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'Times Have Changed but the Struggle Remains the Same': Health Movements and Collective Memory in Italy

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ABSTRACT: Health movements have been central actors in fighting for access to healthcare and reimagining the meaning and practices of health itself. Although they show high continuity over time, the role of collective memory in their evolution remains understudied. Drawing on a growing body of literature on collective memory and social movements, this contribution fills this gap by examining how collective memory contributes to health movements' collective identities and repertoires of action. We focus on the Italian case to analyze how the memory of intense and diverse mobilizations around healthcare in the 1960s-1970s continues to influence present-day struggles in that field. During those decades, mobilizations in the country have led to landmark changes in health policy. Contemporary movements are situated in the genealogy of those mobilizations and yet are faced with a completely different scenario in which the past achievements have been challenged by neoliberal restructuring and privatization of healthcare. The article is based on extensive periods of fieldwork and 20 in-depth interviews with activists, of three contemporary local initiatives: the People's Clinic in Palermo; the Brigata Basaglia in Florence; and the Coordination of Women's Assemblies of Health Centers in Rome.

KEYWORDS: Collective memory, Health movements, Health systems, Italy, Legacies

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1. Introduction

This article examines the role of collective memory in health movements by exploring the memory of 1960 and 1970s mobilizations for contemporary health activism in Italy. Italian health movements have been crucial actors in shaping radical policy changes in the healthcare field during those years (Giorgi, 2024). In less than a decade, Italy had established family health centers dedicated to women's sexual and reproductive health (Law 405/1975), recognized the right to abortion (Law 194/1978), legislated the groundbreaking closure of psychiatric asylums (Law 180/1978), and created a universal National Health Service (Law 833/1978), which pushed observers to claim that "Italy had legislated the stuff dreams are made of" (Brown 1984:80 quoted in Taroni 2011).

These crucial policy changes were the outcome of intense mobilizations promoted by health movements, intersecting with workers', feminist, and students' struggles, challenging dominant definitions of health and illness, questioning the authority of medicine, and linking health issues to systemic inequalities. Since the 1990s, however, the Italian healthcare system has been strongly impacted by reforms advancing neoliberal restructuring and managerial approaches, as well as the resulting growing privatization and cuts to public spending devoted to healthcare (France and Taroni 2005; Pavolini and Vicarelli 2013). Women's healthcare has also been hindered by cuts to funds for healthcare services as well as by the growing attacks on gender equality and on the right to abortion, which also proliferated during the decades following the approval of law 194. These dynamics were further deepened by the 2008 economic crisis (Chisari and Lega 2023) and the COVID-19 pandemic, which exposed the long-term consequences of decades of underfunding and privatization (Brenna 2011; Ciarini and Neri 2021).

In this sense, contemporary health movements in Italy operate in a peculiar position: they mobilize around ideas that previous generations had advanced and that, during the 1970s, became central tenets of public policy. Yet today, they confront an entirely transformed landscape in which those very achievements - once integrated into the core of healthcare institutions - have been gradually but systematically expelled from the institutional realm and now survive primarily within grassroots initiatives.

The study of health movements has gained renewed attention in recent decades (Brown and Zavetovski 2004), alongside growing scholarly and public interest at the intersections of science, medicine, and politics. As embodied collective challenges to dominant medical beliefs and institutions, health movements are crucial actors in expanding access to healthcare, mobilizing both marginalized groups and the broader population, and repoliticizing questions of health and illness. Closely connected to central debates in contemporary societies - regarding the role of science and expertise in politics, and the influence of politics on scientific and medical knowledge - health movements today occupy a uniquely strategic position in addressing some of the most pressing social and political issues of our time.

Their prolonged relevance speaks to the endurance they have exhibited over time. Nevertheless, the role of collective memory in this form of activism has been overlooked. This article bridges this gap by integrating existing studies on health movements with the growing body of literature on collective memory and social movements. We explore how collective memory shapes contemporary mobilizations within the context just outlined, by focusing on three contemporary initiatives - the *Ambulatorio Popolare* (People's Clinic) in Palermo, the *Brigata Basaglia* (Basaglia Brigade) in Florence, and the *Coordinamento delle Assemblee delle Donne dei Consultori* (Coordination of Women's Assemblies of Health Centers) in Rome.

Our analysis shows that the memory of past struggles is reactivated in contexts marked by neoliberal restructuring and the overlapping consequences of multiple crises. It illustrates how ideas and practices from the 1970s continue to operate both as a source of inspiration for contemporary health struggles and as a terrain of conflict in which the very meaning of "health" is renegotiated. This analysis sheds light on the complex

interplay between past and present in grassroots health initiatives, highlighting how collective memory shapes the way health movements continue to define healthcare as a profoundly political issue.

2. Theoretical Framework: Health Movements and Collective Memory

The study of health movements has a long history, developed across a broad and interdisciplinary field. Early research focused on popular struggles for urban sanitation and occupational safety during the Industrial Revolution (Winslow 1980). Subsequent scholarship has explored women's and feminist health movements, analyzing how they challenged male-dominated medical practices and produced alternative, experience-based knowledge and care practices (Ruzek 1978; Morgen 2002). Another key area of inquiry has been the anti-psychiatry/mental health movement, which questioned definitions of mental illness, criticized institutional treatment, and contributed to processes of deinstitutionalization and mental health reform (Laing 1990; Crossley 1999; 2006; Basaglia 2018; Foot 2014). HIV/AIDS activism has also received significant attention for its contestation of dominant epidemiological paradigms and its role in reshaping research protocols, treatment access, and the position of patient expertise (Epstein 1996; Broqua 2020; Roth 2017). Research in both Europe and the United States has emphasized the impact of social movements on the development of healthcare systems and the expansion of access to care (Giorgi 2022; Banaszak-Holl et al. 2010; Christou 2024). Recent works have analyzed movements mobilizing in defense of public healthcare against privatization and austerity measures (Brown 2003; Kehr 2022; Spronk and Terhorst 2012). Others have also highlighted grassroots responses to crisis contexts, including practices of self-management, mutual aid, and community-based care, particularly during the economic crisis and the COVID-19 pandemic (Chevée 2022; Zamponi 2023).

