Justice is the Real Medicine:

The Tensions & In(tensions) of Radical Thinking in Liberal Institutions Across the Medical Industrial Complex

by

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The following served on the Examining Committee for this thesis. The decision of the Examining Committee is by majority vote.

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Author's Declaration

This thesis consists of material all of which I authored or co-authored: see Statement of Contributions included in the thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners. I understand that this thesis may be made electronically available to the public.

Statement of Contributions

The primary author, Arany Sivasubramaniam, was responsible for designing the study and developing the research strategy under the supervision of Dr. Lisbeth Berbary. Designing the study involved writing the dissertation thesis, manuscript, and syllabi, including editing, and revisions. This thesis contains three manuscripts and three syllabi that have been published or will be published. Exceptions to sole authorship of material are as follows:

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Abstract

This dissertation navigates the tensions that arise when radical, political, approaches intersect with the liberal frameworks of health institutions and organizations. Grounded in the interdisciplinary methodology of research-creation, this study interrogates how systems of care, equity, and justice are negotiated, disrupted, and re-imagined within institutional boundaries. Drawing from critical social theories and concepts, the research utilizes pragmatic methods including the plugging-in technique, critical friend collaborations, radical workshops, emergence, affirmative refusal, and skill-sharing, to mobilize knowledge and foster collective insights. The study reveals how liberal, health spaces such as hospitals and long-term care homes often constrain radical political praxis, requiring actors to navigate a delicate balance between complicity and resistance. Through research-creation, it emphasizes the transformative potential of collaborative, creative, and reflexive practices in making visible the affective and structural forces that sustain complicity to white institutionalization. By employing affirmative refusal and emergence as methodological strategies, this research highlights the generative possibilities of refusing predetermined pathways while remaining attuned to the unforeseen. Moreover, radical workshops served as spaces of collective learning and experimentation, fostering community-based knowledge production and challenging state-sanctioned, institutional norms.

This work contributes to scholarship on radical politics, health justice, and research-creation by offering practical and theoretical tools to disrupt and reimagine the boundaries of care and well-being within liberal organizations. Ultimately, it argues for the necessity of holding tension as a productive site for transformation, where institutional critique and creative praxis coalesce to envision more just futures.

Acknowledgements

To the earth itself—the land, water, air, and the more-than-human beings that sustain us—the flora and fauna. This dissertation is written with an awareness that knowledge, like the land, is relational, living, and shaped by the conditions of our world. May this work attempt to reflect a commitment to care, reciprocity, and the shared responsibility we hold to each other and to the planet.

To the participants of this research, I am thankful to have crossed paths with you! Thank you for your time and energy to make this study possible. I cherish our conversations and learned so much from each one of you.

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To my committee members, Dr. Kimberly Lopez, Dr. Sherry Dupuis, Dr. Christopher Taylor, and Dr. Meridith Griffin, I am grateful for your guidance and care as I continue to evolve as a scholar in these field(s).

To the University of Waterloo community, Faculty of Health, Department of Recreation and Leisure Studies, and the Aging, Health, and Well-being interdisciplinary program, I appreciate your consistent support and ensuring that I am always on the right track.

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To my family, அம்மா (mother), அப்பா (father), அக்கா (older sister), and Shanger (brother-in-law), this dissertation would not be what it is today, if it were not for you. Your unconditional support and motivation are what has fueled me.

To my partner, Bhahitharan, I have constantly changed as a human being, especially in the last 7 years of knowing you because of my theorizations and re-conceptualizations. I will never be able to express how grateful I am to have you not only accept me but celebrate me as an ever-changing learner. Olive you.

Dedication

This project is dedicated to my makers, அம்மா (mother) and அப்பா (father). I hope you look at this and think your sacrifices were worth it. This project is also dedicated to all the artist-scholar-activists whose work traverses disciplinary and institutional boundaries in ways that create cracks that necessitate we make change together. It is in these spaces where we can really disrupt the status quo and create healthy futures where the thriving of all not only matters, but also is a necessary condition of living.

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Statement of Positionality

How I identify is entangled with all the work that I do. My privileges and subjectivities are kneaded through how I show up in the world. I have witnessed and experienced injustice in health and medicine as a frontline healthcare worker, while working on liberal equity, diversity, and inclusion (EDI) initiatives at my places of employment, and as a patient and caregiver across various health systems. My writings come from witnessing the complex positions that I occupy, as well as my values. Rather than reducing complexity, I aim to take space for it. The space I occupy in this world is one where my Thamizh-ness (commonly referred to as 'Tamil'-ness), femininity, cishetereogenderism, immigrant-settler, and other identities define the potentials for my existence. This is *not* how things should be (Davis, 2016).

I also acknowledge that these papers were written while living and working on the Treaty Lands and Territory of the Mississaugas of the Credit. I acknowledge the territory of the Anishinabek, Huron-Wendat, Haudenosaunee and Ojibway/Chippewa peoples; the land that is home to the Métis; and most recently, the territory of the Mississaugas of the Credit First Nation who are direct descendants of the Mississaugas of the Credit. As a Thamizh immigrant settler from Eelam (commonly referred to as Ceylon and now, Sri Lanka), I was not invited to live and write on these lands by an Indigenous person or community. And so, this dissertation was created on stolen land[1].

I have grown up and remained upper middle-class, which also at times is a greater defining feature than my Thamizh-ness. I am able to travel more easily because of my class,

[1] Acknowledging this reminds me to continue to act. To me, action means to engage in mutual aid, mobilize knowledges about the history and current realities of Indigenous peoples on Turtle Island, donate and amplify organizations working for Indigenous freedom such as the Indigenous Climate Action and Land Back initiatives, build genuine and reciprocal relationships, and share Indigenous stories and achievements in my networks—crediting them fully.

able-bodiedness, and my Canadian passport. Neither my family nor I are rich, my upper middle-class status has provided me with high levels of social capital and a proximity to privilege. More than anything, being upper middle-class has meant that I know how to access resources and can use elitist language that reaches those who benefit from my subjugation. I would not be thinking my thoughts, or writing my writings if it was not for these unearned privileges. To be silent about the realities of my position is a disservice to my work. It is a disservice to the research and resistance that will eventually lead to liberation. How I have chosen to live my life is an attempt to redistribute knowledge, privilege, resources, and space.

Deep gratitude to the organizations where I was employed full-time during the course of my study: the Centre for Addiction and Mental Health (CAMH) and the William Osler Health System (WOHS) and for making space to embody theory in daily practice to push for greater collective impact. At CAMH, I worked as a Health Equity Coach where I coached teams across the hospital on how to care in more inclusive ways for populations that have been historically excluded systems of health (i.e. Queer and Trans folks). At William Osler Health System, I worked as a Health Justice Specialist to eliminate systemic and structural barriers to health for all peoples. These full-time employment opportunities have led me to live my research, theories, and methodologies in tangible, practical ways on the ground. Even as we navigate neo-liberal institutions built on capitalist production, there have been people from these organizations who have always been on *my* cheer squad.

Speaking of cheer squad, my supervisor, Dr. Lisbeth Berbary, has provided guidance for me that has been both steady and expansive. Every word, sentence, and phrase in this dissertation was co-created with her. If it were up to me, each sentence would have "(personal communication, L. Berbary)" as citation. She has single-handedly brought radical thinking into

my life so that I can show up differently in the world and in this work. Her ability to hold space for both critical rigor and creative freedom has been invaluable, allowing me to take risks, sit with tensions, and push the boundaries of what this work can be. What I have appreciated the most in her guidance and our relation is that she understood me as a person and how I needed to be guided. Her undying trust and confidence in me served as a constant source of fuel over the last five years, continually reminding me why this research matters. This work *is* collective. This work *is* spiritual. It was never *just* about a dissertation project.

And yet, to get to the project—my dissertation is organized in the following order: a statement of positionality, an introduction to my overall study, three manuscripts, and three syllabi, and a conclusion of how I am "leaving" this space.

Introduction

Rupa Marya, an activist and physician states in an Instagram post,

"There is not one way to be to bring the change we need. Do you understand your role in the ecosystem? Do you have a pattern of isolating the people who don't fit your idea of how things should unfold? Do you know who your healers and builders are? Who are the visionaries and disrupters in your midst? Does your organization or affinity group recognize the roles these different people play and use that diversity for maximum advantage? Understanding the ecosystem can help us organize along principles of solidarity for all of our anti-colonial, anti-capitalist, anti-imperialist struggles. This is a global movement. It has been for at least 600 years." (Marya, 2024).



Figure 1.0: The Social Change Ecosystem Framework (Iyer, 2017)

Marya celebrates the diverse group of change-makers in her reference to Deepa Iyer's Social Change Ecosystem Framework (see Figure 1.0) and would agree that all of us—the healers, disrupters, caregivers, builders, visionaries, frontline responders, experimenters, weavers, guides, storytellers, and more, are *needed*. We need all of us to exist for change to happen. Iyer's framework has become a tool used by people and institutions to engage in social change movements meaningfully and effectively. But, **how does one engage in social change movements, r a d i c a l l y?** This is the question, I delved into deeply over the last 5 years.

