

The Intersections of Resistance and Health

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Abstract

Resistance refers to a range of action, such as marches, strikes and civil disobedience. It also refers to less visible and even hidden acts, like sabotage and perhaps more subtly in discourse and knowledge; how issues are thought or spoken about could be an act of resistance. While the concept of resistance is far from settled, it is a concept that has broad application and has been applied to better understand a range of actions and struggles. Its relationship to health however has often been overlooked or taken for granted. This is despite resistance having an influential role in securing a number of important health-related gains and pushing back against powers that would otherwise harm health. Resistance has also been triggered by concerns about health, or framed around issues related to health. The intersections of resistance and health however are far more complex. Resistance has challenged and shaped health related knowledge and practice and health in itself has been used as an act of resistance. Charting the intersections of health and resistance is not only important in itself, but sheds light on how disruption, dispute and opposition can shape health and wellbeing.

Keywords: resistance, activism, protest, strike, justice, health, healthcare

What is resistance?

When thinking about resistance it is probably not unusual to think about public acts of disobedience, groups blocking or marching through city streets. It perhaps brings up thoughts about more specific actions, such as civil disobedience or whistleblowing or lobbying politicians. It may also point toward important historical figures such as Martin Luther King or Gandhi. These acts fall under the umbrella of resistance and these historical figures are some

of the best known for their campaigns, which involved acts of resistance but scratching the surface resistance is far more encompassing.

Resistance is a term that is often used to describe a range of actions. While traditionally the focus here has been on public, collective acts, in recent decades, much scholarly attention has shifted to ‘everyday’ acts of resistance - that is, acts that are generally individual and hidden. Unlike more open protest, such everyday action does not directly challenge or oppose power. In discussing everyday resistance it is necessary to first discuss the work of Scott (1986), who introduced the term in the 1980’s. For Scott, everyday resistance included acts such as false-compliance, humour and sabotage. Amongst other reasons, Scott argued that it was important to focus on such action not only because it helped explain more open opposition but because it also said a great deal about power, political repression and how this structured opportunities for resistance (Scott, 1989).

While this work opened enquiry into other forms of resistance, many elements remain disputed including how resistance is conceptualised and its relationship to power. Motivated by this lack of consensus, Hollander and Einwohner (2004) developed a typology of resistance, in an attempt to offer clarity to these discussions. They first argue that almost every conceptualization of resistance has at least two core elements: action and opposition, that is, resistance is not a “quality of an actor or a state of being” (Hollander & Einwohner, 2004), it also requires some kind of opposition, which could be “virtually anyone or anything; individuals, collectives, institutions, laws, structures, practices or norms” (Essex, 2021). Two further features relate to an action’s recognition or visibility and the intent of the actors. They argue that the majority of conflict rests on these final two points, namely, who needs to recognize an act as resistance for it to qualify as such? For example, if those in power fail to recognise subversive humour as an act of disobedience, should it be considered resistance? Perhaps most controversially however has been whether an act of resistance needs to be intentional, i.e. does an agent have to intend to be resisting for their actions to qualify as such. It is worth highlighting some of the discussion around the issue of intent. Ferrell (2019) for example, offers a strong defence of ‘unintended’ resistance, urging that to set a standard that requires intent risks being “elitist, intellectualist, and rationalist—a standard that perhaps tells us more about the scholars who require it of resistance than it does about those who engage in resistance directly”. On this point, Ferrell suggests that action and intent offer a false dichotomy and instead acts of resistance should be seen as a process of “emergent intentionality”. Beyond

questions of intent, further discussions relate to the relationship of resistance and power. Hollander and Einwohner (2004, p. 548) conceptualise the relationship between resistance and power as cyclical: “domination leads to resistance, which leads to the further exercise of power, provoking further resistance, and so on”. Vinthagen and Johansson (2013) however suggest that such a conceptualisation is inadequate, namely because this conceptualisation overlooks how the production of resistance “is an open-ended and historically emerging process”, but also because resistance is “embedded in simultaneous combinations of several powers”, that is, one power may be resisted while embracing others. Because of this they note, “[a]gents of resistance often simultaneously promote power-loaded discourses, being the bearers of hierarchies and stereotypes as well as of change”. They go on to make the point that the relationship between power and resistance is better conceptualised as an “entanglement”.

One final point is worth making in relation to the distinction that is often drawn between everyday and public acts of resistance. Lilja (2022) builds on longstanding arguments that this distinction is inadequate, arguing that “many of the resistance practices that we see today are neither public and mass-organized nor individual and hidden” and that because of this, the relationship between everyday and other forms of resistance “do not cover the complex acts and relations of power and resistance”. Proposing an alternative to capture these different forms of resistance, Lilja (2022) and Baaz, Lilja, Schulz, and Vinthagen (2021) suggest resistance could be categorised in three ways, avoidance resistance, breaking resistance and constructive resistance. Avoidance resistance seeks to avoid power through disguise, that is through the anonymity of those resisting or masking the act itself and as above includes both individual and collective acts. Breaking resistance refers to action that confronts power, acts such as blockages, strikes or marches. Not all resistance however is ‘oppositional’. Constructive resistance refers to a form of resistance that is, this type of resistance “constructs ‘alternative’ or ‘prefigurative’ social institutions or discourses”. Such resistance includes the building of new systems, structures, organisations or norms, for example.