Despite this expanding literature, it is only in the past two decades that scholars have begun to conceptualize *health social movements* as a distinct category within social movements. Brown and colleagues (2004; 2012) have developed a foundational framework to understand the specific characteristics of these movements, defined as "collective challenges to medical policy, public health policy and politics, belief systems, research and practice which include an array of formal and informal organizations, supporters, networks of cooperation and media" (Brown and Zavestoski 2004, p. 679). These studies situate the rise of health movements within the broader processes of scientization of policymaking and growing authority of medical and scientific institutions (Brown et al. 2004). Within this framework, three main types of health movements have been identified: *health access movements*, which seek equitable access to care and improved service provision; *constituency-based health movements*, which address inequalities rooted in race, gender, class, and sexuality; and *embodied health movements*, which emerge from the lived experience of illness or disability and challenge dominant biomedical understandings of disease and treatment.

Health movements present distinctive characteristics that, while accounting for their specificities, also broaden conventional definitions of social movements themselves. As scholars have highlighted, health movements often challenge traditional approaches in social movement studies, which have tended to focus predominantly on movement–state relationships, thereby downplaying the multiplicity of actors and institutions that movements may target. In the case of health movements, these targets may include pharmaceutical companies, research centers, hospitals, and other medical and scientific institutions that are not necessarily part of the state apparatus. Rather than focusing exclusively on policy change, health movements may seek to democratize the production of knowledge, contest the authority of scientific and medical institutions by valuing experiential and embodied understandings of health and illness, and transform scientific and cultural paradigms surrounding disease (Brown and Zavestoski 2005; Epstein 1996; Taylor 1996).

Furthermore, health movements also challenge traditional distinctions between insiders and outsiders that have long shaped social movement scholarship. Indeed, these movements frequently blur the boundaries

between activists and experts, as professionals may become active participants in mobilization while activists themselves may acquire forms of lay expertise (Epstein 1996). Institutions can therefore become central sites of activism, and activists are often located within the very institutions they seek to transform (Banaszak-Holl et al. 2010).While this body of work has deepened our understanding of the forms and dynamics of health movements, the role of collective memory in shaping them has remained underexplored - with few exceptions (Quéré 2021). Brown and colleagues draw from social movement literature to recognize the relevance of "social movement spillover" (Meyer and Whittier 1994, 279 quoted in Brown and Zavetovski 2004, 686) that allows subsequent movements to learn from and build upon previous ones, such as in the case of the breast cancer movement, which drew from the feminist movement. Thus far, however, no systematic analysis of the role of collective memory in health movements has been developed.

In contrast, the relationship between social movements and memory is increasingly establishing itself as a field of inquiry (Daphi and Zamponi 2019; Doerr 2014) situated within broader reflections on social movements' temporality (Gillan and Edwards 2020; McAdam and Sewell 2001). Drawing from the sociological tradition initiated by Halbwachs (1980), approaches in this field have explored both the role that memory plays as a contextual and at times constraining factor, and as a tool that movements deploy as part of their strategy to achieve their goals.

In this regard, social movements have been understood as *mnemonic communities* (Zamponi 2018) in which collective memory serves as a cultural and symbolic resource. Mnemonic communities are defined as collectives that actively and interactively construct shared interpretations of the past, including past mobilizations, which in turn inform and shape new forms of collective action (Zerubavel 1996; Daphi 2017; Zamponi 2018). Memory indeed sustains collective identity (Gongaware 2010), legitimizes present action by linking it to past victories or injustices (Polletta 1998; Jansen 2007), and serves as a tool for public representation, often challenging official or dominant historical narratives (Hajek 2013; Zamponi 2018). The use of the memory of historical figures and leaders of the past has been studied as a crucial mobilizing resource (Jansen 2007). Events of the past have been studied for their commemorable nature and their potential for affecting subsequent mobilization and impacting future collective identity (Armstrong and Crage 2006). Social movements scholars have explored how memory may be used as a tool to construct collective identity and continuity and how it may shape subsequent repertoires (Adami 2025; Barone, 2026a; Gongaware 2010; Zamponi 2018).

Scholars have emphasized that memory is not merely inherited but actively shaped through *memory work*, an interpretive process through which the past is reconstructed in light of present needs and contexts (Zelizer 1995; Zerubavel 1996). At the same time, memory is also structured by historical legacies: the institutional outcomes of past mobilizations influence the symbolic environment in which future activism takes place (della Porta et al. 2018). Taken together, this literature has demonstrated that collective memory is not only a way of preserving the past but a vital dimension of how movements define themselves, build their legitimacy, and organize in the present.

The scarcity of studies about collective memory in health movements is particularly surprising given that these movements tend to experience significant continuity over time. As social movement literature has widely discussed, movements can survive over time and beyond phases of visible protest through different processes such as abeyance structures (Taylor 1989), institutionalization and professionalization (Banaszak 2010; Barone forthcoming 2026, 2026b; Ferree and Martin 1995), or thanks to generational dynamics, including the relationship between former and newer cohorts of activists (Whittier 1995). Health movements generally present characteristics that facilitate continuity over time and the persistence of activist networks, practices, and identities across different phases of mobilization. First, health movements often have strong connections with other long-standing movements, such as feminist and environmental movements, which often encompass different cycles of mobilization, enabling the transmission of ideas, practices, and activist networks over time

(Brown and Zavestoski 2004). Second, because of their hybrid nature, health movements often continue to exist over time through processes of institutionalization and professionalization (Archibald 2007; Brown and Zavestoski 2004; Epstein 1996) which constitute key sources of continuity (Banaszak 2010; Ferree and Martin 1995). Third, health movements often achieve highly consequential outcomes, such as changes in laws, the creation of new institutions, or policy reforms, which may shape the terrain for subsequent mobilizations (Gupta 2010; Kane 2010). These specificities make the past extremely relevant for subsequent health activism. This article aims to provide an account of the relevance of collective memory in health movements by answering the following questions: how does the memory of past movements shape subsequent activism, organizational repertoires and collective identity? How are earlier struggles transmitted or reactivated? How do activists employ memories of the past to address present-day challenges?

Addressing these questions provides the opportunity to expand both the study of health movements and that of collective memory in social movements.

Our analytical framework considers collective memory as a cultural resource for social movements that can be embedded in discourses and narratives as well as in repertoires and organizational forms (Zamponi, 2018; Barone, 2026). We distinguish between continuity (Taylor, 1989) — understood as the persistence of organizational structures or the presence of long-term activists — and collective memory, which instead refers to movements' cultural representations of the past and to the implicit ways in which the past continues to shape ideas and practices. While continuity may be understood as a relatively objective condition, collective memory concerns activists' shared interpretations of the past, socially constructed through mnemonic frameworks (Halbwachs, 1980).

