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Resistance is Utile

– A study of civil society organizing for public service
regarding the Occupation of Sollefteå Hospital

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Abstract

The declining access to public service is a concern for most rural areas in Sweden. This study aims to understand how civil society organize in order to maintain public service with the example of the occupation of Sollefteå Hospital. The protest opposes the closure of acute health care wards, most notably the maternity ward. I examine how the resistance is an expression of conflicting descriptions of reality. The neoliberal discourse within the medical field constructs a logic, where highly centralised, cost-effective health care is the most rational and where efficiency is estimated on explicit and measurable goals. With the Foucauldian concepts of discourse, biopower and governmentality, I argue that within this discourse the identity of the citizens that are to be governed and disciplined is constructed. Thereto the responsibility for accessing health care is put on the individual. For the expecting rural mothers this takes form in self-regulating injunctions, such taking classes in car-births or simply leaving the rural area, during late pregnancy or for good. By organizing resistance, the civil society is condemning the rational of the discourse as well as it's depicting of themselves and the rural which is perceived as a place of lack of modernity and economic hardship. This thesis suggests that by framing their actions and creating a collective identity based on the cultural heritage of 'Red Ådalen'; a shared memory and previous forms of resistance are used as a tool to regain access to health care. The findings also suggest that the usage of cooperative strategies and a repertoire connected to the cultural heritage of 'Red Ådalen', has gained recognition and legitimacy from the public, although being a subversive and by principle an illegal action.

Keywords: resistance, occupation, discourse, biopower, identification, cultural heritage

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1 Introduction

In November 2016 the county council of Västernorrland decided that the maternity ward would be shut down in the hospital of Sollefteå in northern Sweden. The decision to close the ward was considered by many of the citizens to be the final nail in the coffin for the hospital as several wards have been shut down during the last years. As a response to the shutdown the entrance hall of Sollefteå hospital has been occupied by protesters since January 2017.

Due to a centralization of health care, emergency treatments that previously were conducted at Sollefteå Hospital are now allocated to the two other hospitals in the county. The citizens of Sollefteå had previously experienced the loss of emergency operations, orthopaedic and psychic ward from their local hospital (Trus 2018a). The shutdown of the maternity ward has resulted in that expectant parents have to give birth at alternative hospitals. At first hand they are referred to the hospitals in Örnsköldsvik or Sundsvall, thus having to travel an additional 123-173 kilometres during labour on particularly bad roads which are partly without phone connection. In the case of Sollefteå the average distance for parents in the municipality to reach a birth ward has increased from 17 km to 80 km (Ottar 2019). Today almost 10 % of the population have more than 100 km in distance to a maternity ward, in the year 2000 that number was 0. The parents with the longest distance in bee line have 120 km (ibid). This situation is not unique for Sollefteå, during the last two decades fifteen maternity wards and units have been closed down all over Sweden (Lindström 2017). Thirteen of these were placed in rural areas, whereof three of these in sparsely populated rural areas, such as Sollefteå (ibid). Public services in rural Sweden being withdrawn is not an exception, rather it seems to become the standard procedure.

The close down of the maternity ward in Sollefteå reached international media, mostly due to a course that was held for expecting parents in in how to give birth in

a car. A scenario that became reality just a few weeks after the closure, and since then have happened again (Bodén 2017; Trus 2018b).

The hospital has now been occupied for more than two years, with more than 2900 individuals that have been sitting in the entrance hall all hours of the day to mark their opposition (Sundqvist 2019). Parallel to occupying, an economic association has been established which started as a member owned health centre called 'Vård och Omsorg i Norrland' (Voon) (Health and Care in Norrland). Voon went bankrupt in November 2018, after less than a year in business and with 8000 listed patients (Lundberg 2018). It has been up to discussion whether the enterprise of the hospital is to be put on contract, and if Voon could be an eventual actor. The occupation has become somewhat of a fire starter to a bigger movement in Sweden, a social movement that protest against the cutbacks in healthcare that are experienced around the country.

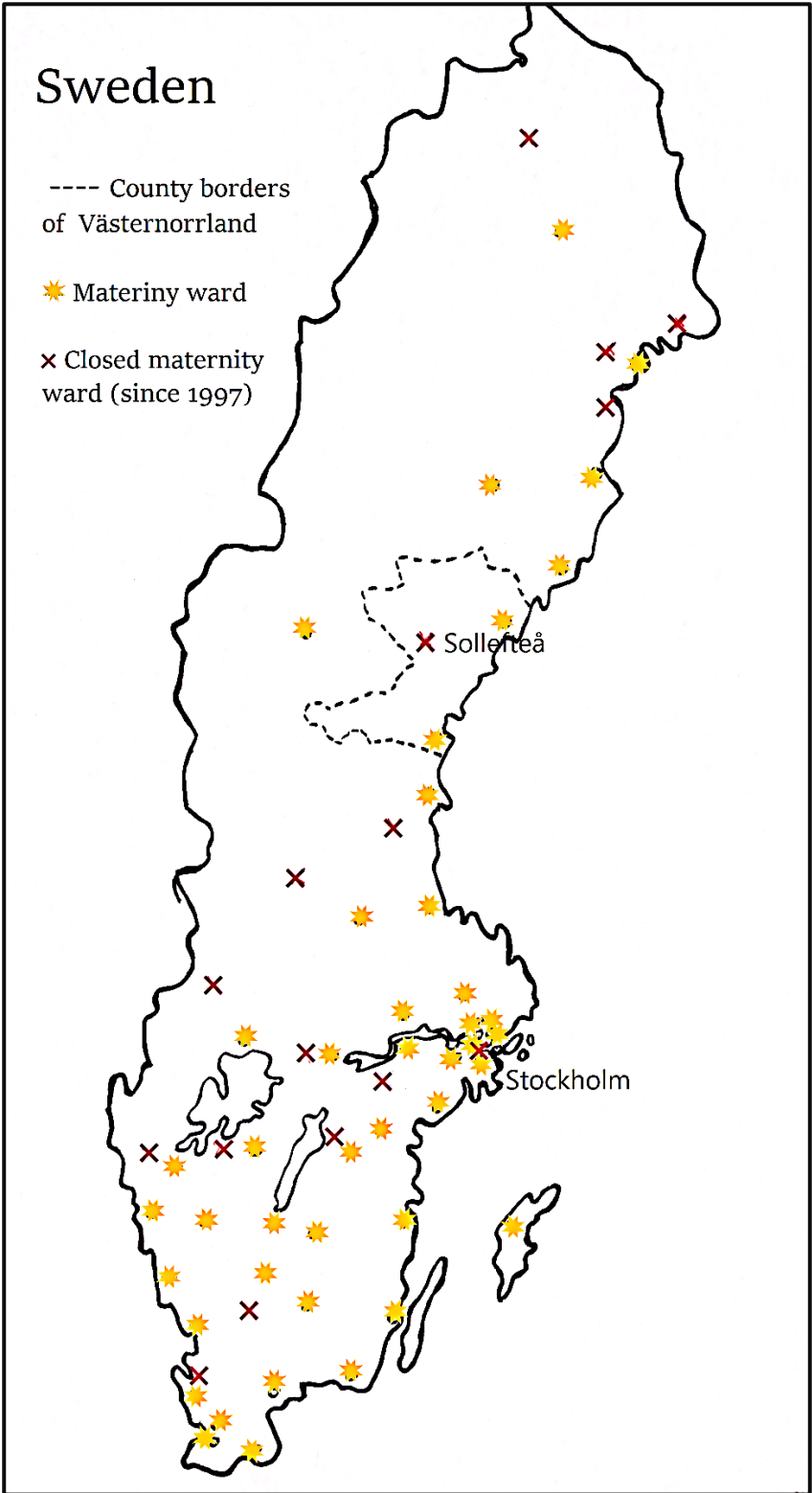


Figure 1. Map over maternity wards in Sweden. (Illustration: Mimmi Johansen)

1.1 Purpose and research question

There seems to be a national wave of withdrawing public welfare services in rural areas. My aim is to study the occupation of Sollefteå Hospital as an example of how civil society organizes itself to maintain public services. To reach my aim three research questions have been formulated, that will be answered in this thesis:

How is the identity of the rural citizens that are to be governed conceived and perceived by the neoliberal discourse?

How does the occupants construct a collective identity as a form of resistance?

How has the occupation, as a form of civil disobedience, been able to gain legitimacy?

1.2 Disposition

The thesis contains nine chapters, of which this introduction is the first. In the following chapter I present the background, which is grounded in the empirical material and highlighting the contextual aspects I found most prominent in relation to the protest. After that follows a description of the procedure of the study. The analytical concepts I have found most useful for my analysis are thereafter introduced. The empirical material is presented in four chapters 5, 6, 7 and 8. The two initial chapters “Safe births & rational mothers” and “The portrayal of rural citizens” are meant to reflect my research question concerning how the identity of the rural citizens that are to be governed is conceived and perceived by the neoliberal discourse. Chapter 7 “Shootings in the delivery room” has taken shape to resonate to the question of how the protesters construct a collective identity. The latter chapter “Say cheese, that’s the sound of the police” aims at understanding how the protest has gained legitimacy. The discussion is intertwined in the empirical results in these chapters. In the final words I return to my purpose with this thesis and discuss how the occupation of Sollefteå Hospital expresses the conflict over the description of the reality it takes place in and the people who reside there.

2 Background

In this chapter the context of Sollefteå and the historical background of Ådalen that features the resistance will be presented. The starting point of the protests will be described, as well as the appearance of an alternative identity that has since shaped the resistance. Further, the context of occupation as a political strategy is examined both from a regional and national aspect. Finally, the statistical data of the occupants in Sollefteå will be presented.

2.1 The context of Sollefteå

Situated in the county of Västernorrland, Sollefteå is the name of both a municipality and a locality, which is the seat of the municipality. The Municipality is sparsely populated, with 19709 inhabitants and with a density of 3,7 persons per square kilometre (SCB 2018). Most of Sollefteå consist of woods and through the Municipality runs the Ångerman River. Both wood and water are very important resources for the economy. Along the Ångerman River and its tributaries there are 16 bigger power stations that combined produces about 16% of all water power in Sweden (Energiföretagen 2018). The municipality of Sollefteå is itself the biggest producer of water power, thereof their slogan “a powerful municipality” (SCB 2019a). The County of Västernorrland consist of seven municipalities, and the hospital of Sollefteå is one of three in the county. The other two are located in the cities Örnsköldsvik and Sundsvall, which are the capital respectively the biggest city in the county. The catchment area for Sollefteå Hospital includes the neighbouring municipality of Kramfors, as well as the eastern parts of the neighbouring county of Jämtland (Harning 2015). Altogether the catchment area includes around 45 000 persons (Sundin 2016).