The question (bolded) above is what sparked my thirst for justice. As I was working on EDI initiatives and began my doctoral study, I noticed that my politic started to change. My politic started to change when I engaged in political education; whether that was through reading books recommended by my supervisor, writing through theorizations, listening to podcasts,

social media posts, and world events such as the Covid-19 pandemic and the Black Lives Matter uprisings in the year, 2020. These world events and engagements empowered me to have deliberate and political conversations with my friends and family that I would not have otherwise had.

When my politic started to shift, I attempted to become what James (2014) names, *a radical subject* while working in liberal institutions of health and well-being. James' concept of the "radical subject" emerges from her broader critique of power, state violence, and the co-optation of radical politics by liberal institutions (James, 2014). The "radical subject" refers to individuals or groups who embody and enact resistance against systems of domination, particularly those rooted in white supremacy, patriarchy, and capitalism. These *subjects* operate outside or in defiance of institutionalized norms, refusing to conform to reformist or neoliberal frameworks that de-politicize transformative struggles (James & Federici, 2016). Radical subjects act outside of institutions while still working within them (James, 2014). Especially while working within the institution, a radical subject confronts the limits of liberalism by advocating for systemic change, rather than incremental adjustments, aligning with revolutionary rather than reformist politics (Walcott, 2021).

Being a radical subject coalesced with my thirst for justice. My thirst for justice was a thirst for coming home to myself and re-learning my story. My childhood was a violent rupture of subordination and thrusted identities. Nothing shakes the system more than a Thamizh woman with agency, voice, opinions, and sexuality. Learning my story/theory helped me to acknowledge and articulate my existence. *I have been living justice all along.* My thirst to justice and my radicalization started from education. That's why I think the first step to healing our ecosystems is to *educate*.

Education is what "started" my inquiry. Thus, this dissertation is scaffolded into three manuscripts to describe the overall project, beginning with my education on context and theory. Context and theory are the foundation that this project is built on. Without this foundation, the "projects" of the other two manuscripts simply cannot exist. This is because, the first manuscript establishes the broader context and theoretical foundations of the study, while the second manuscript delves deeper into specific theoretical frameworks and their application. The third manuscript then outlines the methodology, detailing how the research was conducted. Each paper was guided by the following research questions below.

Research Questions:

Research Question 1: How do we resist reformism and performative actions while recognizing demands of our complicities within our institutions and beyond?

Research Question 2: How can we educate people before they enter and or cross all points of engagement with the institution?

Research Question 3: How do we get people educated outside of institutional requirements beyond the epistemic violence of privileged knowledge and also, without the approval of the institutions that rarely support radical thinking?

In the paragraphs below, I describe each manuscript in detail, what they do individually, and how they are tied together to contribute to the overall dissertation.

The first manuscript titled, "On the blood of others: revisiting how "health" happens in interdisciplinary scholarship" laid the education required to revisit our current notions of health. This manuscript focused on social structures without shying away from the deep political roots of oppression from where our health manifests. This first paper, as a part of the three-paper dissertation, discussed the legacies of white supremacy and colonial violence that is on-going in

our care systems today (Chatzidakis et al., 2020). Before (un)making the systems of health and well-being it was important to name its histories of oppression. In naming the socio-historical legacies and their current manifestations, this manuscript named some of the interconnected oppressions that we must dismantle in our everyday work as scholars, activists, healthcare workers, mobilizers, and organizers (Ture, 2017). This *is* education. This is education in the sense that it challenges dominant narratives, deepens critical consciousness, and equips those engaged in radical work with the knowledge to recognize and dismantle oppressive systems. It educates scholars, activists, healthcare workers, mobilizers, and organizers who are actively seeking to transform the conditions in which they work and live. However, it may not reach—or may be actively resisted by—those invested in maintaining the status quo, those who dismiss radical inquiry as impractical, or institutions that prioritize compliance over critical engagement.

What this manuscript does to the overall project is that it brings the concepts, theories, and scholars that I thought *with* to *do* methodology. Without this level of engagement with theory-concepts[2], I would not have thought my thoughts. Theories, and concepts or theory-concepts, are the tools that we use to *think* with (St. Pierre, 2019; Crotty, 1998). It helps us learn how we want to show up in the world (hooks, 1991). For me, this first manuscript does not only define theory-concepts, but it also explains how I take them up to mean and how I use them for my overall study. Some of the theory-concepts described in this manuscript are: the violence of health systems such as colonialism, white supremacy, enslavement, racism, racial capitalism, the pathologizing of racism, and medical exploitation and experimentation (Washington, 2008;

[2] Theory-concepts are the idea that concepts and how we understand them *are* theory themselves (Berbary, 2020). They are foundational ideas that help explain how and why certain phenomena occur. For example, in critical social theories, key theory-concepts might include intersectionality—how overlapping systems of oppression shape experiences (Crenshaw, 2019), or abolition—a conceptual framework for dismantling carceral systems and envisioning alternatives (Davis, 2016; Gilmore, 2007).

Marya & Patel, 2022). Bringing in scholars such as Robinson (1983), Maynard (2017), Omi & Winant (2014), Davis (2016), Melamed (2015), Burden-Stelly (2020), Dubois (1903), Fanon (1967), Berbary (2020), and Andrews (2019), this paper discusses in detail how legacies of violence show up in our health systems—or what Mingus (2015) conceptualizes as the Medical Industrial Complex (MIC). Overall, this paper elaborates on the MIC and revisits our notions of health and well-being so that this project is set up to critically think about dismantling the violent structures that make up our social conditions.

The second manuscript titled, "Poetry as gift to articulate oppression across transdisciplinary health scholarship", takes these theory-concepts and puts them to use. While it is important to trace and articulate these historical and on-going legacies of violence, it is more important to build something more useful. Thus, throughout a collection of poems on class struggle and racial oppression, the second paper weaves liberatory social theories and concepts, to think about movement towards better futures. In this paper, I wrote a variety of poems which traverses disciplinary boundaries and uses poetry as a b u f f e r against being burned down by the structures of domination for people engaged in liberation movements (Kramer, 1989; Tembo, 2012). The method I used to write these poems were the plugging-in technique outlined in Jackson & Mazzei's book, *Thinking with theory* (Jackson & Mazzei, 2022). The plugging in technique works in the creation of poems by embedding theoretical concepts directly in the poems, allowing ideas from thinkers like Cedric Robinson (1983) and Robyn Maynard (2017) to shape the language and rhythm. Rather than explaining theories or concepts separately, I let it move through the lines—sometimes explicitly through citations, and other times more subtly through the structure or metaphors. Additionally, the structure of each poem was not separate

from the theory—it was a method of thinking with it. For example, if working with theories of rupture and refusal, I used line breaks, gaps, and repetition to enact those ideas on the page.

The "study" of this manuscript was to plug theory into a textual analysis of the MIC[3]. The technique of plugging in theories is contingent and strategic movements of thought (Foucault, 1990; St. Pierre, 2019). My aim was to create a reading of so-called “research texts” embedded with theoretical concepts as a way to provoke the unthought—a thought that is not imagined or dreamed of (Jackson & Mazzei, 2022). For example, writing poetry is gifted of thinking and making, alerting us to what is at work in a line and a form. The way a line breaks in a poem opens understanding, pauses time, brings in new meaning, and brings a reader/listener to a different kind of knowledge (Brand, 2023). When the reader or listener gets propelled towards a different knowledge through a poem, the opportunity to challenge taken for granted notions of social reality emerges (Brand, 2023). To provoke the unthought and put theory-concepts to use (Foucault, 1990), this paper discussed how we can use poetry to radicalize our worlds, how poetry has been a tool across interdisciplinary scholarship, poetry as research-creation, citing poetry as political, examples of poetry as education and expression, and included poems that illuminate capitalist and racist logics of health.

my eyes awakened me sobbing this morning
what can i do? i prayed
my soul told me
write the poems

[3] The MIC is described in depth in Manuscript 1.

Holding a leftist politic and "doing research differently" lined up with the importance of poetry for my position. Poetry has been used as a tool of protest that aids to capture social realities and re-imagine new ones across histories (Baxley & Sealey-Ruiz, 2021). Baxley and Sealey-Ruiz (2021) said that poetry, for the poets, is a form of resistance; "a way to bare their souls and restore themselves against the anti-Blackness that is rampant in our society" (p. 311). Poetry is an avenue of healing, resistance, and reflection on historical and current times as a larger project of refuge, fight, and the pursuit of freedom for all (Baxley & Sealey-Ruiz, 2021). In the second manuscript of this dissertation, I showcased how this art form has been healing and affirming for myself and the people with whom I think and write. The poems in this piece were also animated by worldmaking, love, and revolution.

The second manuscript attempts to respond to **Research Question 2,** "how can we educate people before they enter and or cross all points of engagement with the institution?" by arguing that poetry is one way we can do that. As an independent manuscript, this was the "project" I needed to do before diving (fully) into the methodology in the third manuscript. What manuscript two did to the overall project was that it acted as stepping stone, a bridge that connected this project from theorizing concepts to enacting theory; although, I would argue, like Berbary (2020), that theory *is* practice. To explain, this was the manuscript that explored theory in action. The bridge, then, was the process of making those connections. If we think of manuscript one as context and theory, the second manuscript did the important work of articulating that context and theory in action. This was a crucial link because in manuscript three, when I got into methodology, it was these very poems that were used to share knowledge, call to action, and radicalize our worlds.