3. Methodology

The article draws on qualitative and reflexive research focused on three different grassroots local healthcare initiatives in three Italian cities, aiming to explore the memory of past struggles within healthcare movements. Data collection was carried out within two distinct projects: one specifically focused on health centers and feminist activism in Italy (Barone forthcoming 2026), and a broader project examining healthcare, housing and migrant activism across different cities in Europe (ECS-Euro 2022-2025). Although the two research processes did not follow a unified structure, the movements analyzed are contemporary and share many organizational and ideological traits. These similarities made it possible to build a comprehensive and comparative analysis that captures the broader dynamics of health movements in contemporary Italy.

Data collection in both projects combined semi-structured interviews with participant observation. In-depth interviews were fundamental for accessing participants' subjective perspectives–including their individual and collective visions, critiques of the present and future projections shaping whether movements persist or dissolve (Blee and Taylor 2002, 95)–and both personal and collective interpretations about past and present dynamics in the health field. All interviews were recorded, transcribed and anonymized using a combination of numerical identifiers and organization acronyms (CWA: Coordination of Women's Assemblies; PHC: People Health Clinic; BB: Brigata Basaglia). In line with the hybrid nature of health movements, our interviewees included practitioners, activists, and doctors, some of them retired. The interview guide, consistent across the three groups, explored how activists became involved in the specific initiative, their prior experiences and trajectories, their conceptions of health and the origins of these ideas, and the description of the health-related practices conducted by their groups. Further questions investigated the meaning activists attribute to their struggle today, its relation to the contemporary neoliberal context, and its connections with earlier mobilizations in the 1960s and 1970s.

Participant observation (Lambelet and Balsiger 2014) complemented the interviews by providing insights into the local context and dynamics of each group. Researchers attended public events which not only

generated data but also helped build trust with activists. Although the fieldwork was conducted in partially different time periods across the three cities, comparability is maintained by the shared focus on how contemporary movements draw on and reinterpret the memory of past mobilizations in their practices and discourses.

In Rome, the fieldwork was conducted over a total period of 12 months as part of a broader research project carried out between 2018 and 2023. Eight interviews were conducted with members of the Coordination, aged between 25 and 81, all of whom self-identified as women. With the exception of one interview carried out online during the pandemic lockdown, all interviews were conducted in person.

In Palermo, fieldwork was conducted between 2023 and 2024. Over several months, participant observation was carried out during the activities of the People's Clinic in Borgo Vecchio, alongside regular visits to other Social Clinics that emerged after the Covid-19 pandemic and were inspired by the People's Clinic model. Data collection also includes six semi-structured interviews with activists and doctors involved in the Clinic's activities in different roles, aged between 30 and 75.

In Florence, fieldwork was conducted between 2024 and 2025. Five interviews with activists and psychologists of the Brigata Basaglia, aged between 30 and 40, were conducted via videocall, reflecting the group's predominantly digital operations–including internal meetings, the helpline and therapy sessions. Observations were carried out at public events in Florence, such as the annual *Contatto* festival and the inauguration of the help desk. Interviews with longstanding members in Milan provided insight into the group's history and trajectory, while participants in Florence highlighted city-specific dynamics.

The collected material was analyzed through thematic analysis (Squires 2023), focusing on activists' references to the past (including narratives and repertoires). The coding process aimed to identify recurring themes across the interviewees' discourses, as well as resonances and differences among the groups. In the first stage of coding, we explored activists' accounts in their own words; subsequently, we grouped the codes into more abstract categories in order to examine the role that memory played for participants, in line with our research questions. Finally, we identified several recurring narrative types, which we coded as: memory as collective identity, memory in repertoires, memory of past outcomes, and memory of alternative conceptions of health, among others. Italy provides an ideal vantage point from which to observe the role of collective memory in health movements. Its long-standing tradition of health-related activism, combined with increasing erosion of movements' past achievements, makes Italy an influential case (Gerring 2007): it allows us to explore how an ongoing tradition of social mobilization interacts with changing political and economic contexts, showing how collective memory sustains the struggle for universal healthcare and inspires new forms of health activism today. To explore these dynamics, we analyze three grassroots initiatives.

The Coordination of Women's Assemblies was established in Rome in 2018 to defend family health centers from cuts and restructuring. It sought to reopen Women's Assemblies - which in Rome had been active until the 1990s and later closed following the movement's decline and the growing bureaucratization of the service. It brings together retired professionals of health centers, long-time users, and activists from both historical and newer feminist groups. Many members had previously been involved in defending health centers, while others were younger activists reengaging with this struggle through the new mobilization cycle sparked in 2016 by Non Una Di Meno (NUDM) movement. The Coordination established a formal working group with the regional administration and, combining negotiation and protest, pressured the Region to reopen recently closed health centers and address staffing shortages. In line with NUDM's transfeminist perspective (Baldo, 2019), the Coordination also pushed to expand access to the service beyond cisgender women and demanded training for healthcare professionals on LGBTQ sexual health.

The People's Clinic opened within the neighbourhood of Borgo Vecchio in Palermo in 2016, developing an idea of healthcare from below for the lower classes. Emerging in a context of extreme weakness of the healthcare system, the initiative was inspired by the legacy of Medicina Democratica and Giulio Maccacaro,

as well as by the Greek clinics that emerged in the aftermath of the financial crisis. Bringing together retired doctors and activists, the Clinic offers specialized medical examinations for neighborhood residents and collaborates with the local feminist movement to provide a gynecological help desk offering medical services and informational meetings on healthcare rights.

Brigata Basaglia is a national network made up of psychologists and activists that mobilizes around issues of mental health and social exclusion. The Florence branch was founded in 2021 as an expansion of Brigata Basaglia Milano and is part of a wider national network. Formed to address the rise in psychological distress caused by the COVID-19 pandemic, it also recognizes the deeper systemic shortcomings revealed by the crisis, particularly in a context where psychological care is mostly private and unaffordable for those most exposed to stress. For this reason, the Brigata is dedicated to providing free psychological support through a free emergency helpline. In Florence, the group also established a physical help desk to ensure migrants and homeless people can access their services. From their very name onward, the Brigata has grown by embracing and advocating key aspects of psychiatrist Franco Basaglia's legacy.

The three cases present significant differences that inform our comparative analysis. First, the 1970s movements to which they refer were themselves very different. While the feminist movement was a massive, anti-institutional movement, characterized by a conflictual relationship with left-wing parties and a general refusal to engage with institutions (Bertilotti and Scatigno 2012), *Medicina Democratica* and the Basaglian experience were numerically smaller, less visible in street protest, and more closely connected to institutional arenas. Specifically, Basaglia and his équipe operated within the psychiatric system and later led legislative reform, while *Medicina Democratica* occupied an intermediate position: rooted in the workers' movement but maintaining a strong policy-oriented character.

