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Love and resistance: re-inventing radical nurses in everyday struggles

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In an editorial concerned with radicalism, it is perhaps appropriate to start with Karl Marx. To paraphrase this greatest of political philosophers, we must learn the lessons of history. So, I wish to consider the idea of nursing radicalism, with recourse to a selective consideration of the past, contemplation of the present, and, most crucially, to inspire a critical imagination of what could be the future. Latterly, the very vocabulary of 'radical' has been demeaned, denigrated and demonised. I wish to reclaim an appreciation of nursing radicals as a wholesome and positive force for good, with huge potential for making a difference at various degrees of scale; from the global to the everyday. Indeed, I contend no change of any worth can neglect attention to the everyday human relationships bound up in making the change happen.

Nurses are often referred to as politically passive and docile, apathetic or disengaged from political debates or activism. Whilst there can be a lot of truth in such claims, I believe this to be something of a misrepresentation that is neglectful of key elements of our history. While there is an imperative for nurses to be more politically engaged, we must understand impediments to this and acknowledge a fine tradition of nursing radicalism. Nursing radicals live amongst us, and nursing radicalism has, I believe, a bright future. Indeed, one desirable possibility is for nurses to conceive of and embrace a radical professional identity that is simultaneously politically engaged and gives meaningful expression to the progressive, compassionate and humanistic values that most nurses claim to adhere to. Returning to Marx, we might also recall his prompt that, again in so many words, philosophising to make sense of the world is of no use at all unless it then makes a difference in the world.

At the start of my nursing career, in the 1980s, there were a number of self-proclaimed radical practitioner groupings. Although perhaps constituting a minority, amongst this panoply of radicals, revolutionaries and fellow travellers there were radical nurses, radical midwives, radical social workers and radical psychologists to name but a few. Earlier generations of radicals, with individual nurses often in the vanguard of this activism, had literally fought against fascist regimes and engaged in the important struggles that, in the UK, brought into being universal free access to healthcare.

For example, many brave nurses from different countries rallied to defend the Spanish Republic against Franco's fascist forces in the Spanish Civil war, combining political and vocational ideals (Moruno & Rodríguez 2009). One of these, Thora Silverthorne, left for Spain after being sacked from her job as a hospital nurse in the south of England. With almost biblical symbolism, her misdemeanour was to offend the sensibilities of the Matron by caring for the wounded feet of Jarrow hunger marchers, whose route passed by her workplace. Serving the International Brigades with honour, Thora survived the war, and campaigned for the establishment of the NHS before working therein as nurse and union activist, helping to lead the Socialist Medical Association; contributing to all with equal distinction (Baxell et al. 2010, Jackson 2003).

Another heroic compatriot, Patience Darton, became politicised witnessing the poverty of the 1930s. Her own family had fallen on hard times and she initially struggled to save up the £8 necessary to commence her nurse training. At the front, Patience met and married her husband, a fellow International Brigader, only for him to be killed in the Ebro offensive; the last rallying of the Republicans before their inevitable defeat in the face of superior force and weaponry. Nursing under primitive and dangerous conditions at Ebro, Patience hid her personal grief whilst tending to the escalating numbers of wounded. Taking part in the final parade of the International Brigades, she was present to hear La Pasionaria salute her and her surviving comrades, proclaiming "you are history, you will one day return to Spain!" In 1996, aged 85, Patience did indeed return for the 60th anniversary of the war and, with her fellow veterans, received honorary Spanish citizenship amidst an emotional welcome from the people of Madrid. She died that very night in a passing emblematic of her compassionate courage; a life lived well and nobly completed (Baxell et al. 2010, Jackson 2003, 2012).

In the UK, at the end of the second world war, with the disastrous inter-war depression still alive in collective memory, nurses were visible standing in solidarity with a re-energised labour movement. Together with trade union activists from all sectors of the economy, they demanded a radically different society in exchange for their war and peacetime sacrifices. Above all, there was a citizenry determined never again to experience the disadvantages and indignities of mass unemployment, grinding poverty, inadequate housing and education, disease epidemics, disability and shortened life expectancy. It was no accident that the architect of the British National Health Service was the great radical Labour Member of Parliament, Nye Bevan, whose roots in impoverished, working class mining communities led

him to witness the awful personal and collective consequences of exclusions from health care provision because of inability to pay. These formative experiences laid the foundations for his profoundly influential treatise in favour of a redistributive politics, *In Place of Fear*.

For Bevan, society was, and always would be, in a perpetual state of emancipatory struggle towards the goal of a more just and equitable distribution of wealth, and the positive consequences that would flow from this. Such struggles require radical voices raised in denunciation of injustice, radical insights, and imaginings of the better worlds we might achieve. Ultimately, radical action was required to realise the hopes and dreams that people would no longer have to live in fear of destitution, joblessness or illness. Nurse activists played their part, acknowledging health as a political and politicised territory, indivisible from other public welfare concerns and political demands.

