EDITORIAL

Public health activism in changing times: Re-locating collective agency

INTRODUCTION

How is public health activism adapting to changing times, which often seem increasingly hostile to human rights and social justice claims? The study of collective agency by vulnerable groups and their allies, to advance the health-enabling redistribution of material resources and social recognition, has often regarded the social movement as gold standard. This special issue challenges this 'one size fits all' template for activism with 15 case studies of contemporary state-of-the-art public health practice in seven countries (Australia, Britain, China, Puerto Rico, South Korea, Spain and Zimbabwe, nested within wider global contexts). Exploring assumptions about power and social change, the papers call for a radical expansion of the gaze of public health to take account of new, and also pre-existing but previously unrecognised, forms of health activism. Cases highlight significant achievements of traditional social movement approaches in different contexts, as well as severe limitations and barriers to their effectiveness. They also call for greater recognition of how the redistribution of health-related power – within and beyond health service settings, and in western and non-western contexts – may take more quiet, hidden and slow forms than hitherto recognised. The pursuit and outcomes of such redistribution may be far more covert, subtle, and slow-acting, but no less deeply significant, than assumed by the stereotype of noisy public health campaigns. Our case studies place the field of public health at the heart of contemporary critical debates in social theory about the location of agency and the process of social change. They also map out a new vision of public health as a complex assemblage of multi-level strategies and activities that tackle health inequalities in a range of overt and hidden ways.

Various forms of health and social justice activism have long played a role in public health advances globally. This special issue responds to on-going socio-political shifts which seem to be producing accelerated crisis conditions for health justice, especially in countries of the global north. These are characterised by rising economic and social inequalities, increasingly precarious work and housing tenure, and austerity budgets shrinking public services and

welfare benefits, providing fertile contexts for resurgences of nationalist populism, intolerance, authoritarianism and cynicism.

On one hand, this divisive and unequal environment is destructive of the conditions for public health activism. But on the other, some have argued that the hegemony of the competitive individualism that fuels these dismal contexts and outcomes may itself be in crisis, with recognition of the deadly global impacts of inequalities becoming more and more mainstream. The unbearable nature of these conditions for health and well-being, especially amongst excluded groups, and now exacerbated by the Covid-19 crisis, is fuelling renewed urgency in the practice and theorising of activism (Holloway, 2010). Against a recent history of centrist, consensus-seeking and managerial approaches to government, new forms of politics are emerging (Mouffe, 2018). Thus, spaces are opening up for the development of novel forms of health-promoting collective agency – with potential to resist the ever-emerging forms of health-damaging social disadvantage that characterise our changing times, albeit often in more subtle and less recognised forms than the more loud and explicit public health campaigns of the past (Cornish, Campbell & Montenegro, 2018).

In this special issue, we understand critical public health activism to refer to any attempt to redistribute power in ways that create more health-enabling social environments (Cowan, 2021). These are environments in which previously disadvantaged social groups are empowered to exercise greater control over their health and well-being – which we refer to as health-related agency. Some public health researchers and professionals view health-related agency as an individual matter. Individuals are seen to carry the responsibility for behaving in health-enhancing ways (the assumption underlying many information-based health interventions, for example). Others point to more collective sources of agency, pointing to the significant impacts of peers, communities and/or social structure in enabling and supporting health-related behaviours. Collective agency is seen to lie in any activities by members of vulnerable groups and their allies that increase their opportunities for health and well-being. Such activities include approaches such as peer education, community mobilisation and social movements respectively (Campbell & Cornish, 2010).