Lastly, the heart of this project—manuscript three, titled, “Research-creation for change: Using scholarly inquiry and creative practice to engage radical politics in the institutions of health and well-being”. Manuscript three fuses the context and theory-concepts defined in manuscript one and articulated through poetry in manuscript two, to enact transformative change. This manuscript rubs up against the tensions of being a radical subject in liberal institutions of the MIC such as hospitals and long-term care homes. Manuscript three contributes to the overall study by attempting to respond to **Research Question 1,** “how do we resist reformism and performative actions while recognizing demands of our complicities within our institutions and beyond?” and **Research Question 3,** “how do we get people educated outside of institutional requirements beyond the epistemic violence of privileged knowledge and also, without the approval of the institutions that rarely support radical thinking?”. Guided by these research questions that lie at the heart of this dissertation, this paper does the work of showcasing how I enacted and articulated context and theory through research-creation as methodology.

Research-creation is an academic and creative methodology that fuses scholarly research with artistic practice (Manning, 2016; Truman, 2022). It emphasizes the production of knowledge through the process of creating art, often exploring how creative works themselves can serve as a form of research (Loveless, 2019; Springgay, 2022). The main elements of research-creation are that it is process-oriented, combines academic theory with creative practice, interdisciplinary, and challenges traditional, text-based representation by using creative expression as legitimate research outcomes (Springgay & Truman, 2018). This manuscript describes one way I took up research-creation guided by artist-scholars such as Loveless (2019), Springgay and Truman (2018), Gemuend (2023), and Manning (2016).

I adopted research-creation as methodology and here is the context in which I used it. As stated previously, I was a front-line healthcare worker in my past work. In particular, I worked as a recreation therapist across many health organizations such as hospitals and long-term care homes across Ontario. While working as a recreation therapist, I noticed how structures of oppression such as medical racism manifested in my everyday work (Ahmed, 2021; Washington, 2008). It was difficult to speak up against systemic oppressions like racism because of the bureaucracy, red tape, white supremacist standards of "professionalism", and the laws that I had to abide by in order to continue working as a recreation therapist. My employment in health organizations demanded my complicity to the systems of oppression. However, to resist the violences of white supremacy, colonialism, and racial capitalism within our health systems[4]*, there have been many reforms that have been put in place. One of the reforms that exist within many institutions of health, education, and corporation are offices of equity, diversity, and inclusion (EDI) (Walcott, 2019).*

After working as a recreation therapist, my passions for change-making led me to working in offices of EDI so that I too, can do this important work. EDI as a thought, framework, model has manifested as a result of the world's liberatory reckonings of racism, capitalism, and colonialism in so-called canadian institutions (Davis, 2008). EDI was set out to lead and organize this reckoning and the resulting changes that must occur within the walls of the institution (Sivasubramaniam & Berbary, 2024a). In many organizations, there are folks who are craving change but don't always understand how to let alone the processes that go into their oppression (Wheatley & Kellner-Rogers, 1998). Thus, EDI makes space to build the capacity, resources, and support needed to make change-making initiatives successful. For example, in the

[4] This is discussed in Manuscript 1: Sivasubramaniam & Berbary (2024a).

healthcare context, training and education in how to deliver more equitable service can create an environment where staff may be taught to use critical thinking and self-reflection in centering their roles so that service delivery becomes more equitable. This does not mean that training and education will lead to material change but it can be part of the movement to shift away from white supremacist modes of healing and service delivery (Marya & Patel, 2022).

And also, if you observe EDI practices, similar to how you observe the MIC, we see that EDI itself tends to maintain liberal forms of representation rather than any true transformational redistribution (Walcott, 2021). Offices of EDI maintain liberal forms of representation through hiring racialized folks and facilitating activities that are meant to educate around equity, which often fail to do the actual work of transformation (Walcott, 2021; Davis, 2008). To ignore radical ways of thinking beyond EDI is to accept status quo as a given, rather than as a manifestation of dominance in need of critical questioning. To do more than what EDI can offer us, we can engage in radical politics within the organizations we work in.

An important radial politic that led me to research-creation is called "abolition politics" (Abolition Collective, 2018). Abolition means to change everything (Gilmore, 2007). Abolition politics aligns with the notion that not only do we need to change the institution but the organization which allows the institution to function as is (Davis, 2008; Kaba, 2021). That organization sees those with power as holding a movement of production in direct contrast to those who labour (Walcott, 2021). If we are to engage in abolitionist thinkings, the labourer

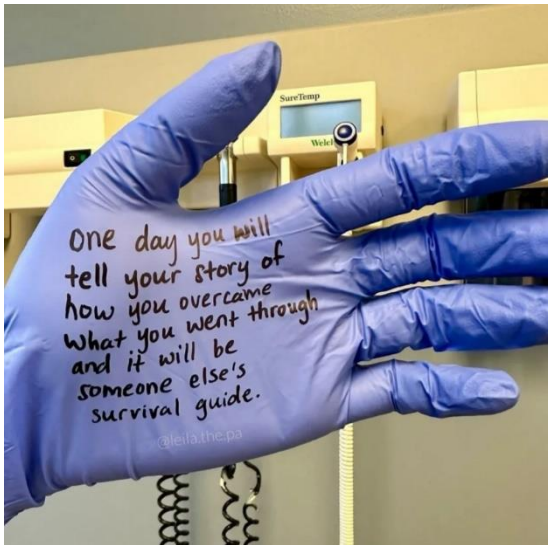


Figure 2.0: An Instagram post that sparked my thinking towards creating a syllabi based on my experience as a healthcare worker (Nabavi, 2024).

must reclaim the power that the "ruling" class never wanted to give up (Davis, 2008). Within the healthcare context, this could look like starting a winter clothing drive for patients. To me, this is a mode of resistance (Brown, 2017; Dixon & Piepzna-Samarasinha, 2020) because it is giving people what they need materially and is part of creating healthy worlds that are built on structural care (Zandt, 2020; Piepzna-Samarasinha, 2018). Abolition is more than equity, diversity, and inclusion. It is working from the inside to resist and re-exist (Mignolo & Walsh, 2018). The onus cannot be put solely on offices of EDI because this is everyone's work (Táíwò, 2020). The responsibility is everyone's and we should not have the ability to defer the responsibility to someone else simply because of our identity or to serve the capitalist agenda (L. Berbary, personal communication, September 19, 2021). Our work cannot stop or start within the offices of EDI, or within the MIC, but must continue beyond institutions, borders, spaces, and times.

To engage in abolition politics within the institution, what I "did" for this research-creation project was that I created three syllabi[5] as political education for people who work in organizations of the MIC titled, *Educate*, *Agitate*, and *Organize*. The first syllabus, *Educate* includes content to learn and confront the structures of oppression in health institutions. The second syllabus, *Agitate* includes content on various strategies to resist as an individual within the health system and reflections and exercises to take a pause. Last, syllabus three, *Organize*,

[5] During my final doctoral defence, Dr. Christopher Taylor asked me, "why not *just* poetry?". He was asking me why the art could not just exist as it was without the need of the syllabi. I responded, "It could have just been poetry, but the syllabi spoke to my duty as a scholar to democratize knowledge. I felt that it was my duty to bake out the deeply political and complex meanings of the poems with further context, definitions, and reflexive exercises. Art is enough and it always has been. And yet, including the context and explaining certain theories supported the accessibility (although that too could be critiqued) for readers to engage in concepts that I only got the privilege, time, space, and capacity to wrap my head around through the academy."

includes content on different strategies to organize with people in the institution and build a future built on structural care (Zandt, 2020), outside of the organization.

The methods, techniques, and approaches I used to create the syllabi were: the plugging in technique, critical friend collaborations, radical workshops, emergence, affirmative refusal, and skill-sharing. I explain these methods in detail in manuscript three (see Appendix A-L for specific materials and evidence that guided this methodological process). Simply put, each syllabi plugs in theory and context from manuscript one and poetry from manuscript two as tools for political education. However, the inquiry of manuscript three was not just about creating a syllabi. It was about how I *co*-created it. The creation of the syllabi was an iterative, collective process with other healthcare workers and scholars engaged in liberation and justice. The finalized syllabi are free to access by *anyone* through an online platform called, Canva (see below for the links to access). After creating the syllabi, I shared it with healthcare workers, artists, scholars, and activists across various social media platforms (such as LinkedIn and Instagram). I mobilized the syllabi by connecting with local health organizations such as the Trillium Health Partners, Centre for Addiction and Mental Health, and the William Osler Health System. In the future, I plan to distribute physical copies of the syllabi in an organized community event (slam poetry style) for healthcare workers and also, on the streets that are located proximally to health institutions.