If these conceptualisations of resistance are taken together, it leaves a fairly complex picture, there are also a broad range of activities that could be counted as resistance. Despite ongoing points of contention however, there are several conceptualisations of resistance that exist. Resistance has been defined as “any act, performed by any individual (or collective) ... that is a response to power, most often in opposition to contentious, harmful or unjust rules, practices, policies or structures” (Essex, 2021). The related term, ‘non-violent resistance’ has been

defined as “a broad range of dissident activities, of varying scope and impact, which express opposition, and perhaps refusal to conform, to a dominant system of values, norms, rules, and practices” (Delmas, 2018) and “the application of unarmed civilian power using nonviolent methods such as protests, strikes, boycotts, and demonstrations” that often occurs “outside the defined and accepted channels for political participation defined by the state” (Chenoweth & Cunningham, 2013). It should be noted however that disagreement even remains here, namely in whether it is even advisable to aim for an end point in conceptualising resistance, or what Baaz, Lilja, Schulz, and Vinthagen (2016) call the “hegemonic ambition to claim such a final definition”.

The below discussion does not ascribe to one definition or lack thereof, for the purposes of this article there is value in understanding resistance and its controversies in a broad way, to begin to understand its relationship to health; as something that is entangled with power, oppositional and hidden and even seeks to create new social and political realities. Introduced below are a number of examples which will not be controversial, however there will also be some examples that begin to stretch the concept; despite this, these examples should illustrate the importance of this concept for health, and provide direction for how one could understand the relationship between health and resistance.

The intersections of resistance and health

Above some definitions and examples of resistance were outlined. There are of course a range of questions that could follow here, when is such action justified? What makes it impactful or effective? But before getting to these, it seems there are even more fundamental issues that deserve attention, why focus on health and resistance at all? And why is resistance important for health, why is health important for resistance? There is already a substantial literature on resistance, social movements and activism, which has focused on important issues such as racial equality, social issues and justice, so why further complicate matters? Perhaps the most straightforward response to this is that resistance has important implications for health and vice versa, to better understand this however, there is a need to better understand how resistance and health are related. On this point there is some direction in the literature already. Moore and Hoffmann (2013) for example examine the relationship between science and social movements, suggesting that movements targeting science have interacted in a number of ways including building alliances with scientists, deploying science in claim making and drawing

attention to the political nature of some knowledge claims. Looking at health, Brown et al. (2004) suggests that health-based social movements generally address one of three issues, access to or provision of health care services, health inequality and inequity or disease, illness experience, disability and contested illness. While these provide a starting point to begin thinking about the relationship between resistance and health, and while some of the points below will inevitably overlap, resistance intersects with health in a number of ways not covered here. This article will discuss the broad ways these intersections could be thought of, with examples of how resistance impacts health, how health impacts resistance and how health could be an act of resistance and vice versa. Several sites where health and resistance intersect are discussed: 1) resistance and health outcomes, 2) health as a motivator for acts of resistance, 3) health and framing acts of resistance, 4) resistance, health-related knowledge and practice, 5) health, resistance and legitimacy 6) and how health and healthcare could in themselves be acts of resistance.

Before moving on it is worth noting why this article uses the term ‘intersection’ rather than ‘relationship’, that is, why it talks about the intersections of health, resistance and activism rather than their relationship. This article uses the term ‘intersection’ below as it is primarily concerned with the points where health and resistance come into contact and have bearing on the other. If the relationship between health and resistance were to be unpacked, things would become far more complex, touching upon things like the interrelation and interdependence of these concepts and their relationship across time and place. While there has been virtually no research that attempts to unpack the relationship between health and resistance, the potential complexity of this relationship is perhaps best exemplified by this example. Access to antiretroviral therapy (ART) was long fought for; this fight has been well documented (MSF, 2021), with activists taking a range of actions from public protest to smuggling treatment into countries. While there remains a way to go, access to ART has widened substantially and countries like South Africa now provide universal access. The most obvious impact that this has had is improving the health and wellbeing of millions living with HIV/AIDS. This increased access however has also had unintended consequences, impacting protest and ‘social conflict’. Berlanda, Esposito, Cervellati, Rohner, and Sunde (2022) for example explored this relationship finding that access to ARTs significantly reduced events of ‘social violence’ (which included protests, demonstrations, riots, strikes, and other forms of social disturbances) throughout Africa. It should go without saying that much more could be said about the complex

relationship between health and resistance. Below this article will discuss the key sites where health and resistance intersect.

Resistance and health outcomes

Resistance impacts health and wellbeing. Perhaps the most obvious place to start is the immediate impact that protest and other acts of resistance have on health. On this there has been a growing literature. For example, in an article which explored the impact of the 2015 civil unrest in Baltimore, Maryland, following the death of Freddie Gray while in police custody Yimgang, Wang, Paik, Hager, and Black (2017) found that symptoms of maternal depression and maternal concerns were elevated in neighbourhoods more proximal to the unrest. In Hong Kong, those involved in the 2019-20 pro democracy protests reported poorer mental health during the protests, with those who were younger and more heavily involved more greatly impacted (Li, Chak, & Yuen, 2021). More recently, amongst a sample of 284 adult students (aged 18-35 years) in the US, it was found that engagement in collective action on climate change reduced symptoms of anxiety related to climate change (Schwartz et al., 2022). Beyond mental health, there are examples of protest has other impacts on health. During the COVID-19 pandemic for example, it was found that virus transmission increased in a number of cities after the protests related to the death of George Floyd (Valentine, Valentine, & Valentine, 2020). Outside of specific movements or acts of resistance, there has also been a growing literature examining the impact of tear gas on protesters (Haar, Iacopino, Ranadive, Weiser, & Dandu, 2017; Weir, 2001). Beyond impacting individuals involved and proximal to protest, resistance can have broader implications for population health. For example, during a national strike in Ecuador in 2019, where there were no buses and few private vehicles for 12 days, particulate matter in the air decreased significantly with most notable decreases happening in traffic dense areas in central Quito (Zalakeviciute et al., 2021).

