, the outpatient clinic seeks to restore a territorial healthcare in response to the systemic collapse of public health, particularly in southern Italy and Sicily. The crisis has been exacerbated by the Covid-19 pandemic, prompting the transfeminist movement *Non una Di Meno Palermo* to launch a gynaecological unit in 2020, offering free examinations, pap tests, colposcopies, ultrasound scans, and a broader construction on what transfeminist care space means for reproductive social justice.

Nonna Roma, a voluntary organization founded in 2017 in Rome's Villa Gordiani neighbourhood, is committed to fighting poverty and social marginalization. Initially structured as a mutual aid food bank, it gradually expanded its focus to include education, housing, and, most recently, healthcare. In November 2024, Nonna Roma launched the DOC! project, establishing the first nucleus of an outpatient clinic in Rome's Quarticciolo district. The project was co-funded by Sapienza University of Rome and is run by two medical specialists who provide an entry point to basic care for Nonna Roma's community every Wednesday.

Despite operating in distinct contexts and evolving from different political trajectories, both initiatives converge on a recognition of the vulnerabilities produced in the urban space and the need for the activation of complex alliances in the field of healthcare.

This article presents initial reflections from *Who cares*, our collaborative action-research project on the healthcare geographies produced in the post-pandemic city by these self-managed social clinics. What care policies are being produced in these spaces? How can social clinics contribute to reshaping healthcare policies, in a world where healthcare is increasingly a privilege rather than a right? How can we build care spaces that not only reclaim health services, but also enact radical societal transformations?

Healthcare Geographies and Transfeminist Alliances

Since the austerity policies implemented in response to the 2008-2011 crisis, the defunding of public

Gabriella Palermo is Researcher at the University of Palermo, Department Culture e Società. She is a social and cultural geographer, active in social and transfeminist movement of her city. Among her research interests: critical ocean geographies; (trans)feminist geographies; narratives, stories, fabulations.

gabriella.palermo@unipa.it

Andrea Simone is Researcher at CNR IRCrES and Lecturer in geography at the University for Foreigners of Siena. Active in mutual aid and social movements, he researches the intersections between spatial inequalities, urban commons, and social struggles. He is one of the founders and board members of Nonna Roma.

andrea.simone@cnr.it

welfare in Italy has produced a healthcare service that is deficient, stratified, and often inaccessible. Characterized by decades of precarious employment, private encroachment, and the gigantism of a few, large hospital centres at the expense of local health centres, the public system is failing. Moreover, in a country founded on the production of the South and the Islands as a waste territory, there has been not only the centralisation of funds and resources in the North of the country: the produced migration of students and professional figures also led to cumulative effects for the regions of the South, as demographic decline, impoverishment of public services, reduction in life expectancy. These inequalities are further reproduced on the urban scale in marginalised neighbourhoods like those where we operate, where for many the right to health not only becomes a privilege, but is increasingly perceived as not being 'taken into account'. The Covid-19 pandemic acted as a laboratory for experimentation and acceleration of certain processes in the health system, amplifying and exasperating them. It is within this context that, while on the one hand we witnessed a progressive shift towards individualism and isolation, various self-organised political and social movements (social centres, collectives, mutual aid associations) sowed and built collective experiences from below of social self-managed clinics, ambulatories, and care desks in various Italian cities, aligning with a broader shift towards direct social action (Bosi and Zamponi, 2019; Simone and Coletti, 2023).

Among several of these initiatives, including those involved in our research, alliances with the theories and practices of transfeminist movements are central. Gender-based violence related to healthcare continues to be a central node of the patriarchal system, including the attack on reproductive services and rights. From this point of view, the re-appropriation and socialisation of health care trace a path of struggle that moves along a double track: the need to preserve what has been conquered so far, but above all to revolutionise, manage and control its functioning. Transfeminism conceptualizes care not only as health (of the social body and the individual body), but also as a transformative practice of collective and collaborative relationality. Furthermore, health is not merely conceived as the absence of disease (Non una Di Meno, 2017); it is the active re-appropriation of care and well-being in a toxic system, both for bodies and for territories. In many social and transfeminist movements, the pandemic pushed the need to find new ways of thinking about care and well-being, questioning who is included or excluded from health policies, who is encouraged or discouraged to reproduce, and how to imagine alternative policies of social reproduction in a perspective where Caring is not a metaphor (Fragnito, 2025).