Syllabi 1:

Radical Labourer. (2024a). Educate. Retrieved from: https://www.canva.com/design/DAGLNPpKb3A/zutEtZq4LexVPruUSGo6Qw/edit?utm_content=DAGLNPpKb3A&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton

Syllabi 2:

Radical Labourer. (2024b). Agitate. Retrieved from: https://www.canva.com/design/DAGLOLMtOAo/zJJB9JSgTCtWOSaDD-V19Q/edit?utm_content=DAGLOLMtOAo&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton

Syllabi 3:

Radical Labourer. (2024c). Organize. Retrieved from: https://www.canva.com/design/DAGLO6NSItU/2lrfgI47sS3t8zAQgqeUzg/edit?utm_content=DAGLO6NSItU&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton

Manuscript three asked, what are the potentials we are re-imagining of embodying a radical politic within organizations that would rarely support such a progressive politic? How do we break the walls of institution so that change can happen from within? Likely, manuscripts one and three are always already (Althusser, 2006) informing the syllabi and therefore, the research-creation that I have spoken about in manuscript three has been taking place through manuscript one and two. Thus, my theory-practicing has inherently been engaged in coming to some types of practical solutions within the institution's walls (Berbary, 2020). Manuscript three is not separate from, but rather, always intra-active (Barad, 2007) with manuscripts one and two. Such reiterative interactions between all three manuscripts gave me the lens that I needed to help theorize how to use tools of radical, collective action and community organizing to make cracks into the institution for radical politic to seep in (Kaba, 2021).

Manuscript 1:

On the blood of others: Revisiting how “health” happens in interdisciplinary scholarship

Manuscript of an article published by Taylor & Francis in [Leisure/Loisir] on [19 January 2024], available online: http://www.tandfonline.com/[10.1080/14927713.2024.2318202].

On the blood of Others: Re-visiting how "health" happens in interdisciplinary scholarship

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On the blood of Others: Re-visiting how "health" happens in interdisciplinary scholarship

Abstract:

In much interdisciplinary scholarship, when health and well-being are conceptualized, they are often contextualized from white supremacist, racist, and capitalist frames. To reframe scholarship towards more useful possibilities, we first must confront the historical and on-going violences brought forth from our reliance on notions of health that often come directly from colonization and slavery and have failed to provide possibilities of health for racialized folks. If capitalism can be described as "labour on the backs of Others," then health is founded on the blood of Others—particularly, those who were enslaved. In naming the socio-historical legacies and their current manifestations, we name some of the interconnected oppressions that we must dismantle in our everyday work as we engage with racialized communities. Our work requires us to politicize the role of health and healing as a crucial component of the better world we are building.

Keywords: Racism, white supremacy, health, racial capitalism, colonization, enslavement

One of the underlying premises in many interdisciplinary fields in the social sciences is a focus on health and well-being (Glover, 2006; Lopez, 2012, Mock et al., 2010). However, much of our field has already come to terms with the ways that many of our notions of health and well-being[6] have at times led to 'unhealthy'[7] outcomes due to the promotion of biomedical discourses which often prioritize independence over interdependence, ignore holistic approaches, and rely on the violence of 'normalcy' (Dupuis et al., 2012; Johns, 2005; Mansfield, 2021). Yet, even among such critique, what still at times remains hidden is how our current notions of health have deep relations to legacies of enslavement and colonization, and current manifestations of white supremacy, racism, and racial capitalism. If taken up with critical theories and concepts such as feminism, then, our refusals of biomedical traditions of health and well-being must also critique and make evident the legacies of colonization, enslavement, and white supremacy at play within some of our deepest health attachments (like diet culture). While we are sometimes told that the past should not matter when speaking about the present, ignoring these legacies is an impossibility when they have so boldly shaped the conditions of our potential futures—when they continue to flourish through our present practices and need to be transformed if we are ever to reach liberatory futurities for *all* (Walcott, 2019).

As we work towards this liberating future, we have to recognize that much of our thinking of health and well-being are directly connected to notions of health that are themselves based on narrowly defined conceptualizations of what it means to be healthy or well—at the

[6] We conceptualize leisure as a transdisciplinary framework that pulls across bodies of knowledge that always already centers multiple models of health.

[7] As Butler (1992, p. 15) wrote, "I place them in quotation marks to show that they are under contest, up for grabs, to initiate the contest, to question their traditional deployment, and call for some other. The effect of the quotation marks is to denaturalize the terms, to designate these signs as sites of political debate".

exclusion of many various possibilities of how these concepts might play out differently among different peoples, cultures, possibilities, and geopolitical spaces. For instance, current notions of health as, for example, 'void of disability' will limit how we can even perceive of what health looks like, who is healthy, how we come to health, and even where health happens—excluding multiplicities of healthiness and well-being (Andrews, 2019; Berbary, 2022; Friedman & Owen, 2017). We recognize that these violent, inequitable legacies continue to create the boundaries around health possibilities. Therefore, to create something otherwise we must decouple from on-going colonialism, white supremacy, and racisms, naming them so that we can articulate the violence they perpetuate. Only by naming and acknowledging this violence, can we actually begin to dismantle it—and dismantling it requires us to have a mass healing that can only happen once we all admit that there are deep wounds that we live with and must heal from in order to rethink health differently forwards better futurities.

This manuscript, then, will confront the violence perpetuated by our reliance on notions of health that come directly from racist, white supremacist, colonialist histories that for far too long have caused harm through reinforcing hierarchies of who counts as more human, while simultaneously erasing possibilities for health happening (Andrews, 2019), particularly in raced bodies that fall outside of whiteness. This deconstructive work is not only important to interdisciplinary scholars and health practitioners in anti-oppressive practices, but to *all* people whose work brings them into regular contact with racialized communities[8].

[8] Within racialized communities, there are queer, aging, mad, trans, sick, disabled, poor, biracial, and mixed race folks and more.

Violences in Health Systems

The legacies of violence that have been perpetuated in the history of health do not have a singular starting point, but instead have always already connected to the ways we perceive of others as healthy or not. Regardless of where we begin then, there is recognition that at some place in human history, dominant colonialist nation-states accepted a system which created hierarchies around who is more human and who is not (Garner, 2010; Berbary, 2022). These hierarchies have led to the possibilities of encouraging and perpetuating notions of colonialism and white supremacy, enslavement and racism, and racial capitalism within health. The following section will describe each of these structures of domination, how they are linked, and how they manifest in health.

Colonialism and white supremacy

White supremacy has been inextricably linked to violent colonizing acts of control and coercion that classify the species of our world, including humans, into 'hierarchies' of difference violently creating inequitable and unevenly distributed possibilities for living (Banton, 1978; Fanon, 1967). Various acts of colonization have taken place across time and space, and still to this day manifest as taken-for-granted dominations over people, resources, land, and existences that move to uphold hegemony, oppression, violence, and human supremacy to ultimately benefit dominating groups in power (Mahmud, 1998; Omi & Winant, 2014). White supremacy supports such colonizing acts by reinforcing constructed racialized differences and assigning more worth to those dominating groups closest to whiteness who benefit from being 'superior' to Othered racialized group(s)[9]. White supremacy and colonialism enforce one another's

[9] We refer to "Othered" groups or "Others" as not only groups who are impacted by racism but also refer to *all* beings that are intentionally exploited by the dominating superstructures of cisheterosexism, white supremacy, human supremacy, imperialism, capitalism, exploitation, genocide, and climate change.

antagonistic divisions of power between groups of people and force Othered group(s) to be historically excluded and socially targeted within systems of health (Banton, 1978; Fanon, 1967).

It is important to recognize that hierarchical divisions of power between groups of people existed far before colonialism. For instance, the caste and class systems which are thousands of years old, have existed far before colonialism (Rogers, 1994). However, european colonization had a totalizing and global impact on Othered group(s) who lived alternatively to ideologies of whiteness (Dubois, 1935; Mahmud, 1998). Whiteness as an institution, "whiteness as a concept, an antagonistic mode, a political formation of power, an extractive ontological state of relationality" (Berbary & Mohamed, 2022, p. 2). Whiteness as both the tangible—concrete institutional buildings such as schools and hospitals—and also the intangible, discursive practice that institute our ways of organizing through an ideological practice of whiteness (Dubois, 1903). When we address whiteness as an institution, we open understandings of colonialism and white supremacy as being advanced not only by individuals, but by co-existing systems and structures in society (Fleras, 2014). Whiteness therefore prevails even in spaces where white or white-passing bodies are not present.

This institutionalized white supremacy ensures that those who live alternatively to the ideologies of whiteness have a harder time having possibilities for health because their existence clashes with the functioning of how things work. In times of crises, whether we[10] feel heard, whether we feel that we can resist, whether we feel we are valued, and whether we feel as though

[10] "Writing as 'we' to convey our shared experiences and referring to 'our' field are stylistic choices rife with political ramifications. As Sundberg (2014) explains: 'Who constitutes this 'we' is never located. Instead, the coordinates of this particular 'we' are to be found in relation to the geopolitical location of the sources cited and examples given, which are all Anglo-European.'(p. 36) We use 'we' and 'our' in the absence of alternatives, while looking for alternative ways that might resist the very erasures imposed by them." (Moran & Berbary, 2021, p. 645).

we are not able to be self-determined—most often depends on how we are located in our bodies in relation to the violence of white supremacy. Although hierarchies existed far before colonialism, the global impact of colonization allows for white supremacy to be weaved into almost all colonial social institutions and discourses of health[11].

