Occupy as repair for returning: the case of the occupied hospital in Cariati

Abstract

Within the repertoire of resistance, occupations constitute a form that has been historically articulated in a variety of modalities that differ in duration, space and purpose. From occupations of public spaces like squares and streets to 'private' spaces such as buildings, apartments and factories, their purpose depends on the specific kind of struggle at stake. Housing squats, social centres, recuperated factories are possibly the most durable examples of occupations. For our paper, we look at a not so common space for occupation: a hospital. Drawing on a series of semi-structured interviews and group discussions with members of the occupied hospital at Cariati, our intention is to reflect on the question of resistance as (re-)pair and highlight its creative and transformative potential over its oppositional stance. We propose to innovate the concept of resistance by looking at its connections with reparation and returns, looking at the occupation in Cariati as a potential for repairing a broken ecology and fostering reverse migration flows.

Introduction

The last decade is characterised by a multitude of crises, from the financial crisis of 2008 to the current covid19 pandemic, climate change, the refugees' crises and the rise of authoritarian capitalism. At the same time, however, we witness the mass mobilisation of progressive social movements and a wave of experimentation with alternative forms of organising that constitute moments of 'rupture with the dominant logic, a break or a reversal in the flow of social determination' (Holloway, 2010a: 909). We have witnessed a wave of experimentation with alternative forms of organisation across a range of diverse sectors (Kokkinidis, 2015; Kokkinidis and Checchi, 2023) and urban insurgencies in cities across Europe, in Istanbul, the Arab uprisings, the Occupy movements; all provided collective spaces where dissent, opposition and resistance to neoliberal hegemony were manifested (Dhaliwal, 2012; Graeber, 2013; Maeckelbergh, 2009). Echoing Holloway (2010b), self-help groups and social centres, workers cooperatives and recuperated factories, social clinics and occupied hospitals, all constitute ruptures to the hegemony of capitalism; ruptures that are not simply oppositional and reactive to power, but a creative attempt to go beyond it through the fostering of alternative forms of social relations.

Yet, if resistance is an event of rupture, we implicitly admit that power is the normality that is about to be restored. We propose to turn this idea of resistance as rupture upside down: it is power that disrupts our lives, our sociality, our communities, our territory. And where we see apparent crises or breakdowns as an event, we need to explore how rupture is an ongoing process. As we write this paper, we find ourselves in the mid of the Covid19 pandemic that has arguably been, and still is, an eventful rupture, a crisis, a caesura between the "normality" we were used to and a post-pandemic world to come. And yet, we propose to resist this temptation

and to challenge this political view by unveiling its reactionary character, well hidden under the manifest suffering most of us have experienced during this pandemic. What the idea of the event does is to bar the possibility to follow those continuous lines that determine the preconditions allowing a virus to become a deadly pandemic: cuts to public spending, progressive dismantlement of healthcare provision, austerity, precarity, ecological degradation, chronic lack of infrastructure, forced migration and so on. For communities or ecologies already damaged, this pandemic is yet another rupture that adds to a series of ruptures where devastation is the hallmark of the ongoingness (Haraway, 2016), rather than of an exceptional event.

For Mimmo, one of those who are occupying the dismissed hospital in Cariati, Covid is not *this* pandemic, *this* rupture, but it is the metonymy for ruptures in general: "*Our* Covid started 11 years ago, when they shut down this hospital". Cariati is a small town in Calabria, the poorest region in Italy and one of the most deprived areas in Europe, reflected in the devastating state of its regional healthcare system. Due to vast levels of debt accumulated as a result of corruption, mismanagement and embezzlement, the hospital of Cariati was one of the 18 hospitals that were closed in 2010. Since then, the debt has further increased despite the closures, and as Johnson (2020: n.p.) explains the crisis of the healthcare system is a lucrative opportunity that connects these territories to the circuits of financial capitalism: "profits gained from the misery of patients in Calabrian hospitals [are] packaged up into debt instruments using the kind of financial engineering typically favoured by hedge funds and investment banks".

Each community has had its own Covid, its own critical moment of destruction, its own caesura that marks the start of an ongoing degradation. Yet, it is with *this* Covid that Cariati's long Covid gained attention. Foucault (1982) says that resistances are a catalyst to individuate power relations, which tend otherwise to remain hidden. But resistances often do not find that strategic codification that make them visible and therefore capable of attracting more strength through solidarity. In a sense, resistance needs its own catalyst. For Cariati, the global Covid pandemic has worked as the catalyst to turn their dispersed and generalised frustration for their own Covid into a prominent struggle that inscribes them straight into the history of the practices of resistance: the occupation of a hospital. In another historical moment, this battle for the reopening of a hospital in a remote village in southern Italy would have barely made the news of some local newspaper. But in the face of the devastating lack of healthcare facilities, combined with the spectacle of hospitals being built in real time within few days or hastily put together in military style tents and camps, a ready to use and yet abandoned hospital cannot fail to attract media attention at national and international level. The occupation of the hospital represents the affirmation of the creative potential of resistance, that ability to elaborate an action that utilizes a common practice of resistance (the occupation) in an unorthodox space such as that of a hospital. It shows also a superb capacity to interact with time strategically, individuating the right moment, the *kairos*, for the maximum mobilisation of those emotions within and around the occupation that are key to sustain resistance.

But even more importantly it is the relation between resistance and space in this case. The occupation is a static practice. And yet, it is a settlement among a series of nomadic practices into a complex economy of movement: those who left, those who returned, those who resist because they do not want to leave, those who resist because they want the others to return, those who left and hope that this resistance will give them a chance to return. The occupation of the hospital affirms a resistance that wants to repair a damaged ecology. Resistance is for

repairing, resistance is for re-turning: returning home even for those who were born elsewhere, turning back this damaged territory into what it once (when?) was, into a hospitable place, a place with a hospital. This idea stems from a theoretical framework that develops Foucault's idea of resistance by prioritising its creative and transformative potential over its oppositional stance (Checchi, 2021; Foucault, 1997, 2019). We attempt to innovate this trajectory by exploring how resistant practices can operate as a form of mending and repairing within broken ecologies (Ghelfi and Papadopoulous, 2022). From repair and maintenance studies, we adopt a perspective of 'care for matter' (Puig de la Bellacasa, 2011) that engages with the fragility of matter by acknowledging its vulnerability and decay. Repair becomes an ongoing activity that reveals the constant necessity of taking care of our decaying and degrading ecologies (Vinck 2019). It is in the process of repairing that we discover material relations that usually remain hidden or not easily visible but that "are still crucial and necessary for the fragile continuity of our common but uneven sociomaterial worlds" (Callén and Criado, 2016: 22). In this sense, the closure of the hospital is not just the end of the provision of health care in the area, but also the progressive decay of its community and the hopes of those who left and still wish to return, showing the interconnectedness of its ecology (the community, those who migrated and long to return, the territory) and its multiple ruptures that need to be repaired.