In many ways focusing on the immediate impacts of resistance overlooks many other important health related gains that can be attributed to such action. While it remains much harder to trace a cause-effect relationship it is not hard to imagine many areas of health and wellbeing being far poorer if it were not for resistance. We only need to turn to history to see the important role resistance has played in movements, for better sanitation throughout Europe in the 1800's (Hamlin, 2008), in fighting for reproductive health and access to abortion across the globe for over a hundred years (Mundt, 2017) or in demanding access to medicines or healthcare. We

can also see the importance of broader movements and their impact on health; it is perhaps reasonable to suggest that the suffragette movements also had a positive impact on women's health and wellbeing over the longer term, for example. Perhaps a clearer example however comes from the civil rights movements in the US throughout the 1960's and 70's. While access to healthcare was a core demand, so were demands to end segregation, discrimination and poverty. While the impacts of racism, segregation and poverty persist, significant steps have been made since the 1960's and it seems safe to say that the civil rights movement also made a substantial contribution in improving health outcomes for African Americans (Kramer & Hogue, 2009). When examining these and other movements there is perhaps a more fundamental point about the relationship between resistance and the impact that it has on health. Silvermint (2013) argues that well-being and resistance are fundamentally related, arguing that resistance and health are related in at least two ways, both in "opposing or counteracting the damage that oppression does to a victim's autonomy or overall life prospects" but also providing the opportunity to be involved in "valuable aims" or what is described as "goods, projects, relationships, and states of being that are important to the individual, as well as the general aim of leading a morally worthwhile life". Silvermint (2013) goes on to argue that resistance can protect individuals who face oppression and that those who fail to resist show "insufficient regard for her own well-being, and for the value of the worthwhile aims and life that resistance could afford her".

Resistance also impacts the delivery of healthcare. Perhaps most obvious here is strike action carried out by healthcare workers. When it comes to strike action the most controversial impact that is debated in the literature in relation to strike action is the immediate impact that such action has on patients and the delivery of care. While recent evidence suggests that strike action has little impact on health outcomes (Essex, Milligan, Williamans, & Weldon, 2021; Essex, Weldon, Kalocsanyiova, Mccrone, & Deb, 2022) it is not difficult to imagine that such action has the potential to do so. While there is not yet evidence outlining the impact on health outcomes, during the COVID-19 pandemic, a number of protests have had substantial impact on the delivery of healthcare, with a number of protests disrupting access to care, and others specifically targeting health facilities, such as vaccination centres (BBC News, 2021).

One notable limitation throughout this discussion relates to the fact that it focuses on resistance which are notable, public or that have been reported in some way. This risks overlooking more hidden acts of resistance. So on this point, it is worth noting that what is discussed above likely

to only scratches the surface in relation to how resistance impacts health outcomes. We may never be able to quantify the good that healthcare workers are doing for undocumented migrants, in defiance of oppressive immigration policy, but it can be imagined the extent to which such acts occur; where rules or policies are ignored or undermined in day to day, out of sight, where mutual aid supports and improves the health of individuals and communities. One final point here relates to the direction of the relationship between resistance, health and wellbeing. It should not be assumed that this is a one-way relationship, that resistance impacts health outcomes for example. As Venkatapuram (2013) notes, it is often those with better health who are more able to participate in democratic processes and in demanding better health.

Health as a motivator for acts of resistance

Health has been the motivator or trigger for acts of resistance. On this, there are countless examples. In 2019, US doctors led a campaign at the University Hospital in Newark to close a Burger King on hospital premises, a restaurant which had previously been open for 25 years (McClain, 2021). In the UK, greater access for treatment of sickle cell anaemia was long campaigned for with healthcare workers deploying a range of strategies to make “black people and their health needs visible and undeniable to the state... claiming a space for black people as consumers of the health service, whose needs must be met” (Redhead, 2021). Access to pre-exposure prophylaxis (PrEP) has been a more recent struggle (Jones, Young, & Boydell, 2020). While there are actions where the motivations or demands attached clearly related to health, often motivations complex, they can shift and they are often multiple. That is, health may be one of the reasons why people take to the streets demanding greater action on climate change. Health may also be one of many demands, for example health motivated the activism of the Black Panthers and Young Lords, but it was one issue amongst many (Fernández, 2020; Nelson, 2011). There are also examples where health has motivated far more subtle acts. In a study where UK based healthcare workers were interviewed, many reported breaking or bending rules and even undermining their colleagues if they felt care was in some ways compromised. While there was tension for many, most justified acts such as subversion on health grounds (Essex, Dillard-Wright, Aitchison, & Aked, In press). We can see similar findings elsewhere. Interviewing nurses who provide abortion care in rural Australia, Mainey, O’Mullan, and Reid-Searl (2022) found that when confronted with systems or rules that impeded the ability to provide patient-centred care, many nurses took steps to undermine processes and establishing work-arounds to ensure care was delivered. Again, these examples

are likely to be only the tip of iceberg when it comes to less visible acts of resistance where health motivates action.

One final example worth discussing that somewhat complicates this picture relates to the COVID-19 pandemic, which has provided some interesting examples of how health has motivated protest. Throughout the pandemic there were protests against public health measures, such as lockdowns and masks (Satija, 2021). There were also counter protests (Wingate, 2021) and protests from healthcare workers related to poor working conditions and a lack of personal protective equipment (Cadwalladr, 2020). While there are obvious differences here in relation to the nature of these protests, they are all motivated, at least in part, by health or the public health measures put in place to manage the pandemic. There is of course a close relationship between what motivates an action and how it is framed, for example, those opposed to lockdowns and other public health measures often expressed this opposition on the grounds of mental health (Devon, 2021), that is, claiming that children's mental health was adversely impacted by lockdowns. While it may remain unknown if this was a motivator or just a framing tactic for those opposed to lockdowns, framing is another distinct way that health and resistance intersect.