Enslavement and racism

In addition to colonialism and white supremacy, enslavement and racism are structures of domination that impact how health happens in communities today. In so called canada, slavery was very much part of daily life under the french regime in 1629, and then under the british regime right up to its abolition[12] throughout the british empire in 1834 (Coen-Sanchez et al., 2022). We are reminded by Trudel (2013) that over 4,000 Indigenous and Black folks were enslaved. Human traffickers who bought, sold, and exploited those who were enslaved ranged from governors and military officers to bishops, priests, nuns, judges, and merchants (Trudel, 2013). Politicians, historians, and priests purposefully created false narrations and glorified their own colonial "heroes" to remove traces of the thousands of Indigenous and Black folks who were held in bondage for two centuries in so-called canada (Coen-Sanchez et al., 2022; Trudel, 2013). Denying the history and on-going legacies of enslavement, along with colonization, maintains the status quo reproduction of racialization that marks humans for white supremacist and racist practices in health.

Colonialism, enslavement, and racism contribute to the expansion of such racialization that sets up hierarchies of bodies based on constructed race and colourisms in such a way which

[12] Some folks argue slavery was never truly abolished and still exists in many forms in our current moment. Slavery continues to impact millions of people in various forms and its impacts continue to be devastating (Armstrong, 2022).

allow certain bodies to be protected from the effects of racism and certain bodies to be targeted by racial violence (Denvir, 2021; Omi & Winant, 2014). While race is a social construct, it is important to acknowledge that race has vast material consequences around health, safety, accumulated wealth, and day-to-day existence (Davis, 2016). This means that the realities of racial categorization often dictate who gets what kind of health, when they get access to health, how much health they get, and on what terms. The social realities of race are itself a cycle of expansion and reproduction, changing over geopolitical space and temporality, and yet, there is a specific continuity that remains of devaluing bodies the further distance from whiteness they position (Denvir, 2021). For instance, while racialization and its outcomes are expressed differently from the era of chattel enslavement verses in today's ~~multiculturisms~~[13] (Davis, 2016), the hierarchy of value that slots bodies into worth based on proximity to whiteness, wealth, ability, etc. continues to be upheld in our discourses and institutions. When we look macroscopically, there are networks of forces and barriers that are racially and hierarchically entangled with how health happens that work to intentionally immobilize and reduce racialized folks' mobility (Frye, 1983). Few of many ways this can be seen, felt, and experienced are through police brutality, vaccination 'deserts', poor maternity care, and mass incarceration.

In this sense, our health systems still function in ways that violate and exclude racialized folks. We cannot have collective healing when we leave racialized folks out of the circle of our concern. Thus, it is the hierarchies of racial difference and the intentional erasure to address

[13] ~~Multiculturalisms~~ are the political philosophy that supposedly value representation of all peoples within dominating socio-political cultures (Roberts & Doob, 1997). So-called canada's "multicultural heritage" is written into the Constitution of 1982 in Section 27 of the Charter of Rights and Freedoms (Roberts & Doob, 1997). Yet in actuality, this white settler nation, while purporting the value of multiculturalism, fails in practice and continually privileges the already powerful (Roberts & Doob, 1997). It is now more than 40 years of this law and many of us continue to lived under the conditions of racism that have been unchanged since post world war 2 and has intensified from the 1990s to present (Walcott, 2019).

historical failures that allow for racist notions of health to be reproduced decade after decade (Lux, 2016; Stern, 2015).

Racial capitalism

In expanding current notions of well-being and health, it is important to also bring into the conversation racial capitalism—a concept developed by Cedric Robinson. Capitalism[14] *is* racial capitalism as Cedric Robinson (1983) points out in his book, *Black Marxism.* Simply (though not exhaustively) put, capital can only be capital when it is accumulated through antagonistic relationships of severe inequality among hierarchical groupings of peoples (Melamed, 2015). Capital accumulation requires an inequitable differentiation of human value and "racism enshrines the inequalities that capitalism requires" (Melamed, 2015, p. 77). Racialization and capitalism can never be separate from each other as Robinson states, "racialism would inevitably permeate the social structures emergent from capitalism" (Robinson, 1983, p.

[14] Capitalism is an extractive, political, and economic mode of production that centralizes for profit through capital accumulation, competition of markets, wage labour, ownership of property, and price systems (Held, 1980; Horkheimer, 1982). Historically, the "ruling" classes (i.e. the bourgeoisie,) within the hierarchical class system controlled the means of production to form and obtain capital (Marx et al., 1998). For the "ruling" class, the ownership of capital was the essential condition for existence because it not only meant economic power but it consequently meant, social, and political power. To expand, the economic power of the ruling class dictates the social culture of labourers—those who must work under capitalism—by instilling capitalist ideologies such as competition and individualism into day-to-day social interactions and value systems (Marx et al., 1998). However, Robinson scrutinized these capitalist ideologies as a Western construction rather than a universal, philosophical method that accounts for the racial aspect of capitalism. For Robinson, capitalism grows out of its direct relations to feudalism, and constructed antagonistic, racial differences from the very beginning of european civilization (Robinson, 1983). For example, the first white proletarians were Irish, Jews, and Roma who were "racial" subjects at that time (Robinson, 1983). As capitalism became established, colonialism began to shape regional, subcultural, and dialectical differences into racial differences (Burden-Stelly, 2020). This is connected to white supremacy because those who were considered "racially inferior" were those who lived more alternatively to the ideologies of whiteness. In the expansion of european colonialism between the fifteenth and nineteenth century, millions of African people were brought to the so-called americas to build productive forces, develop staple industries, and ultimately accumulate capital for the europeans. The establishment of staple industries (such as tobacco and sugar) in so-called north america was dependent on slavery, post-slavery, and the ongoing exploitation of African peoples. This resulted in the death and degradation of African peoples and their social institutions who were impacted by this trade and the underdevelopment of Africa's economy (Robinson, 1983). Thus, the modern day political economy of racial capitalism is one that was always dependent on slavery, violence, and genocide.

2). Robinson (1983, p. 10) further expands, racial capitalism is the continuation of, "the social, cultural, political, and ideological complexes of european feudalisms", referring to the antagonistic divisions of race, tribe, language, and region, which has morphed into capitalist form (Burden-Stelly, 2020). The difference between feudalism and capitalism was that feudalism was the uneven segregation and hierarchies of difference among european peoples themselves and capitalism was the association of race in the nineteenth century as the leading rationalization for the extraction, domination, and the extermination of non-europeans (Burden-Stelly, 2020; Robinson, 1983). Thus, capitalism as a social structure is infused by racialization and "the development, organization, and expansion of capitalist society pursued essentially racial directions" (Robinson, 1983, p. 2)[15]. The structure of all capitalism is based on the racialization of bodies deemed subordinate for the profit of those who hold the means of production (Burden-Stelly, 2020). The accumulation of wealth, resources, and economic exploitation and the degree to which that is rationalized and legitimated from particular types of groups *is* racial capitalism (Denvir, 2021). Racial capitalism is tied to its historical roots of white supremacy and racialization, and the commodification of non-whites for social and economic gain.

The use of the term 'capitalism' in 'racial capitalism' is important in that it makes clear the power imbalance necessary for these actions to exist (Denvir, 2021). Historically this has taken form in the exploitation of racialized folks for labor while preventing racialized folks access to power and control of their own livelihoods (fair wages, pathways to citizenship)

[15] Importantly, the slave trade was a way to recruit labour (Denvir, 2021). The Indigenous and Black folks were chosen to take on this heavy labour on the mines and plantations across the atlantic (Burden-Stelly, 2020). However it was not a mutual decision between relationships but one that was intentionally extractive. It does not matter if enslavement led to racial hierarchies or if racial hierarchies led to enslavement (Denvir, 2021). They reciprocally enforce each other and function just as they were and are designed to (Denvir, 2021). This also means that while racialization is at the forefront of capitalist hierarchies of worth, not all racialized peoples are mistreated equally within the system—requiring the deep recognition that Black and Indigenous folks continue to be disproportionally disenfranchised within canadian/us contexts.

(Burden-Stelly, 2020). Today, the same racialized folks are leveraged for white and white-passing bodies to acquire social, political, economic, and cultural capital (Robinson, 1983). In both stances, racialized folks are used to serve to the dominant group(s) while being stripped of the chance to control their own health outcomes.

In modern day, those with power situate within the corporations, governments, social institutions, and discourses which commodify and control health related resources such as housing, education, water, food, and community. In addition to that, racial capitalism enacts the idea that capital flows in relation to how racial groups are ranked in a hierarchy of worth organizing who should be managers or owners of means of production and who should be labourers (Burden-Stelly, 2020; Robinson, 1983). Thus, racial capitalism becomes the financial, social, and governing relations of our lives which allows for the perpetuation of colonizing and racist logics to be maintained and reproduced in the present day (Robinson, 1983).

