Urban Matters

Research Article

Desiring radical infrastructure: how feminist movements criticize neoliberal planning

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Introduction

> *There were more or less twenty of us gathered in front of a closed gate on a rather dark afternoon. On the fence hung a banner "Hospital Closure is Violence." Cars drove up beside us. A young woman took the megaphone and began to speak loudly.*
>
> *Fieldwork notes*

This was the beginning of one of many gatherings in front of the Santo Bambino Hospital, in the heart of the Antico Corso neighborhood in Catania, a medium-sized city on the eastern coast of Sicily. Like other southern Italian cities, Catania is often portrayed as a vibrant, authentic, and inexpensive city in a rather romanticized version of itself to provide for tourist consumption. Nevertheless, local residents are unlikely to share the enthusiasm for this embellished representation based on street food and warm winters, since Sicily has the lowest employment in Europe and suffers from a general lack of services.

Founded by the Greeks and then colonized by the Romans, the city is rich in archeological sites and historical buildings, especially in the upper part, Montevergine Hill, where the first urban nucleus was originally founded. Quite a big portion of Montevergine Hill is known as Antico Corso, a fairly central but low-income neighborhood where the University of Catania established its human sciences department. To this day, many locals consider the area to be both socially and economically "peripheral" compared to the city center, even if the socio-demographic context is rapidly changing due to an increased presence of students and tourists.

Between XVII and XVIII centuries, three hospitals were located in the neighborhood, then highly populated by both workers and clergy. In more recent times, these health facilities have been subject to constant and progressive downsizing, which reached its peak in 2020. During the pandemic, the Regional Council and the local municipality declared the dismantling official and definitive: one hospital was demolished, and the other two were closed.

I used to know the neighborhood well because I spent a lot of time there as a student and a resident. With the gradual dismantling of the hospitals, the physiognomy of the neighborhood changed greatly, and all of the small stores and shops are now closed. The whole neighborhood, which used to be lively, chaotic, and full of people, turned into a quiet and rather scary place – especially at night. This transformation did not seem to worry the city and regional administration, as the whole area was under a "regeneration" idea that included the reconversion of the former hospitals. According to the statements of the city administration, Antico Corso, once considered neglected and inhabited by low-income residents, will host services for tourists and students in the same buildings where public health care was previously provided.

The dismantling of this type of infrastructure is not presented as a mere "service redesign", but rather as a strategic choice to give the area a new identity. Building on this case, my aim is to discuss the connection and conflicts between healthcare infrastructures and urban transformations. I do that also by looking at social movements that criticize

these processes and challenge the keywords of neoliberal discourse. Drawing from ethnographic data, I show how the local feminist collective applies its frameworks and discourses to the issue of urban infrastructure. This (theoretical and practical) gaze has the potential to contest infrastructure planning decisions and enrich the frameworks of urban struggles.
In this article, I share some of the observations I conducted in my Ph.D. project, which is still ongoing. I focus on the role of a transfeminist group, Non Una di Meno (known worldwide by the original and more famous name of Ni Una Menos), which has been one of the most active groups in opposing the dismantling of the Antico Corso hospitals. The research was conducted through participant observation at meetings, rallies, and political and cultural events, as well as online and in-person interviews with residents, doctors, and activists ranging in age from 18 to 70.