Social movements are often regarded as the gold standard approach in critical public health. A prototypical example is the South African Treatment Action Campaign (Campbell, 2020). This created wide ranging social networks that united highly marginalised people with AIDS (denied access to life-saving antiretroviral drugs), in networks of local, regional, national and global alliances. Over time this movement used noisy and oppositional forms of protest to force powerful global pharmaceutical monopolies and foot-dragging national governments to make drugs accessible to those who needed them. Many social movements have similarly sought to create alliances to push for the redistribution of health-related resources. Such movements – often referred to as transformative, emancipatory or radical, use oppositional methods in which excluded groups (deprived of access to essential health resources) engage in conflict with power holders to pressurise them to provide these resources (Campbell et al., 2010). Such collective activism aims to bring about the significant and visible redistribution of those forms of material, symbolic and/or institutional power that increase the ability of previously vulnerable groups to take control over their health.

However recent years have seen a growing number of people drawing attention to the shortcomings of such a 'one size fits all' template for transformative critical activism (brown, 2019; Holloway, 2010; Tsing, 2015). They dispute its underlying vision of the process of social change as a planned, linear strategy, arguing that the pathways to social change are far less straightforward and predictable than the traditional social movement approach would suggest. They also dispute its blueprint for what should count as the successful outcome of activism – in terms of visible changes in social structure such as new social policies or the redistribution of health-relevant resources in favour of the excluded. They argue for the greater recognition of the transformative role of a far wider range of collective activities that generate vital gains for the participants, but with these gains taking very different forms to the traditional notion of social movement 'success' – pointing to the need for a radical expansion of what public health activists should regard as evidence for redistribution of power. Against this background there are growing calls for a renewal of our understandings of the nature of collective agency in rapidly changing times (Cornish, 2021).

It was against this background that this special issue invited papers that would throw light on one or more of the following questions:

- How do current social conditions impact the aspirations of traditional social movements in public health?
- What new sources of bottom-up public health activism are arising in the current changing political environment?
- How does the contemporary political environment shape the forms of collective agency which emerge and their potential to achieve health-enhancing results?
- What theories of collective action and social change are suited to making sense of emergent forms of public health activism?

The resulting special issue includes papers rooted in experiences in Australia, Britain, China, Puerto Rico, South Korea, Spain and Zimbabwe, with many papers nested within wider global contexts. The collection is framed by the WHO (1948) understanding of health in terms of the availability of physical, mental and social resources for living. Papers showcase public health activism linked to specific health challenges (such as HIV, hepatitis B), environmental disasters, corporate killings, women's well-being, equitable health services, health-related discrimination and programmes to promote health-enabling living conditions. Each paper reports on activism seeking to tackle some aspect of the social determinants of health, seeking to bring about the redistribution of material, symbolic or institutional power in ways that increase opportunities for health, especially in disadvantaged groupings. We obviously cannot do justice to the contributions of such a rich and varied set of papers in a short Introduction. Our goal is rather to take the special issue as a whole as our unit of analysis, flagging up what light they throw on current debates about what constitutes collective action in the context of critical public health activism.

SOCIAL MOVEMENT APPROACHES TO COLLECTIVE ACTION

Several papers in the collection are framed by the more traditional 'social movement' approaches to public health that we refer to above, throwing light on different possibilities for social movement success in different social contexts. Two papers, reporting on research in South Korea and China, report on movements that generated significant improvements to health and safety legislation in the two settings. Framed by Bhaskar's (2008) critical realist account of the individual-society dialectic, Lee et al. (2021) document the success of a

decades-long campaign by the South Korean labour movement which successfully united activists fighting for legislation against avoidable deaths through framing the problem in a way that created new alliances between labour activists and groups fighting for health and safety in the consumer and transport sectors. Dong and Zhu (2021) report on an alliance of journalists and activists who successfully campaigned for legislation outlawing the educational and workplace exclusion of people living with Hepatitis B – a very significant change given that this group constituted 10% of the vast population of China.