When we start to think about health within racial capitalism, we know that there are particular kinds of health that are funded through racial capitalism, not because they are what are best for humanity, but more so because those programs adhere to what those who are in the ruling class, the managers, and the financial backers deem useful, of worth, or more cynically, of profit (Robinson, 1983). Health-for-profit then perpetuates harms while maintaining profit making abilities above all else, even though we know that alternatives to racial, capitalist health such as harm reduction, affordable housing, access to free mental health care, and other

possibilities might be of more use for us all. Racial capitalism[16] unfortunately limits our possibilities to correct past wrongs and build more loving futures in health, together.

Combined Practices of Colonialism, White Supremacy, Racism, and Racial Capitalism

When we conceptualize health as being built from white supremacy, racism, and racial capitalism, it is important to acknowledge how these structures of domination articulate themselves together especially within institutions that claim to protect our collective safety and health. In particular, this discussion will focus on how the combined logics of these systems of oppression have been institutionalized through the prison industrial complex (PIC) and the medical industrial complex (MIC). First, the PIC is a racial capitalist system that structures 'safety' and makes profits from the mass incarceration and carcerality of racialized and historically under-waged peoples. In so-called canada, Indigenous peoples[17] make up 30% of the prison population although only representing 5% of the population (Gallant, 2021), while and in the so-called united states, Black folks represented 12% of the adult population but 33% of the prison population in 2017 (Gramlich, 2020)[18]. This is often because folks who are incarcerated are "easier" to control by state or corporations, provide "free" labour, and provide a steady

[16] The focus on racial foundations of capitalism can open, as opposed to close, more nuanced linkages that capitalism has to other systems of oppression beyond racialization such as cishetereopatriarchy, ableism, and much more (Burden-Stelly, 2020).

[17] According to Tuhiwai Smith (2012), "Indigenous peoples is a relatively recent term…that internationalized the experiences, the issues, and the struggles of some of the world's colonized peoples. The final 's' in 'peoples' has been argued for quite vigorously by Indigenous activists because of the right of peoples to self-determination. It is also used as a way of recognizing that there are real differences between different Indigenous peoples. The term has enabled the collective voices of colonized people to be expressed strategically in the international area. It has also been an umbrella enabling communities and peoples to come together, transcending their own colonized contexts and experiences, in order to learn, share, plan, organize and struggle collectively for self-determination on the global and local stages. Thus the world's Indigenous populations belong to a network of peoples. They share experiences as peoples who have been subjected to the colonization of their lands and cultures, and the denial of their sovereignty, by a colonizing society that has come to dominate and determine the shape and quality of their lives even after it has formally pulled out. As Wilmer (1993, p. 5) has put it, 'Indigenous peoples represent the unfinished business of decolonization'" (p. 7). We both recognize this network of Indigenous peoples across the globe and speak more specifically in this paper to the potential experiences of some Indigenous peoples of Turtle Island including, but not limited to First Nations, Inuit, and Métis.

[18] The reason these stats are here to begin with is because the system is set up to put them there in the first place.

source of controlled workers (Davis, 2016; Maynard, 2017). Law enforcement, which is an actor of the state, "manages" racialized populations by expanding the scope of surveillance, and controlling and acquiring bodies for the PIC's workforce (Maynard, 2017). This scope of surveillance has been focused and attuned most specifically through racial relations that articulate race (non-white racialization) and crime in a one-to-one representation which serves an important racist, capitalist, political, and cultural function to maintain the ongoing control and policing of racialized folks (Davis, 2016). The surveillance of racialized folks[19], often in the guise of "safety and security" for the collective is a normalized and institutionalized subjugation and a current manifestation of combined efforts of colonialism, white supremacy, racism, and racial capitalism to maintain themselves to benefit those in power[20].

[19] Although we say racialized, we recognize that not all racialized groups are impacted by surveillance or policed equally with much of the burden falling directly on Black and Indigenous folks.

[20] Leisure is something that has also been medicalized and institutionalized within and outside of the MIC. For example, the medicalized and institutionalized notions of leisure show up in the ways we police what is and what isn't leisure. We can see this in the context of drug use. In some addiction services, medical detox is offered in an inpatient setting. These services are typically offered for folks who have a history of complicated withdrawal or for whom withdrawal without medication is dangerous (Rush & Furlong, 2019). Withdrawal from addictive substances such as opioids and alcohol can be difficult, emotionally, physically, and mentally. Sometimes folks need "professional" care and support to make the withdrawal process safer (Rush & Furlong, 2019). Yet, in these settings, carceral tactics are used to keep folks who use substances isolated from the broader community. These types of detox programs don't actually reduce harm because they use strict regulations such as no smoking, no coffee, locked units, which make it nearly impossible to go through actual healing or "recovery" (Steinauer et al., 2017). Addiction care that happens this way also trades the dependency of one substance for another in the name of "recovery". In actuality, this is a carceral tool to criminalize some substances (i.e., fentanyl) while commercializing others (i.e., suboxone) (Barenie & Kesselheim, 2021; Dollar, 2019). These detox programs do not actually contribute to material change for people who resort to using substances as a way to cope with issues that are typically structurally imposed on them. Who is to say that drug use is inherently unhealthy? Is it not human nature to find modes of basic survival through any and all means necessary? What if this *is leisure?* These types of detox programs are abstinence-based and the high recidivism in these programs serves the capitalist agenda to ensure the MIC stays in business. This is related to racial capitalism because it is the capitalist tendencies that are always already racist, that medicalize and police leisure and continue to institutionalize leisure for profit. Some of the most critical questions we must ask ourselves are epistemic: who gets the possibilities for leisure happening and who doesn't? Who gets to control what leisure is and who doesn't? Similar to the ways that under capitalism, labourers must "earn" their living, under capitalism, labourers must also "earn" their leisure and this is not how things should be.

Second, the MIC, unlike the PIC, is required by many folks for basic survival because we have not yet fully created alternative community aids to support our health. There are barriers for

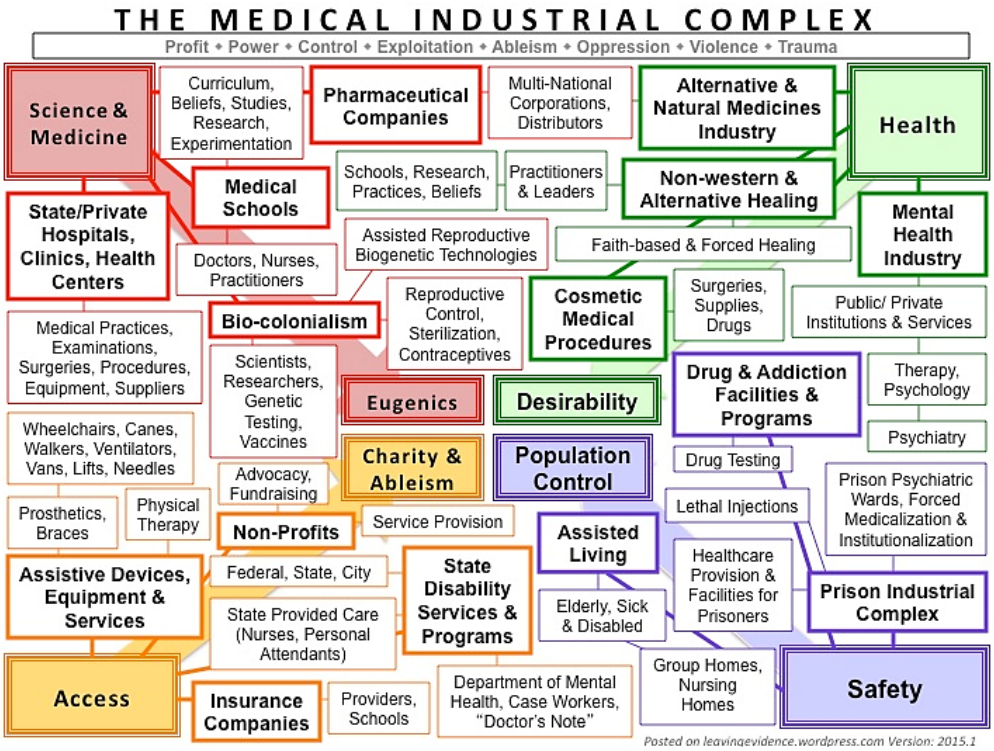


Figure 1.0: Examples of the many sectors, professions, fields and institutions that intertwine and make up the medical industrial complex (Mingus, 2015).

creating and maintaining alternative ways of organizing in the system of which we are currently a part. For example, many of us are forced to rely on vaccines and medical advances that have led to extending, saving, and improving quality of lives and many would argue are beneficial parts of the MIC. Yet, similar to the ways that the PIC controls and structures "safety," the MIC controls, structures, and gate keeps "care" and "health."