Turning to the present, the three cases display different degrees of continuity (Taylor, 1989) with the 1970s movements they recall through memory: *high* in the case of Rome, as the group includes former activists and professionals alongside younger generations–reflecting the characteristic continuity of feminist movements (Taylor 1989); *moderate* in the case of Palermo, as the group includes activists from different generations such as retired doctors formerly in Medicina Democratica–though health-worker struggles in Italy have never consolidated into a long-term movement to the same extent as the feminist case; *absent* in the case of Florence, where the group is entirely new and lacks direct biographical or organizational links with previous activism.

Furthermore, the groups also differ in their present-day relationship with institutions. While feminist activists in Rome mobilize in defense of public health centers as institutions, primarily adopting repertoires of protest and pressure directed at institutional politics, activists from the Popular Health Clinic and the Brigata Basaglia operate mainly outside institutional arenas and rely more extensively on practices of mutual aid and direct social action (Bosi and Zamponi, 2015). These differences and similarities across the three cases provide a useful basis for analyzing how collective memory operates under different conditions of continuity and organizational persistence, as well as within the framework of different movements' histories.

4. Background: Health Movements and the Transformation of Healthcare in Italy

Since the 1960s, health movements began to spread across Italy, intersecting with broader social mobilizations led by workers, students, and women. At the time, access to healthcare in the country was regulated by a highly fragmented and profoundly unequal insurance-based system (Pavolini and Vicarelli 2013), abortion was criminalized and information about contraception forbidden by the Penal Code (Gissi and Stelliferi 2023), and psychiatric institutions relied on violent forms of control (Basaglia 2018).

One of the most significant actors in this context was *Medicina Democratica*, founded in 1976 and rooted in the workers' movement. Under the leadership of Giulio Maccacaro - a biologist, physician and member of the Italian Communist Party - the movement denounced the links between capitalism, medicine, and power,

regarding industrial labor and capitalistic discipline as sources of illness themselves (Giorgi 2024; Maccacaro 1981). Medicine was criticized for playing an instrumental role in sustaining capitalist exploitation, by restoring workers' productive capacity without addressing the structural conditions that made them sick. Maccacaro himself was also highly influential in shaping the future NHS, contributing to design the USL (*Unità Sanitaria Locale*, Local Health Unit) as participatory spaces where workers, citizens, and their representatives would collectively engage in decision-making (Maccacaro 1976).

In the field of psychiatry, Franco Basaglia and his team played a key role in challenging the confinement of the mentally ill and the repressive nature of asylum institutions (Basaglia 2018; Foot 2014). Drawing on Goffman's (1968) concept of the "total institution", Basaglia advanced a political critique of psychiatry as a mechanism of social control that disciplined and excluded the poor and the deviant. The movement he founded, *Psichiatria Democratica*, sought not only to reform psychiatric practice but to transform the broader social structures sustaining exclusion and repression, promoting change from governmental to interpersonal levels (Mollica 1985). This struggle culminated in Law 180 of 1978, which abolished the asylum system and the notion of social dangerousness (Giorgi 2023), introducing new community-oriented models of mental health care.

The feminist movement also played a transformative role during those years, particularly through the establishment of self-managed health centers (Barone 2023; forthcoming 2026; Bracke 2017). Feminist activists challenged the medicalization of women's bodies and the male monopoly over medical knowledge, reclaiming autonomy through direct practices of self-help and mutual education. In these centers, women learned to perform gynecological self-examinations, use contraceptive devices such as diaphragms, and, in some cases, perform abortions using the Karman method.

A first result of these mobilizations came in 1975 with the institution of *Public Family Health Centers* (Law 405/1975). While representing a partial institutionalization of feminist demands, these centers provided the first entirely free health service in Italy and offered an integrated socio-medical approach to women's healthcare (Barone, 2026).

In 1978, Law 833 established the NHS, a system that was inspired by the Beveridge model and that embodied the principle of universalism, recognizing health as a fundamental right of all citizens. Alongside the creation of the NHS, the closure of asylums (Law 180) and the legalization of abortion (Law 194) symbolized the institutional realization of health movements' demands, translating social struggles into concrete policies that significantly reshaped the relationship between the state, medicine, and society.

In little more than a decade, Italian health movements had profoundly transformed the national healthcare landscape. They introduced radical ideas about health and illness rooted in critiques of systemic inequality, promoted community-based and preventive approaches, and embedded democratic participation within health governance.

However, beginning in the 1990s, these achievements came under growing attack. A wave of neoliberal reforms restructured the NHS according to the principles of New Public Management, emphasizing cost containment, efficiency, and managerial control (Taroni 2011; Cosmacini 2010). Participatory bodies were dismantled, and health governance shifted towards regionalization and privatization. This transformation eroded the social and preventive dimensions of the NHS, once central to the ideals of the 1970s movements.

The 2008 global financial crisis further deepened these dynamics. Austerity policies imposed at both national and European levels led to significant cuts in public spending, hiring freezes, and the closure of numerous local health facilities (Chisari and Lega 2023). Preventive and community-based services were among the hardest hit, accelerating the fragmentation and stratification of the public system (Cosmacini 2010).

The COVID-19 pandemic then exposed the long-term consequences of decades of underfunding and privatization. Italy, one of the first Western countries to be severely affected, experienced extreme strain on its healthcare infrastructure, revealing both regional disparities and the fragility of hospital-centered models of

care. Additionally, the rise of far-right and anti-gender movements has contributed to eroding past achievements in the healthcare field: access to abortion, while formally guaranteed by Law 194, has been increasingly undermined through the widespread use of conscientious objection, the introduction of pro-life groups within healthcare services and persistent regional disparities (Caruso 2020). Similarly, the principles of community-based psychiatry and deinstitutionalization established by the Basaglia Law are increasingly contested by conservative political forces advocating a return to more securitarian and custodial approaches (Jona and Storace 2025).

It is within this evolving context, marked by the effects of multiple crises, that our analysis of contemporary health activism is situated. By examining how current movements mobilize the memory of past struggles, we seek to understand the role of collective memory in confronting the erosion of these legacies.