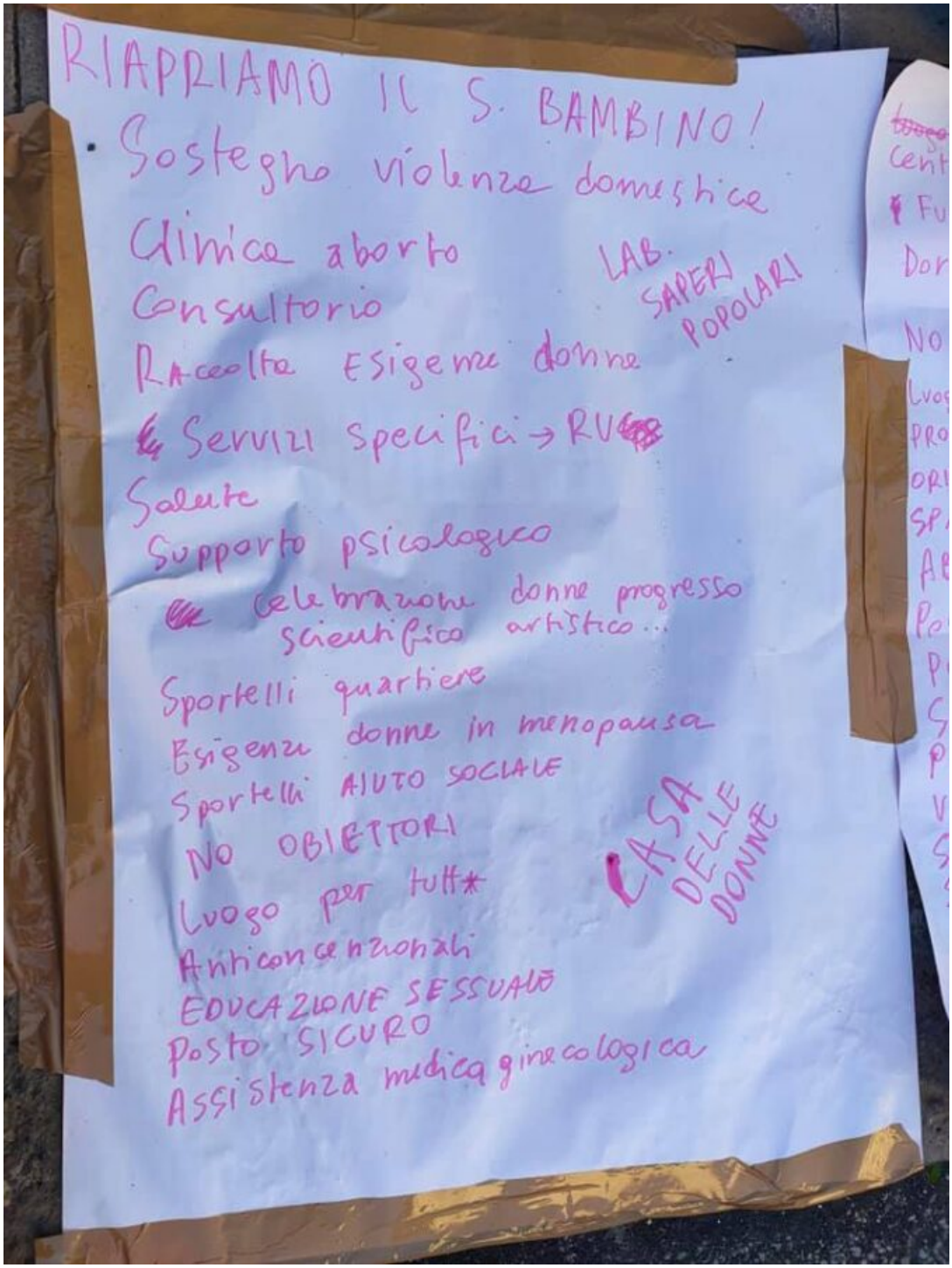
Health infrastructure as an urban matter

The closure of territorial health centers is a shared experience in a variety of different geographical and political contexts. This scenario is the result of the progressive cuts in healthcare that are affecting Italy, once celebrated as one of the countries with the best healthcare systems worldwide.

Between 2010 and 2019, austerity measures in Italy resulted in healthcare cuts of 37 billion euros (Buzelli & Boyce 2021). These decisions were consistent with the ongoing effects of neoliberalism, which dominates political and economic strategies at the global level. Cuts in healthcare also had a significant impact on infrastructure provision, which led to spatial consequences. For example, from 2010 to 2020, 100 hospitals were cut across Italy, leading to significant changes in territorial healthcare provision (CISMO-FEMED, 2022). These rather drastic changes in health infrastructure locations can lead to territorial reconfiguration in both internal areas and cities.