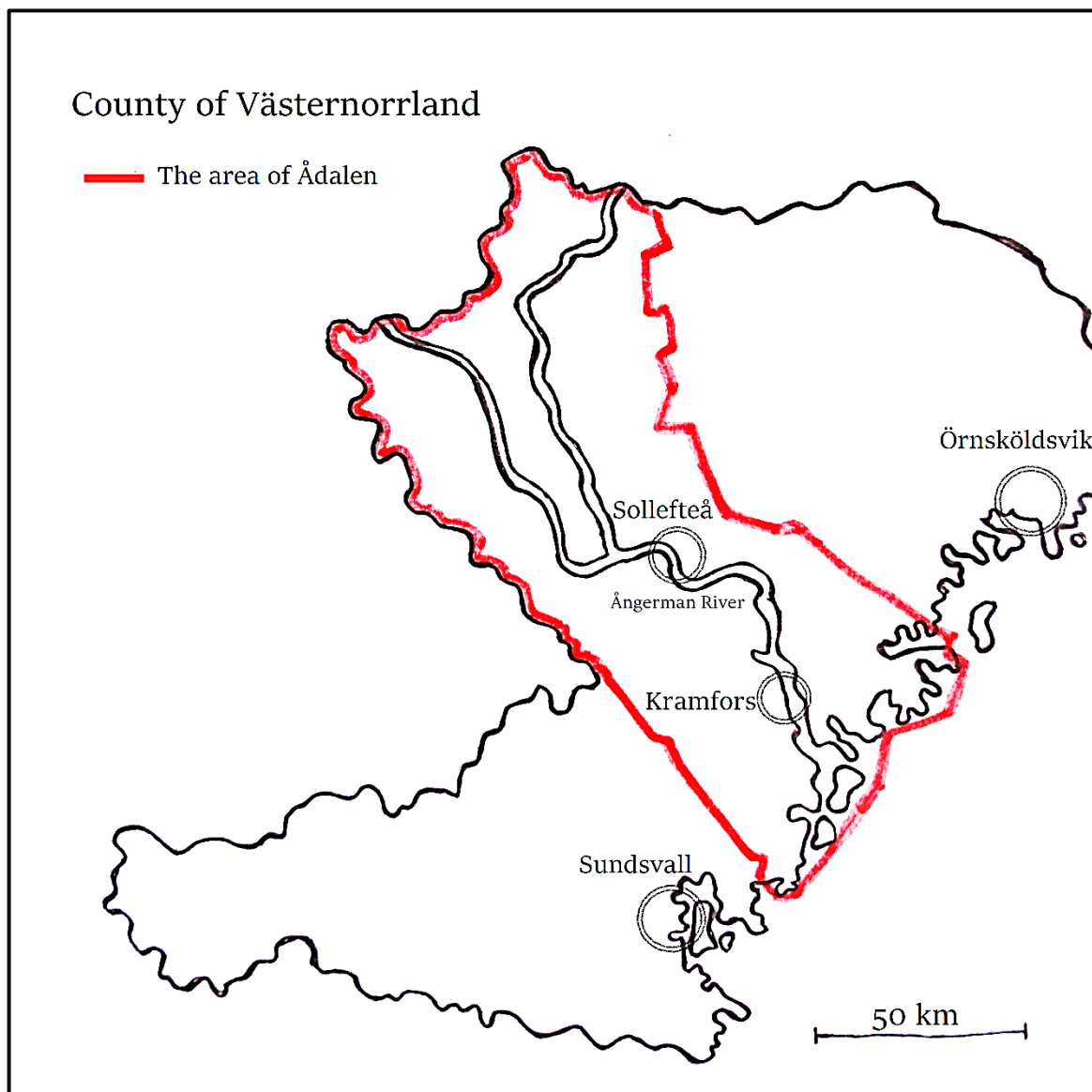


Figure 2. Map over Västernorrland County and the area of Ådalen. (Illustration: Mimmi Johansen)

2.2 'Red Ådalen' and the political context

The current occupation of the hospital has tied several knots to the areas noticeable historiography. The valley along the Ångerman River, from Junsele down to the coast through the municipalities of Sollefteå and Kramfors, is known under the name Ådalen (the river valley). That name has established itself in the Swedish history books by the shootings in Ådalen in 1931, one of the most important events in Swedish labour movement and acclaimed as one of the biggest tragedies in Swedish

history (Ett svenskt industrilminne 2005). A lengthy conflict over pay reductions in a pulp factory in Långrör, resulted in a sympathy strike at Graningevarken, a sawmill in Lunde outside of Kramfors. Strike-breakers were brought in, which resulted in a protest march that allegedly aimed at attacking the strike-breakers. The police didn't feel comfortable in handling the situation alone and called in assistance from military troops, which were commanded to fire at less than 100 meters right into the masses of marching workers. Until one of the musicians in the protest march blew the signal for 'cease fire', five people had been shot to death, and an additional five were injured. This event has had big political effects over the years, mainly in the cooperative spirit of compromise and consensus on the Swedish labour market, that was compelled.

Ådalen is often referred to as 'Red Ådalen' and not (only) because of the spilled blood in '31. Birger Norman argues that the name 'Red Ådalen' is both misleading and veiling, partly because of the late arrival of the working-class movement in Ådalen (2010, p. 38). It is just in the beginning of 20th century that unions started to establish themselves properly along the Ångerman river, with a peak in the years 1906-1907, during which over 30 unions were founded (ibid., 39). At the same time uproars and riots concerning the freedom of association reached the area, best known is the Sandö-riots in 1907. During the Sandö-riots the national bourgeoisie press started to mention Ådalen as "red", describing it as wild west for savage socialists (Ramström 2007). Norman claims that lack of organization amongst the workers often resulted in random, spontaneous and sometimes chaotic events and brawls, but these were often misinterpreted by the bourgeois press as planned by small communist cells. In 1909 a general strike in Sweden led to a huge drop out of members for LO (The Swedish Trade Union Confederation), partly because the employers discarded employees who had to leave the union in order to get their jobs back. Another factor leading to the reduction in the numbers of LO-members was that many regarded the actions of LO to suppress the radical attitude among the workers and instead joined the syndicalist SAC. (Norman 2010; Olsson & Ekdal 2002 pp. 42-43)

The following year after the conflict in Ådalen 1931 The Swedish Social Democratic Party (SAP) won the election and retained the title as reigning party until 1976. During the following decades, while a welfare state was built up, the notion of the events in Ådalen was considered a remain of days gone by and put in contrast to the new modern welfare state (Enlund 2018). The region has been one of the strongest supporters of SAP ever since, in the parliament election of 2014 53,68 % of the inhabitants in Sollefteå voted for SAP, one of the highest numbers in favour for the party in the whole country (Valmyndigheten 2018a).

2.3 Ådalen rises again - A long battle for the future of the hospital

The discussion about and the struggle for the hospital in Sollefteå has been ongoing for several years. The first time it was suggested to close the maternity ward (commonly referred to as BB in Sweden) was in 2000, due to savings that needed to be done in the county council of Västernorrland. The public opposition was noticeable when 37000 signatures were collected against the proposal and a manifestation was arranged where people held hand and formed a ring around the hospital. The proposition got dismissed until four years later. Then 6000 people joined in a torchlight procession to demonstrate their objection and the plan was drawn back again. Before the election in 2014 the future of the hospital was a prevalent question as the surgery of colon- and breast cancer had been shut down. All parties (with one exclusion: the Swedish Democrats) guaranteed the continuation of three emergency hospitals in the county. A new proposal of savings was leaked right after the election, which would strike the hardest on the hospital of Sollefteå. As a reaction a Facebook group was set up 'Sollefteå Framtidens Akutsjukhus' (Sollefteå the emergency hospital of the future) where over 12000 members soon joined. (Ledin 2016; Enlund 2018)

Up to 15000 people were said to have joined together in a demonstration in Kramfors, called 'Ådalen rises again', in October 2015. A number which is tremendously high considering that the population of the whole municipality of Kramfors consist of around 18600 people (SCB 2019b). 6 months later there was another manifestation in Härnösand, with 15-20000 attendance, in June the same year it was decided that the orthopaedic ward of Sollefteå Hospital was to be shut down. (Ledin 2016)

Two main directions of the protest movement can be seen, one with the focus on influencing politicians and the other with a plan to take over the health care from the County District to protect and ensure the provision of health care in the region (Enlund 2018). A research working group was established by 'Föreningen Ådalen Reser Sig' (The Association Ådalen Rises) who presented their ideas and results to the public (ibid.). Their first aim was to establish a health station in Sollefteå, later in Kramfors and then finally taking over the management of the entire Sollefteå Hospital. An economic association, Voon, was created which later resulted in a health station in Sollefteå. After less than a year however, the health station went bankrupt.

2.4 'Here occupies tax-payers'

In addition to Ådalens history of riots, the occupation of the hospital is not the first squatting activity that have occurred in the area. In 1981 the Eiser's garment factory in Sollefteå was occupied for eight months by seamstresses fighting to keep their jobs as the factory was about to shut down. Their occupation didn't succeed, but another occupation did, an occupation further away in distance but closer in both time and relevance for the current occupation in Sollefteå. In Dorotea, a locality in the neighbouring county of Västerbotten, the close down of a cottage hospital in 2012 resulted in an occupation that lasted for three years (Johansson 2012; Wengberg 2016). The inhabitants of Dorotea sustained until the county board promised the beds to return.

Compared to other countries squatting in Sweden has not been as numerous, frequent or long-lived (Polanska 2017, p. 44). But it has been continuous over time and mostly political with aims of redistributing resources of society and reclaiming the rights to housing (ibid.). Since the late 1960's different goals and motivations of squatting have been prominent during different time periods. In the 2000's there was an increasing number of occupations that criticized the cutbacks and privatization of public companies (ibid., 64). During this period connections were made and identified between different places with conditions and circumstances that were similar to each other. By using concepts such as gentrification, renoviction or displacement the protesters tried to pin down how they interpreted their situation (ibid., 66).

2.5 Who are the occupants?

My own previous ideas of squatting and occupying movements were quite biased, with connotations to urban, young activists within the autonomous left. This biased view and my previous experiences of occupations also made me very intrigued by the occupation of Sollefteå Hospital. Here, when you participate for the first time you are asked to fill out a form regarding your age, occupation and hometown, thus every unique occupier is put in a record and statistics can be found about which people the occupation consist of. The majority, 68 %, of the occupants are female, and the most frequent squatters are retired seniors performing at 59% of the squatting occasions, even though they just make up 37 % of the total numbers of

occupants (Sundqvist 2019). Thus, senior women are the most frequent group of occupiers.

3 Procedure

This section will present the procedure and material of my study. I will start by elucidating the selection of topic for the study and discuss its normativity and reflect upon my own position and impact on the study. Further I present the process of collecting the empirical data through participatory observations, semi-structured interviews and group interviews. I elaborate how this procedure have been beneficial for the research as well as limiting.

My interest in this protest was founded in my own experience of giving birth. The closure of the birth ward in Sollefteå took place shortly after my first childbirth which altered my own awareness and notion of the maternal and birth care and what ‘birth’ can entail. Since then I have followed the occupation closely in both traditional and social media. This thesis has been accomplished during the expectancy and parturition of my second child. Thereby I have during the studying of governing maternal and birth care, been a recipient of the same. Although under other conditions and terms than the expectant parents in Sollefteå. This study is set to give a glimpse from the inside of the occupation, as well as to reveal power structures. By clearing my own position towards this resistance, I mean to emphasize that this study is normative. Social science can be said to always have a normative dimension and an impact on value (Carlheden 2019, p. 15). Society, as it is constructed and thereby possibly altered, is essentially normative (ibid., 20). While studying a normative context, reflecting over my own impact and interpretation is a necessity. With this thesis, my intention is to study and reflect on the values and norms of power centres that have been institutionalized, materialized and internalized (ibid., 16). In those words, the study normative.