5. Analysis: Exploring the Role of Collective Memory

5.1 Rome: The Coordination of Women's Assemblies

On December 3, 2019, the Coordination of Women's Assemblies gathered in front of the Public Health Center in Via Silveri. Thanks to their mobilization, the center was reopening after a long period of closure. Yet, this was only a partial victory: the regional administration had decided to divide the premises between the health center and a service for children's neurological diseases. As a result, the health center was left with only two small rooms, suitable for medical visits or individual consultations, but entirely inadequate for what activists considered the core activities of a health center: collective moments of discussion, group work, and open spaces for meetings and encounters, especially for younger women. Deeply dissatisfied, the activists began opening all the doors of the building, trying to figure out how to reorganize the space according to their own vision of a health center.

This episode vividly illustrates the distinctive relationship that Coordination's activists have with health centers in Rome. Their engagement is grounded in a vision of healthcare rooted in the past functioning of these services and in the idea of health they have historically embodied. This memory is especially vivid among longtime activists who worked in the centers for over forty years before retiring, as well as among former users who began attending as teenagers and are now in their sixties. Through their continued activism, this collective memory has been transmitted to younger generations.

For these activists, health centers represent a specific vision of health that is now under threat. Originally designed as socio-medical services staffed by multidisciplinary teams of medical and non-medical professionals, they embodied a holistic and largely de-medicalized approach to health. For example, a former professional of one health center, now retired, argues:

> "The difference between health centers and the medical institution is that the latter is patriarchal... it imposes the solution, it provides the diagnosis, and gives you the cure in a predefined modality. While health centers are places in which nothing gets imposed. You are provided with different proposed solutions, and you choose the one you feel is better for you. You learn to choose, and you get supported and helped. […] If you get to know people in-depth, you can help them, but not in a vulgar assistance-based sense. You can support them, and you can formulate solutions that can be adequate for them. And this is beautiful. It's a heritage I don't want to give up on. I can't stand to give up on that." (I1, CWA)

As the quote above shows, the vision of health embodied by health centers - and which makes them profoundly different from traditional medical institutions - is considered by activists a precious heritage to be defended.

Activists strongly criticize the current trend turning health centers into traditional clinics, often limited to the presence of a single gynecologist or obstetrician. In this configuration, medical services are provided, but the broader dimensions of women's health - social, emotional, and relational - are neglected. The performance-oriented logic introduced by the 1990s NPM reforms has been particularly detrimental to those kinds of activities that cannot be easily measured through quantitative indicators. As medicalization advanced, the quantifiable components of care prevailed, marginalizing the participatory and preventive aspects that once defined the centers. For activists who used to work within health centers this shift is particularly striking. In their view, growing medicalization and the shift toward standard clinics represent an erosion of the original nature of the service, undermining an alternative and deeply feminist idea of healthcare. This perception is clear in the words of two different interviewees, both former professionals of health centers who are now retired:

> "They dare to say that a health center is 'working' because there is one obstetrician that provides free screenings every other minute. That's not a health center! That might be a valuable operation of public health, because it helps early diagnosis for women, but it has nothing to do with us." (I1, CWA)

> "It changes the nature of the health center. It is one thing to offer users the possibility to have free-of-charge screenings in health centers, it could even be a good channel to reach more users and meet them. But it is another thing if I have 15 minutes to do the screening. This is a provision, it means that the person gets in, gets the screening and leaves. It has nothing to do with reaching people, there's no dialogue, no welcoming process, nothing. And health centers can be way more than that for a woman. They can deal with every aspect of her life, her sexual and emotional life." (I2, CWA)

Health centers also embodied an alternative vision of healthcare in terms of user and citizen participation. In Rome, this aspect was expressed through the *Women's Assemblies*, participatory bodies established in each health center from the late 1970s until the 1990s, when reforms curtailed spaces of social management within the NHS and mass feminist participation declined. Reopening these assemblies has been one of the main goals of the Coordination, as reflected in its name. For activists, the assemblies express the idea that "public" does not simply mean "state-owned" but rather denotes a shared, collectively managed space.

Although women's assemblies remain formally recognized in the regional law establishing health centers in the Lazio Region, their reactivation has faced institutional resistance. Regional administrators and local health authorities have often opposed the presence of the Coordination within the centers, invoking concerns over privacy and hygiene. Once again, activists have fought for a different conception of healthcare that should include spaces for users' direct participation in the management of the service.

The memory of the women's assemblies of the 1970s and 1980s plays a central role in this struggle. Those assemblies were spaces where experts and users could collaborate, transcending the traditional hierarchy between professionals and patients. As activists in their 60s remember:

> "The people who entered in the early stages, they worked with the women's assemblies, because assemblies were present everywhere in health centers in Rome... I started working in 1979 and in the women's assembly, you know what was going on? they had such an experience! [...]With the assembly we talked about contraception, how to do it, we discussed how we could do things together, we had projects... we thought them up and shared with them [the users], or rather they thought them up and shared with us..." (I2, CWA)

> "... this thing of women's assemblies, they were born together with the health centers. I used to go to the health center in via Monza, which I think was opened in 1980, and there was a well-structured and active women's assembly, it was a very equal relationship with the workers who interacted with the women's assembly." (I3, CWA)

Thus, women's assemblies stand as a symbol of an alternative model of healthcare, grounded in equality, cooperation, and mutual learning between health professionals and users.

Ultimately, the Coordination's mobilization is not only about defending a service, but also about defending a memory and a political legacy. Health centers are seen as the material embodiment of decades of feminist imagination and struggle—a living link between past and present activism. As one activist poignantly put it, health centers are "the concretization of everything we have thought" (I2, CWA). In this sense, the Coordination's action can be read as a form of "claiming credit" (Meyer, 2006), through which activists reassert the continuity of their struggles and the legitimacy of their role in shaping both the history and the future of public health in Italy.

5.2 Palermo: The People's Health Clinic in Borgo Vecchio

Located on the ground floor of a huge public housing block in the working-class neighborhood of Borgo Vecchio, the Social Centre Anomalia provides space for a People's Health Clinic established at the end of 2015. The Clinic started as a socio-sanitary counselling service, aimed at coping with the lack of general practitioners and helping patients orient themselves in their healing process, and has later transformed into a specialist Clinic.