Health and framing acts of resistance

Many acts of resistance are framed as necessary to protect health or as necessary to make some type of health-related demand. In many cases, there are examples where there is a clear link to health, for example it can clearly be seen how closing a fast food restaurant or having access to care or certain pharmaceuticals is closely linked to health. Health may also be only one of a number of ways of framing an action. For example, in relation to access to care for sickle cell anaemia (discussed above), given it disproportionately impacts those from Black and Asian backgrounds, this issue was, rightly, also framed as an issue related to racism (Redhead, 2021). We can also find health framing used elsewhere for issues that may not traditionally be considered health related, for example, nuclear disarmament (Young, 2019) and police brutality; in response to the death of George Floyd, Dr. Rhea Boyd made the case that "protest is a profound public health intervention, because it allows us to finally address and end forms of inequality" (Ducharme, 2020). We can see this elsewhere, patient health and wellbeing is almost always cited as a grievance when healthcare workers pursue strike action. Increasingly, health has been used to frame protest related to climate change and the environment (Augé,

2021). On this point, there is evidence to suggest that framing these issues in terms of health can have positive effects. We can see the effectiveness of health framing throughout the 1980's and 90's in anti-tobacco movement (Nathanson, 1999) and there is emerging evidence which suggests this may be particularly impactful when it comes to climate change. A number of studies have suggested that framing climate change as a public health issue could engage those previously not engaged and raise support for climate change mitigation and adaptation (Maibach, Nisbet, Baldwin, Akerlof, & Diao, 2010; Myers, Nisbet, Maibach, & Leiserowitz, 2012). This has not been lost on activists, with Doctors for Extinction Rebellion stressing the point that the climate emergency is also a health emergency: “[t]he climate crisis is a public health emergency that even with our best efforts will escalate... we will burn our children's future and that of our children's children.” (Taylor, 2021). One final and particular interesting example in how an issue can be framed comes from the COVID-19 pandemic and Taiwan's push to join the World Health Organisation (WHO). Taiwan is presently unable to join the United Nations and thus the WHO because of opposition from China. Throughout the early stages of the pandemic in 2020 Taiwan had some of the worlds lowest COVID-19 cases and deaths. This resulted in a renewed push to join the WHO, emphasising the fact that Taiwan could help and support other countries in managing the virus, utilising hashtags such as #TaiwanCanHelp (Liu, Ophir, Tsai, Walter, & Himelboim, 2022). There is probably more that could be said on this, as this case provides interesting insights into how health, activism and geopolitics are related, but it also provide an interesting example of how this issue was framed, not in terms of Taiwan's sovereignty, but in terms of Taiwan assisting with the pandemic. How an act is framed often sits quite closely to how resistance impacts health related knowledge and practice and the legitimacy that this can add to an action.

Resistance, health related knowledge and practice

Resistance has challenged health related knowledge and practice. It has been argued elsewhere that while resistance has had an important role in opposing forces harmful to health, it has also played a role in shaping health, in imagining alternatives and better futures (Essex, 2022). Resistance has often challenged health-related knowledge; what is pathologized, how health and wellbeing are approached, what equality and justice mean when it comes to health and what we owe each other. Women's health activists have greatly altered medical approaches to women's health issues, expanded funding and women's services, altered how treatment is approached (e.g. breast cancer) and changed medical research practices (Morgen, 2002).

Similarly, AIDS activists have achieved expanded funding, greater medical recognition of alternative treatment approaches and shifted how clinical trials are conducted (Epstein, 1996). We can also find decades of disability activism challenging traditional medicalised approaches to disability (Baar, 2022) and intersex advocate and academics calling for an end to medical interventions carried out on intersex people (Carpenter, 2016). These examples are far from exhaustive, in mental health alone there are numerous examples disputing mental health knowledge and practice related to diagnosis and pathologisation. We can also find many examples of rights movements within this space (Brown, 1981). Brown et al. (2004) suggests that movements such as those above are distinct, labelling them ‘embodied health movements’, that is movements which, “address disease, disability or illness experience by challenging science on etiology, diagnosis, treatment and prevention” and often include contested illnesses, that is, illnesses which are often unexplained or disputed. More recently Stramondo (2022) has put forward a case that begins to unpack how such action may challenge and ultimately improve health related knowledge and practice. He argues that disability activism challenges oppressive narratives of disabled people, instead amplifying counter-stories of disabled people themselves. A similar argument is advanced by Hayward (2017) who argues that disruptive action can challenge ignorance and stereotypes as they relate to racism.

Beyond knowledge being contested or challenged, health-related knowledge can be used in other ways, for example to make the case that greater action should be taken in response to climate change and supporting resistance to this effect. This leads to a further point, related not only to how an action is framed but how health can be used to leverage the legitimacy or authority of actions.