In another paper framed by 'traditional social movement' assumptions, Campbell (2021) explores how the neo-liberalisation of health and social care (especially the use of competitive market principles to allocate resources, and the individualisation of responsibility for well-being) undermines effective multi-sectoral collaboration by participants in the domestic violence response in London (ranging from professionals to feminist activists). This undermines the solidarity, inclusion of survivor voices and social change orientation traditionally regarded as hallmarks of effective social movements by critical public health activists (Freire, 1973). Also in the UK, Egan et al. (2021) look at a charity initiative that funded grassroots members of disadvantaged communities to choose and deliver projects to improve their community's built environment. Noting that health was rarely an explicit priority for communities' plans, yet theoretically relatable to those plans, they call for greater academic attention to indirect, systemic pathways to health. Ultimately, however, their paper highlights the impossibility of expecting collective action by alliances of charities and small local residents' committees to compensate for the decimating effects of austerity on health.

Three papers examine challenges to the processes of activism under hostile conditions. Clua-Losada and Ribero-Almandoz (2021), in the context of national government framings of universal healthcare as unaffordable, analyse the strategies of ambitious multi-scalar movements (Swyngedouw, 2004) in the UK and Spain to challenge negative impacts of government austerity and privatisation policies on health service provision. They offer a practical framework of positive strategies for 'scaling up' alliances and 'scaling down' to build a base of support, while recognising weaknesses in those strategies. Pushkar and Tomkin (2021) report on two UK cases of healthcare activism, one anti-privatisation, and

one in favour of migrants' rights to healthcare, that used doctors as the respectable face of activist movements in 'clinician-led evidence based activism'. Using Bourdieu's (1991) notion of symbolic power, they discuss the complexities of the subversive redirection of 'medical power' in alliance with excluded migrants. Doctors lent their symbolic power to the cause of delegitimised, exhausted and powerless migrant activists, and to anti-privatisation activists stigmatised as 'loony lefties' – unintentionally and somewhat ironically re-inscribing medical power in the process.

Schermuly et al.'s (2021) study of internet use by groupings of people with neurodegenerative and other medical conditions also highlighted the stigmatisation of left-leaning ideas in participants' vigorous resistance to being labelled as activists. Preferring the self-description of 'advocates', their engagement in collective action focused on the individual benefits of information access and peer support. Schermuly uses Foucault's (1990) theory of governmentality to characterise their internet use as an example of collective action in the service of 'responsibilised citizenship', rather than emancipatory social change.

In short, this cluster of papers pointed to both the hopes and potentials, but also the very severe limitations of, social movement approaches from one context to another in the current socio-political climate. It is against this background that we turn to a group of papers that drew attention to novel or previously unrecognised forms of public health activism that take very different forms, opening up completely different ways of thinking about the nature of collective agency and social change. They point to a new set of conceptual tools for being, seeing and doing in critical public health theory and practice.

RECOGNISING NOVEL FORMS OF ACTIVISM

Harnessing market logic for radical change

Echoing Haraway's (1985/1991) view of collective agency involving ever-shifting and flexible alliances of humans, medical commodities and technologies, activists have often eagerly welcomed the potential for digital networks to unite people with health problems in networks of solidarity that might serve as a springboard for resistance to the status quo,

increasing excluded peoples' access to scarce health resources. Lacabe's (2021) account of 'commodity activism' disrupts the understanding of activism as opposition to the neoliberal status quo. Harnessing the logic of the market, and supported by gay dating app's, gay British men at risk of HIV were able to work collectively 'within the system' to develop a 'grey market' for PrEP that placed them in direct contact with pharmaceutical products in a way that by-passed state health facilities and medical authority, producing new and empowering forms of 'therapeutic citizenship' (Nguyen, 2010) in relation to access to medical treatments.