To begin, the MIC is a massive system that reaches beyond merely doctors, nurses, clinics, and hospitals. It is a system that centralizes on profit rather than health, well-being, and care and is fuelled by desirability, population control, charity, and ableism, which influence the possibilities for health, safety, access, science, and medicine (Mingus, 2015). Its history and

present are also deeply embedded in eugenics, capitalism, colonization, enslavement, immigration, war, prisons, and reproductive oppression (Mingus, 2015). Figure 1.0 is a visual of the MIC which cuts across much of our work in social sciences and can act as the starting point for discussing alternative possibilities for our collective liberation within/from for-profit and institutionalized health (Mingus, 2015). However, this visual is not exhaustive and there are many more fields and sectors that could be added. For instance, Mingus (2015) shares, there could be entire sections in this visual devoted to animals other than human—the drugs, supplies, and services they receive.

Overall, in flushing out how health happens through the MIC, we are calling attention to the structural targeting of historically excluded communities in the facade of care, health, and safety. In the following section, we will provide three major examples of how colonialism and white supremacy, racism, and capitalism combine within the MIC to intentionally exploit and extract raced bodies that fall outside of whiteness. First, we will discuss how race is pathologized, then, how racialized bodies are used for medical experimentation, and lastly, how racialized exploitation was used to create whole legacies of medical racism.

Being racialized is pathologized

Being racialized is pathologized within and outside of the MIC to justify oppressions such as racism, capitalism, and white supremacy. Being racialized is pathologized because race was invented as a "real biological difference" to justify slavery and prove that racialized folks were "subhuman" (Mingus, 2015). The medicalization of race reinforces binaries and ideologies simply based on "scientific notions of objective truth" which ultimately served to uphold dominant ideologies required to maintain hierarchies of worth among human bodies so that some could be deserving of care and Others put into the service of care through experimentation,

medical violence, and death (Greensmith, 2012; Williams et al., 2022). Science, which is not objective or apolitical (Kuhn, 1970) and has been deeply critiqued as having racist and colonialist roots (Walcott, 2019). It is these colonial tactics that intentionally pathologize racialized folks as "inherently inferior" and uphold white supremacy so that everyone willingly participates in this oppression (Mahabir et al., 2021). In particular, the characteristics that had been falsely attached to Black and Indigenous folks through pathologization—lies such as lack of intelligence, subservience, criminality, sexual promiscuity, and dangerousness—paved a path for the subjugation of Black and Indigenous life throughout the nineteenth and twentieth centuries (Maynard, 2017). Therefore, being racialized is pathologized by medical science to satisfy agendas of white supremacy, racism, and capitalism.

During and after slavery abolition[21] scientific racists continued to pathologize constructed racial differences to successfully promote several medical fictions that made Black and Indigenous folks "attractive" as experimental "subjects" (Washington, 2008). In particular, the combination of racism, capitalism and the need for new medical procedures coalesced through horrible violences that perpetuated ideas that Black folks were hardier than whites and therefore suited to survive harsh climates; or that Black folks were too delicate to survive. In other words, narratives were made, to support whatever Black bodies were forced to bear and no matter what the narrative, Black folks were deemed by oppressive forces as "suitable for slavery in all instances." This racial double bind (Frye, 1983), for example, being both too strong and too

[21] Slavery abolition here refers to the institutional elimination of slavery in the united states as some would argue that enslavement continues in different ways across the globe following this period (for example, through mass incarceration).

delicate, helped perpetuate taken-for-granted truths about racialized folks so that at all times exploitation to satisfy capitalist agendas of white supremacy could be justified.

Medical experimentation

Medical experimentation is another avenue where the structures of domination to control health-related outcomes within and outside of the MIC converge[22]. Medical science required enslaved peoples in order to experiment and in doing so medical science re-instituted the idea that such peoples were "lesser than." Medical science was and is dependent on enslavement and involuntary participation in medical experimentation (Brandt, 1978). Historically, those with power reaped profits from the many patents on machinery invented through experimentation on enslaved peoples and physicians were often themselves human traffickers who owned humans they profited from in extractive ways such as field work, housework, concubines, and rented labour (Washington, 2008). On top of that, physicians also "bought and hired" those who were enslaved to conduct experiments too painful, too risky, or otherwise too objectionable to inflict upon "white folks" (Washington, 2008). Slavery created a medical "partnership" between physician and human traffickers that demented what real freedom might hope for the patient-physician dyad of biomedicine.

Those who were enslaved were taken advantage of by being "test subjects" for new techniques and remedies in the name of medical "progress" (Washington, 2008). Although much medical violence contributed to racism and vice-versa, the *tuskegee syphilis study* remains the iconic symbol of medical exploitation toward Black folks. The objective of this state-sponsored "study" was to observe the "natural" history of untreated syphilis in Black populations. Yet,

participants were completely unaware and were intentionally misinformed. Participants were told they were receiving treatment for syphilis when in fact, they had received no treatment at all (Brandt, 1978). Even after penicillin was discovered as a safe and reliable cure for syphilis, participants intentionally did not receive it (Brandt, 1978). *Tuskegee* is part of an on-going pattern of experimental abuse and many Black folks, and those subjugated by status quo, understand it as such because a rich oral tradition has continued remembrances of pain, mistrust, abuse, and humiliation at the hands of the racist systems of medicine (Washington, 2008). *Tuskegee* is one of the many, many, state sponsored violences that have been and at times continue to be carried out by medicine in an effort to control, cage, exploit, extract, disbelieve, and murder in the name of protecting whiteness and white peoples. If capitalism can be described as "labour on the backs of Others," (Marx et al., 1998; Robinson, 1983), then health is founded on the blood of Others—particularly those who were enslaved.

In so-called sanada, between 1942 and 1952, highly unethical nutrition experiments were conducted on Indigenous children at six residential schools by the Department of Indian Affairs of canada under the direction of two physicians, Dr. Percy Moore, the Indian Affairs Branch Superintendent of Medical Services and Dr. Frederick Tisdall, a nutritionist, former president of the Canadian Paediatric Society, and one of the three paediatricians at The Hospital for Sick Children in so-called Toronto, Ontario who created the Pablum infant cereal in the 1930s (Macdonald, Stanwick, & Lynk, 2014). These medical experiments starved Indigenous children and were in direct violation of the Nuremberg Code[23] (Macdonald et al., 2014). Even as children died, these experiments continued. Scientific racists in so-called canada used Indigenous children

[23] The Nuremberg Code is a set of ethical research rules for human experimentation created after one of the Nuremberg trials that were held after the Second World War. The Nuremberg trials were held by the allies who were against nazi germany, for the invasions of other countries, and other crimes during the Second World War.

in residential schools to learn about malnutrition (Macdonald et al., 2014). Similar to *Tuskegee*, where observations continued long after penicillin became available to treat syphilis, the basics of adequate food were widely known before these experiments began (Brandt, 1978; Macdonald et al., 2014). These experiments were only two instances of the many, many, state-sponsored violence that intentionally abuse racialized folx in the guise of "health." It is these reasons that what we know of as "health" is built on the blood of others—those who were enslaved, those who were experimented on, and those who were exploited. We can only reach collective liberation when we admit these racist, capitalist, white supremacist histories and on-going legacies of experimentation which have been ignored for far too long in interdisciplinary scholarship within the social sciences. The following section provides the third example of how colonialism, white supremacy, racism, and racial capitalism are weaved together within contemporary medicine.

Medical exploitation

The on-going abuses of medical experimentation continue to this day as we use the cells of people from targeted groups without them benefiting. For example, in 1951 Henrietta Lacks, a Black american woman, visited John Hopkins Hospital due to vaginal bleeding (Skloot, 2010). A physician named Dr. Howard Jones examined her and discovered a large malignant tumour on her cervix. Mrs. Lacks then underwent radium treatments which were the best treatments available at the time (Skloot, 2010). During her treatment, samples of her cancer cells were sent to researchers without her knowledge or consent (Greely & Cho, 2013). Researchers found that while other samples collected from patients with cervical cancer would quickly die, Mrs. Lack's cells had a great capacity to survive and doubled every 20 to 24 hours (Skloot, 2010). These cells are now called "HeLa" cells, from the first two letters of Henrietta's first and last name. Without

her family's knowledge and without any immediate benefit, financial or otherwise, scientific racists and capitalists commodified and sold her cells across the world (Greely & Cho, 2013).

HeLa cells were not only commodified across the globe but they have been involved in many discoveries in fields like cancer, immunology, and infectious disease (Skloot, 2010). Although Henrietta passed away eight months after her cancer diagnosis, HeLa cells are still used in research to this day (Greely & Cho, 2013) and played a recent role in developing the vaccines against covid-19. HeLa cells are only one of many examples of how cells of racialized folks have literally been used to create whole legacies of medical racism and exploitation (Washington, 2008).

Medical racism secures targeted groups as likely research participants for new technologies, and yet simultaneously, oppressive systems converge to make these same new technologies inaccessible to the very groups that allowed for their creation—the double violence of exploitation and exclusion (Skloot, 2010). While this is just one example, there are many more that clearly show how racism, racial capitalism, and white supremacy play out in contemporary medicine. The medical experimentation, medical exploitation, and institutional adherence to racist practices portray the ways in which racialized people are socially targeted and yet historically excluded from the benefits of colonial, white-centred, capitalist understandings of health as we know it.