Health, resistance, legitimacy & authority

Health has been used to leverage (perceived) legitimacy or authority of actions. This can be achieved through framing, utilising or disputing health knowledge or it can be related to who is performing the action. In visible forms of resistance healthcare workers often openly identify as such. Signs, scrubs, white coats and stethoscopes are all examples. Throughout the 2019 Doctors for Extinction Rebellion actions in the UK a number chose to wear their scrubs “thinking that the media would find it harder to dismiss medical professional protestors as cranks” (Fulchand, 2019). Similarly, in response to nuclear disarmament Young (2019) argued that “[t]aking a medical standpoint against nuclear weapons became a problem for the

government, who could easily write off movements like the CND [Campaign for Nuclear Disarmament] as unwashed hippies... but when you have a doctor saying the same thing and backing it up with a medical argument, it's much more difficult for the government to discredit". The phenomenon of health workers using leveraging health related knowledge, has been called "clinician led evidence-based activism" or the "strategic use of clinical authority in the production and mobilization of knowledge for the governance of health issues" (Pushkar & Tomkow, 2021). Beyond public actions, there have been struggles for legitimacy elsewhere, these go beyond making public appeals. Shutzberg's (2021) study with Swedish GPs provides interesting insights on this point. Over the last few decades there has been increasing encroachment by the government in relation to sickness certification and eligibility to receive government support, part of this has involved greater scrutiny of medical certificates provided by GPs, in effect the government has questioned the legitimacy of these certificates and sought to curtail the power of GPs. This has resulted in both a public campaign by GPs speaking out against this encroachment, but it has also involved many employing covert strategies that undermine these requirements to ensure medical certificates are more likely to be accepted. Importantly, questions of legitimacy do not just relate to health workers but also to embodied health movements. Brown et al. (2004) argue that having the disease or illness in question, provides an epistemic authority, as "people who have the disease have the unique experience of living with the disease process, its personal illness experience, its interpersonal effects, and its social ramification"

Importantly legitimacy has been used in other ways. Many of the examples presented here have focused on a certain type of resistance, generally politically progressive actions or acts that sought to remedy some form of oppression or injustice. This has not always been the case and there is a small literature which begins to detail other forms of resistance, which contrasts with the more progressive demands discussed above. This has played out during the COVID-19 pandemic with those who opposed lockdowns, vaccines and other measures that attempted to mitigate the spread of the virus. Healthcare workers in these movements were often elevated to prominent positions, leading marches and speaking publicly, this was at least in part due to the credibility they brought to these movements (Dyer, 2022). This example raises several further points, most notably that resistance may not always be undertaken for progressive or just ends, this again is an issue that deserves greater attention but will not be covered here.

Health as resistance, resistance as health

Health and healthcare can also be acts of resistance in themselves. To begin to show what is meant by this statement, examples can be found in Eastern Europe during World War II, where Jews (and others) were held in ghettos. While this preceded extermination camps, death and poor health was still common in the ghettos, attributable to the atrocious conditions under which occupants had to live. Within these ghettos however, elaborate public health measures were developed to resist these threats to life and health. Longacre, Beinfeld, Hildebrandt, Glantz, and Grodin (2015) discuss the measures taken in the Vilna Ghetto, which included the provision of the water, public health education and community food distribution. While these measures acted to address the health of occupants, such action was also political, “by [its] very nature, they were designed to thwart the Nazi genocidal program via organized health policy and practice” (Longacre et al., 2015). Beyond this example Jewish medical resistance throughout the war was widespread (Grodin, 2014). Two further examples are particularly illustrative in showing how health could be resistance. After World War I the Nazis were particularly weary of communicable diseases, having been exposed to a number of outbreaks during the war. German authorities required authorities in Poland to report all suspected communicable diseases, including Typhus. Polish nationals diagnosed with the disease were spared being sent to labour camps and were quarantined. Jews with the disease were executed (Chapoutot, 2014). Eugene Lazowski, a doctor who already had a long history of subversion and defiance recognised this and instead created what could best be labelled a fake Typhus epidemic. Lazowski and his colleagues, after learning how to administer the test for typhus, recognised they could create a false positive result, by injecting patients with dead antibodies. This “epidemic” was soon large enough to declare a number of villages an “epidemic area”, which meant the withdrawal of German troops allowing the population to live with relative freedom (Bennett & Tyszczyk, 1990). These actions were only disclosed in the 1970’s, with estimates suggesting that these actions saved 8,000 people from being killed or imprisoned during their three-year campaign (Goor, 2013). A final example comes from the same period of history, but in southern France, where throughout the war approximately 45,000 psychiatric patients died of starvation and disease. These deaths were deliberate with the Vichy government opting for “a ‘soft extermination’ that would let patients die of cold, starvation, or lack of care within the confines of the hospitals themselves” (Robcis, 2021). One hospital, in Saint-Alban-sur-Limagnole, sought to resist. In need of staff after the war broke out, the hospital sought out François Tosquelles, a Catalan psychiatrist who had fought together with

antifascists during the Spanish civil war. Immediate efforts were put into gathering food, with patients and workers alike sent out to gather, beg and barter for whatever food they could find. This was so successful that the hospital began to take on more patients and even sheltered Jews and resistance fighters (Platts-Mills, 2021). At the same time, there was a more fundamental shift occurring, with staff in the hospital beginning to re-think the “practical and theoretical bases of psychiatric care” (Robcis, 2021). Platts-Mills (2021) argues that in the hospital, “every part of daily life was an opportunity for resistance, for the members of its community to examine and soften their own and each other’s fascist impulses... It supported everyone to flourish. Nobody was undeserving of protection and no one was exempt from the work of liberation”. These actions have also had an enduring impact on psychiatry, while not dismissing the realities of mental illness, the approach taken at St Albans emphasised the importance of social conditions in the treatment of psychosis, an issues which remains pertinent and contested today.