Recognising less public acts of collective agency in health settings

Many papers shift away from a 'visible social change via organised resistance' view of activism, collectively constituting an implicit call for a radical expansion of the gaze of critical public health. Two of these report on collective action within formal health settings, viewing care and advocacy as radical political acts. In contrast to the view of advocacy as 'responsibilised individual citizenship' cited above, Dennis (2021) uses Stengers' (2010) notion of cosmopolitics to conceptualise 'the cosmopolitical advocate' who amplifies the subjugated voices of highly stigmatised and often marginalised users of services providing diamorphine (a prescribed heroin replacement). In so doing the care of the most excluded is turned into an act of political agency. Care of one individual by another, and acts of personal advocacy, have historically been considered an inter-individual rather than a political act. However Stengers argues that the 'cosmos' (life, the universe) is inseparable from politics. Politics are everywhere, not least in the work of these advocates who advance modes of care rooted in the emboldening of excluded individuals' voices in their relationships with health professionals - in a way that challenges medical science's otherwise dominating and excluding 'regimes of rationality'.

Mulligan (2021) outlines the ethos of 'compromiso', the loving and selfless ethic of care and nurturing that drove health professionals to operate way beyond the limits of their formal caring roles in the immediate response to the 2017 Puerto Rico hurricane. This had destroyed health service facilities, already weakened by the culmination of the neo-

liberalisation of services, failed local government and the breakdown of US support. Echoing the voices of Black and Indigenous feminists (Hobart & Kneese, 2020; Sharpe, 2018) they argue that such acts of care in constitute a powerful vision of a better world. Such alternative visions are, in themselves, a powerful component of health-enabling social change.

In her paper on activism in the British National Health Service (NHS), Cowan (2021) explicitly contrasts noisy placard-waving protests against government funding cuts and growing privatisation (protests in the traditional social movement mode) with quieter and less visible forms of activism by lower-status NHS staff who engineer the redistribution of resources to less privileged patients and staff members in quiet one-to-one interactions, showing how their often quite mundane everyday actions reshape antiquated power structures within the service. She draws on Deleuze & Guattari's (1987) likening of social change to the non-linear, diffuse and distributed reproduction of rhizomes – locating agency in any form of hidden and one-off everyday action that creates a more even distribution of power. Her case study of hip replacement surgery highlights how everyday practices produce classed and gendered inequalities between and among NHS staff and patients. By the same token she argues that just as power relations are produced through small everyday actions, they can also be unpicked through small everyday actions in the process of breaking and remaking the rules that govern the distribution of power in the complex assemblage of this huge diffuse organisation.

Quiet activism beyond health settings

In line with the WHO definition of health as physical, emotional and social resources for well-being, and not just the provision of medicalised health services to bodies, several papers report on forms of activism that seek to enact or create social and environmental conditions conducive to life, health and collective well-being.

Decolonising western notions of activism

Framed within a wider decolonisation agenda, Gumbonzvanda et al. (2021) refer to traditional social movement understandings of activism as a western imposition. Their paper

provides a case study of the use of the *Nhanga* in the U.N. setting, disrupting the hierarchical installations of symbolic power usually associated with global policy spaces. Originally developed in Zimbabwe, the contemporary *Nhanga* is a form of quiet activism in small, informal anti-hierarchical spaces in which dominant power relations of gender and age are suspended, and all voices are given equal attention and value irrespective of social status. It strengthens 'emotional citizenry' through providing affective, narrative and cultural spaces that reveal the power, resourcefulness and creativity of young African women, a group often silenced in mainstream public spheres. The authors call for the rewriting of the 'western emancipatory script' as a form of resistance to the western colonisation of the theory and practice of activism (as necessarily loud and visible and conflictual) .

Hope against the odds: staying power

Cornish (2021) discusses the tenacity of diverse local community responses to the devastating Grenfell Tower fire, which killed 72 people in London in 2017, in the context of on-going state refusal to ensure the safety of residents of social housing and high-rise buildings. Describing the limited nature of progress on landmark or milestone goals such as changes to building regulations or the serving of justice, she problematises linear views of the achievement of immediately visible structural change as the hallmark of successful activism, arguing that hope and despair, success and failure, are two sides of the same coin, and equally unavoidable dimensions of seeking change that is refused in conditions of inequality. She argues that the process of generating communities of hope, caring, struggle, and a vision of a better world are potent forms of activism in the face of catastrophic loss and destruction (Kelley, 2002). Building on Haraway's (2016) notion of 'staying with the trouble', she develops the idea of the 'staying power' of community activists, whose tenacious grip on the necessity of life-preserving, life-affirming change, despite endless setbacks and delays, is itself an enactment of the caring worlds that are 'worth fighting for'.