My own position and experiences alter my perspective, the questions I ask and how I interpret the answers I get. In many ways I viewed this matter from the outside. I’m not from Sollefteå, I’m not from northern Sweden, I’m not even from the countryside. My background is set in a “million programme” area outside of

Stockholm growing up in a working class family. This makes me pay attention to certain things and miss out on others, it leads to certain aspects of understanding but also blindness. It is from this position I have approached this matter, with another perspective the outcome might have had other elements and features. The credibility or reliability of my research lies in the transparency of how I have conducted this study, which follows below.

When I first decided to study the occupation at Sollefteå Hospital it was by curiosity to understand the resistance from the inside. How could this relatively small town and nearby localities put up with this long fight against the county council? What made them come to sit in the entrance hall day after day? How come this action took place in Sollefteå and not in the other communities that also experienced aggravated access to health care? I conducted a field study in Sollefteå during 4 days in August 2018. During these days I carried out 3 semi-structured interviews as well as 4 group interviews with group sizes ranging from 3-7 people. In total 20 people were interviewed. I also conducted participating observations and occupied several shifts myself. My aim with the interviews and participations have been to capture the experiences of the participants, to which there is an element of a phenomenological approach. My intention with this procedure was to get a deeper comprehension of the participants understanding of themselves and the world around them (Inggris 2012, p. 90).

All except two of the semi-structured interviews were spontaneous and conducted during the informants shifts at the occupation. My original intention was to only have scheduled interviews with one person at the time. The response to the post I published in the occupations' Facebook group looking for informants was rather cool to say the least (except numerous supportive likes). After my struggles to find informants prior to my field study I decided to approach the participants face-to-face. The response I got from the occupants in real life were mainly the same as the one online. They were glad that their struggle was recognized and that it was looked into, but most of them said that they weren't the ones to speak to. They didn't seem to perceive themselves as having enough of "the right knowledge" about the issue (such as economical facts, insight in the organizational parts, dates of events etc) or being well-spoken enough to speak for the protest. Mostly I had to affirm that I were more interested in the "ordinary" occupants' views and reasons for performing this action, as they are the ones that the protest actually consists of. This way of conducting interviews has it pros and cons. In hindsight I think this had more benefits than I first recognised. By not being prepared for the interview situation informants may give more candid and frank answers, due to the fact that they haven't gotten any time to prepare and maybe conceptualize certain formulations. The unprepared

situation might also lessen the risk that the informants have had time to formulate an idea of what they thought I wanted to hear. Some phrases and usage of words were frequent among the different informants. The similarities in the usage of idioms and expressions might indicate a common understanding and a sense of community among the protesters.

I might have gained access to other kinds of answers if only one-on-one interviews were conducted, which I found to be more personal and intimate and richer in personal experiences and reflections. The extent to what personal stories and thoughts the informants were willing to tell me differed, not only due to being interviewed individually or in a group, but also depending on their relationship to the other occupants they were discussing with. The dynamic of the group varied due to the fact of their internal relationships and if they had ever met each other before. Some were there with family members or with close friends, others on their own, and one group consisted of an association having their members' meeting at the occupation. In some of the groups certain individuals didn't want to participate at first but sat on the side and commented or filled in during the interview. In other groups some were very quiet but nodded to and agreed to what others were saying.

With this procedure the selection of informants was random, whoever happened to be occupying the particular shifts I attended during the occupation were requested to participate. The assortment of informants can be seen as an average of the people who occupy. Although the time of the day, week and year may have an impact on the sample of participants. I spent most of my time at daytime protests during weekdays after the holiday period, a time more convenient for certain groups of society and less for others.

All interviews were recorded, and notes were taken as well (in case of technical failing). The interviews were later transcribed and while listening and transcribing the interviews I started to sort and categorize the empirical data. Different themes took form based on what the informants, as I perceived it, stressed as the most urgent and indispensable. These themes became the basis of my analyses. All interviews were conducted with consent, the informants were told about the aim and intentions of the study and that they would be anonymous. All names in the study are fictitious. Observations and thoughts about what I have seen, heard and experienced were written down either in place at the hospital, or at night in the cabin I was staying in. Taking pictures at the occupation as well as around Sollefteå was very helpful in many ways, mostly it helped me remember details, events and circumstances, that all to quickly became blurred.

4 Analytical Concepts

This chapter presents and defines the analytical concepts that form the base of my analysis to understand the organization of the citizens in Sollefteå against the loss of health care service, mainly concerning birth care. The concepts that are used are intended to create a framework for how to examine the main features in this study. With the Foucauldian concepts of biopower and governmentality I mean to examine how the identity of the rural citizens in Sollefteå who are to be governed and disciplined is constructed by the ruling neoliberal discourse within the medical field of birth. Framing and identification are used to help us understand how an alternative and collective identity is constructed by the protesters. Connected to both the creation of a collective identity and the recognition and approval of the occupation I found the concepts of cultural heritage and mindscape to be helpful.

4.1 Discourse

In the case of Sollefteå hospital the argument for centralising the emergency health care is presented as rational, even though it directly declines the inhabitant's access to healthcare. The rationality of the decision is one of the core questions of understanding this conflict, as it is both the argument for the closing and the reopening of the birth ward. But on what terms is rationality decided? To understand how rationality is constructed I turn to the Foucauldian approach to discourse (Foucault 1972; Dean 2009). Discourse will be used to understand the production of the circumstances and conditions that the protesters are opposing, and to highlight the power structures that underlies these.

The term discourse is used to describe the production of a certain knowledge and meaning that forms the way reality is perceived. Discourses are effects of power; power that within a social order establishes rules and classifications through which

certain criteria of knowledge and truth are defined. By the establishing of a discursive order of knowledge, a unified and shared understanding of the discourse rationale and logic is settled and acknowledged as a social reality. (Foucault 1972, pp. 135-140)

According to Michel Foucault (1978, p. 93; 1980, p. 52; 142) power is relational, it's diffused and inherent and above all power is productive in the way that it produces true discourses. Knowledge and power are closely linked, and each exhort the production of the other (Foucault 1980, p. 52). The exercise of power creates both objects and subjects of knowledge; that is both particular knowledge, as well as the ones to whom the knowledge can be related (Barker 1998a, p. 27). The truth value of a discourse is promoted in several ways in a society; by instances and mechanisms that distinguish statements as false and true, the means by which each type of statement is sanctioned and the status of those deciding what counts as true. (Foucault 1980, p. 131).

The result of discursive knowledge and meaning is highly tangible, as it is not only influenced by the context, but the discourse itself influences the context. Discourses produces "practices that systematically form the objects of which they speak" (Foucault 1972, p 49). Thereby discourses are both conditioning and establishing. But these attributes are veiled by the discourse, depicting it as being unquestionable and absolute. By being repeated, the discursive order establishes meaning of statements and texts to be favourable for the political rationality that underlies its production. (Foucault 1972, pp. 126-134)

4.2 Biopower and governmentality

How the rural citizens of Sollefteå are recognized and what sort of disciplinary efforts are wanted from them in the attempt to shape rational human conduct, is important to understand the governmental discourse (Dean 2009, p. 18). I intend to use the Foucauldian concepts of biopower and governmentality in order to examine how government activity, such as closing down the maternity ward, is presented as rational. These concepts will also be used to show how the assumed care recipient, namely birthing women in rural areas are constructed and perceived by the discourse. A specific focus will be on maternity and birth care, the subjectification of the pregnant woman and the objectification of pregnancy, due to it being a central in the protest but also for to it being unique in relation to other kinds of health care.

On the premise of Foucault's definition of power, mentioned above, the study of power requires of us to regard the technology and strategies that power deploy (Barker 1998a, p. 29). The technology of power is a two-piece matter, respectively materializing in disciplinary and regulatory operations. The former is performed through the institutions organized around the individual body. The latter, biopower, is working towards populations and on life itself (Basu 2006 p. 6). It describes the power of the machinery of supervision and administration that oversee, adjust and regulate life process (ibid., 4).

These different dimensions work on a micro- and macro level and constructs different objects of study. The disciplinary power produces the object of the individual, by applying methods of monitoring the particular singular body. Biopower on the other hand moves on a macro-level and produces the object of the population, that is to say "how individuals appear when they are treated as statistical phenomena, in terms of collective health and collective forms of reproduction and life" (Wallenstein & Nilsson 2013, pp. 11-12). The knowledge of populations is linked to complex nets of bureaucracies that develop unlimited ways of classifying and counting people, what Foucault refers to as biopolitics (Hacking 2004 pp. 80-81).

To emphasize how discourses determine and influence how governments establish standards and norms to compose order, the concept of governmentality will be applied. The establishment of the subject as an object of control and knowledge, is a fundamental part of governmentality. This materializes when ways of behaving and forming ourselves as bodies of control and knowledge, based on discursive truths, are internalised. Ideally the incorporating of these ideas within ourselves would create discipline; since these manners of conduct would be seen as rational and be carried out by one's own volition. (Dean 2009, pp. 18-19). According to Foucault (2010, pp. 63-64) a functioning discipline tells us what to do each minute of the day, thus he likens this to the life in monasteries where all activities are regulated to perfection. In this manner governmentality is built on the idea and notion that human conduct can be regulated, monitored and controlled for a certain purpose. Subsequently governmentality imply an attempt to steer and influence the behaviour and conduct of humans in a rational way. (Dean 2009, pp. 18-19).

4.2.1 Biopower and birth

To examine how the truths and knowledge of the neoliberal discourse conditions and shapes the citizens of Sollefteå, biopower is used as a tool to bend open the structures underlying the opposing views on 'a safe birth'. It will also be used in

order to show how the assumed care recipient, namely birthing women in rural areas are constructed and perceived by the discourse.

The institution of hospitals holds many significant aspects of biopower and governmentality. It's where standards and norms are created to regulate and establish the boundaries, definitions and content of sickness, health and health care; it's where we go to get monitored and modified. This is highly evident in how maternity care and childbirth have been deeply medicalized. By being interpreted by a biomedical discourse childbirth have instead of being considered to be organic and demanding experience, become perceived as medically problematic (Barker 1998b). This includes the definition of normed standards within obstetrics. Falling outside the defined normalcy intends a pathological diagnosis and needs to be treated in order to gains results that are within the defined normalcy (See Wilson 1996; Barker 1998b; Petersen & Bunton 1997, pp. 97; 144). Moving childbirth into the hospital turned the mother into a patient and the womb into an organ (Höjeberg 2000). By studying this medicalization as part of the biopolitical exercise of power, we can understand the intensified attention aimed at life processes and the well-being of the foetus during pregnancy (Basu 2006, p. 59).

The developments in the government of pregnancy is in focus in Lorna Weirs (1996 pp- 373-375, cited in Basu 2006, p. 39) studies where she recognizes changes in the discourse of pregnancy. These include how the management and administration of pregnancies are organized within liberal rationality, due to the strive to combine governing and patient freedom. Weir also claims that the pregnant body, as a result of different medical interventions, becomes a subject of power. The foetus, by rarely being considered a legal person in most justice administrations, is an object of knowledge; or more specifically an object of government.

The omnipresence of biopolitics in modern society have resulted in self-techniques for people to improve themselves, whereas common norms of resourcefulness, responsabilisation and self-actualizing becomes immersed with biological identity (Rose 2001, p. 19). Marina Basu (2006, p. 38) connects this to reproduction and pregnancy, where the mother is seen as responsible for both the health of her child and the population. By being a central part of the production of life, which is the focal point of biopower, the process of childbirth is an acting ground for biopolitical techniques which leads to various means of keeping a pregnant woman under constant surveillance.