Looking at resistance through the prism of repair offers us the possibility to explore those practices that attempt to restore a condition that was lost due to the progressive dismantlement of social and economic infrastructures of a territory. As resistance has recently been discussed largely in relation to prefiguration (Reinecke, 2018; Yates, 2015), repair offers the chance to think of resistance also in terms of refigurative politics, "focusing on the past as the source of figuration" (Jaster, 2018). Resistant reparations open up the potential for returns, understood both as the fantasy of going back to a time before the closure of the hospital and as the material possibility of creating the conditions for allowing all those who left Cariati looking for a job to come back to their hometown. This story of the occupation of a hospital expands to the point where resistance operates at the crossroads between repair and return, a form of mundane and everyday politics (Fernández *et al.*, 2017) that shows affinity with these territorial movements arising "from a pressing need to defend the diverging life-sustaining relations tied to places threatened by extinction" (Ehrnstrom-Fuentes, 2022). This highlights the possibility of looking at resistance as a permanent process (Sanson and Courpasson 2022), rather than a circumscribed moment in history that momentarily disrupts the ordinary stability of power. The idea of resistance as an event (Badiou, 2007; Douzinas, 2013; Rancière, 2010) has been widely criticised in recent years as it does not account for the complexity of the emergence of resistance as an incremental and grounded process (Uitermark and Nicholls, 2014), its vast repertoire of practices and its creative and transformative potential (Checchi, 2021).

In the light of this, our work draws on an academic/activist methodology where activism exists on a continuum and is embedded in all our activities as academics (Pain, 2003). We do so, as we feel that research on alternative organizing and resistance requires 'a sharp refocusing of interest in activism as an explicit strategy and outcome of research and vice versa' (Pain, 2003: 652). This approach clearly poses challenges in the ways we perform our identities as migrants, as academics and as activists, trying to relate with wider political subjectivities within and beyond the alternative organizations that we study or participate in (Chatterton *et al.*, 2010), while we found ourselves constantly switching roles in order to maintain a reflexive activist practice (Maxey, 2004). We first heard of the occupation of the hospital in Cariati while

listening to Radio Onda Rossa, a militant radio from Rome, founded in 1977 from an occupied space. This fortuitous encounter shows already the enmeshment of our subjectivities as academics, migrants and activists. The case of Cariati resonates to a wider project we are involved, focusing on social and cooperative clinics in Europe with the aim of developing a network for collaboration and knowledge exchange between healthcare initiatives, organising a range of political interventions and actions and exploring the challenges and potentialities of these initiatives operating within a rather hostile environment, an ongoing privatisation of national health care services and wider austerity politics.

For the purpose of this call however, we focus explicitly on the case of the occupied hospital in Cariati, aiming to reflect on how it constructs its own post-pandemic and post-despair world, where occupation means to resist, to repair, and to return. In doing so, we draw on findings collected from nine semi-structured interviews and two group discussions with the members of the occupied hospital between March and November 2021, lasting between 1 to 2 hours and were recorded with the consent of our participants. Our discussion begins with a brief summary of occupation and recuperation of health care facilities that are admittedly rather limited compared to other type of organisations. What is more, however, it is particularly interesting to notice that the recuperation of healthcare facilities is a relatively new phenomenon that goes hand in hand with the new wave of recuperated organisations which started in Argentina and has expanded to Europe. We can also draw some interesting connections with the increasing number of social and cooperative clinics that have emerged across Europe as a response to the ongoing privatisation of healthcare services, austerity politics and the subsequent exclusion of an increasing number of people from basic healthcare services. Before we focus on our main idea of resistance as (re-)pairing; as a) a process of pairing individuals and (re-)turning them into a collective and b) a possibility for creation and radical transformation, qualities that are inherent to any form of resistance. We then conclude in the last two sections with some reflective notes on the construction of resistance subjectivities through a complex intra-action of discursive materialities as well as our own subjectivities, as migrants, as academics and as activists finding ourselves involved into similar trajectories of resistance, repair and return. With reference to the idea of resistance as repairing for returning, we argue that occupations return for new reparations, for new beginnings, for new resistances.

A brief history of occupations and recuperation in the healthcare sector

The economic liberalization in the 1990s and the subsequent financial crisis has motivated the resurgence of cooperative and community-based initiatives forging new forms of grassroot-based economic activities and political organisations. Workers recuperated businesses have spread anew across the globe (from Argentina to South Korean and from the USA to Italy), with some notable examples to include the landless peasants in Brazil and the Zapatistas in Mexico, the well documented case of Argentina and more recently Greece and Turkey (Sitrin, 2012; Vieta, 2018; Wright and Wolford, 2003). In all these cases, and despite their many contextual differences, we witness a direct response from workers against austerity politics, threat of unemployment and precarity. What all these initiatives have in common is their members' desire to reconstitute their working lives by taking control of their own affairs and experiment with self-managed workplaces guided by horizontality and participatory democracy, within a rather hostile environment (in most cases) whereas support from local communities and networks of solidarity, are crucial for their success and survival. To the many

challenges that they face, from the lack of capital and specialised workforce to accessibility in markets and state hostility, they answer with cooperation, solidarity initiatives and militancy (Daskalaki and Kokkinidis, 2017; Vieta, 2019). As for all the internal tensions and challenges that emerge, particularly as they have to operate within a market economy and have to address all the constraints that market mediations imposed on self-management and workplace democracy; their established horizontal structures, participatory governance and solidarity networks contribute to their resilience and successful blocking of resurfacing bureaucratic tendencies (Atzeni and Ghigliani, 2007; Vieta, 2008 and 2010)

In Argentina for example, the political and economic crisis in the 1990s which led thousands of small and medium-sized companies to bankruptcy, led to protests and the creation of grassroots democratic organisations. In Buenos Aires, the creation of popular assemblies where people would gather in parks every week to discuss the problems of their communities cultivated a spirit of "politics without politicians" (Garrigues, 2002: 1) where people try organising themselves and take control of their own affairs through a network of assemblies established in neighbourhoods. The occupation and running of factories and other businesses, initially a defensive reaction to unemployment, fostered a sense of collective purpose and democratic ethos that elevate the mutually beneficial cooperation between the ERTs and their local communities. Their emphasis on horizontality and direct democracy, constitute a social experiment of organizing work differently, illustrating the workers' capacity to take control of their working lives through coordinated collective action and the development of more inclusive models of participation, constructing rule-creating rather than rule-following subjectivities.