Different generations of activists and doctors came together to organize a Clinic that was primarily conceived as a political project grounded in practice. As one doctor recalls, in the face of the decreasing mobilizing capacity of the radical left in both the Italian and local contexts, they chose to

> "develop a political activity that is more than just theoretical work, one that is based on labor, on social praxis - that is, the fact that you live within a community and, with your community, you not only develop theoretical frameworks, engage in analysis and so on, but at the same time live a practice capable, let's say, of transforming the context in which you operate." (I1, PHC)

While the emergence of the People's Healthcare Clinic can be understood as part of the mutualist experiences that developed in the aftermath of the 2007 financial crisis (Zamponi and Bosi, 2019), its discourses and practices are inextricably linked to a conception of healthcare forged in Italy during the 1960s and 1970s, and to the process that led to the creation of the National Health Service (NHS). In this particular case, the re-politicization of healthcare cannot be fully understood without acknowledging the legacy of *Medicina Democratica* and the memory of Giulio Maccacaro. Some active members of the Clinic have a direct biographical connection to that legacy, having trained as doctors in the 1970s and having themselves been part of *Medicina Democratica*. They later shared the memory of that experience with other activists, reworking it to address the current challenges related to healthcare in the neighbourhood. Building on such memory, activists reject capitalistic understandings that monetize and individualize wellbeing, and conceive of healthcare as a common good, and healing as a process rooted in social ties. Central to the discourses and practices of the Clinic is the critique of both hyper-specialization and elite expertise. Using Maccacaro's own words, one doctor criticizes hyper-specialization and diagnosis-centred medical responses for the ways in which they foster a fragmentation and objectification of the body. These processes transform medical practice into a monetizable activity: one diseased body part, one diagnosis, one sellable treatment. On the other hand,

the construction of an equal relationship between doctors and patients is central to the idea of healthcare pursued by the Clinic:

> "So the relationship with the patient is no longer an analytical one, in the sense of 'I am the doctor, you are the patient, and it's my job to figure out why you're unwell, what your diagnosis is.' In other words, my intervention is not reduced to making a diagnosis, thereby objectifying you. Instead, the relationship becomes dialectical - that is, the patient also engages with the doctor, and together they develop a path forward. He [Maccacaro] spoke of a kind of journey, a passage toward well-being, and thus also - more broadly - toward revolution." (I1, PHC)

A central element mentioned in the quote above concerns the democratization of medical knowledge. Away from expert-driven power relations, the Clinic's healthcare practice is rooted in the thorough recording and recognition of patients' medical histories. Patients are regarded as the protagonists of their own healing journey, and their lived experiences are treated as valuable knowledge, while medical expertise is shared by doctors in ways that help democratize medical knowledge. Another striking example is the high level of medical expertise attained by activists who are not formally trained as doctors; indeed, they are often referred to as "doctors" within the neighborhood.

Through the activities of the Clinic, healthcare is taken out of the routineized functioning typical of public hospitals, and brought back into political praxis as a key site of struggle in neoliberal times. In this sense, a critique of neoliberal erosion of public healthcare is coupled with reproposition of ideals of healthcare that originally inspired the creation of the NHS. As one doctor emphasizes:

> "Over the years, there has been a heavy smear campaign aimed at dismantling the national healthcare system, while at the same time increasing the space given to all forms of private agreements and services. The private sector is now rampant, whereas we once had an excellent public healthcare system, which still holds up when it comes to emergency care. But in terms of everyday healthcare, prevention and everything else are increasingly being cut back—due to staff shortages… and political choices." (I4, PHC)

A central element of the neoliberal erosion of healthcare, as described by the doctor, targets local healthcare facilities, general practitioners, pediatricians - all services of community-based medicine that were the cornerstone of *Medicina Democratica*'s vision of health. The People's Healthcare Clinic ultimately aims at achieving healthcare *for* and *through* the local community. This has several implications: activists are willing to open up the doors of the social centre to the local community, making it a common space upon which to build a sense of community with the neighborhood. Ideological divides are no longer the central element of political practice, while local community ties are. Indeed, the aim of the Clinic is for the lower classes that inhabit the neighbourhood to take care of their health, through both preventive and continuous services. The territorial dimension of care is closely tied to the social one, according to which a generalized well-being necessarily depends on the social relationships that sustain it.

The Covid pandemic has further expanded the activity of the Clinic through a collaboration with the local feminist network of *Non Una Di Meno*, which started collaborating by managing a gynaecological help desk. Blending legacies that belonged to the history of *Medicina Democratica* with the legacy of the feminist movement, activists started addressing questions of reproductive rights and questioning the relationship with state-based service provision. Moreover, the involvement of the transfeminist movement allowed members of the LGBTQIA+ community to have a say in shaping healthcare practices that address their specific needs. In this sense, after the pandemic, the People's Clinic de facto emerged as a repository of a plurality of past healthcare-related mobilizations, enmeshed within this specific grassroots initiative.

The Palermo case thus illustrates how the memory of the struggles of the 1970s surrounding the creation of the NHS - and, in particular, the experience of *Medicina Democratica* and the figure of Maccacaro - is reactivated within a working-class neighborhood through a grassroots healthcare Clinic. While the Clinic departs from the institutional dimension that characterized the movement leading to the establishment of the NHS, it nevertheless revives a conception and practices of health that are largely rooted in that period. This occurs only in part through the direct biographical continuity of some retired doctors, who have transmitted that approach within the Clinic. At the same time, the case shows how the memory of the past is reconfigured in response to contemporary political possibilities, specific needs, and the new constituencies mobilizing in the present.

5.3 Florence: The Brigata Basaglia

Drawing on the experience of its first Milan branch, the Brigata Basaglia opened another in spring 2021 in Rifredi, a working-class neighborhood of Florence, at the *Casa del Popolo Il Campino*. In response to a psychological (other than medical) emergency inadequately addressed by institutions, the Brigata emerged as a collective act of care organizing itself horizontally to offer an initial space for psychological support and connect people to concrete local resources. The Brigata has chosen to remain an informal group to preserve its independence and avoid the paternalistic dynamics of the third sector, maintaining its political commitment and critical stance.

Despite dramatic differences in the present socio-political context, the Brigata's discourses and practices remain deeply rooted in the political approach to mental health pioneered by the 1970s movements led by Franco Basaglia. As a trainee psychologist of the Brigata explained:

> The idea of care at the heart of the group is an echo of what Basaglia did - essentially a mental health approach that is respectful of the patient and goes beyond the idea of mental illness and its confinement in any form. Obviously, times have changed but the concept underlying the struggle remains the same. While in the past there were very invasive practices that constrained patients, today there are forms of containment that are profoundly social. […] So the idea of 'breaking down the walls', which Basaglia accomplished concretely in psychiatric hospitals, is still very relevant and has also extended to other contexts. (I11, BB)

The connection with Basaglia's legacy has been constructed retrospectively. Most of its members are young and had no direct knowledge of his work, only after naming the group in his honor did they begin to explore and elaborate this memory of the past: "Adopting Basaglia's name inspired us to study, and turned into a subject of both training and self-education." (I7, BB).