4.3 Identification & Framing

In order to show how the occupants constructs a collective identity as a form of resistance I have turned to theories of collective action and new social movements. To understand how a common narrative and understanding is created within the resistance the concepts of identification and framing are applied.

Melucci (1998 p. 331, cited in Hilhorst 2003, p. 31) elucidated the importance of collective identity within social movements and the studies of the same, seeing that a shared identity enabled them to create a common narrative and correlate their anticipations and achievements. He also stated that social movements are meaning producing processes, where actors create meaning, negotiate and make decisions. Building on the ideas of Long, Dorothea Hilhorst argues for the sake of speaking not of a shared identity, but rather of a sense of identification with a movement or an issue (Hilhorst 2003 pp. 31-32). The process of identification enables to define oneself within a broad spectrum of definitions, both rigid and sustaining ones, as well as brief, circumstantial and temporary ones. Thus, to apprehend socio-political and cultural positions, engagements and orientations, a primary aspect is how people compose and ascribe identification to themselves as well as to others. (ibid., 32)

Another aspect within social movement theory is collective action frames, which are to be considered as the discourses of social movements. It is based on the assumption that meaning usually emerge in the interpretive process of communication. Social movements are seen as signifying agents in the construction, perpetuation and mobilizing of meaning for both participants and counter movements (Snow 2004, p. 384). The signifying work is regularly carried out by the movement's followers; they accredit and construe occurrences and conditions in a form to gain support, gather allies and disarm opponents (Snow and Benford 1988, p. 198, cited in Hilhorst 2003, p. 32).

4.4 Cultural Heritage and the construction of Mindscapes

The usage of history and cultural heritage has direct impact in society, by using established images and stories of history the past is used to explain how things are today and to motivate actions and confirm their appropriateness (Lindvall 2002: 8, 10). The concepts of cultural heritage and mindscape have been applied to understand how the protest in Sollefteå uses and creates a common heritage in order to mobilize and legitimize their struggle.

The term cultural heritage can be defined as something that is selected by certain actors and loaded with purpose and meaning for a certain cause in a certain context (Johansson 2009: 43). Even though often presented and perceived as a conserved and fixed memory from the past, cultural heritage is about the movement and construction of something old into a new context that brings it in to a new area of use (ibid., 45). Thereby it leads to other courses and effects, such as the in the construction of a place (ibid., 47). The establishment and production of cultural heritage is not performed in a vacuum but performed by different actors in a process where the heritage is created, used and converted. (ibid., 36, 43). These processes are closely linked to power structures and hierarchies as different cultural heritages are highlighted as differentiating in importance and are allowed different amount of space (ibid., 46). The power dimension concerns questions of who gets to construct cultural heritage, whose heritage is constructed and in focus and whose are not. Cultural heritage, by its own definition, belongs to someone, as a matter of course this leads to both inclusion and exclusion (ibid., 44). This fact leads us to pose questions of who gains and who loses on the domination of the specific objects, ideas and values that cultural heritage consists of? The events of Ådalen '31 are a good example of how these processes concerning cultural heritage can take form. During different eras and political rules Ådalen '31 have been used by many actors and their respective purposes. Sometimes described as a founding building block of the modern Sweden and the long reigning of SAP that followed. In other contexts, it has been used as a warning for society to be wary of extra parliamentary movements and violent riots. In relation to every cultural heritage there are several rival interpretations existing at the same time, in a constant and changeable competition over the right to interpret it. (Johansson 2002)

The term 'mindscape' can be applied to frame our common and collective understanding of something, within which our own experiences are shaped (ibid., 15). This can be seen as a production of collective memory and pasts and describe how something is mentally embedded in physical formations (Johansson 2009, p. 53; Ronström 2005, pp. 3-4). The result is an agreed upon idea, recognized and shared by many, of what this mental image consists of (Johansson 2009, p. 53; Ronström 2005, pp. 3-4). As follows a specific perspective or gaze is established that turns our eyes on certain things and disregard many others; though in the production of a mindscape some parts are enhanced, made prominent and actively selected whilst others are oversighted and disregarded (Ronström, 2005 p. 4). As one can ideate a place in different ways at once, a place or site can assert itself of many different mindscapes at the same time (Johansson 2009, p. 53).

5 Safe births & rational mothers - Biopower and neoliberal governmentality of the population

In the entrance hall of the Sollefteå Hospital one is greeted with a big roll-up banner with a red heart covered with the words '*Sollefteå Hospital*' at the top. Beneath it says: '*One of Sweden's best maternity wards have to remain!*' Some bullets follow which tries to capture the main arguments for the protest '*It's about life and death*', '*All women shall have right to close and safe birth care*', '*According to Finnish and Norwegian studies the risk of car birth excels at 35 km*' and '*For a vivid, developing and safe countryside to live in and move to*'. At the bottom is a circle diagram of the percentage the alleged savings that were to be made from shutting down the maternity ward. The 15 800 000 SEK that was about to be saved, made up 0,16 % of the total hospital budget.

Behind the banner is the area of the occupation, almost a third of the whole entrance hall is appropriated for the occupation. On the back wall of the entrance hall hangs a big piece of sheet, painted in a with graffiti-style saying, "Here occupy taxpayers". The walls in the occupied area are covered with information about the cause, banners from marches, awards that have been given the occupation, gifts in forms of paintings and information to the occupants. In this area people in yellow reflective vests have been occupying all the hours of the day for two years. The area is mostly made up of benches and chairs from the waiting area, but local businesses have donated a TV, a fridge and a coffee machine, making it feel more like a break room than a waiting room. For the ones occupying at night, air-mattresses have been donated by one of the companies in town, for the occupants to sleep on. Local businesses also contribute with food; all the occupants that spend the night get a simple breakfast and there are a weekly delivery of a big fruit basket and several restaurants brings food regularly. The support from the surrounding society is big and pronounced, some companies have even let their employees occupy during work hours.

There are signs on the walls and pillars that informs the occupants that certain areas must be kept clear, so that they won't be blocking or taking up space from patients that are visiting the hospital. Right along the occupying-area, is the main waiting hall and a pharmaceutical. A lot of people pass by throughout the day; patients, personnel, visitors, janitors, taxi drivers etc. Many stops by the occupiers to say hi and exchange a few words to a friend or neighbour, some come up to say some encouraging words. A few use the occupation as a place to utter their views and opinions on what's wrong with society in general. At one time one of the hospital's chief physicians came by to declaim that the real problem was that the Medical Association was full of coquette women that needed to be replaced by men that dared speak up. Another person that often stopped by the occupation harangued that we were all distorted by the television, which were created solely to control our minds.

5.1 Centralisation of health care

Due to fewer patients than hospitals in more populated areas, hospitals located in rural areas are considered to be inefficient, costly and unsafe. The closure of the maternity ward in Sollefteå has been advocated based on patient safety and economic difficulties within the county council. The decision to shut down the maternity ward was partly based on an analysis of risk and patient safety that compared three different options that all entailed extended distances of travel to obstetric, closed care and operations within care for women, whereas the closure of Sollefteå BB was one of them (Landstinget Västernorrland 2016, p. 23). The conclusion was that the risks that had been identified was possible to counteract through measures such as more preparations from the patients before e.g. a childbirth (ibid., pp. 22.23). An extended need for information towards the patients and communication among the different units as well as an increment of transport of patients was also recognized. An increased volume was considered to generate a higher quality and lower risks for patient safety in the remaining units (Landstinget Västernorrland 2016, p.23). The patient safety at Sollefteå Hospital was argued to be at risk due to low numbers of births, the second to lowest in the country, this eventuate in difficulties to provide the staff with enough experience (Öst 2016). The low numbers of births, on average one a day, leads to a lack of doctors with the right competence which are needed to guarantee the safety, and with that comes medical locums and lengthy call-up times (Roos 2017; Öst 2016). The experience of the midwives has also been questioned due to the low numbers and the small size of the organization haven't been considered economically defensible.

At the same time Sollefteå hospital has been well known for its high quality, especially the birth care which was highly ranked even though it was the smallest in Sweden. The ward had the lowest number of severe ruptures in the country as well as very low numbers of caesarean sections for first-time mothers (Jernberg 2017). In later years the ward went for “birth-tourism”, offering people from all over the country a quality of care, both before, during and after birth, that they couldn’t receive in the birth units of their own hometowns (Östholm 2011). By centralizing the health care, a highly specialized care can be offered, with the best kind of technologies and a very distinct competence. But what does the very best and most refined care matter, if you can’t reach it in time? Here two different rationalities and logics can be distinguished. One with the point of departure in instrumental calculations, based on economy and the ability to handle eventual crisis in births. The other based in the everyday life of the citizens of Sollefteå, where people live, work, play, socialize, walk the dog, and as any other part of life, sometimes they get ill and sometimes they get pregnant (cf. Habermas 1992).

Due to the shutdowns the last decades the number of citizens in Sweden having more than 100 km to the closest maternity ward is over 75,000, compared to about 40,000 in the year 2000. There is a pattern that emerges, for those parts in the country where distance already was long, it has only increased (Ottar 2019). Due to the closure of the birth ward in Mora, the average distance in the municipality of Älvdalen increased from 65 km to 133 km (Måwe 2019). In the municipality of Arjeplog the average parent has 165 km, in the municipality of Solna the equivalent number is 2 km. (Ottar 2019) In the municipality of Storuman the distance is up to 253 km, bee line (ibid.). These distances don’t just result in a longer journey for the expectant parent(s) but increase the risk of birth in transit or accidental home birth. Studies in Finland concludes that the risk of complications is doubled if the person giving birth have more than 35 km to a hospital and a birth in transit increases the mortality 6 times for babies born to early (Gissler, Hartikainen, Hemminiki & Viisainen 1999, pp. 373-376). These studies also show that the centralisation of birth care and maternity units have resulted in rising numbers of births in transit. There’s a problem in the statistical material over accidental births outside of hospitals, faulty criteria of the diagnosing of birth make it hard to conclude on the total effects of fewer maternity wards (Linström 2017, pp. 7-8). A birth is diagnosed as completed when the placenta is expelled, to be considered as a birth outside of the hospital both the child and the placenta must have been delivered outside a hospital. The problem is that the placenta expulsion can take place long after the delivery of the baby and if the mother has reached a hospital during that time, the delivery is diagnosed as taking place at the hospital (ibid; Ahlberg, Blomberg, Pettersson & Wiklund 2015).

Johanna Oksala (2013, pp. 61-63) claims that neoliberalism ought to be considered as a mighty and forceful “mutation of biopolitical governmentality”, as it constructs a distinct type of reality with its own distinct regime of truth. Within this neoliberal regime the status or ‘health’ of the market implies the health of the population. Consequently, this leads to the implication that economic growth is the sole component that can improve the standard of living, and thereby the best care of life (Oksala 2013, p. 61). One version of neoliberalism is expressed in a new form of operating public companies, known as New Public Management. Adjusting the welfare sector to market principles has led to extensive changes within health care companies, where rationalising and restructuring transformed them more into businesses that are to be carried out cost-effective (Hasselbladh, Bejerot & Gustafsson 2008, pp. 8-10). To conclude, the understanding of social reality is formed by an extensive neoliberal construction where all rational acts and behaviour are viewed in economic terms. This is held not only as a possibility, but as the optimal way to understand the reality. (Oksala 2013, p. 69). In the case of Sollefteå, the closedown can be seen as way of practicing this neoliberal rationality; where the decision of optimizing health care is based on essentially economical terms and focus is on the population, categories and statistical data such as number of births in relation to the quantity of the staff. This intervention can be seen as an act of intervening on the collective existence for the sake of life and health, thus an expression of biopower (Rabinow & Rose 2003, p. 4).