For the purpose of our paper, we notice that there is only a handful examples of occupied or recuperated clinics documented in the relevant literature. Three cases, that we are aware of, were found in Argentina (Jurin, Medrano and IMMEC), although one of them (Medrano) was rather short lived following a different path (nationalisation). Junin clinic, has been a notable example of a recuperated clinic run cooperatively by its members (Azzelini, 2018; Vieta, 2019) after a long process of struggle that required the adoption of a multidimensional strategy, from occupation of the facilities and resistance to eviction, to legal, political and public support strategies (Vieta, 2019). What is also particularly important to note here is that the initial occupation of the clinic was intended to create pressure to the management/owners to negotiate a deal to receive owed salaries rather than an aspiration to run the clinic themselves, yet as that plan never come to fruition, Junin workers gradually warmed into the idea of self-managing the clinic. To present, all members of the clinic are nurses and support-staff while the services from health-care professionals are contracted out. The structure and operation of the clinic follows the practices we witness in other ERTs across the globe, with emphasis on horizontality and participatory governance while several initiatives have been established in support of the cooperative ethos that guide their operation. What it is worth reiterating here is that such experimentation with alternative forms of organising, whether through recuperation or conventional methods of starting a cooperative organisation, need not start out as a working-class revolt or as an act of a predetermined political ambition. Rather, it is through the recuperation process that such initiatives open up new possibilities by exploring workable alternatives, enacting new practices and reimagining their relations.

Furthermore, Vio.Me constitute another notable example of a recuperated factory (the only in existence in Greece, and one of very few in continental Europe) within which a workers

clinic operates, in collaboration between the factory workers and medical professionals from the Social Clinic of Solidarity in Thessaloniki (Kokkinidis and Checchi, 2023). What is more, the establishment of the workers' clinic in the premises of the factory nicely illustrate how new resistance socio-spatial formations can bring together different struggles; resistance against austerity and unemployment, demands for free health care to all and challenging medical authority (Daskalaki and Kokkinidis, 2017; Kokkinidis and Checchi, 2023). The Workers' Clinic, seeks to contest the hegemonic constructions of privatized, hierarchical or enclosed health care spaces, and engages in an inclusive, open and democratic initiative, both in the ways that the health care provision is organized and the relationships between patients and healthcare professionals are managed. In line to the Argentinian experiments in terms of their organising principles and practices, the Vio.Me workers have adopted a range of similar strategies as a defence mechanism to the hostility of the state (strong solidarity network and community support) and a mean to their sustainability.

"Te veni scuru o cori": "Darkness comes upon your heart"

There is a symbiotic relationship between Cariati, its people and its hospital. This relationship goes well beyond the provision of healthcare. When the hospital opens in 1978, the town rapidly flourishes, with its population growing to more than 10.000 inhabitants. In an area whose economy was mainly based on agriculture and fishing, the hospital represents a radical turning point. In the years when for the first time a generation of working-class young people have access to universities, those young *Cariatesi* can bring their knowledge and their expertise to their hometown. And, even more importantly, after generations forced to migrate towards to the big factories of the north both in Italy and in the rest of Europe, particularly in Germany, the hospital gives them the possibility to stay in Cariati. Returning from the cities where they graduated, they inaugurate a new era: "For the whole community, the hospital represented the projection from a condition of marginality and deprivation to a perspective of modernity, not even of a future, but of modernity" (Cataldo). Modernity means the end of migration for work, but also the end of long travels to see a doctor. The hospital then travels to Cariati and settles there. This feeling of settlement is expressed by an intimate bond between the hospital and the community:

> "The people arriving at the hospital really felt like they were at home, that it was their home. They felt that the hospital was their own. They were coming to a space that was their own, not to a place that remained foreign to them" (Cataldo).

But there is also another metaphor that expresses the symbiotic relationship between the hospital and Cariati: "Our hospital was like the FIAT in Turin. It was the economic motor of our town" (Cataldo). The hospital exerts the function of a factory, on which the community depends for its material reproduction. But it also replaces the factory, and in particular, it replaces the FIAT, as a source of income for many who would have otherwise migrated to Turin for work like the previous generations. From this perspective, it seems inevitable that the occupation becomes the form of resistance chosen today for the struggle for the reopening of the hospital. As Gino Strada, the founder of the NGO Emergency, puts it in an interview commenting on Cariati: "As in the 1970s workers use to occupy factories, in Cariati they have occupied the closed hospital", a sentence that is repeated as a mantra by the people in the occupations, proud of the national visibility given by this acknowledgment.

In 2010, the regional government decrees the closure of 18 hospitals in Calabria, including that of Cariati. This is the result of austerity measures where the regional government tries to conceal its bad management of public money. Despite a stable and healthy financial situation, the hospital of Cariati is included in this list. Rather than an actual decree of closure, there is the end of the investments with the progressive dismantlement of the various departments, shutting down when personnel progressively retire or move elsewhere: "a natural death" (Cataldo). This is when the whole ecology starts degrading, with the darkness of death pervading the territory and its community:

> "Since they shut down the hospital, the town died. There has been a tremendous emigration in these last years. Before and right after the war, it was just the head of the family to leave. Now there are entire families leaving. In the last 20 years, from 12-13 thousand people now we are barely few thousands...we are literally four cats [an expression meaning that there is hardly anyone here]. The economy was thriving, we used to be fine here in Cariati, we had everything. [...] Now they left us ragged arsed [con le pezze al culo], they have completely plundered us" (Cataldo).

The destruction of Cariati is an act of material and emotional dispossession, operated by forces that are foreign to the territory and the community, namely the regional government, its myopic austerity policies and the interests of private investors in the healthcare sector. This radical disruption marks a temporal caesura between a time of liveliness and a time of darkness: "In my teenage years, in the 1990s, it was wonderful here. There were no bars or clubs, there was nothing and yet there was life, there were people. Now you go out and darkness comes upon your hearth [te veni scuru o cori]" (Cataldo).