In an effort to "move care beyond the clinical realm" (I11, BB), the Brigata offers first-line psychological and social support, addressing requests for help and listening through its telephone hotline. In a second phase, it refers callers according to their needs: those requiring psychological assistance are referred to public or private professionals at affordable rates, while those needing support with issues such as housing, work or school are directed to associations or organizations active in those areas. The Florentine branch has recently decided to inaugurate a physical helpdesk in Rifredi neighborhood, to allow the homeless and migrants to access their services. While it is only the Florentine branch that operates also offline, the Brigata purposely stays at the margins as they aim "to be identifiable and accessible to people whom the institutions have excluded. This approach is certainly Basaglian" (I7, BB).

Mental health has been transformed from a collective right into a commodity, traded according to the market's logic. Within this neoliberal framework, access to care becomes stratified and exclusionary. The

privatization of mental health impacts not only patients and the wider community but also professionals, particularly younger practitioners. With public services underfunded or dysfunctional and little investment in mental health work, an increasing number of young psychologists are turning to private corporations with substantial financial resources. For all these reasons, "part of the Brigata's struggle is about removing healthcare from the market and creating a space where people can work together and support each other" (I10, BB).

This community-based approach to care fosters solidarity and mutual support, forming the foundation of both health and dignity. Centered on the person rather than the illness, it addresses not only clinical needs but also the broader social and economic conditions that shape wellbeing. At the same time, the Brigata itself embodies this vision of community by experimenting with Basaglia's idea of the *therapeutic community*, where everyone contributes to individual and collective wellbeing, hierarchies are flattened, and relationships are horizontal. In practice, it brings together people with diverse experiences and backgrounds - from psychologists to those working in the arts or social services - making care not only its goal but also its mode of organization. As members of the Brigata often remind, "psychological suffering is also life suffering" (I7, BB): care, therefore, cannot be confined to the therapeutic encounter but must engage with the material and relational conditions of existence.

> If you don't have a home, access to healthcare, a doctor who can treat you, and a basic income that allows you to eat and cover essential needs, then mental health cannot be separated from these conditions. […] This reflects our political side: the belief that living well requires a set of interconnected needs that cannot be separated or addressed in isolation. And for this reason, we stay in contact with all the movements and associations that can support people from that perspective. (I10, BB)

Beyond its contacts with organizations providing food support, legal assistance and medical care, the Brigata has built strong ties with active local groups in Florence, including transfeminist organizations, the workers of the former GKN collective and the food sovereignty movement Genuino Clandestino. As a psychologist of the Brigata stated, "relationships are at the heart of our work, and they are also central to our political practices" (I7, BB). This aspect is perhaps the one that most clearly revives and reinterprets Basaglia's legacy for the present: by shifting mental health from a private, medicalized concern to a communal and political responsibility, the Brigata positions mental health care as inherently connected to broader struggles for rights, equity and access to resources.

The case of Brigata Basaglia shows how the memory of past movements can operate as an active cultural resource. The choice of name was not a deliberate starting point but a generative act as it triggered a collective process of rediscovery and reworking of Basaglia's legacy, transforming historical memory into a tool for self-education and political identity-building. Crucially, this memory is selectively reinterpreted and provides a shared vocabulary through which a heterogeneous group of young activists makes sense of, and gives coherence to, their collective action.

6. Discussion and Conclusions

Health movements in Italy are deeply rooted in the mobilizations of the 1960s and 1970s, which profoundly shaped the development of public healthcare institutions. Reforms such as the creation of the Italian NHS, the legalization of abortion, and the closure of psychiatric hospitals reflected a close connection between social movements and institutional change, promoting values of equality, participation, and a political understanding of health.

Since the 1990s, however, neoliberal reforms, austerity, and privatization have progressively marginalized these ideas within the healthcare system, depoliticizing health and displacing movement-inspired practices from institutions.

Despite this erosion, the legacy of 1970s health politics persists through contemporary health movements, which preserve and reactivate these memories as part of their collective identity and activism. Across the cases analyzed, movements operate as "mnemonic communities" (Zamponi, 2018) that sustain shared understandings of the past through everyday practices, narratives, and activist repertoires.

First, references to the movements of the 1960s and 1970s constitute a central component of the collective identity of contemporary groups. Across all three cases, collective memory is actively at work: activists explicitly refer back to the 1960s and 1970s, invoking key figures such as Franco Basaglia and Giulio Alfredo Maccacaro or recalling specific practices, such as women's assemblies. In doing so, they trace a line of continuity between present struggles and those of the past. In two of the three cases, this mnemonic link is reinforced by the presence of long-term activists who provide a direct connection to earlier movements. Yet the three cases display similar dynamics regardless of this difference, suggesting that collective memory can remain powerful even in the absence of direct personal transmission.

Secondly, memory functions as a strategic tool in the struggle over the very definition of health. References to the past serve to promote a model of health that sharply contrasts with the neoliberal paradigm. Activists draw on the legacy of past movements that challenged dominant biomedical frameworks, advancing a conception of health as inherently social, multidimensional, and inseparable from broader social and political contexts. In this model, health is not simply the absence of disease; it encompasses both individual and collective well-being.

This understanding also entails a specific vision of doctors–patients relationships and healthcare governance. Activists advocate for the democratization of medical knowledge, which encourages patients to be active participants rather than passive recipients of care and directly contrasts with the increasing medicalization of health and its focus on diagnosis and cure. Contemporary movements emphasize relational, care-based practices, prioritizing relational and holistic approaches that consider the broader social, emotional, and environmental dimensions of a person's life alongside medical issues.

By invoking this historically rooted model, memory becomes a critical tool in the struggle over the meaning and practices of health. Neoliberalism, in this view, represents not only a set of economic and administrative reforms but also a broader ideology that shapes social relations, defines the value of care in instrumental terms, and privileges efficiency and profitability over collective well-being and democratic participation. Memory, then, allows activists to contest these assumptions, providing a framework for envisioning an alternative, socially embedded model of healthcare.

Our cases present two alternative ways in which such mnemonic struggle over the definition of health and its practice is sustained by contemporary health movements in Italy.

The first pathway, exemplified by the Coordination in Rome, shows how this struggle can be conducted within the institutional sphere. Activists here draw on collective memory to fight over the institutional identity of health centers, confronting the tension between the original feminist vision of these centers—as socio-medical spaces rooted in communal, political, and participatory understandings of health—and the pressures of neoliberal restructuring, which they perceive as having stripped the centers of their original character. By mobilizing to reclaim and protect these services, activists frame themselves as heirs of a historically grounded vision of healthcare that health centers had embodied. Activists of the Coordination use memory as an active tool to assert legitimacy, restore participatory practices, and reinstate the socio-political values of the 1960s and 1970s within the contemporary NHS, contesting neoliberal restructuring and reforms.