5.2 Car Birth 101 - The subjectification of the pregnant body

Biopolitical values and aims such as bodily integrity, physical and mental wellness and satisfaction of needs, has favourably been promoted and defended by neoliberalism (Oksala 2013, p. 63) The neoliberal logic of economic rationality being the foundation for the rationality of the whole society, has created a certain political subject. This subject is seen and presumed as an individual who essentially is self-interested, rational and competitive; thus, manoeuvring the social field by making rational choices (ibid., p 66). A manifestation of this neoliberal understanding of the subject; where the individual is completely and purely culpable and accountable for issues that formerly was addressed as social or political, is the prevalence of guides and manual for self-help and self-improvement (ibid., 67).

The pregnant body is surrounded by advices from both popular manuals as well as medical, concerning diet, lifestyle, exercise and habits (Ruhl 1999, p. 95). These discourses connected to maternity constructs the responsible pregnant woman, who is to be reached through self-regulation (ibid.) Thereby it would be indicated that the pregnant woman is irrational if she's not taking care of herself appropriately (Basu 2006, p. 40). One example of these self-regulatory means are pregnancy-related apps that have been developed and abundant in supply during the recent years. One aspect of the usage of these apps is the intense monitoring and self-surveillance that is implicitly entangled in the portraying the pregnant body as a site of risk (Thomas & Lupton 2015b, p. 495). Sophia Johnson emphasize that apps and social media can be viewed as a certain manner for a pregnant or maternal subject to participate and occupy oneself with "the neoliberal project of responsabilisation" (2014, p. 345). Thereto the foetus is often portrayed as already a baby, which suggest that the woman is not only operating these means of excelling and monitoring her own body, but for the unborn already considered a child (ibid., 346)

Becoming and being a subject of neoliberal rationality and self-regulation as an expecting parent in Sweden today, almost always includes monitoring and disciplining as part of the prenatal care program. Presumably also other self-regulatory activities are sought for and performed in addition to what the health care provides; through technology, such as apps, social media forums, YouTube, literature, participating in courses etc. The shutdown of the maternity ward in Sollefteå resulted in new forms of these kinds of activities. The most prominent was of course the study circle on how to deliver a baby in a car. Even though the study circle was formed out of desperation and as a reaction to the shutdown, it follows the liberal notion of the individuals, in this case the expecting parents, to be responsible and culpable for knowing how to deliver their baby or babies in this situation. The contrary would be that if they didn't participate in this kind of education. They would be, in some way, blameworthy and reprehensible for not taking part of the self-improvement if they had to deliver in transit or at home. Thus, the blame is not on the governmental decision of removing the access to birth care, but on the expecting parent that ought to be rational for the sake of the population.

Another example of self-regulating activities is finding housing closer to the alternative hospitals around the estimated time of birth. Knowing about the uncertainties and risks involving a lengthy travel during childbirth, the responsible and rational thing is to temporarily move. One family living in one of the more remote located villages in relation to the hospitals, choose to rent a cabin outside of Örnsköldsvik two weeks before the expected birth date. Standard procedure in Sweden is not to initiate childbirth until two weeks after due date, thus the family

expected the possibility for renting the cabin for four weeks in total, in order to be closer to the hospital. I heard of several stories like this, expecting parents renting housing or staying with family members or relatives that lives closer by to the hospital. This can be seen as a strategy of responsabilisation, a feature of neoliberal governing, where the subject becomes responsible for social risks, such as illness, unemployment, poverty etc (Lemke 2001 p. 201). Responsibility is turned into an issue of 'self-care', instead of being one of the state (ibid.) In this case the responsibility of gaining access to birth care is pushed on the expectant parents.

Basu (2006, p. 46) shows in her study how a pregnant woman, Melissa Ann Rowland, was made into a subject of power through the objectification of her pregnancy. In this case, the pregnant woman who carried twins delayed a caesarean section that she had been recommended several times by her doctor. The subsequent event was that one of the twins was delivered stillborn, and in 2004 Melissa was arrested and charged for criminal homicide. Later on, she was discharged, put on probation and urged to rehabilitation due to what was referred to as her "mental illness". (ibid., 47). The case is unique, sensational and even a bit preposterous but at the same time very distinct as an example on what the result can be of the objectification of pregnancy and subjectification of the expectant mother.

What sort of subject is constructed in the decision to close the maternity ward based on the recommended arrangement that the expecting women ought to make more preparations before birth? What are expected by fertile women who resident in the rural areas of Sollefteå? Are they being rational and taking proper care of themselves when they sign up for a study circle on how to give birth in a car? Are they being irrational and irresponsible for staying in the countryside or for continuing to conceive babies despite the loss of obstetric care?

6 The portrayal of rural citizens

6.1 The let down

Among the occupiers there was a common idea that there had been a huge falsity in the conduct and election promise of the politicians. This was especially pointed towards SAP (the social democratic party) who allegedly went to election with the promise that there would be three fully equipped emergency hospitals in the county, thus promising to keep Sollefteå Hospital intact. This disappointment was discussed in one of the group-interviews.

- That is what exasperate people. They promise so much and then they deny that they have made these promises...
- Thereto this hospital has received all these prizes for excelling so well. The maternity ward has been givens awards, as well as heart care.
- [...]So they have just demolished, demolished, demolished, demolished.

The occupiers expressed a strong contempt for the politicians, to which there are several aspects. One of the features is the binary view on the urban and rural, a discourse where Sollefteå and the rural areas in the county is seen as a dichotomy to the urban Sundsvall, which is also the political centre. This was often brought up in discussions among the protesters, where each of politicians that voted in the question of the hospital were from and whether they considered the well-being of the rural areas and the citizens.

- It's not about the economy, it's about something else.
- It's never been about money. It's because Sundsvall should be the biggest and greatest [...] they want everything to go to Sundsvall, not just the hospital.

This could be understood through the discourses surrounding urban and rural spaces. David Harvey (2006) is one of the main contributors to the theory of uneven geographical development. One of the premises of the theory is that the capitalist economic system inherently rationalizes centralization to urban areas whereas they get advantages in attracting production. This logic leads to a circular and accumulative gain for affluent regions and increasing impoverishment in poor regions. According to Eriksson (2010, p. 142) a consequence of these capitalistic principles is the replication and recreation of the binary understanding of urban and rural which is noticeable in recurrent forms of representation and portrayal.

Bo Nilsson and Anna Sofia Lundgren examined and identified different discourses around the Swedish north that repeated and replicated a shared view of the area as the opposite of urban middle class, that is; problematic, unmodern, uncivilised, distant and imminently rural (2014, p. 85). These discourses entail not only portrayals that are monotone and clichéd but compose the reality of and the substantial circumstances of rural inhabitants. This by benefiting particular social groups and ideologies and at the same time omitting and denouncing others due to social categorisations such as class, race, and gender and sexuality (Baylina and Berg 2010, p. 284; Juska, 2007; Holloway 2007; Little 2006, p. 365; Valentine 2004 cited in Nilsson & Lundgren 2014, p. 86). In the discourse of modernity and neoliberalism the image of northern Sweden as inferior to the rest of Sweden is reproduced and have direct outcome in real material effects as these images are reproduced, reworked and resisted. These images of the people and places in the rural periphery have a direct effect in the identities of the inhabitants in these areas but can be opposed and resisted by creating alternative narratives of identity. (Eriksson 2010, p. 141, See Stigson 2018;)

One example of how the protesters in Sollefteå created an alternative narrative of identity, is the description of how well-functioning the hospital was. Several of the female protesters had worked at the maternity ward or given birth there themselves, they all talked warmly about how unique and sought-after that kind of care that was offered was and still is. The fact that a well-functioning ward was closed down, for a “minor” saving, and in a time when the dysfunction of the whole national birth and maternity care is highly criticized was to the occupants absolutely absurd. One of the groups that were interviewed pointed out the consequences of centralisation had on the work environment and the personnel, with the closure of the maternity ward in Sollefteå the workload increased on the staff in the alternative hospitals. Referring to the untenable situations for midwives in many hospitals around the country, where the staff sometimes hardly have time to eat or take a bathroom break (Blomgren 2018). In contrast to stressed out employees who manages several births

at the same time the previous situation at Sollefteå was depicted as a calm, steady and safe environment, where the midwife never had to leave the birth room and could provide unconditional support and guidance to the birth giver. The acknowledgement and praising of a health care that isn't driven by neoliberal growth standards and highly technologized and modern equipment, but by enhancing other values such as a patient being given attention, time and serenity can be seen as a creation of alternative narratives of identity.

Against the background of the strong establishment of SAP, the feeling of disappointment and betrayal from the party is evident. In August 2018, the election was just around the corner. Conversations often ended up in what party to vote on, and implicit that SAP didn't deserve their votes. During the final weeks before the election there was a chart circulating which clearly showed each party's opinion on whether to reopen the maternity ward or not. Even though there were only two parties that were clearly in favour of the reopening (Vänsterpartiet [Left Party] and Sjukvårdspartiet [Health Care Party]) and this issue was considered to be the deal-breaker, most weren't sure on how to make their choice. The claim of their discontent with SAP was clearly uttered but some distrusted that there would actually be a turnaround in the election results. One of the by-passers in the hospital entrance hall commented on the fact that it is a big step for most to vote for something other than SAP and drew a parallel between standing in the voting booth and the fear of God. "When the moment comes, it's like God sees you when you're turning your back on him. I don't think many people have the guts to do that". This derives from the strong influence of the party in the region, that in many ways have become interlaced with the identity of themselves as well as the 'Red Ådalen'. Eriksson (2010, p. 138) explains how the construction of a collective identity based on place in some situations can be primary to other categories, such as class, ethnicity, gender etc. This remark understood in relation to the heritage tied to Ådalen could explain this uncertainty of change, but also points towards the loyalty to Ådalen being stronger than the loyalty to SAP. This was crystal clear in the election results for the county council of Sollefteå municipality where SAP lost 33,6 percentage points of their votes. Vänsterpartiet and Sjukvårdspartiet on the other hand gained 20 and 32,6 percentage points respectively (Valmyndigheten 2018b).

6.2 A matter of class

One of the conclusions the occupants made about the dismantling of the health care was that centralization, urban expansion and development was prioritized on the

behalf of the rural population. This dissension and friction are not new or unique as discussed above. Even during the events in '31 the gap between the city and the countryside was recognized, although the class aspect of the disjunction was more prominent and articulated, whereas the interests of the urban, middle-class in Sundsvall has conflicted with the interests of the rural working class of Sollefteå. The class aspect is as relevant today as it was in first half of the 20th century, even though it has shifted in shape and content. Class was used by several of the informants when positioning and relating themselves to the societal structures and circumstances. Moreover, the concept of class has been used by me as an entrance point to other aspects than those brought up directly by the informants. One informant referred to the earlier class-struggles as a reason to why an occupation has taken place in Sollefteå, even though hospital wards are shut down in many places in the country.