It is particularly interesting to observe the nuances of this contrast between the time before the rupture, represented by the closure of the hospital, and the present. There is nostalgia, there is the memory of a time of happiness, of liveliness, of life. And for as much at that time, the community enjoyed some level of economic security, still it is situated in a context of material deprivation ("there was nothing"). That sense of life though was enough to cover that deprivation, or to make that condition sustainable, to allow people to stay, to stay with the trouble rather than to escape from it as the previous generations and the migrants of today. In a sense, the hospital marks a hiatus between two waves of forced migration, a temporary relief for a territory historically suffering from the lack of infrastructures, services and jobs. The GDP pro capite in the province of Cosenza, to which Cariati belongs, is one of the lowest in Europe. As one of the activists puts it quoting Dante: "Abandon hope all ye who enter here" (Nunzio). The poverty of the area is even more evident by the comparison with the rest of the region, one of the poorest in Italy: "We are the underdevelopment of the underdevelopment. There is nothing: no mobility, no infrastructures, nothing...it's no man's land. Towns are kilometres apart so there is no permeability, no exchange of ideas, no ferment" (Nunzio). This is "the periphery of the periphery" (Mimmo) where there is a sense of abandonment and desolation: "It's like there had been an atomic explosion. It's a post-apocalyptic scenario. This is why ugliness has pervaded everything" (Nunzio).

The landscape is dominated by unfinished buildings, houses that those who migrated to Germany or Switzerland started to build with the idea one day to return to Calabria. The construction stops not when the money finishes, but when it is the dream to return that vanishes: second generation Germans from Calabria who are not interested to pursue their parents' dream of return, grown up in a land of material wealth and incapable to imagine themselves in those damaged and underdeveloped communities. To the point that "the unfinished" has become

"Italy's most prominent architectural style between the end of WW2 and the present day" (Felici, 2011). In line with what King (1986) describes as return migration and Castle (2002) as a 'temporary migration model', a kind of temporary reverse migratory flow where migrants come back to their hometowns to spend their holidays. Even this form of migration seems to be vanishing in Cariati:

> "The first generation of migrants who live in Germany used to prefer to return here after their retirement or at least for their holidays. Now these people don't come back anymore because these people who are old and whose health is vulnerable necessitate the level of assistance and healthcare they are used to in Germany and that they can't find here. It is their daughters and sons who forbid them to return by saying 'If anything happens to you, where will you get assisted?" (Cataldo).

Disruptions, dispossessions, deprivation, degradation, damage, escapes: and yet it is an ecology awaiting to be repaired, a radical potential for new forms of life, for new ways of organising, for new horizons of creation. Despite the chronic lack of resources and infrastructures, there is a deep bond between the community and its territory that emerges out of a feeling of this untapped potential. A potential that has never been actualised. Cariati's potential is firstly due to its natural resources: "Whoever comes here immediately falls in love with it. We have got the sea, we have got the mountains, we have got enchanted places. […] It feels like being in California. Cariati is like a small Los Angeles. We just need to understand our potentialities" (Cataldo). The second aspect of the potential of this ecology is connected to the idea of the return, a form of re-pairing, pairing once again the territory with the people who had to leave. But it is an idea of return that does not idealize a lost past, but creates a new future, richer than both the past and the present:

> "The latest generations of migrants who left Cariati have a high professional level and a vast experience. […] That cultural wealth, brought back here, would allow us to see things through new eyes. Because we have a lot of things right under our eyes, but we're not able to evaluate their potential as we are overloaded by the frustration of failure after failure" (Cataldo).

It is resistance that acts as a force for repairing though. Through the occupation of the hospital, the potentialities of the territory and of its community in and outside Cariati are deployed on a horizon of possibilities that draws a trajectory for possible actualisations. Cariati might become a small California, but, even more interestingly from a creative and political perspective, it might become the new Rojava:

> "Since I heard of Rojava, I've become obsessed with this idea of self-government from below. I consider Calabria as a territory in Europe where we can cultivate this kind of idea. […] It is an idea I cultivate for myself at the moment as it needs time to involve people, but the dream is to create services and infrastructures from below. The state is absent? I can self-produce the service" (Nunzio).

It is humble and perhaps a bit reductive to define it as a dream: the occupation creates the conditions to discuss this idea of autogestion and self-government from below, to let it circulate and provoke subjectivities to move away from a sedimented frustration and a chronic state of des-pair. The occupation of the hospital is a movement on this trajectory:

> "In a time when we have been locked down in our houses with our own individual fears, we turned these individual fears and these solitudes into collective courage and activism, organisation, action instead of frustration. We turned an individual frustration into a collective action" (Mimmo).

This is resistant re-pairing: pairing individuals and (re-)turning them into a collective, into an active community to escape individual frustration, to escape des-pair. But resistant re-pairing means also pairing once again this community with its territory (Ehrnstrom-Fuentes

2022) and its wider ecology that, to some extent, includes also those generations of migrants who dream to return and turn Cariati into a California or a Rojava. This is the potential for creation and for radical transformation that is inherent to any form of resistance: the renovation of existence, r-existence through collective struggle, self-organisation, autogestion and solidarity. Decades of dispossession, degradations and disruptions can depress resistance through despair, but they cannot suppress its possibility: "We are fuel. If someone knows how to light it up, it is the end of the world. We just need to take a lighter" (Michele). The end of a damaged world: resistant re-pairing is about creating a new one.

The occupation of the hospital in Cariati

The struggle for the reopening of the Cariati hospital started immediately after its closure. 11 years of struggle at different intensities, with different forms of resistance. The recent pandemic however has exacerbated the issue. The region is locked down not on the basis of the high number of positive cases, but for the lack of hospital beds. The beds in Cariati are there though and this creates even more frustration in those who carried on the struggle for many years. The struggle intensifies around social media discussions and assemblies. It is from this tension that emerges the necessity to find a new form of resistance.

On the 19th of November 2020, unexpectedly, spontaneously and with no real planning, one group occupies the hospital. When we approached the occupiers, we thought they had carefully planned the action, with an idea of how to access the hospital, when to do so and how to protect the occupation. Quite the opposite:

> "It was the 19th of November. The day before there had been a sad event, somebody dying while waiting in the ambulance for the absence of a doctor...that morning, I know it's hard to believe it, something was buzzing in our heads. I meet with the others for our usual walk. We started walking towards the hospital and, without saying much, we identified where we could have done something. And while we started talking about it, we opened a door...while we were opening the door, we had already called all the journalists we knew. While we were opening, we were already in the news...it just happened. You can't have it more spontaneous than this! It was also fortuitus...all the three of us happened to have a certain morning rage and so we went for it" (Mimmo).