There are other examples where healthcare could be seen as resistance, for example health workers who have stayed behind in war zones to continue to provide services (Bseiso, Hofman, & Whittall, 2021) or have continued to provide care to marginalised and oppressed populations those, such as undocumented migrants, who would otherwise not have access, occasionally in defiance of the government and other authorities (Freeman, 1971). We can also find other examples where health has been used as an act of resistance. We can find this in relation to self-harm of refugees, asylum seekers and political prisoners (Aitchison & Essex, in press; Bargu, 2014) where health becomes a means to bargain or raise a grievance. We can also see this in movements such as Los Frikis, Cuban punk sub-culture which became popular in the 1980’s. Many deliberately contracted AIDS from injecting themselves with infected blood in an attempt to be admitted to state-run facilities and thus avoiding the impact of the economic crisis impacting Cuba in the 1980’s (Bridges, 2015).

Why resistance matters for health, why health matters for resistance

Health and resistance come into contact in many ways, through impacting health outcomes and healthcare delivery, to the various ways that health shapes resistance, through how issues are framed to how health impacts the legitimacy of action. In many respects health and resistance cannot be separated; health and healthcare can be acts of resistance. What is written here is likely to be challenged, critiqued and perhaps expanded upon in the coming years. However,

beyond what has been discussed elsewhere, there appear to be several larger points worth mentioning. . First, that resistance matters when it comes to health and health matters for resistance and its impact should not be overlooked in future research and practice. The above examples speak to the fact that this it is a worthwhile area that deserves greater study in its own right and that resistance intersects with health in numerous ways, shifting the sites and nature of power and resistance. In some ways this leads to the second point, namely that there is scope for future research in this area. As can be seen above, several issues could be spoken about in more depth. . Third, beyond the discussions above, the normative concerns acts of resistance raise have not been discussed. To find discussions on the normative issues such action raises, there is a need to look outside of the healthcare literatures to the political theory and political science literatures. There appears to be opportunity here to draw from this literature to begin to tease out issues related to the justification of such action. When it comes to healthcare workers there has been some discussion about this in the UK, notably about doctors engaging in civil disobedience demanding greater action on climate change, there has been little discussion about other forms of resistance. Finally, there is scope for further empirical work in this area, from understanding the nature of resistance in health and healthcare to understanding its broader impacts and intersections with health and health's intersections with resistance.

It seems appropriate to conclude on the question of why. Why does resistance matter for health, why does health matter for resistance. The above discussion has perhaps already made the case, at least partially, above. But why is resistance needed now, at this point in history? Lets start with what is know. the vast inequalities in that exist when it comes to health are well established, almost 1.8 billion people live in poverty while incomes inequality continues to grow, there remain 60 million displaced people, many people don't have access to medications, racism continues to have an insidious impact , and the action we are taking to combat climate change is inadequate. While there is a solution for many of these issues, most remain entrenched. It should be obvious that debate and discussion is not enough. Vested interests and other powerful actors influence the political process, further perverting democratic ideals, resistance provides an avenue to imagine change where others have been shut down.

Some might disagree with this assessment , but few would dispute the challenges ahead in securing health for all . It is woefully inadequate to carry on down the same path, or simply call for business as usual. Given this, perhaps the most pressing question is why there has been

such little discussion about resistance as it relates to health? Clearly change is long overdue. Looking to history we can see resistance as not only an oppositional force; a means to oppose threats to health, but as a means of imagining alternatives to the status quo, that is, imagining how society could be better structured to support health and wellbeing or imagining alternatives to harmful systems and policy. Its long overdue we revisited these lessons.

References

- Aitchison, G., & Essex, R. (In press). Self-harm in immigration detention: political, not (just) medical. *Journal of Medical Ethics*
- Augé, A. (2021). COVID-19 as a framing device for environmental protest: The ECOSYSTEM HEALTH metaphor. *Environmental Communication*, 1-15.
- Baar, M. (2022). Seeking inclusion through redefining expertise: the changing spatial contours of disability activism in the long 1970s. *European Review of History: Revue européenne d'histoire*, 29(3), 452-468.
- Baaz, M., Lilja, M., Schulz, M., & Vinthagen, S. (2016). Defining and Analyzing “Resistance” Possible Entrances to the Study of Subversive Practices. *Alternatives*, 41(3), 137-153.
- Baaz, M., Lilja, M., Schulz, M., & Vinthagen, S. (2021). Civil Resistance for Peace and Conflict Management, Role of. *Journal: The Palgrave Encyclopedia of Peace and Conflict Studies*, 1-11.
- Bargu, B. (2014). Starve and immolate. In *Starve and Immolate*: Columbia University Press.
- BBC News. (2021). Bristol Covid-19 vaccine clinic targeted by protesters set to reopen. *BBC News*. Retrieved from <https://www.bbc.com/news/uk-england-bristol-58305576>
- Bennett, J., & Tyszczuk, L. (1990). Deception by immunisation, revisited. *BMJ: British Medical Journal*, 301(6766), 1471.
- Berlanda, A., Esposito, E., Cervellati, M., Rohner, D., & Sunde, U. (2022). Medication Against Conflict.
- Bridges, M. (2015). “Spotlight on Cuba”–“Death is a door”: HIV/AIDS, Freedom, & the Cuban Punk Rock Scene. *Penn Political Review*. <https://pennpoliticalreview.org/2015/04/spotlight-on-cuba-death-is-a-door-hiv-aids-freedom-the-cuban-punk-rock-scene/>
- Brown, P. (1981). The mental patients' rights movement and mental health institutional change. *International Journal of Health Services*, 11(4), 523-540.
- Brown, P., Zavestoski, S., McCormick, S., Mayer, B., Morello-Frosch, R., & Gasior Altman, R. (2004). Embodied health movements: new approaches to social movements in health. *Sociology of Health & Illness*, 26(1), 50-80.
- Bseiso, J., Hofman, M., & Whittall, J. (2021). *Everybody's War: The Politics of Aid in the Syria Crisis*: Oxford University Press.