Grounded in health geographies (see Brown et al., 2017), feminist theories of social reproductive justice and care (see Mol, Moser and Pols, 2010; Murphy, 2015), and contemporary debates on social mutualism (see, among many, Mould et al., 2022), our research moves in the field of our militancy, with an approach that takes in our autoethnographies, in addition to the already conducted semi-structured interviews and open dialogues with operators, users, activists, from which it is possible to outline initial outputs.

Care alliances: limits, vulnerability, and new healthcare politics

The healthcare geographies produced by the social clinics examined operate at the intersection of experimentation, contestation, and substitution of the public actor. However, their level of political awareness and strategic engagement with healthcare policy varies, reflecting the differing trajectories of these projects (Palermo's clinic has existed for over eight years, whereas Rome's was launched only recently).

First of all, both clinics arose as a response to the collapse of local public healthcare, stepping in to provide initial diagnostics, first access, and care orientation. In this process, they act a form of subsidiarity that is not envisaged and not integrated into the health system – a subsidiarity at the threshold – which is not intended to replace the public service, for which they continue to fight for accessibility.

However, getting out of the contradiction of service reproduction and welfarism, thus filling the gaps in public healthcare, is not so simple. As one of the interviewed states, "these outpatient clinics are born in the wake of consolidating and organising also a critique of the healthcare institutions, and the model of healthcare that they have imposed and are imposing on us in recent decades [...] moving in the contradiction between ideology, political practice, and people's material needs and necessities".

This is a contradiction experienced with different levels of awareness. In Rome, the premise that gave rise to the project is the hypertrophy of the emergency room, the so-called improper accesses, as we read in the words of the doctors. The aim is to "affect [...] all those people, especially foreigners or those with difficulties, who really have a hard time booking visits and accessing outpatient and territorial medicine". If in Rome, therefore, there is an intention to stay within the system, intervening on its distortions through the instrument of volunteering, in Palermo, on the other hand, there is a more evident reference to the alternative model that these projects intend to achieve.

Secondly, these projects also challenge a dominant misconception in public health: i.e., that the problem of access to care stems from 'health illiteracy' among marginalized populations, and that these social projects aim to mediate between the subject and the institutions. This is partly the case, undoubtedly, but to a very small extent. While neoliberalism reduces the system's distortions to frictional elements, the bottom-up healthcare practices carried out by social outpatient clinics reveal how vulnerability is not produced by health illiteracy – certainly present – but rather by a problem of accessibility and resources.

As a third element, what emerges from these initial findings is that these projects introduce an innovative element in the management of care relationships. This innovation inevitably derives from the nature of the spaces in which these associations operate: places where different social activities coexist, generating unexpected synergies. Thus, people who come to the outpatient clinic can learn about and access other services (legal counter, Italian school for foreigners, housing, etc.), or be involved in social activities and take part in discussions on topics of common interest. These are stratified spaces, responding to different intersections of needs and discriminations, operating according to logics of additivity and reception. In contrast, Italian public services – including the health system and the social service – tend to act by subtraction and exclusion, treating problems or pathologies in a sectorial manner and isolating the individual from the social and community context in which he or she is embedded. A further distinguishing feature of these outpatient clinics is the possibility of a continuous care pathway, overcoming the fragmentary and unconnected nature of the visits offered by the public health service. Thus, in these spaces, territorial medicine is regenerated with doctor-patient relations in which a model of overall 'taking charge' of the individual is configured, as an alternative to the sectorised and exclusionary model of the public health system. This approach is made possible not only by the presence of health personnel, but also by the openness and political willingness to listen that these spaces guarantee.