It is when the frustration and the rage accumulated in years explode that the occupation happens. Spontaneous, fortuitus, "unplanned, visceral, instinctive as it is typical of people from the South of Italy" (Nunzio). And yet, almost inevitable: "We look each other in the eyes and we said "Well, the only solution is to occupy the hospital" (Cataldo). The inevitability of the occupation lies in its relation with time. On the one hand, the time of the pandemic is perceived as the right time from a strategic perspective. On the other hand, there is that sense that too much time has gone with no action, a time that creates pressure, that makes the urgency of resistance even more urgent. As the pressure mounts and is exacerbated by the absence of sociality due to the pandemic, the occupation marks the beginning of a new time, the time of emancipation: "with this action, we liberated ourselves" (Mimmo). Although the occupation is a practice that is firmly established in the history and in the repertoire of resistance, the choice of the hospital as the space for an occupation constitutes a new and creative form of struggle. "We have probably been the first to occupy a hospital. Involuntarily, we made history...a fantastic thing! I don't think there are other similar cases" (Nunzio). Indeed, there are not many cases of occupation of hospitals and although our intention is not to suggest any novelty in the hospital in Cariati, but rather to highlight is the creative affirmation of practices of resistance

(the occupiers were unaware of other examples). Here we see how the idea of repair can help us to make sense of resistance in this case. As much as the occupation is spontaneous and unplanned, it is not a kind of unthinking instinct. Henke (1999) notes that activities of repair are improvisational in the sense that they result from a process of trial and error whereby the working knowledge of repair practices unfolds in interaction with the setting. The practice of occupying belonged to the tool kit of this loosely defined group of people in Cariati that developed their working knowledge of repair and resistance over the years. "For the struggle against the garbage dump, 10 years ago we occupied the main road. We were only 15, but they had to call the riot police twice!" (Mimmo); "At regional level, we have always been well known among other activists because we have occupied any sort of place, from the 106 [an important regional road] to the railway… I mean, we are something that always comes back" (Nunzio). When things break down, this group of people seem to come together and improvise the repair practices that best adapt to the context, building on a repertoire of knowledge built up through experience. Although occupying is a known practice, the choice of occupying a hospital represents an innovative solution that responds to the specificity of the situation. This kind of innovation that responds to ruptures in a creative and improvisational way is typical of repair (Denis *et al.*, 2016).

The occupation of the hospital in Cariati exerts a variety of functions. The manifest objective of the struggle is the reopening of the hospital. In this sense, the occupation serves to attract media attention: "In the first days of the occupation, it seemed to be on a film set! Journalists, cameras... One night we were on two different national TV channels at the same time!" (Mimmo). This was instrumental to gain momentum and force the regional and national government to intervene. After years of silence, the question of Cariati's hospital was discussed by the Minister of Healthcare in Parliament. Yet, the change of the national government and the usual bureaucratic slowness that characterises politics give no illusion to the occupiers who are determined to carry on their struggle:

> "Politics is volatile. One day you talk to a minister. The next day you don't know what's the party in power. Everything here seems to depend on a temporality decided by the government. And we don't like it at all. If [the pandemic] is a situation of emergency, you need emergency action" (Mimmo).

The occupation of the hospital necessitates a rethinking of the concept of resistance. Resistance is often understood in relation to its enemy or to its goal. Once the enemy is defeated or the goal is achieved, resistance seems to be forced to vanish. This understanding of resistance is particularly reductive as it does not account for its affirmative character and the creative potential it always mobilizes (Checchi, 2021; Lilja, 2021). To what extent can we understand the resistance of this occupation in terms of opposition to an enemy? Resistance against what? There are several potential targets: the institutions responsible for the closure of the hospital, their inaction for the reopening, the interests of private healthcare providers, the lack of investments in the area, the politics of austerity, the sheer inequality that affects the region. But all these oppositions remain rather vague. Their presence is perceived through their effects resulting in the general deprivation of the area. But an actual enemy is ultimately absent.

This absence is striking especially given the form of resistance adopted in this case. Occupations usually come with the threat of eviction, with the owner of the occupied premises attempting to reclaim the space. The occupation in Cariati is quite singular in this case: no systems in place to defend the occupation against a potential eviction, no barricades. On the contrary, the affirmative character of this resistance is such that a confrontation with the state

would only strengthen their position. "I'm tempted to go to the police and say: 'I'm a citizen, I pay my taxes and you have to intervene. There is a group of idiots – us – who are stealing electricity and heating by occupying the hospital. Why don't you intervene?'" (Michele). This highlights the absence and therefore the impotence of the state in regards to the occupation: resistance affirms itself beyond the opposition, forcing the opponent to withdraw from an oppositional logic. The provocation of asking to be evicted is tactical:

> "We have no weapons so if the riot police come to kick us out, it would be up to the rest of the population to come and defend us. If the population come and tell the police 'Stop or we kick your ass', I'm not sure police can evict us easily. […] This is how you measure solidarity concretely. It is the moment you have a woman with her child in her arms standing up against the police saying 'Go away. They are protesting for a right cause'" (Michele).

As the state is incapable to engage in a confrontation, resistance is immediately projected towards a wider horizon of affirmation. The state is perceived both as responsible for the deprivation for the area and its multiple disruptions, but also as withdrawn and absent, incapable of intervention. As such, here resistance necessarily focuses more on its creative and affirmative character and on its potential for transformation, rather than on its oppositional stance: "We want to improve our territory. And if we can't do that with the state, we return to the idea of creating an anti-state. And we're good at that. … Here there is no state, so it's not a matter of recognizing the state. It's not that I don't recognize the state as legitimate because I'm an anarchist. It's simply that there is no state to recognize here" (Nunzio).

Furthermore, there is another aspect in which we can appreciate the transformative and creative character of resistance here in Cariati. The relation of this resistance to its goal is secondary to its actual affirmation. We do not know yet whether the hospital will actually reopen. We argue that the reopening of the hospital is only its manifest demand, but what it is at stake exceeds the boundaries of the hospital to reach the territory, the community of Cariati and those who had to migrate and long to return. While prefigurative movements refuse articulating specific demands (Graeber, 2013), we could argue that if we look at the occupation as a form of refigurative politics (Deflorian, 2021; Jaster, 2018), beyond the manifest demand of the reopening of the hospital, the objective is a wider return to a past through forms of repair that restore what it has broken down. While we write the occupation is still ongoing, but measuring the success of the occupation on whether the hospital is reopened or not misses the point (Reinecke, 2018) and prevents us from appreciating what resistance has achieved already in terms of repairing Cariati and its community. It is the process of resistance that affirms and creates: there is already repairing, there is already the end of despair, there is already the return of life. As we have seen above, the hospital for Cariati represented more than a healthcare facility: it was the home for its community, the gateway for modernity, the occasion to settle and work in Cariati or even to return after years of migration. It was what made the community and its territory alive. The occupation has already started drawing this trajectory. A renewed enthusiasm emerges clearly from the words of all its participants. Resistance is expansive: it (re-)connects subjectivities, solicits solidarity, encounters, interactions.