- Cadwalladr, C. (2020). 'They can't get away with this': doctor who took protest to No 10. The Guardian. <https://www.theguardian.com/society/2020/apr/20/coronavirus-doctor-ppe-protest-downing-street-london>
- Carpenter, M. (2016). The human rights of intersex people: Addressing harmful practices and rhetoric of change. *Reproductive Health Matters*, 24(47), 74-84.
- Chapoutot, J. (2014). Eradicating typhus: Medical representations and Nazi sanitary discourse in the General Government of Poland (1939-1944). *Revue historique*(1), 87-108.
- Chenoweth, E., & Cunningham, K. G. (2013). Understanding nonviolent resistance: An introduction. *Journal of Peace Research*, 50(3), 271-276.
- Delmas, C. (2018). *A duty to resist: When disobedience should be uncivil*: Oxford University Press.
- Devon, N. (2021). Using 'mental health' as an anti-lockdown argument is unhelpful – it stops people getting the support they need. *Independent*. <https://www.independent.co.uk/voices/mental-health-children-lockdown-covid-b1796281.html>
- Ducharme, J. (2020). 'Protest Is a Profound Public Health Intervention.' Why So Many Doctors Are Supporting Protests in the Middle of the COVID-19 Pandemic. *Time*. <https://time.com/5848212/doctors-supporting-protests/>
- Dyer, O. (2022). Founder of America's Frontline Doctors is sentenced to prison for role in Capitol riot. *BMJ* 2022;377:o1533
- Epstein, S. (1996). *Impure science: AIDS, activism, and the politics of knowledge* (Vol. 7): Univ of California Press.
- Essex, R. (2021). Resistance in health and healthcare. *Bioethics*, 35(5), 480-486.
- Essex, R. (2022). How Resistance Shapes Health and Well-Being. *Journal of bioethical inquiry*, 19, 315–325
- Essex, R., Dillard-Wright, J., Aitchison, G., & Aked, H. (In press). Everyday Resistance in the UK's National Health Service. *Journal of Bioethical Inquiry*
- Essex, R., Milligan, W., Williamans, G., & Weldon, S. (2021). The impact of strike action on patient morbidity: A systematic literature review. *International Journal of Healthcare Management*, 37(3), 1311-1326
- Essex, R., Weldon, S. M., Kalocsanyiova, E., Mccrone, P., & Deb, S. (2022). The impact of healthcare strikes on patient mortality: a systematic review and meta-analysis of observational studies. *Health services research*, 57(6), 1218-1234.
- Fernández, J. (2020). The Young Lords' Public Health Revolution: Fifty years ago, the Young Lords occupied Lincoln Hospital in the Bronx and won concrete advances in services and patients' rights. Their legacy of radical health activism illuminates the inhumanity of for-profit medicine and the urgency of winning free healthcare for all. *NACLA Report on the Americas*, 52(3), 339-347.
- Ferrell, J. (2019). In defense of resistance. *Critical Criminology*, 30(3), 603-619.
- Freeman, R. B. (1971). Practice as protest. *The American Journal of Nursing*, 918-921.

- Fulchand, S. (2019). Could protesting for climate action damage doctors' careers? *BMJ* 2019;367:16875.
- Goor, Y. (2013). When the test tube was mightier than the gun: a Polish doctor out-frightens the Nazis. *The Israel Medical Association journal: IMAJ*, 15(4), 198.
- Grodin, M. A. (2014). *Jewish medical resistance in the holocaust*: Berghahn Books.
- Haar, R. J., Iacopino, V., Ranadive, N., Weiser, S. D., & Dandu, M. (2017). Health impacts of chemical irritants used for crowd control: a systematic review of the injuries and deaths caused by tear gas and pepper spray. *BMC public health*, 17(1), 1-14.
- Hamlin, C. (2008). Health of Towns Association (act. 1844–1849). In: Oxford University Press.
- Hayward, C. R. (2017). Responsibility and ignorance: On dismantling structural injustice. *The Journal of Politics*, 79(2), 396-408.
- Hollander, J. A., & Einwohner, R. L. (2004). Conceptualizing resistance. *Sociological forum*, 19(4), 533-554.
- Jones, C., Young, I., & Boydell, N. (2020). The people vs the NHS: Biosexual citizenship and hope in stories of PrEP activism. *Somatechnics*, 10(2), 172-194.
- Kramer, M. R., & Hogue, C. R. (2009). Is segregation bad for your health? *Epidemiologic reviews*, 31(1), 178-194.
- Li, A. W., Chak, W. H., & Yuen, K. S. (2021). Snapshot of a social movement: Mental health and protest classes in Hong Kong. *J Affect Disord*, 295, 883-892.
- Lilja, M. (2022). The definition of resistance. *Journal of Political Power*, 1-19.
- Liu, A. K., Ophir, Y., Tsai, S.-A., Walter, D., & Himelboim, I. (2022). Hashtag activism in a politicized pandemic: Framing the campaign to include Taiwan in the World Health Organization's efforts to combat COVID-19. *New Media & Society*, 14614448221099173.
- Longacre, M., Beinfeld, S., Hildebrandt, S., Glantz, L., & Grodin, M. A. (2015). Public health in the Vilna Ghetto as a form of Jewish resistance. *American journal of public health*, 105(2), 293-301.
- Maibach, E. W., Nisbet, M., Baldwin, P., Akerlof, K., & Diao, G. (2010). Reframing climate change as a public health issue: an exploratory study of public reactions. *BMC public health*, 10(1), 1-11.
- Mainey, L., O'Mullan, C., & Reid-Searl, K. (2022). Working with or against the system: Nurses' and midwives' process of providing abortion care in the context of gender-based violence in Australia. *Journal of Advanced Nursing*.
- Mansbridge, J. (2013). Everyday activism. *The Wiley-Blackwell Encyclopedia of Social and Political Movements*.
- McAdam, D. (2013). High and low risk/cost activism. *The Wiley-Blackwell Encyclopedia of Social and Political Movements*.