In 1907 during the Sandö-riots, they [the politicians] wanted to statue an example and put people in prison for five years, in isolation. And that pissed people off. The bourgeois press in Sundsvall didn't tell what was going on. And what happened in 1917 [hunger-riots] and in 1931 and how that was reported. I think people have learnetto see their human value and speak when they are badly treated. And then they get shot down. That part is still alive, you know your history and think 'hell no!'

The class perspective is also evident in how the media representation is perceived. Eriksson (2010, p. 143) discusses how representation in media, popular culture and politics merges class with geography and enhances divergences between urban and rural, and between the common people and the elite. This by placing portrayals of white working class in rural spaces and the middle class in urban spaces. These representations were articulated by several of the informants in many ways, one of the most prominent was by viewing Sundsvall as a representation of power.

Sundsvall is pretty narrow in how they want things. Without representation from the rest of the county it becomes more of a city with a lot of power over the countryside. It's like two different worlds, it's quite fascinating that you can go to Sundsvall and there is a whole other way of thinking. [...] If they get to tell the news and set the agenda, the outcome will be very misguided. [...] There used to be two full editorial staffs in Sollefteå [...] now there are only three reporters that are supposed to cover everything from local politicians to the business sector. They can't handle it. At the end we don't have anyone who tells our story or that criticizes or dig from our perspective. All the editorial work is centralized so all of a sudden we don't have a voice. [...] The investigative journalism is disappearing increasingly, like everything else it's centralized. (Markus).

During another interview while talking about signs supporting the occupation and which had been showing up all around in the area, the same connection of Sundsvall being a site of power with opposing interests to Sollefteå was expressed. Complaints had been made about some of the signs being placed in a roundabout and the signs had then been removed by the road administration. “The road administration is located in Sundsvall!” one of the informants exclaimed, without any further remarks on the subject.

In contrast to other emergency health care, the emergence of a birth is known. Although one, usually, does not know precisely when it is going to take place, its approaching is inevitable. This makes it possible for the expecting parent or parents to relocate themselves when due date is approaching, as mentioned in chapter 5.2, as a strategy of responsabilisation. A strategy only some are able to choose. There is an aspect of class and economic accessibility that makes it possible for some to attain the security of shortening the distance to the hospital while in labour. To rent a cabin or other type of housing for such a long time is in itself a cost, and thereto a loss of income may be actual, in case any partner wants to be with the expecting parent and may need to take time of work or have longer travels to and from work. In sum everybody can't afford to be responsible.

Having a social network and contacts where one can get housing with a relative is one aspect, particularity hard for newcomers in Sweden. Another circumstance, which is also more common among newcomers, is the lack of a driving license and/or a car. The often quite acute need of a car for a long distance is inevitable. Having to take a taxi instead of using your own or a borrowed car for such a distance is also a big cost. This cost may also occur even if there is a car in the family. A young mother to a child of just a few months of age told me that she had a quite complicated pregnancy and birth. Due to complications during her pregnancy she knew she was going to give birth at Sundsvall hospital, but during a routine check she was told that she had to get to the hospital to deliver the baby right away. There was no time for her to wait on her partner who was working to pick her up with their car, but she had to take the two hours long drive in a taxi on her own. She experienced the taxi drive and the first hours at the hospital as traumatic, not only because she was without any support from kin, but also because she felt detached due to her lacking skills of speaking Swedish and making herself understood of her needs to the personnel.

7 Shootings in the delivery room - Creating a collective identity

7.1 The use of cultural heritage in the struggle

The events of Ådalen in 1931 is very much alive in the area still and a part of the cultural heritage. Arriving at the train station in Kramfors a late summer afternoon, one of the first thing that caught my attention was a poster at a notice-board. It was an announcement of an annual memorial of the shootings. Nearby was a street sign pointing towards the monument which was raised on the spot where the five demonstrators lost their lives, where guided tours are held during summer. This was also almost the only advertising around the station.

The long and deep establishment of the social democratic tone and ideology in the area has been a big influence on the residents' self-understanding and identity. John, who grew up outside of Kramfors, remembers how this took place during his childhood.

One is imprinted, from this society. The red Ådalen. [...] But I remember when my dad came home from participating in those [protest marches] singing the International all the way down to Kramfors, and he got to greet and shake hands with both Gunnar Sträng and Olof Palme¹, he was so happy and glad. That's had its impact on me. [...] I mean, we breathed and were brought up into social democracy. And that was the time when the social democracy grew strong and steered this country towards where it is today.

The identification with 'Red Ådalen' seemed to be transcending over any political affiliation and many informants considered it to be a shaping and formative

¹ Probably not at the same time.

foundation of the community and its citizens. There was a strong feeling for and memory of the social democratic heritage, even though not everyone was defining themselves as social democrats. John had been active for a right-wing party for several years but was still yearning and admiring the social democratic history and heritage. Most people didn't explicitly claim themselves as supporters of SAP, it was implicitly understood as the statistics kind of speak for themselves.

The epithet of 'Red Ådalen' was long associated in negative terms with radical working-class and the area was considered as hopeless place for establishing new businesses and contemporary rumours accused the people of Ådalen for being agile and fiery (Norman 2010, p. 37; Ett svenskt industriminne 2005; af Geijerstam & Sörlin 2000). Later it was associated with cutbacks, industrial decline and social tragedy (Enlund 2018; af Geijerstam & Sörlin 2000). But as a Social Democratic politician commented on in 1981, on the appellation of 'Red Ådalen' also had its positive effect, in making clear for the public out in the country that the working-class dominated in Ådalen (af Geijerstam & Sörlin 2000). Due to the negative connotations the name of Ådalen was usually never used in official contexts for the area, the name had been intentionally averted as conflicts did not belong to the idea of the new Sweden. During the 70's the culmination of industrial closure was reached, and efforts were made to make a turn towards a tourism-economy and shifting the region into a tourist destination. As part of a marketing strategy for the area the name *Höga kusten* (high coast) was coined and accustomed. (ibid.).

With this background the reclaim of the name, when calling the manifestation in Kramfors *Ådalen rises again*, is remarkable. Afterward this has become synonymous with the occupation, which is the most evident in the naming of the Facebook-groups: 'Ådalen 2017' and 'Ådalen rises again' and the media use of the name in the coverage of the present events (See Enlund 2018). By using and embracing the name of Ådalen the occupants are marking and embracing the historical ties and previous experiences of resistance in a positive way. Desirée Enlunds (2018) paper on the occupation of Sollefteå Hospital discusses how using memories and narratives of previous struggles can be helpful in forming a counterforce to prevent the deepening of injustice. It can be a tool to revitalize collective forms of actions in an era where problems are often individualized, such as the right to public health turning into matter of each individual being a consumer and thus responsible for choosing the best service. Although the type of injustices that were fought in the beginning of the past century differ from those facing the population of Ådalen today, connections are made and have mobilized a considerable part of the population (Enlund 2018).

The prior struggles and injustices of Ådalen were remembered by and referred to by the vast majority of the informants. Several occupants described how these events have shaped a local identity that has been determinative in the development of the occupation. As one informant puts it "that's the point, the people of Ådalen are known for being a very pugnacious people, they won't give up in the first place". This idea of the people of Ådalen as exceptionally apt to revolt have become important in the creation of a subversive identity of the protesters, which is used in the current fight against inadequate welfare (Enlund 2018). A shared identity or a common future destiny has been found to be of substantial meaning when it comes to the mobilization of a collective. The shared experience of oppression or domination by powerful persons promote and cultivate the perception of shared identity among the members (Marwell & Oliver 1984, p. 16). This kind of identity is a vital part for solidarity, a component of great importance in many collective actions, not the least in the protests of Sollefteå as seen in the following quote (ibid.).

We are used to fight for our rights, ever since 1931, and even before that. We fight about most things, we're a pain in the ass [...] No matter how pitch black the outlook is, you must make sure that it's not depending on just a few enthusiasts, you have the whole community along with you.

This close identification with 'Red Ådalen' and all its connotations, seems to have been taken off along the development of the hospital struggle. Most informants had not been politically involved before this their engagement in the occupation. Eva, who participated in the demonstration in Kramfors, doubted that there would show up any significant number of people. She thought that would be a shame for the ones organizing it and decided to go. On her way to the public action there was a traffic tie-up 20 kilometres outside of Kramfors. She laughs as she recounts how she first believed there had been a car accident, until she realised that all those cars were on their way to show their support for the hospital. The heavy reaction and mobilization of the inhabitants seemed to have been somewhat of a surprise. But quickly after this, as the epithet Ådalen has been attached to the resistant actions, the reclaim of the name as well as the identification process seems to have commenced in a large extent.

7.2 Mindscaping 'Red Ådalen'

The success of the activities in Dorotea were often referred to by the occupants, as a guiding example as well as a proof that an occupation can be a victorious method

when fighting for restoring welfare services. During my visit in Sollefteå the occupation of the hospital had been going on for one and a half year, and there seemed to be an understanding and realization among the occupiers that they may have to keep on for another one and a half year, at least. The knowledge about the length of the struggle in Dorotea seemed to give the occupiers a realistic and factual estimation of what they needed to put up with. The knowledge about a time frame that they could relate to didn't create fear or dejection that their efforts would not be fruitful. Instead it seemed to fuel their endurance in their persistence in staying put and never giving up.

Many of the informants referred, with a sense of pride, to Eiser and Dorotea as important lectures to be earned from, and both of these occupations have clear connections to class-struggle and the survival of rural communities. Some informants mentioned the occupation of Kvinnohuset [House of women] in Umeå in 1983 as playing a role in the turning of events that led up to the occupation of Sollefteå hospital, but no one mentioned the occupation of the homestead in Taråberget in Sollefteå. The deserted homestead that was owned by the forest company Grångeverken (the same company where the sympathy strike took place in 1931) got occupied by a family in the late 1970s, who lived there and farmed the land, being a part of the alternative green wave movement (Palmelius 2008). With an assembly of almost one hundred policemen the homestead got burnt down one winter morning in 1980. Why nobody mentions Taråberg can be a result of time passing by, and that it had simply been forgotten. But during the last years a play about the homestead and its history has been put up, with a revival both once and twice. Thereto people were aware of the Skogsnäs collective, which the Taråbergs were a part of, which today is considered as a natural part of the society. Another reason for its excluding could be that it didn't seem relevant for the occupants.

The events in Taråberg can be seen as a part more alternative, individualized and middle-class activity as being part of the green wave movement, and thus not in line with the identification of the occupiers or the 'Red Ådalen' and its associated mindscape. The shootings in 1931, the riots and struggles can be seen as shaping one part of a mindscape of Ådalen; a proud, resisting, working-class area that unites in the struggles. A mindscape consisting of nostalgia as well as radicality, unity and movement or as one informant said: "we have a certain tradition in Sollefteå". This mindscape can be said to be in strong contrast to the history of Taråberg, which seem to have been excluded from the collective action frame and overlooked in the process of identification.

7.3 Protesting for a safe birth care.

The official symbol of the occupation is a stork, surrounded by the words 'I support the BB-occupation Sollefteå'. This symbol has been printed on pins and t-shirts that are often used during the occupation shifts and seen all over the country on people supporting the struggle. During summer of 2018 pink storks made of plywood with the letter's 'BB' painted on them started showing up in the area around Sollefteå. In traffic roundabouts and gardens, they manifest themselves as a sign of support.