> "It has become a meeting point to discuss both of our struggle and of all sorts of issues" (Cataldo); "This space has become what was missing in this town, that famous Greek square where people meet, discuss, confront each other: the agora" (Mimmo) "Some bring food, some bring wine, a bottle of liquor, even cigarettes! Cigarettes! It has become the only space of social aggregation, something that does not exist elsewhere in Cariati. … On average there are always 25-30 people" (Cataldo).

The occupation has turned the hospital into a community space. In this sense, the occupation has already returned the hospital to its community. Although it does not perform its medical function, the hospital is once again providing a space for mutual care through social encounters, curing despair and frustration, re-pairing otherwise isolated subjectivities. The occupation creates a sense of communality, where occupiers experience a sense of togetherness and affective solidarity (Reinecke, 2018). But it also repairs a damaged sense of belongingness, evoking feelings of emotional attachment to a social location (Sanson and Courpasson, 2022). It is in this emotional attachment that we discover other neglected stories, bonds and often invisible relations. The occupied hospital becomes a site of repair, where people share stories on their emotional attachments to the objects that need repair: "Through their stories, the relations between people and things and how they live with things become visible and tangible" (van der Velden, 2021). Refiguring the past of life in Cariati when the hospital was open occasions the circulation of discourses where decay and vulnerability become manifest, instigating a logic of care for the territory and its community (Puig de la Bellacasa, 2011; Vinck, 2019). Life returns to Cariati through the occupation of its hospital. In the darkness of an abandoned territory where darkness invades the hearts of the people, the lights turned on of the occupation communicate with the rest of the territory, generating hope and promising the return of a renovated existence, of a r-existence: "The windows of the occupation are right on the main street. Those that pass through that street see the light finally turned on, the light of hope, a small window in the midst of darkness" (Mimmo).

Territorial repairs

Having so far focused more explicitly on the idea of resistance and re-pair, we would like now to add an extra dimension by looking more closely at the idea of resistance as a process of territorial (re-)pairing, how the occupation of the hospital contributes towards pairing the community of Cariati with its territory and its wider ecology. As a starting point for the notion of territorial struggles, we use Ehrnstrom-Fuentes' (2022: 157) definition of territory as "a concept shaped by the histories, narratives, practices and human-nonhuman webs of relations (e.g. the reciprocal relations between waters, air, humans, animals, and other than human beings) in particular places". In the case of Cariati, the idea of territory is marked also by a history of migration that will not be hazardous to define as a form of displacement. The occupation of the hospital contributes to make visible these trajectories of migration and return. Some of those who participate to the occupation are born and raised in Cariati. Almost all of them lived part of their life somewhere else. Some are now retired and decided to return to Cariati. Others, like Cataldo were born elsewhere, but their belongingness is strong despite the vulnerability of life in this territory: "unfortunately I was born in Germany. Luckily, my parents decided to do a reverse migration and we returned here. My brother returned there 7 years ago though, but I didn't want to do that. Better a life as an outcast here, than to be a slave somewhere else in the world". There are also those who are in their thirties and live and work in other cities in the north of Italy but come back in the weekend just to support the occupation. And then there is the solidarity from Fellbach, Germany, a village where 900 out of its 2500 inhabitants are originally from Cariati.

All these resistant subjectivities emerge from a variety of trajectories that depart from and return to Cariati: trajectories of migration, displacement, returns and new departures. Despite

the occupation might seem static, resistance here appears as a dynamic process of multiple movements. This variety of trajectories is expressed also in terms of political standpoints. Territorial resistance and mundane politics are often not ideologically motivated (Ehrnstrom-Fuentes 2022; Fernández *et al.*, 2017). Yet, this can be the issue of multiple contestations and negotiations that shape the everyday practices and the discussions in the occupation. We start from a material entanglement (Barad 2007), a complex intra-action of discursive materialities, a repository of memories, material fabrics and colours: a flag with the portrait of Che Guevara. It is a veritable entanglement because it is more than a mere piece of cloth: it solicits engagements and intra-actions with all the humans with the humans who transit through the occupation, but also with human histories, practices and experiences from both past and future distant times and from distant places. For some, it is the reason to stay away from the occupation: "Some don't come here because we have a flag of Che Guevara" (Cataldo); "Some on social media told me: 'Take that flag down'" (Michele). The flag seems to restrain access to a struggle otherwise supported by those who do not want to identify themselves with a communist icon, but who would still support the struggle for the reopening of the hospital. Yet, it is a price worth to pay as it allows those in the occupation to make sense of their resistance and constitute their own resistant subjectivities within a wider history of struggle:

> "Che Guevara was a doctor and he fought for public health. Unfortunately, many don't understand that this is not a communist symbol. […] If they don't want to come here because of that, it's their problem. I have no problem to carry on resisting also on their behalf!" (Cataldo)

> "I'm not a communist. But Che Guevara is not a person, he's a myth, a symbol, he's immortal" (Michele).

It seems like Che Guevara enters Cariati as a resistant multiplicity, from which each occupier selects a personal thread that can be interwoven with the struggles of the present. For others, the flag becomes a mode for reading the present, interrogating the history of resistances that have constructed this present:

> "Personally I had archived Che Guevara long time ago. But, I'm 66 and if in order to affirm a right to healthcare in 2021 I have the necessity to appeal to Che Guevara, this is telling of the conditions we live in. These references are outdated, but it is the reality that actualizes them" (Cataldo)

Turning back to an icon of the past becomes a necessity for a present that did not manage to get rid of those inequalities and those power relations that Che Guevara resisted decades ago. The return of Che Guevara in this sense does not make resistance outdated: it is power to be outdated, with its persistence, its obstinate attempt to prevent an emancipatory transformation by crystallizing a present of deprivation. Returning to Che Guevara, returning to resistance draws the trajectory of repair: a form of -refigurative politics (Deflorian, 2021; Jaster, 2018). But resistant returns are not a form of reactive nostalgia. It is not simply turning the gaze back to a lost dimension or to an idealised past. Because the past was equally complicit with the production of this degraded and disrupted present. This is perhaps a bitter and too severe conclusion that comes from a reductive and defeatist understanding of resistance, emerging from the words of one activist that feels responsible towards the younger generations:

> "I believe the reason why resistances don't die is because they have been defeated. If those struggles had been victorious, there wouldn't have been the need to occupy a hospital today. I feel I have a personal duty of resistance today towards the younger generations. Because it is my generation that has caused the current situation. On the one hand, I belonged to the resistant part of my generation, but I do feel responsible. I think of a song by De Andre: 'even if you believe yourselves absolved, you are, all the same, involved'" (Cataldo)

To some extent, this reproduces a logic of resistance tied with its enemy, where opposition cancels out the transformative and creative potential inherent to resistance that returns in each struggle despite all the frustration and the despair of the past. We propose instead to see resistant returning instead as the continuous turning back to the history of resistance and then turning the gaze forward. Resistant returning is turning back and forth, weaving the continuous thread of resistance, repairing its broken segments, mending its interruptions: resistance, returns, reparations.

Concluding remarks: Resistance as repairing for returning

In the previous section we focused on the trajectories of resistance that precede the occupation, sustain it throughout this struggle and expand beyond the hospital and beyond Cariati. Loosely informed by Barad's intra-active agential ontology we used the example of the Che Guevara portrait to reflect on how resistance subjectivities are constructed through a complex intra-action of discursive materialities. Interestingly enough, we encountered a Che Guevara poster in our previous research on KIA, a Social clinic of Solidarity in Thessaloniki, Greece (Kokkinidis and Checchi, 2023). At KIA, the poster contributes to provide a sense of disorientation, where the clinic is not just a clinic, where sedimented conceptions of the clinic are abandoned to create a space of resistant experimentation and where new relations emerge. KIA is a clinic run collectively by militants, both medical and non-medical personnel, who understand healthcare as a political and social issue, challenging health and social inequalities by promoting a healthcare of the commons that recomposes the fractures of contemporary medicine: the body dissected into distinct diseased organs, the doctors distinguished according to their specialisations, the patient as passive and individualised recipient of a therapy developed through a diagnosis from which they are excluded. It is all these ruptures that KIA tries to repair: a resistant clinic to which we had to return.

We felt that our role of researchers could not stop at narrating these stories of resistance. We shared our knowledge of the practices at KIA with the occupiers in Cariati. The possibility of running an autonomous clinic within the premises of the occupied hospital became the object of lively discussions for weeks: some enthusiastically embraced the dream of autogestion, others insisted to take some of the people at KIA and bring them to Cariati. Yet the ambition of the project had to face the reality of a broken community. With young people migrating to the north, running an autonomous clinic with no funding would have been impossible. Yet, we like to think that our contribution was not in vain. Resistance feeds itself with the enthusiasm of impossible enterprises, improbable reparations and imaginative horizons. In this sense, even the fantasy of starting an autonomous clinic represented a resistant return to that creative potential that is usually annihilated by material deprivation, ecological ruptures and despair. Months after our first conversations, the idea of starting a social clinic still remains in the resistant dreams of some of the occupiers. The occupation, as the spark for imagining the reopening of the hospital and more in general the repair of the community and its territory, is "a fantastic idea" (Cataldo). It is the idea that transforms resistance into an act of re-pairing for re-turning. Re-pairing as the bringing together what has been unjustly separated: the hospital from its community, the people from their territory. Re-turn as the act of turning a situation of despair upside down, creating the conditions to allow those who felt forced to leave Cariati to return to their hometown.

This was also the occasion to reflect on our own subjectivities as migrants, as academics and as activists. Through this research project, we found ourselves involved into similar trajectories of resistance, repair and return. First, as a work of repairing the different and only apparently distinct parts of our subjectivities: how to make sense of our academic trajectories and our politics? But also in terms of return to our countries, using our academic roles to contribute to these struggles. It is by walking on these resistant trajectories that we have traced the potential for a wider project on militant healthcare in Europe. The story of Cariati inspired us to help and facilitate the creation of a network of solidarity social clinics in Europe. The idea is to favour the exchange of knowledges and practices between experiences that might want to strengthen their struggles on healthcare by initiating clinics with new radical perspectives. We returned to KIA and disseminated the idea to a number of social clinics in Greece, Italy, France, Germany and Belgium. In December we had our first online event when we started outlining the potential trajectory of this network on the healthcare of the commons. And through these initial conversations, the idea of occupying a hospital returned once again: "after hearing the stories from Italy, we decided to occupy a hospital ourselves", an activist from KIA told us. Occupations return for new reparations, for new beginnings, for new resistances.

To conclude, this paper proposed turning the idea of resistance, as rupture, upside down, arguing that it is power that disrupts our lives, our sociality, our communities, our territory. Our work draws on a theoretical framework that develops Foucault's idea of resistance by prioritising its creative and transformative potential over its oppositional stance (Checchi, 2021). We use the story of the Cariati hospital to discuss the idea of resistance as repair which offers the chance to think of resistance also in terms of refigurative politics. We innovate this trajectory by exploring how resistant practices can operate as a form of repairing within broken ecologies, while adding a territorial dimension has further helped us to emphasize the spatial nature of resistance and explore the territorial processes of (re-)pairing, how the occupation of the hospital contributes towards pairing the community of Cariati with its territory and its wider ecology.

Reference List

Atzeni, M. and Ghigliani, P. (2007) 'Labour Process and Decision-making in Factories Under Workers' Selfmanagement: Empirical Evidence from Argentina', *Work Employment Society*, 21(4): 653–71.

Azzellini, D. (2018) 'Labour as a Commons: The Example of Worker-Recuperated Companies', *Critical Sociology*, 44(4-5): 763–776.

Barad, K. (2007) *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning*. London: Duke University press.

Badiou, A. (2007) 'The event in Deleuze'. Parrhesia, 2: 37–44.

Callén, B. and Criado, T.S. (2016) 'Vulnerability tests. Matters of "care for matter" in e-waste practices', *TECNOSCIENZA: Italian Journal of Science & Technology Studies*, 6(2), 17-40.

Castle, S. (2002) 'Migration and community formation under conditions of globalization', *The International Migration Review*, 36(4): 1143-1168.

Chatterton, P., Hodkinson, S., and Pickerill, J. (2010) 'Beyond scholar activism: Making strategic interventions inside and outside the neoliberal university', *ACME*, 9: 245–275.

Checchi, M. (2021) *The primacy of resistance: Power, opposition, and becoming*. London: Bloomsbury Academic.