- McClain, S. (2021). University Hospital Shuts Down Its Burger King After Doctors Protest. *The Beet*. Retrieved from <https://thebeet.com/university-hospital-shuts-down-its-burger-king-after-doctors-protest/>
- Moore, K., & Hoffmann, M. (2013). Science and social movements. *The Wiley-Blackwell Encyclopedia of Social and Political Movements*.
- Morgen, S. (2002). *Into our own hands: The women's health movement in the United States, 1969-1990*: Rutgers University Press.
- MSF. (2021). Fighting for treatment: A history of HIV care in South Africa. <https://msf.org.uk/article/fighting-treatment-history-hiv-care-south-africa>
- Mundt, I. (2017). Margaret Sanger, Taking a Stand for Birth Control. *History Teacher*, 51(1), 123-161.
- Myers, T. A., Nisbet, M. C., Maibach, E. W., & Leiserowitz, A. A. (2012). A public health frame arouses hopeful emotions about climate change. *Climatic Change*, 113(3), 1105-1112.
- Nathanson, C. A. (1999). Social movements as catalysts for policy change: the case of smoking and guns. *Journal of Health Politics, Policy and Law*, 24(3), 421-488.
- Nelson, A. (2011). *Body and soul: The Black Panther Party and the fight against medical discrimination*: U of Minnesota Press.
- Platts-Mills, B. (2021). Asylum. *Aeon*. <https://aeon.co/essays/patients-and-psychiatrists-fought-against-fascism-together-at-saint-alban>
- Pushkar, P., & Tomkow, L. (2021). Clinician-led evidence-based activism: a critical analysis. *Critical Public Health*, 31(2), 235-244.
- Redhead, G. (2021). 'A British Problem Affecting British People': Sickle Cell Anaemia, Medical Activism and Race in the National Health Service, 1975–1993. *Twentieth Century British History*, 32(2), 189-211.
- Robcis, C. (2021). Introduction. A Politics of Madness. In *Disalienation* (pp. 1-14): University of Chicago Press.
- Satija, N. (2021). 'I do regret being there': Simone Gold, noted hydroxychloroquine advocate, was inside the Capitol during the riot. *The Washington Post*. https://www.washingtonpost.com/investigations/simone-gold-capitol-riot-coronavirus/2021/01/12/d1d39e84-545f-11eb-a817-e5e7f8a406d6_story.html
- Saunders, C. (2013). Activism. *The Wiley-Blackwell Encyclopedia of Social and Political Movements*.
- Schwartz, S. E., Benoit, L., Clayton, S., Parnes, M. F., Swenson, L., & Lowe, S. R. (2022). Climate change anxiety and mental health: Environmental activism as buffer. *Current Psychology*, 1-14.
- Scott, J. C. (1986). Everyday forms of peasant resistance. *The journal of peasant studies*, 13(2), 5-35.
- Scott, J. C. (1989). Everyday forms of resistance. *The Copenhagen journal of Asian studies*, 4, 33-33.

- Shutzberg, M. (2021). *Tricks of the Medical Trade: Cunning in the Age of Bureaucratic Austerity*. PhD thesis, Södertörns högskola.
- Silvermint, D. (2013). Resistance and Well-being. *Journal of Political Philosophy*, 21(4), 405-425.
- Stramondo, J. A. (2022). How disability activism advances disability bioethics. *Ethical Theory and Moral Practice*, 1-15.
- Tarrow, S. (2011). *Power in movement: Social movements and contentious politics*: Cambridge University Press.
- Taylor, D. (2021). Doctors stage XR die-in outside JP Morgan offices in London. *The Guardian*.
<https://www.theguardian.com/environment/2021/sep/03/doctors-for-xr-extinction-rebellion-die-in-outside-jp-morgan-offices-london>
- Valentine, R., Valentine, D., & Valentine, J. L. (2020). Relationship of George Floyd protests to increases in COVID-19 cases using event study methodology. *Journal of Public Health*, 42(4), 696-697.
- Venkatapuram, S. (2013). *Health justice: An argument from the capabilities approach*: John Wiley & Sons.
- Vinthagen, S., & Johansson, A. (2013). Everyday resistance: Exploration of a concept and its theories. *Resistance Studies Magazine*, 1(1), 1-46.
- Weir, E. (2001). The health impact of crowd-control agents. In: Can Med Assoc.
- Wingate, S. (2021). Doctor holds counter-protest against anti-vaxxers targeting hospitals. *Independent*. <https://www.independent.co.uk/tv/news/canada-covid-vaccine-protest-hospital-v2a422415>
- Yimgang, D. P., Wang, Y., Paik, G., Hager, E. R., & Black, M. M. (2017). Civil unrest in the context of chronic community violence: impact on maternal depressive symptoms. *American journal of public health*, 107(9), 1455-1462.
- Young, T. (2019). *Nuclear War In The UK*: Four Corners Books.
- Zalakeviciute, R., Alexandrino, K., Mejia, D., Bastidas, M. G., Oleas, N. H., Gabela, D., . . . Rybarczyk, Y. (2021). The effect of national protest in Ecuador on PM pollution. *Scientific Reports*, 11(1), 1-12.