The maternity ward is a good symbol[...] for all parts of the hospital. We understand that we can't just reopen that ward without the others. You have seen the storks all around? But we can't believe in storks forever, there has to be a maternity ward. (Agneta).

This quotation bears witness of the symbolic meaning of the stork, childbirth and the maternity ward. Sherry Ortner (1973, p. 1341 ff.) coined the concept of key symbols as a tool to point at a society's fundamental attitudes and values. These symbols have a certain status and evoke strong sensations and can appear in different kinds of situations, be metaphorical or be circumscribed by a range of directions and rules of conducts (Ehn & Löfgren 2001, p. 23). The stork can be seen as such a key symbol, a widely used cultural reference in both time and place of the arrival of a baby. By disguising the bodily and physical aspects of conceiving and delivering a child, the symbol of the stork contains the more romantic, magical and shimmering aspects of motherhood. As Agneta states above, there is much more to delivering a baby than waiting for a cloth bundle to be handed to you. While using the stork as a symbol for their own struggle, the protest is also opposing the idea of the imaginary idea of the stork. In a way, the stork also represents the neoliberal governing of birth. Even though the discourse call for risk-reducing (in the name of centralisation) by focusing at explicit instrumental medical goals, some aspects of giving birth are missed out. This was wildly discussed among the protesters; the risk of having fast delivery, a complication that needs acute care or getting stuck in a snow blizzard. One senior woman remembered one of her own births.

My last child was delivered in breech position, and they only discovered that when I came to the maternity ward. Had that taken place in a car... well I don't know how that would have turned out.

Eva shook her head while describing her view on the issue. "It's much safer to be in a smaller hospital than to be in a car and there's a bleeding. They only count safety from the moment you enter the hospital doors". The psychological stress and wellbeing of the mother is a concern that is not represented in the instrumental

measurements that are considered in the medicalized definition of ‘a safe birth’. In the hospital cafeteria I ended up small talking with an elderly couple, they found it ludicrous that the maternity ward had been closed down while regulation concerning transportations of cattle forbids any transportation 28 days before the cow is expected to calve.

In most of the interviews the occupiers emphasized that their struggle is not just about the maternity ward, it is about the whole hospital. Eva, who has been engaged since the beginning and squatted well over a hundred shifts, explains:

We called it the BB-occupation because that [the maternity ward] was what was closed down the 1st of February. And it sounds good. Everybody have a relation to a maternity ward, they are born if nothing else. You can't say 'emergency surgery occupation', that doesn't work!

By underlining that the maternity ward is a symbol, not only for the existence of life by bringing it into the world, but for the actuality of an all functioning hospital and the importance of it for the survival of Sollefteå, a claim is made to depicture reality based in the everyday life of the inhabitants. The effects the dismantling may have on the everyday life in the area was frequently stressed by the occupants. The decision to close down the ward was not seen as from a purely medical perspective, and the fallout was perceived as a dooming of the area. One informant, Markus, expressed it in the following words “we deteriorate into a state of backcountry again, and that’s fine for those in Sundsvall. They already see us like that anyways”. Several of the people I talked to during my studies referred this development to the decommission of the Västernorrland Regiment, an army infantry whose garrison was placed in Sollefteå until 2001. It was described as the loss of an employer and a founded establishment in the society with grave effects on the whole community. But during 2018, due to changes in the defence policy, it was up to discussion whether a regiment could be located in Sollefteå once again. This was longed for by many of the inhabitants on the grounds that it would require a certain quality in the access of healthcare. During one interview it was described as a “catch-22, the hospital is prerequisite for the establishment of a regiment and vice versa”. The same reflections were made over the local development and expansion of winter sports tourism, which by many seemed as a contradicting headway to the backdrop of losing emergency health care. As winter sports not seldom result in a need for health care, some uttered the question why tourists should choose Sollefteå as a destination, when there are alternative locations with access to emergency healthcare, such as orthopaedics. The argument of Sollefteå becoming less attractive in comparison to other places, for young families, businesses as well as tourists, due to the lack of

services and job opportunities was common in the description of the importance of the hospital. Thus, other aspects of the effects of the shutdown was often enhanced rather than the medical ones.

Maternity care and birth giving strikes a certain tone in most people. The occupation has been given a lot of support, everywhere from the neighbouring villages to foreign countries people are backing the cause. Marches for better health care in cities like Stockholm, Gothenburg, Malmö, Uppsala have had banners that say, '*we support the occupation of the maternity ward in Sollefteå*'. Outside of Västernorrland, it seems like this action is most known as the 'BB-ockupationen' [occupation of the maternity ward]. Although in Sollefteå, most of the occupiers just refer to it as 'the occupation'. "When we pick up the phone we just say, 'the occupation' and our name. I never hear anybody answer 'BB-occupation'" I'm told by Eva.

The occupation in Sollefteå has been considered to be a springboard for a broader debate that has taken place about the birth and maternity care all over Sweden (Ahlberg 2017; Agnaou, Backman, Ceder Engebretzen, Hedman, Pettersson Hernandez & Wong 2017; Dahlén 2019; Blomgren 2018). The personnel are ever more stressed and report that they cannot guarantee the safety of either the birth giver or the child under these conditions. The deterioration of the maternity care was claimed to be not solely a problem for the rural, northern parts but for all mothers and children giving birth in Sweden, and thereby a defeat for the most equal country in the world that needs to be addressed by the women's movement (Borlid & Frisk 2017). A wave of manifestations and protest has been organized against the cutbacks within the maternity care all over Sweden during this period of debating. In August 2017 a national march was organized by the network 'Födelsevrålet' (the delivery roar) around the country in 15 cities, under the banner '*an angry fucking march against the BB chaos*'.

The concept of framing can be useful to see how the discourse of a movement can be altered when the movement spread and engage a broad spectrum of actors and organizations (Hilhorst 2003, p. 48). In the case of Sollefteå the signifying work of assigning and defining the circumstances in a certain way to acquire approval and supporters, result in different discourses being fused by the involvement of different actors with their respective aims and interests (Hilhorst 2003, p. 33). The emerged cobweb results in a modification of reasoning and contemplation among the various groups of actors, leading to the evolvement of an averse discourse. To conclude, discourses are the outcome of intricate processes of negotiation that derives from the practice of everyday resistance by different actors, namely collective action. (Hilhorst 2003, p. 49)

Within the struggle for Sollefteå hospital there are different discourses; the primal one which is based on the local perspective of a rural community fighting for its entitlement to regain welfare service in order to retain a decent life and to survive as a community. In time other movements and groups have aligned to the uprising of Sollefteå, out of which one is the movement of improvement of maternity care, that has had a more national point of view. In 2018, the occupation in Sollefteå was rewarded with the annual prize of RFSU (The Swedish Association for Sexual Education) together with the organization 'Födelsevrålet' due to their work to make the shortcomings in the birth care visible, turn peoples worries into mobilization and putting the obstetric care on the political agenda (RFSU 2017). 'Födelsevrålet' that started out as an uprising in Stockholm, due to the closure of two birth wards, has now become a nationwide user organization concerning pregnancy and childbirth, that works with influencing and opinion forming (Födelsevrålet 2019). This organization has a quite clear medical frame, it is from a patient's perspective they want to transform the obstetric care. Even though 'Födelsevrålet' isn't the only other actor in this constellation, it is one of the most prominent and will be used as an example of how discourses are shaped by collective action in the case of Sollefteå.

The dynamic arrangement of these two groups of actors, have affected their respective ways of thinking. One of the main effects of the support by 'Födelsevrålet' is that it has reinforced and intensified the idea that the occupation (as implied by the name) solely aims at regaining the maternity ward. Accordingly, this objective emanates from the interpretation that female health care has been dismantled and unsecured in all parts of the country, and that this is not determined by or a question of any urban-rural opposition. By highlighting the loss of the maternity ward by its official name, symbols, banners, slogans etc, the occupation itself is also drawing these conclusions. But the implications are more prominent in the supporting movement nationally and in urban areas. The medical discourse is enacted upon more heavily in the national debate, even by the protesters themselves. But as the occupation calls attention to, they are struggling for the resurrection of all the wards that have been closed, and the maternity ward was not the first cut back in the hospital as the narrative sometimes can imply.

Connections and comparisons made to the experiences of losing maternity care in other areas was recurring among the protesters, especially the situation for other rural areas. Eva made a statement about it no longer being a competition about who has been stricken the hardest or who has the worst conditions. "It's nothing less than a total crackle of the whole health care system all over the country. And we have become a symbol [...] it's bad in all places, but in different ways". An art exhibition

called ‘#VägenäringetBB’ (The road is no maternity ward) was held in Sollefteå during the summer of 2018. The exhibition portrayed women and their experience of having to give birth along the E10 road (commonly known as Death Road, being one of the most dangerous roads in the whole country) between Kiruna and Gällivare, as a result of the shutdown of the birth ward in Kiruna in 2001. In the county of Norrbotten, where these cities are located, 40% of the fertile women have an itinerary of more than 1 hour to the closest birth unit (Darehed 2018). And the average distance for the inhabitants increased with 70 km (Måwe 2019). In the local discourse, the rural aspect is more evident, especially as understanding themselves in relation to the urban. The concern of the future survival of the community is at everybody's lips at the occupation. The rural-urban dichotomy is present for the citizens of Ådalen in all aspects of their lives and have great impacts on their everyday lives. By that, the closure of a maternity ward is interpreted within the rural-urban power structure as well and are not understood as solely a question of female health care being underprioritized. But as these two issues, need not to disagree at all, the framing is altered by the different actors, as different aspects, angles and topics are favoured at the expense of others.

Participation of a movement being based on ideological concerns over social issues instead of class, ethnicity or religion is one of the features of so called New Social Movements (NSM) (Pichardo 1997, p. 417). Contemporary social movements in the post-industrial era tends to stress issues concerning social changes, such as quality of life, life-style issues, participation, culture and identity (ibid., p. 421). Thereby they differ radically from movements based on economical redistribution, such as traditional working-class movements. Instead NSM poses questions about citizens participation in governance, where solutions such as direct democracy and cooperative styles of social organization are put forward (ibid., p. 414). There are many aspects of NSM that seem to overlap the protest in Sollefteå as well as the birth care movement. What seems to be taking shape is a social movement that uses the old experiences of class struggles along with the national fight for improved birth care to assert the vulnerability of the rural.

8 'Say cheese', That's the sound of the police

8.1 Legitimizing the occupation

Studies on occupations and squatting in Sweden, suggest that the acceptance and support of an occupation depends on many things; “what makes a protest legitimate lies not solely in its legality” (Lindell 2016, p. 13). The acclaim from politicians can be justifying for the protester’s actions, as the achievement of civil obedience is recognized and accepted (Thörn 2013 cited in Lindell 2016, p. 14). This can happen during prevailing protests, and thus leads to an understanding of the actions as positive influences and changes to the democratic system rather than a destructive force (ibid). This we can see has happened in the case of Sollefteå, which often has been visited, backed and encouraged by politicians. On the two-year anniversary of the occupation, two of the party leaders of the governmental parties sent videos with their regards and supporting them to keep fighting. One thing that was heavily discussed among the protesters was the absence of the leader of SAP, Stefan Löfven, who even was brought up in Sollefteå, but who never have visited the occupation officially, in contrary to almost all other party leaders.