The cases of Palermo and Florence, instead, show how memory also serves as a tool to enact this legacy outside the institutional sphere. In response to transformations within the healthcare system, the principles and

practices of the 1960s and 1970s return to their roots in the movement and grassroots arena. Here, memory functions as a model for ideas and repertoires to be put into practice within the movement sphere, through ideas and concrete organizational tools. The non-institutional path of the Palermo and Florentine cases is particularly interesting in light of the past mobilizations they draw upon, which largely involved struggles within institutions or aimed at institutional reform. The fact that their memory, revived in the present, is directed mostly toward grassroots and community-based political activism shows how memory does not simply reproduce the past as it was, but rather reworks it in accordance with the possibilities and needs of the present. In these cases, activists tend to emphasize lines of continuity with the past but often downplay the differences, as they are trying to protect that legacy while also adapting it to the present. This distance from institutions reflects both these groups' limited political strength and the ideological preference of some members for a politics of health built from below and together with people. This is in line with what studies of collective memory have widely underlined, that is how movements may selectively use memory of the past according to the specific needs, ideas and identities that shape their present action (Zamponi, 2018).

Our results contribute to the study of the role of collective memory in health movements in several ways. First, our analysis suggests that health movements, like other social movements, should be understood as the product of processes of continuity from the past (Taylor 1989). While scholarship often focuses on these movements primarily during moments of crisis - such as the AIDS epidemic, economic downturns, or the COVID-19 pandemic (Cabot 2016; Chevée 2022; Epstein 1996) - their significance is not limited to high-profile events. Collective memory is a crucial element in ensuring continuity over time, as it sustains collective identity and activists' aspirations, while also providing tools, strategies, and lessons learned from prior experiences (della Porta 2014; Gongaware 2010; Zamponi 2018). The analysis of collective memory in the three cases we have explored also shows that references to the past should not be understood as merely nostalgic or backward-looking; they serve as active resources for shaping present and future action, enabling movements to address contemporary challenges with historical insight and legitimacy. Collective memory, thus, is a crucial tool for social change, and as such, it may play a central role in the construction of future alternatives.

Second, our analysis shows that memory is particularly relevant in relation to the outcomes movements have achieved in the past (Barone 2026b; Bosi, Giugni and Uba 2016). Beyond defending past achievements from new threats, activists draw on historical ideas, practices, and organizational models to confront the restructuring of healthcare systems, both inside and outside institutional frameworks.

Third, our findings underscore the centrality of memory in sustaining alternative conceptions of health, particularly under contemporary neoliberalism. Memory functions as a strategic tool: by drawing on a socially embedded model of health that stands in explicit contrast to individualized and commodified approaches, activists contest a paradigm that neoliberalism seeks to dismantle. In this respect, landmark achievements such as the establishment of the NHS and the enactment of Laws 180, 405, and 194 become powerful symbols of the capacity that social movements once had to shape public institutions and influence policy. These legacies are leveraged to legitimize activists' visions in contemporary struggles. Simultaneously, the marginalization of alternative ideas of healthcare opens up space for their rearticulation outside institutional frameworks, fostering a return to grassroots, participatory, and community-centered practices.

Fourth, our analysis shows that health movements cannot be understood in simple terms of progress or regression. Rather than advancing in a linear fashion, they rely on the past to move forward — configuring an idea of social change that, rather than presenting itself as novelty, draws largely on what has occurred in the past.

Finally, the selected cases differ in what they refer to: central movement figures such as Maccacaro and Basaglia in the Palermo and Florence cases, and practice/institution of health centers in the Roman case. While this distinction may appear significant at a formal level, we argue that it reveals more about the past movements

themselves than about the contemporary ones. The largely leaderless and anti-institutional character of the 1970s feminist movement may explain why no personal name is attached to its outcomes, while the closer institutional ties and organizational structure of the other two movements saw their legacies condensed around the names of their "leaders". However, in all three cases, contemporary movements draw on a broad set of health-related ideas and practices from the past that cannot be reduced to individual biographies: even when individual figures are used as reference points, what is recalled points to wider collective trajectories. There is still room for future research to look more closely at how different entry points into memory (figures, institutions or practices) shape the ways past movements are taken up in the present.

Our study presents some limitations that, in our view, also point toward promising directions for future research. First, the policy outcomes produced in the aftermath of the mobilizations of the 1970s were often the result of compromises among different political forces and were not always fully satisfactory for the radical movements involved. The ambivalence of these outcomes may continue to shape contemporary activism, as is often the case with processes of institutionalization (Barone 2026b). Moreover, as scholarship on collective memory has widely underlined, memory is essentially a plural and at times contentious process (Zamponi 2018; Hajek 2013): the movements of the 1970s were themselves plural, so different and at times conflicting interpretations of their legacies and outcomes may emerge within contemporary activism.

While this article does not focus on these dynamics, we believe they are highly relevant and deserve further investigation. Future research could explore how the ambivalent legacies of past outcomes continue to shape present-day activism and how these dynamics interact with the specific challenges activists face in a context marked by multiple and overlapping crises. In this vein, new research could address the existence of alternative or competing memories of 1970s health movements in contemporary activists. Furthermore, our study does not investigate whether and how the memory of past struggles may also burden or constrain attempts to develop innovative strategies and respond to emerging needs and challenges. In line with existing studies (Barone 2026b; Barone, forthcoming 2026), this represents a promising avenue for future research, particularly to examine under what conditions memory functions as a resource and under what conditions it may instead act as a constraint, as well as how these dynamics intersect with generational relations within movements.

Furthermore, the Italian case is characterized by the significant outcomes achieved by social movements in the 1970s, and this likely contributes to explaining both the strong continuity of these movements and the centrality of memory in contemporary activism. Future research could explore whether similar dynamics characterize health movements in other national contexts, where collective memory may be less tied to institutional and policy outcomes and more strongly connected to movements' repertoires, identities, and activist cultures.

Overall, our study contributes to the analysis of health movements in Italy, where the connections between past and present activism have been rarely examined, and more broadly to the study of health movements by encouraging future research to investigate health activism through broader temporal lenses. In particular, we suggest that further research should explore the role of collective memory in shaping health activism, exploring how it affects movements' collective identity, ideas, repertoires and strategies and how movements may actively mobilize it to address new challenges.

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