For those who study urban geography and especially the role of infrastructure, this should come as no surprise, since infrastructures have become an increasingly important topic in urban geographic research. Interest in the materiality of infrastructures (electricity, water, communications, sanitation, etc.) has led to a proliferation of studies that address the quality of life in cities, as well as urban injustice and community-based solutions. In short, urban infrastructure studies have shown that infrastructures have a major impact on social life in cities. Whether visible or invisible, they are involved in the human experience of the city and in shaping social identities (Amin 2014, Torkiss 2013).

In this article, health infrastructures are framed as social infrastructures (Klinenberg 2018). The social care infrastructures that are committed to feminist theories and social reproduction are those that address education, health, and care (Latham & Layton 2022). Like other types of social infrastructures, care-related infrastructures can create – or undermine – social connections, memory, and a sense of belonging. Hospitals and care facilities, especially when historically anchored to the territory and local community, actively contribute to social reproduction, both symbolically and materially. For this reason, alterations in this type of infrastructure can lead to bottom-up responses (Kaika & Lukke 2018).



Defending, creating, and desiring infrastructures

> *"As feminists and transfeminists, we do not recognize ourselves in this model of a showcase city that attacks the right to health, the right to basic services – especially for women – nor in the pseudo-democratic processes proposed by the administration, which show the inadequacy of a political class that relates to the city and to the political and decision-making processes at the level of a drunk in a bar. We ask ourselves: where are the projects on these spaces that are so important for our city? Which will be the places of political dialogue? Which will be the places of public decisions?"*
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> *Note published by Non Una di Meno Catania Facebook account on the 8/5/2021*

As stated very clearly in the Non Una di Meno public note via social networks, hospital

closures are not neutral events, and they are not just a matter of reshaping services. On the contrary, the closure, downsizing, or dismantling of care facilities initiate important economic and urban restructuring in the city (Henry 2015). For instance, the potential for a new use of the infrastructure might attract different residents compared to the previous ones, resulting in socio-demographic changes in the neighborhood. But other scenarios also exist. As abandonment and deterioration of the physical infrastructure continue, the perception of safety throughout the area can be greatly affected. What was once a bustling place, open 24/7, with people running around for coffee, quick meals, or last-minute purchases for their loved ones in need, is now silent and dark.

Policies about infrastructure provision can unveil the lack of transparency in public decisions and can raise questions about effective participation in urban-relevant decisions. Nevertheless, in the statements from decision-makers and political elites, the path seems already traced. Far from being hidden or disguised, the dismantling of health infrastructures is linked to a broader renewal of the area:

> *"We must take a dynamic approach; we must also take into account the economic impact on the territory; we must favor those who rent rooms [to tourists] (...). We believe that the creation of a university campus and (...) the creation of a great Etna museum (...) that will help visitors on their trips to the volcano is an idea for a city that must focus on cultural tourism, and I think that this is essential"*
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> *Nello Musumeci, former president of the Regional Council, during a public online event about the future urban development of the city. 03.02.2021*

This statement from the president of the Regional Council, made during an online public meeting, makes no secret of the need to free up this space to make room for new types of economic activity and new residents. The void left by the health infrastructures that were public and accessible to everyone will make way for places that don't have the same level of accessibility, because they are intended for very specific target groups. The dismantling of care infrastructures that were there for centuries represents a threat to the neighborhood in general: its memory, its residents, and its economy. That closure was perceived as a turning point from which there was no turning back.

In contrast to the local administration, Non Una di Meno chose to use a very different vocabulary to talk about the city. The grassroots collective not only called for decision-making spaces and infrastructures that continue to protect women's health, but also mobilized the framework of care (Della Porta, 2022). This can be understood as a relational practice to imagine alternative infrastructures – ultimately an alternative city – to the existing one, a 'species of activity that includes everything we do to maintain, contain, and repair our "world" so that we can live in it as well as possible' (Tronto & Fisher, 1990 in Della Porta, 2022).