More recently, in the decade before I started my nursing career, a particularly nasty social experiment commenced; starting in Chile, in 1973, with the violent overthrow of the democratically elected socialist government of Salvador Allende. With the support of many western governments, the despotic General Pinochet assumed power and proceeded to incarcerate, torture, rape and murder his political opponents, including many nurses and healthcare workers, in a dictatorship that would last 17 years (Ensalaco 2000). Pinochet's military junta was notable for being the first in the world to incubate the form of political-economy that has latterly assumed global orthodoxy and we now know as neoliberalism (Gledhill 2004). This focuses on shrinking access to state provided health and welfare, privatisation, and deregulation; surrendering the economy to blind, valueless market forces. Many years later, in 1998, when an elderly Pinochet sought medical care in the NHS, Spanish leftists, with the backing of British health trade unions, applied for his extradition to face charges of crimes against humanity; a warrant he eventually successfully resisted, partly by receiving public relations support from right wing Thatcherites (Roht-Arriaza 2005).

Right now, various nursing scholars concerned with critique of neoliberalism, including myself, have been accused of bandying around the terminology without paying sufficient attention to definition (Lipscomb 2019). Whilst acknowledging a scholarly need for precision in language and conceptualisation within papers written for an academic audience, I don't think such exactitude ought to apply to activist discourse, which clearly has a different purpose of motivating and sustaining resistance to perceived oppressions. This is not a

denial of the importance of truth and accuracy, rather it recognises that the negative impact of neoliberalism has been so profoundly felt that the term itself is actually quite well understood by most people and is, indeed, a touchstone for marshalling opposition, including amongst nurses.

The roots of neoliberal policies within the despicable Pinochet regime is, for me, and I hope others, a sufficient marker of their abject unpleasantness, and a searing prompt to organise against them. Moreover, theorising neoliberalism ought not take precedence over contemplating its effects in the world, which for the majority of humanity and other species, have been hugely detrimental. This is obvious here and now in the health context, with wealth inequalities strongly predictive of health disadvantage, increased morbidity and reduced life expectancy. To miss this point while extolling the virtues of a more precise academic practice is so much fiddling while what is left of our public services and the planet are condemned to burn. The word 'academic', after all, has two meanings: being associated on the one hand with scholarly rigour and cleverness, but also lexically describing something of no consequence at all. Let us put our intellectual nursing resources in the service of a politics for a fairer world rather than waste energy debating arcane points of academic dispute.

Elsewhere I have urged nurses to be more critically minded, in relation to both the epistemological basis of their practice and the wider society they work in (McKeown 2016, 2018). This is a pedagogical, a professional and, ultimately, an activist task (McKeown et al. 2015). Within such a frame, the role for nursing scholars and practitioners is to be critically engaged in the public sphere (Cresswell & Spandler 2013). I see nursing trade unions as playing an important role but also recognise an organising deficit that needs urgent attention. Happily the solutions to nursing and trade unions' crises of legitimacy can be symbiotic. Nurses can become more active in their unions, extend solidarity to communities and service user groups, and stronger unions can assist nurses to be more empowered in the workplace and respected in society. To achieve such desirable goals I believe we need to reconstruct our professional identity to embrace the positivity of recalcitrant, rebellious and radical objectives. We speak a lot about empowerment, of ourselves, of people in receipt of our care, and of communities, but we have much less to say about power itself, how this is unfairly distributed, and what to do about this.

The history of nursing is replete with collective acts of resistance (Hart 1994) involving a politicisation of caring (Briskin 2012). These nurses practice a form of clinical militancy, motivated primarily by social justice concerns regarding patient welfare prosecuted alongside claims for improved terms and conditions of employment. Crucially, these histories are often ignored or downplayed in the mainstream, perhaps because, more often than not, nurses' campaigns, protests, strikes and threats of strikes have been successful. In various international contexts, nursing militancy has secured improvements in the employment relations of nurses and the resources allocated to care, often at one and the same time. For nursing activists, consciousness raising through action is paramount: Engaging in the struggle is vital, even if victory is incomplete or postponed. The form of our struggles is also important.

A politics of prefiguration opens up possibilities to organise within the cracks of the system, where the neoliberal gaze is weaker, and, in the course of trying to change our material circumstances we can attempt to model the world as we would like to see it (Springer 2016, Moth & McKeown 2016). This is, in effect, a call to fully democratise our communities and workplaces (McKeown & Carey 2015). At present, democracies globally exist in their own crisis of legitimacy, with many citizens losing faith in representative forms of democracy in particular. A prefigurative approach enables us, rather than turning away from our institutions of democracy, to work to deepen democracy; developing more participatory, inclusive and deliberative democratic processes.

The radicals in this context are the good folk, and do not deserve the semantic gymnastics that have constructed notions of radicalism and militancy as essentially bad things. Which nurse worth their salt would not wish to be on the side of Thora, Patience or our political allies such as Bevan and Allende? Do not our hearts swell with pride when we read their stories and reflect on their staggering compassion and courage? Do we not also know many, many of our contemporaries who are nameless in histories but nevertheless astound us with their acts of kindness, care and resistance in the everyday? A prefigurative transformation of nursing, healthcare and wider society must of necessity start with attention to the relationships we enact amongst ourselves. A new, radical nursing professionalism would not shy away from activism, but would lean heavily towards a relational politics. The social justice values we already espouse in the present are ready-made for a more meaningful radical identity for the future (Jackson, & Usher 2019). The primacy of our love for

workmates, service users, and fellow human beings can be both heroically radical on a grand stage and gloriously radical in the everyday. Lest we forget:

People who talk about revolution and class struggle without referring explicitly to everyday life, without understanding what is subversive about love and what is positive in the refusal of constraints, such people have a corpse in their mouth.

(Vaneigem 2012 [1967]: 11)

Nurses the world over are well placed to recognise the truth of these wise words. And act on them.

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