Daskalaki, M. and Kokkinidis, G. (2017) 'Organizing Solidarity Initiatives: A Socio-spatial Conceptualization of Resistance', *Organization Studies*, 38(9): 1303-1325.

Deflorian, M. (2021) 'Refigurative politics: understanding the volatile participation of critical creatives in community gardens, repair cafés and clothing swaps', Social Movement Studies, 20(3): 346–363.

Denis, J., Mongili, A. and Pontille, D. (2016) 'Maintenance & repair in science and technology studies', *TECNOSCIENZA: Italian Journal of Science & Technology Studies*, *6*(2): 5-16.

Dhaliwal, P. (2012) 'Public squares and resistance: The politics of space in the Indignados movement', *Interface: A journal for and about social movement*, 4: 251–273.

Douzinas, C. (2013) *Philosophy and Resistance in the Crisis: Greece and the Future of Europe*. John Wiley & Sons.

Ehrnström-Fuentes, M. (2022) 'Organising in defence of life: The emergence and dynamics of a territorial movement in Southern Chile', *Organization*, 29(1): 155–177.

Felici, B. (2011) *Unfinished Italy*. Documentary, ZeLIG.

Fernández, P.D.,Martí, I. and Tomas Farchi, T. (2017) 'Mundane and everyday politics for and from the neighborhood', *Organization Studies*, 38(2): 201-223.

Foucault, M. (1982) 'The subject and power', *Critical Inquiry*, 8(4): 777-795.

Foucault, M. (1997) Sex, power, and the politics of identity. *Ethics: Subjectivity and truth*, *1*, 163-73.

Foucault, M. (2019) *The history of sexuality: 1: the will to knowledge*. Penguin UK.

Garrigues, L.G. (2002) "Starting over: Argentines are re-inventing their economy from the ruins of corporate capitalism", Yes! Magazine, available at: https://www.yesmagazine.org/issue/living-economies/2002/10/01/starting-over (accessed 29 January 2022).

Ghelfi, A. and Papadopoulos, D. (2022) 'Ungovernable Earth: Resurgence, Translocal Infrastructures and More-than-Social Movements', *Environmental Values*, 31(6): 681-699.

Graeber, D. (2013) *The democracy project: A history, a crisis, a movement*. London: Allan Lane.

Haraway, D. (2016) *Staying with the trouble*. London: Duke University press.

Henke, C. R. (1999) 'The mechanics of workplace order: Toward a sociology of repair', *Berkeley Journal of Sociology*, 44: 55-81.

Holloway, J. (2010a) 'Cracks and the Crisis of Abstract. Labour', *Antipode*, 42(4): 909-923.

Holloway, J. (2010b) *Crack Capitalism*. London: Pluto Press.

Jaster, D. (2018) 'Figurative politics: How activists lead by example to create change', *Mobilization: An International Quarterly*, *23*(1): 65-81.

Johnson, M. (2020) *How the Mafia infiltrated Italy's hospitals and laundered the profits globally*. Financial Times. Available at: https://www.ft.com/content/8850581c-176e-4c5c-8b38-debb26b35c14

King, R. (1986) *Return migration and regional economic problems*. London: Routledge.

Kokkinidis, G. (2015) 'Spaces of possibilities: Workers' self-management in Greece', *Organization*, 22(6): 847–871.

Kokkinidis, G. and Checchi, M., (2023) 'Power matters: Posthuman entanglements in a social solidarity clinic', *Organization*, 30(2): 288-306.

Lilja, M. (2021) *Constructive Resistance. Repetitions, Emotions, and Time*. London: Rowman & Littlefield.

Maeckelbergh, M. (2009) *The will of the many: How the alterglobalisation movement is changing the face of democracy*. London: Pluto Press.

Maxey, L. J. (2004) 'Moving beyond from within: Reflexive activism and critical geographies', in D. Fuller and R. Kitchin (eds.) *Radical theory/critical praxis: Making a difference beyond the academy?* Vernon and Victoria: Praxis Press.

Pain, R. (2003) 'Social geography: On action-oriented research', *Progress in Human Geography*, 27(5): 649–657.

Puig de La Bellacasa, M. (2011). Matters of care in technoscience: Assembling neglected things. *Social studies of science*, 41(1): 85-106.

Rancière, J. (2010) Dissensus: On politics and aesthetics. Bloomsbury Publishing.

Reinecke, J. (2018) 'Social Movements and Prefigurative Organizing: Confronting entrenched inequalities in Occupy London', *Organization Studies*, 39(9): 1299-1321.

Sanson, D. and Courpasson, D. (2022) 'Resistance as a way of life: How a group of workers perpetuated insubordination to neoliberal management'. *Organization Studies*, 43(11): 1693-1717.

Sitrin, M. (2006) *Horizontalism: Voices of Popular Power in Argentina*. Oakland, CA: AK Press.

Uitermark, J. and Nicholls, W. (2014) 'From politicization to policing: The rise and decline of new social movements in Amsterdam and Paris', *Antipode*, 46(4): 970-991.

van der Velden, M. (2021) 'Fixing the World One Thing at a Time': Community repair and a sustainable circular economy. *Journal of Cleaner Production*, *304*: 127151.

Vieta, M. (2008) 'Autogestión and the Worker-recuperated Enterprises in Argentina: The Potential for Reconstituting Work and Recomposing Life', presented at Anarchist Studies

Network Conference, Loughborough University, Loughborough, UK, 4–6 September 2008.

Vieta, M. (2010) 'The Social Innovations of Autogestion in Argentina's Worker-recuperated Enterprises: Cooperatively Reorganizing Productive Life in Hard Times', *Labor Studies Journal*, 35(3): 295–321.

Vieta, M. (2018) 'New cooperativism in Latin America: Implications for Cuba', in H. Veltmeyer and S. Novkovic (eds.) *Co-operativism and local development in Cuba: An agenda for democratic social change*. London: Routledge.

Vieta, M. (2019) *Workers' self-management in Argentina: Contesting neo-liberalism by occupying companies, creating cooperatives and recuperating autogestion*. Chicago: Haymarket Books.

Vinck, D. (2019) 'Maintenance and repair work', *Engineering Studies*, 11(2): 153-167.

Wright, A. and Wolford, W. (2003) *To inherit the earth: The landless movement and the struggle for a new Brazil*. California: Food First Books.

Yates, L. (2015) 'Rethinking prefiguration: Alternatives, micropolitics and goals in social movements', *Social Movement Studies*, 14(1): 1-21.