Refusing the claim that 'there is no alternative'

Clinch (2021) explores the role played by volunteer environmental stewards valiantly working against great odds to reduce levels of flooding in rural northern England. Her work is framed by Stengers' (2015) account of how neo-liberal ideology seeks to persuade its

subjects that contemporary society is 'beholden to the market', and that 'there is no other way' than the prioritisation of profit-making as contemporary society's highest goal, even at the risk of planetary devastation. Clinch celebrates volunteers' refusal of this fatalistic neo-liberal narrative, with their small-scale efforts enacting a radical determination to imagine and develop less destructive ways of living together.

Radical alter-politics 'aslant' of hegemonic power relations

Mulubale et al. (2021) provide a case study of the role of a one-off comedy event in challenging HIV stigma in London, highlighting how the emotional and bodily upheaval of laughter may 'unfreeze' habitual thinking in ways that make space for new ways of seeing. They draw on Hage (2012) in characterising this as a radical form of alter-politics that operates 'aslant' of hegemonic power rather than confronting it directly in a more didactic or confrontational way, creating space for new visions of who we are/can be that bypass rather than challenging the status quo.

CONCLUSION

This special issue has defined critical public health activism in terms of collective efforts to redistribute power in ways that create more health-enabling social environments in conditions of social inequality. In the heady days of the 1970s and 80s, western radicals and traditional social movements saw activism as a public battle between the powerful and the powerless, conceived of as clearly identifiable groups. Propelled by a 'push from below', alliances of excluded people and powerful champions would force the powerful to redistribute health-relevant power. And indeed this strategy still serves as a useful guiding frame in some contexts, as the success of our Chinese and South Korean case studies attests to (Dong & Zhu, 2021, Lee et al., 2021), and inspiring Clua-Losada and Ribero-Almandoz's (2021) investigation of those alliance-building scaling strategies. However several of our UK-based case studies have highlighted the limitations of approaches inspired by this vision of change in health, social and community settings increasingly weakened by austerity and privatisation (Campbell, 2021, Egan et al., 2021), in an individualising neoliberal ethos that is hostile to collective action, disruption and challenges to the status quo (Schermuly et al., 2021; Pushkar & Tomkin, 2021). The associated ethos where individuals and small local

communities are expected to take control of their health often has a ‘poor fit’ with contexts in which the complexity of problems such as domestic violence and poverty-related health challenges are rooted in wider sets of social issues beyond their control.

Increasingly complex manifestations of power in contexts of rapid globalisation, and growing awareness of the intersectionality of different modes of power, have challenged authors in this issue to expand their gaze beyond traditional social movements in two ways. First, they call for increased recognition of the range of new and innovative strategies through which campaigning health activists are challenging health inequalities both within and beyond formal health settings. Thus for example, rather than confronting the exclusionary practices of market-driven health care in the western critical tradition, commodity activism may enable certain vulnerable groups to harness the logic of neoliberal markets to create new and enabling forms of health citizenship in particular circumstances (Lacabe, 2021).

Second, the special issue calls on critical public health scholars and practitioners to include a far wider range of activities in their conceptualisation of activism – moving beyond traditional views of activism as the achievement of ‘visible social change via organised resistance’. Marginalised communities constantly engage in far quieter and less obvious forms of redistribution of unequal health resources in ways that are often extremely effective in supporting their health and well-being. Such efforts often operate ‘aslant’ of dominant power relations rather than directly against them (Mulubale et al., 2021). In line with Stengers' cosmopolitical contention that ‘politics are everywhere’, small-scale acts of advocacy, care and environmental stewardship may often constitute radical political acts (Dennis, 2021; Mulligan, 2021; Clinch, 2021). So may local activities that generate hope and survival in the face of refusal of recognition of human rights and social justice by the political establishment (Cornish, 2021). Furthermore western activism and scholarship have a great deal to learn from the multiplicity of unrecognised non-western forms of activism that challenge the debilitating emotional, cultural and narrative strangleholds of power hierarchies in various and creative ways (Gumbonzvanda et al., 2021).