Only a couple of the informants viewed themselves as being politically engaged, which is interesting considering them being a part of the occupation, which in itself is a political action, and many expressing being part of the very political history of Ådalen. This says something about the occupation being something for “everyone” and the whole community joining in, but it also might say something about who are considered to be political and the conditions that have been framing political activity. As mentioned in the background chapter senior women are the most frequent

occupants. The recognition of the senior occupants was evident in the frequent expressions of gratefulness and gratitude for their steady and continuous activities. During a conversation between one of the oldest and one of the youngest informants, Maj-Britt in her eighties and Markus in his thirties, following thoughts were exchanged:

Maj-Britt: You might as well sit here as any other place, if you're a senior.

Markus: Yeah, seniors are the most frequent occupants, it was the same as in Dorotea. But they have the time and the strength to carry on. Damn, seniors really carry out a lot, for us all. I mean, they are the ones that have the time that carry out all this work. Without them it wouldn't be possible, the rest of us are caught up in working life.

Maj-Britt later remarked that she never has been involved in politics, that was a matter for the men. Politics being a part of the male sphere, at least historically, might have its effect on how or whether the individuals perceived themselves as political. Thereto there's the aspect of what 'politics' consists of, it could be that it's frequently and commonly considered to be limited to being active within a parliamentary political party. Although not defining themselves as politically engaged almost none of those I spoke to seemed to question the appropriateness of squatting as a strategy. The most common response to the question about their reaction to the decision of starting occupying was "it was inevitable". A quite interesting answer considering the sparse history of squatting activities in Sweden. That type of answer can be a construction made afterward to justify the whole occupation, but it says quite a bit about the identity and self-image.

8.2 Repertoires

The term repertoire is used by Charles Tilly (1978, 1979 as cited in Marwell & Oliver 1984, p. 17) to describe and point out how different groups usually follows and applies a certain set of activities when they protest. These activities are both historically and culturally bounded, thereby the range of activities to be considered is usually quite narrow. People tend to not see themselves as having an option or making decisions, the feeling of having a choice is usually incited by a significant change of in their environment or by being requested to take part of a particular activity (Ibid.). Within these conditions the variety of options to be regarded are likely to be restricted by others, Marwell & Oliver argues that choosing between a bigger bunch of available collective actions is held for a few individuals or activist (Ibid., 19).

According to Tilly (1978 cited in Snow 2004, p. 25) groups tends to have a repertoire of settled patterns of action that are rather stable and narrow in their collective identity and tactics. This leads to a certain predictability of the kinds of demands and framing that the group holds (ibid.). The repertoire of the protesters in Sollefteå is highly intertwined with their collective identity, which is evident in the statement in chapter 7.2 concerning a ‘certain tradition’ in Ådalen. This tradition, of conducting occupations (Eiser, Dorotea) and revolting against injustices (the shootings in ‘31, the Sandö riots etc.) was used to frame the mobilization and actions that were taken. These previous actions were described by one protester as “being a support for us today”. A few persons thus expressed that there were some doubts involved. When they heard first heard of the occupation they were a bit cautious.

No never, I never thought I would occupy. That just didn’t exist in my world. But then they pushed the right buttons. And I’m not sure if I would do it again, if I win this fight.

Another woman who became a very frequent occupier remembered her previous perception.

I though the word occupation sounded so terribly dramatic, so I thought do I dare? [laughter]. Because I thought of other types of occupations where you chain yourself and get carried away by the police.

But the police don’t seem to be any trouble at all for the occupants, quite the opposite. During one afternoon in August 2018, a police officer and a colleague had a photo being taken of them alongside some occupants in the hospital entrance, a picture that was later shared in the Facebook-group ‘Ådalen 2017’. This picture later ended up in the local media with comments from the officer himself as well as the chief superintendent. They held that there were limitations in the police profession considering impartiality and objectiveness. The police often get filmed or photographed in different situations that has nothing to do with their political standpoint, but they usually don’t say no to a selfie (Thelberg 2018). Although the police officer was there for other reasons and the participating in a photo does not necessarily express support for the matter, the event is remarkable. The fact that no police razzia has ever been in question and the total lack of opposition between the police and the occupants, shows the widespread, accepted and embraced character of the occupation. Adding to this embracement and legitimization of the occupation as an act of the civil obedience, that has been discussed above.

Anders Lindell (2016, pp. 15-18) have investigated how two occupations in Stockholm (Aspuddsbadet and Husby Träff) were perceived and treated differently depending on the character of goals, strategy and justification. Radical goals are system critical, where democratic and capitalistic systems are denounced, and private ownership is criticized. Moderate goals aim at singular decisions within the democratic framework and are open to compromises. Regarding strategies, social activities that are publicly open, that invites politicians, uses open identity, mainstream media and judicial means are considered cooperative. On the other hand, confrontational strategies are not open neither with their identity nor open to the public, media and political interaction is rejected as well as negotiations and compromises. The justification of the action of an occupation does not only involve the goal, it also depends on the protester's internal discussions and views on democratic rights and the use of illegal means. How these topics are discussed and argued upon are based on either an issue- or process-based justification. Where the former is based on the political or social importance of the regarding matter and the latter evolves from denunciation and review of the actual process of decision-making; for instance, alleged corruption, inadequate dialogue or biased media. (Lindell 2016, pp. 15-18)

The hospital occupation can be said to have moderate goals, cooperative strategies and an issue-based justification, which can explain why it have become so widely accepted and supported. When asked whether they have met anyone who is oppositional or critical towards their actions and chosen strategies, everybody says no. Although some retells encounters with people that they describe as negative and who do not have any hope, but they are not opposed to the cause itself. As one occupier puts it

The only thing I've heard is whether we think it makes a difference that we squat here. I usually reply with asking if it had made any difference if we hadn't been squatting here? It definitely wouldn't.

The cooperative strategy of openness to the public and inviting everyone to participating is apparent. The occupants consist of all ages from new-borns to 94-years old, people from all over the world and with all kinds of political belongings. The acceptance of everybody supporting the cause was evident with the informants. One middle-aged woman who once worked at the maternity ward declared "you meet all kinds of people here, with all kinds of political views. Everybody just want the hospital to be what it once was".

Bo Nilsson & Anna Sofia Lundgren (2018, p. 21) have studied the occupation in Dorotea and found how strategies of legitimization are used to portray the protest action and its participants as respectable and civilized. Referring to Skeggs' (1997 cited in Nilsson & Lundgren 2018, p. 21) usage of the term respectability as a mean by which the working class can prove their reliability and trustworthiness by performing or presenting themselves as dangerous or discomfoting, Nilsson and Lundgren added 'integrated geographic space' into the mechanisms of respectability. As described earlier, the discourses surrounding northern Sweden portray the area as the opposite of urban middle-class, described as modern, cultivated, active and civilised. By acting in a respectable way (by the book, not breaking the rules), the occupants of Dorotea opposed to and avoided being paired up with disrespectability and the possibility to impair their urgency and political goals (ibid). The similarities between Dorotea and Sollefteå are many, and to a large extent the analysis of Dorotea could be applied on Sollefteå. Respectability being a part of their repertoire is evident in many ways, i.e. the opposing of more violent occupations and radical actions. One thing that was held very important by the protesters in Sollefteå was to keep within the area and not to disturb the everyday activities and operating of the hospital.

- We just have to keep within this area [...] sometimes activities are held, there has been yoga-classes, lectures and music performance. Then it's important not to block.
- And we're strictly following the instructions of the janitor, so nobody can complain about us.
- No, it's calm and peaceful here, and very pleasant.

One group interview was held with an association for seniors learning about digital communication and internet, they regarded the occupations in Dorotea and Sollefteå to differ from others.

- When you hear "occupation", you assume it's all about Kalashnikovs and machine-guns. We don't have any of that, only the pen.
- And the internet.
- And that can be just as sharp.

Nilsson & Lundgren propose that the attempts to legitimize the occupation in Dorotea can be seen as an expression of deeper power relations that were elaborated on, that are actively causing an emotional reaction. This emotional tension was ascribed to feelings of dispossessed citizenship; aside from being essential in the organizing of resistance the authors claims that being a part of the local area foreshadowed an emotionally charged relation to the nation-state, through what are referred to as the

Norrandic self-image. The feelings of dispossessed citizenship and the Norrandic self-image are to be found also in Sollefteå, as in many other localities in the northern parts of Sweden. To be able to grasp the protest in whole, it is also of importance to recognize the constructions of rural space and identity that is fraught with normative and emotional loading. As it is within this emotional and moral geography that the reasoning of the protest is articulated and involved with, it is inseparable in order to get a more conclusive understanding. (Nilsson & Lundgren 2018, p. 21)

9 Final words

State services in rural Sweden being withdrawn is not an exception, rather it seems to be becoming the standard procedure. During the finalization of this thesis it was decided that another maternity ward, in Karlskoga, should be closed down. The occupation of Sollefteå Hospital is an example of how civil society organizes itself to maintain public services. Moreover, it's an expression of conflicting descriptions of reality.

The hospital entrance in Sollefteå is both metaphoric and an embodiment of the conflicting discourses on how to interpret the reality of Sollefteå. The walls of the hospital set the frame for the neoliberal discourse within the medical field, composed by economic control systems, statistical data, biopower and biopolitical governance. The discourse establishes a certain logic and rational, that with centralised health care the most refined and cost-effective care can be achieved. The responsibility to gain access to this health care is put on the individual, as an act of 'self-care'. Within these walls we find a refusal, a struggle to oppose the administrative and institutional apparatuses of controlling the population in a neoliberal fashion. The ones resisting are the ones that the medical discourse aims to aid and care for, as well as steer, observe and conduct. They strive to hold up another view of reality, based on everyday life, social interactions, survival of the community and a rationality not based on economic terms but on shared, cultural ideas.

The governmentality that resulted in the decision to close down certain wards at Sollefteå Hospital, of which the maternity ward was one but the most featured, also constructed the subject that are to be governed. The identity of the expectant mother in rural areas of Sollefteå is constructed by several power structures and discourses. As rural citizens they are characterized as, in contrast to the urban; backwards, conservative, unmodern, economically straining and problematic (Lundgren & Nilsson 2014, p. 93). At the same time, in relation to the medical field, there are the biopolitical interpretation of population through statistical numbers, where their needs for

requirements for health care are ascribed and decided upon in the name of the collective health and reproduction. Within the neoliberal discourse economic growth can and shall indicate and dictate health interventions, as well as overcome all difficulties that rural areas are ascribed (Stigson 2018, p. 15). By that the rational choice is to close down welfare services in more sparsely populated areas. In line with the disciplinary powers of governmentality the responsibility for solving the problem of prolonged distances to birth care is on the mother. By disciplining herself and investing in the right kind of resources such as attending a car-birth course or by moving away from the rural area, the rational mother will ensure and secure not only the health of herself and her baby, but of the whole population.

The resistance in Sollefteå can be understood as an opposition against the neoliberal discourse's construction of the rural and the citizens of Sollefteå. By creating an alternative identity, using the cultural heritage of 'Red Ådalen', an alternative view of the rural inhabitants has been created and enhanced. The shared experiences and memories of previous forms of resistance have been used to reinvent themselves and the chronological development of events. It has been applied to the framing of the struggle and used as a tool to mobilize and legitimize the occupation. Fighting not only for a maternity ward or a full-functioning hospital, but for the future survival of Sollefteå and the rest of rural Sweden. To stand by the point that the rational mother does not move away from the countryside, she fights for it.

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