At a meeting organized outside of the hospital's locked gates, the 50 people present were asked to write in small post-its what they would like to see in the future of the building that used to be a hospital. After everyone had written their own post-it, all of them were collected and put in a box. At the end of the meeting, after more than a dozen people gave speeches, the box was opened, and the post-its contents were written on a large poster. Most of the wishes were about keeping a place related to women's health, but other

demands also emerged, such as the need for a place without bureaucracy, a help desk, and also a place of conviviality: a safe space for children and mothers, and a place of support and solidarity. These wishes describe a world in which caring relationships can be displayed in the community dimension and outside of the physical and relational space of the family. Some "new kind" of infrastructure was thus emerging from what appeared to be an unintentional bottom-up planning session. The participants showed a very different view of the building's possible future compared to what the local administration was proposing at the time. Moreover, the Non Una di Meno assembly was questioning and imagining what an infrastructure of care can or should be. From a closer look, it appears clear that the demand for infrastructure is also a demand for a new physical and relational space. New relationships and new practices would give rise to new infrastructures, and it would probably be the other way around. In this case, the care framework is interwoven in the fabric of the city, and it aims to create new perspectives in urban infrastructures of care.

> *"I was born here... and my mother was born here. I often brought my son here, I cannot remember the name of the pediatrician, he was on the third floor. Thousands of women have been treated here and have given birth here... this is not just any place. It means something to all of us... it must still mean something"*
>
> *Miriam, 69 years old*

The experience that I tried to describe seeks to show a strong link between theory and practice in urban struggles. By choosing to deal with the infrastructure of care and the public health system in general, feminist movements make care a starting point to question the shape of the contemporary city.
I argue that this vision actively challenges the neoliberal and growth-oriented vision because it is rooted in infrastructure and advocates for specific spaces of decision. Moreover, I argue that it is fascinating because it interrogates infrastructures from their symbolic and material points of view.
For the people engaged in the campaign against the hospital closure s, the erasure of those infrastructures meant the erasure of part of women's history from the neighborhood, but not only that. The relocation, dismantling, and downsizing to fulfill new functions, in fact, deny the history and the legacy of the people in this area. The planned interventions are viewed as a strategy to trigger transformations in the economic, urban, and social fabric.

The neoliberal rhetoric of the competitive city and tourism as the only possible vector of "development" is challenged through the care framework. This is a "care" that is deeply connected with the spatial and infrastructural dimensions through envisioning different possible configurations. Acknowledging that other configurations are possible and viable may allow us to escape and to fight the hegemonic discourse about what a city ***should*** be. For this reason, the feminist movement can play a central role in redefining the meanings of health and care and their centrality in urban space, and it does so by starting from the materiality of infrastructures. Along with other movements, the feminist movement has plenty of theoretical tools to criticize neoliberal-driven urban change. Looking at health infrastructures allows us to grasp at least two aspects of the neoliberalization process: on the one hand, the dismantling of health infrastructures is presented as a decision dictated by efficiency and determined by economic-financial reasons. On the other hand, the

occasion for this dismantling and the production of these urban voids allow the local administration to create new processes of valorization emanating from these spaces that have been de facto removed from the public service. Claiming of care and community support leads to building and imagining radical infrastructures. Beyond care as an individual responsibility, the path of care infrastructures demands a revolution in care that is an urban issue: space for the community, for social contact, for experimenting with possible futures that contrast with the looming shadow of "regeneration" projects, and time for collective care. Not only is the centrality of infrastructures as an urban matter hardly deniable, but it is also clear that it is increasingly becoming the core of urban struggles by exposing a complex plot of conflicting economic and political forces. Imagining, practicing, and engaging with infrastructure can be a powerful and liberating way to question what kind of urban life we envision.

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