Together this group of papers point to radically new ways of thinking about the workings of power, the nature of the goals of health-enhancing collective action, and the processes and outcomes of public health activism. In relation to power, many papers highlight the multiplicity of microscopic processes that contribute to large scale power inequalities (of gender, class and ethnicity for example) and show that that wherever power is exercised, there is also resistance. The micro-processes through which power is unequally distributed may often be too complex, multi-layered, engrained, tenacious, and actively protected to be derailed through apparently grand gestures of redistribution resulting from explicit and confrontational political campaigns. Just as power is reproduced through small everyday actions, it can also be unpicked through small everyday actions (Cowan, 2021). A great deal of quiet and hidden activism continually happens in tiny cracks and fissures of an unequal social order (Gibson-Graham, 2006; Holloway, 2010; Wright, 2010).

As many Black, Indigenous and feminist scholars have argued, in the face of the relentless oppressions, inequalities and injustices arising from global capitalism, for marginalised groups, sheer survival is often a significant collective achievement (Ahmed, 2018; Hobart & Kneese, 2020; Lorde, 1978). Excluded people often lack the voice, opportunity and influence to catch the attention of allies and power-holders. And even when they do, their calls for health-enabling living conditions may be refused or ignored. Despite this, our papers suggest that marginalised people continue to challenge their social subordination in on-going acts of quiet, small and often hidden forms of resistance. These may sometimes result in the small scale reallocation of material resources or social recognition in their favour. Equally important these collective acts may generate potent collective resources in terms of visions of a better future. In 'Poetry is not a luxury', Audre Lorde (1985/2017) positions poetry as revolutionary, arguing for the necessity of the creative power of poetry to begin to imagine alternatives to patriarchal capitalism. Small-scale experiences of solidarity and survival also feed into radical acts of imagination that inspire new generations to continue the struggle for change (Kelley, 2002).

These ways of thinking challenge the binary distinction between process (activism) and outcome (concrete evidence for redistribution) as a way of thinking about collective action for social change. They urge us to expand our gaze to see transformative social change as

on-going processes of explicit and implicit activism - rather than defining change more narrowly in terms of direct and visible outcomes of particular identifiable campaigns. Social change is fragmentary, on-going and everywhere, often operating in unpredictable and messy ways – sometimes one step forward, two steps back – rather than necessarily a linear march of a particular marginalised group towards success, evidenced in terms of hard data showing decreasing social inequality. This problematises the clear identification of successes (which may be co-opted, diluted or overturned) and failures (which may plant a seed for future change, or mark a temporary but impermanent stasis), and warns against absolutist positions of despair or hope, as neither damnation nor salvation are useful orientations to the future. Collective action in one historical moment may take years to yield positive impacts. Activism in one society or context may influence very different social settings across other geographical spaces (Solnit, 2016).

The range of perspectives arising both within and between papers in this special issue positions the field of critical public health activism at the heart of key contemporary debates about the nature of power, collective agency and social change. Together the papers support Mulubale et al.'s (2021) suggestion that contemporary critical public health activism is best regarded as an assemblage of implicit and explicit, large and small-scale, aslant and conflictual enactments of collective agency. An expansion of the gaze of critical public health scholarship to include attention to both new as well as previously unrecognised forms of activism positions the field as a source of rich debates about the possibility and nature of radical efforts to challenge health injustices in changing times.

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Catherine Campbell, Psychological and Behavioural Sciences, London School of Economics, UK

Flora Cornish, Department of Methodology, London School of Economics, UK