Finally, both social spaces recognise as central the need to channel their initiatives into a broader path of criticism and reform of public welfare institutions and policies. As one interviewee underlines: "To me, caring is no longer enough. I need that we create a dialectical relationship with an awareness on the part of patients and citizens that we can change this system together, because alone we could never change it". The activation of the people who access these spaces – and the outpatient clinics in particular – thus becomes a lever for raising awareness and claiming rights. These projects are after all born within realities and movements that explicitly set themselves a goal of social transformation through political struggles. Direct social action – such as the provision of self-managed health services – is not the final aim, but a means to trigger processes of awareness and mobilisation. However, compared to other social projects proposed by these spaces, popular health clinics encounter more

difficulties in involving people in a path of political mobilisation than other social initiatives. This could be due to the very nature of the health service, which requires highly specialised skills and a highly asymmetrical relationship between those who offer and those who receive the service.

Conclusions

The social clinics in Palermo and Rome represent peculiar cases of social realities that manage complex relations with public administrations in a context of severe downsizing of local welfare. This process, although not uniform at a national level, is particularly acute in the southern regions, where cuts in public interventions have been more drastic over the last twenty years. In this scenario, many social realities have progressively reshaped their intervention strategies, moving more and more towards forms of direct social action and autonomous service provision. The crucial point is to understand how these spaces relate to the public sector, in a difficult balance between conflict and cooperation. Experience shows that this relationship often takes place in complex forms, through a kind of implicit subsidiarity, which is neither fully integrated into the public system nor completely alternative to it. These are hybrid care networks, involving both public and private associative actors, but without converging into a structured and coordinated model.

The next stages of field research will be crucial to better understand the generative capacity of these spaces and their impact in redefining models of care and health. Beyond the difficulties encountered, in these spaces takes place the experimentation of new paradigms for taking care of people, capable of overcoming the fragmentation and exclusionary model of the national health system and proposing alternative forms of community welfare.

Our *Who cares* research project is still in progress, but what emerges in the meantime is that social clinics as healthcare spaces produce urban alliances, collaborative knowledge, socialisation of practices, and re-appropriation of reproductive services. Thus, on the one hand, they respond to the needs of the territory in which they are located; on the other hand, they continue to pursue political struggles for a functioning, accessible, and free healthcare for all, at a time when this is increasingly treated as a privilege, rather than a right.

References

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

Brown, T., Andrews, G. J., Cummins, S., Greenhough, B., Lewis, D., & Power, A. (2017). *Health geographies: A critical introduction*. Wiley-Blackwell.

Fragnito, M. (2025). Curare non è una metafora. Necropolitiche della cura e lotte nel campo della riproduzione sociale. In C. L. Breccia, B. Casalini, M. Fragnito, F. Giardini, M. Moltelo, & C. Morini (Eds.), *Prospettive della cura. Politiche e critiche femministe tra cura e riproduzione sociale* (pp. 41-56). I booklet di Effimera. https://effimera.org/wp-content/uploads/2025/01/Prospettive-sulla-Cura-Ebook-Effimera.pdf

Mol, A., Moser, I., & Pols, J. (Eds.). (2010). *Care in practice: On tinkering in clinics, homes and farms*. Transcript Verlag.

Mould, O., Cole, J., Badger, A., & Brown, P. (2022). Solidarity, not charity: Learning the lessons of the COVID-19 pandemic to reconceptualise the radicality of mutual aid. *Transactions of the Institute of British Geographers,* 1–19. https://doi.org/10.1111/tran.12553

Murphy, M. (2015). Unsettling care: Troubling transnational itineraries of care in feminist health practices. *Social Studies of Science*, 45(5), 717–737. http://www.jstor.org/stable/43829053

Non una di Meno. (2017). *Abbiamo un piano. Piano femminista contro la violenza maschile sulle donne e la violenza di genere*. https://nonunadimeno.wordpress.com/wp-content/uploads/2017/11/abbiamo_un_piano.pdf

Simone, A., & Coletti, R. (2023). Roma città solidale: il Covid-19 e la trasformazione dell'azione collettiva. *Annali del Dipartimento di Metodi e Modelli per l'Economia, il Territorio e la Finanza*, 1(2023), 1-19. https://doi.org/10.13133/2611-6634/1461