Movement towards better futurities in health

For better futurities, we all must acknowledge health is actually founded and funded on the blood and bodies of racialized folks, especially, Black and Indigenous folks. While this feels extremely oppressive, there are hopeful alternative possibilities which also already exist, often times having been revived, reclaimed, and restored by those groups exploited in the MIC. The

work of undoing the racism, racial capitalism, and white supremacy in medicine has already begun and we must continue to upscale it. The following section provides ways we can enact change in health happening elsewhere and undo some of these structures of domination in health. One of the ways we may do that is through cultivating loving communities through mutual aid and skill sharing.[24]

Mutual aid

Dominant, hierarchical, organizations and institutions including not-for-profits tend to preserve the status quo and protect the capital and credibility of the state (Spade, 2020). They rarely do the radical practice of mutual aid. Mutual aid is a daily practice within autonomous communities that are not recognized or supported by dominating institutions and discourses. It is *refusal* of the status quo and weaves a tight-knit communal sustenance and resistance (Spade, 2020). Mutual aid is directly meeting people's survival needs by bringing together the resources of communities in order to support one another outside of institutionally organized social supports. We see examples of mutual aid in many freedom movements, whether it is volunteer coalitions doing work such as food distribution, training one another in emergency medicine because ambulance response time is too slow in especially neighbourhoods where many racialized populations live, or placing drinking water in the desert for migrants crossing the border (Spade, 2020). Since our work within interdisciplinary scholarship is committed to wellness, especially in our health-centered field, and we know the systems and institutions

[24] We recognize some critiques may view mutual aid as "letting the government off the hook" for providing what should be basic resources to the people. We acknowledge that hearty social structures and systems should guarantee housing, healthcare, education, and food security for us all through robust public policy. We also recognize these structures are currently failing to do so and there is need to do something through mutual aid and direct action while we wait for those systems to be reclaimed, reimagined, and made accessible to all.

around us are failing, mutual aid becomes our mechanism to well-being for the future. It becomes the possible outcome of our teachings, our research, and our service projects.

Mutual aid is practiced when resources are shared with others, when conflict resolution does not involve resorting to the force of "authorities" (i.e., police), and when resources are pooled together to get through a period with no pay (The Comrade Closet, 2022). Mutual aid is not a last-resort response to crisis, a makeshift until more resources are available, or an act of philanthropy (The Comrade Closet, 2022). Mutual aid is not charity. It can include material support, fundraising, and the transfer or redistribution of wealth, but it is not *only* that (The Comrade Closet, 2022). Mutual aid is indebted to those who carry out the essential work of cultivating and circulating food, providing for different health and physical needs, and delivery and transportation among many others (Abolition Collective, 2018).

The many important mutual aid initiatives, many which have emerged as a result of covid-19, such as the emergency prisoner support fund are not only a response to the pandemic, but show the diverse capacity of communities to unite around health alternatives (Chartrand, 2021). This ability speaks to how support and resources can be rapidly established; a key feature of growing strong, and safe communities outside of the institutions of health; and outside of the security or authorities that the PIC and MIC so depend on (Chartrand, 2021).

Skill-sharing

Skill-sharing is an avenue of mutual aid that helps us grow strong and safe communities. Skill-sharing can look like community workshops, how-to-guides, online videos, sharing local ecological skills, alternative healing methods, emergency medicine, bike and car repairs, building and carpentry, and sharing ancestral skills (Chartrand, 2021). To undo colonization's violence, skill-sharing involves sharing knowledge and skills that are outside of the dominating

ideologies of whiteness and racial capitalism. Skill-sharing helps us grow strong communities because it is a daily practice that helps build autonomous communities that are not recognized or supported by dominating institutions and discourses. It is refusal of the status quo definition that health equates to colonial, biomedical systems of health and instead weaves a tight-knit communal sustenance and resistance of defining health (The Comrade Closet, 2022). Skill-sharing helps us undo the violence of colonization and subsequently, racism, capitalism, and white supremacy because it does not look to the state, corporations, and authorities. Instead, the mantra of skill-sharing is that "we depend on us" (The Comrade Closet, 2022).

In "depending on us," there develops a cycle of collective transformation that takes place when we gather new information and skill-share as scholars, activists, and or practitioners. Sharing new information and skills can help us learn from each other and help us hold a position we previously were not agreeable with (Chartrand, 2021). This is connected to Antonio Gramsci's notion of "organic intellectuals" as intellectuals who develop outside of the academy and develop organically in counter relationship to the dominant culture (Mahlomaholo & Netshandama, 2010). Healers can exist outside of the MIC in the same way intellectuals can exist outside of traditional academic institutions (Mingus, 2015). Through sharing new information we can be the healers and intellects that we can depend on. When we depend on ourselves instead of the structures and systems that exploit us, we decrease our dependency on the racist, capitalist, notions of health. To have collective healing for all, it would mean that we would not need to depend on the governmentality, corporations, and social institutions and their discourses of health and well-being. A community-based response through skill-sharing and mutual aid is one of the many ways we can begin to induce a cycle of transformation within health with slow deliberate moves away from institutions of dependency.

Mutual aid and skill sharing in motion

A grassroots group that rubs up against the MIC and practices mutual aid and skill sharing is the Indigenous Harm Reduction Team or "I-Heart". The work of I-Heart includes creating spaces where Indigenous folks who use substances can access healing, art, and culture (Indigenous Harm Reduction Team, 2022). Access to harm reduction education and spaces is literally the difference between life and death especially for Indigenous folks who are over-represented in the current overdose and drug poisoning crisis as a result of colonization and on-going colonialism (Indigenous Harm Reduction Team, 2022). I-Heart is rooted in values that community wellness is more important that sobriety, that knowledge is shared and not hoarded, that conflict is natural and an opportunity for growth, and that everyone has a right to healing and medicine. I-Heart is an example of harm reduction that embodies alternative methods to healing outside of the MIC because this group makes Indigenous medicine more accessible to people who use substances. In particular, they offer smudging supplies, including shells, sage, and sweetgrass that people can take home free of charge (Indigenous Harm Reduction Team, 2022). I-Heart is also a distribution site for narcan kits, free condoms/lube, syringes, swabs, pipes, and other health and wellness supplies that help reduce infection risks and promote community care.

Education and training is also part of the work by I-Heart. Through conversations, workshops, delivery of harm reduction supplies, I-Heart offers education in overdose prevention and response, consent, safer sex, safer substance use, principles of harm reduction, sexually transmitted and blood-born infections, and Hep C (Indigenous Harm Reduction Team, 2022). I-Heart is exemplar of harm reduction that acknowledges the on-going legacies of white supremacy, racism, and racial capitalism because it gives people what they need—materially and non-materially and it celebrates deep connections to culture, community, and care.

The mainstream white supremacist mental health discourse is built on colonial foundations and an uncritical reliance on any such system is part of the colonial agenda (Chartrand, 2021). Our dependency on the MIC is a problem in and of itself whether we are aware of it or not because unrecognized dependency kills futurist imagination towards anything otherwise. Through autonomous networks of building and sharing skills, we reduce our reliance on the MIC and ultimately make the MIC, the state, and the hierarchies of difference that they require, obsolete. In these small moves with big transformation, we are already building a worldsense otherwise, moving towards reimagined and differently organized futures.

Conclusion

The ways health and well-being are conceptulized within the social sciences often fail to explicity address their connections to colonialist, white supremacist, racist, and racial capitalist notions of health. To undo this violence in our work, we must confront the historical and on-going violence reinforced by our reliance on notions of health that come directly from colonization and legacies of enslavement which have failed to provide equitable possibilities of health for racialized folks, particularly Black and Indigenous folks. In naming the socio-historical legacies and their current manifestations of white supremacy, racism, and racial capitalism, we name the kind of subjugation that must be dismantled in our everyday work as we hope for health for all.

At times, although systems of oppression can feel overwhelming and impenetrable, we cannot be fully colonized; our systems have cracks where other worldsenses can seep in, escape, or draw us out; and we have the possibilities to reimagine otherwise, mobilize, and organize our teachings, research, knowledge translations, and interactions with institutional powers towards mutual aid, community sharing, and caring for each other. There is no such thing as completely colonizing our ways of life…and this, feels hopeful (Landry, 2022). It also feels hopeful to know mass healing has already started to happen everyday around us through many avenues such as skill-sharing, mutual aid, reclamation of traditional medicines, and restoration of culturally relevant health pathways. Our scholarship within the social sciences, then, can support shifts towards health otherwise by adding alternatives to colonial models of healing against white supremacy, racism, and racial capitalism. The work we do within interdisciplinary scholarship requires us to lift up and politicize the role of health and healing as a crucial component of moving towards the better worlds that we will continue building.

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Manuscript 2:

Poetry as gift to articulate oppression across transdisciplinary health scholarship

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Poetry as gift to articulate oppression across transdisciplinary health scholarship

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Poetry as gift to articulate oppression across transdisciplinary health scholarship

Abstract:

Those of us on the 'fringes' of society find ourselves there because of crises that happen in our communities—housing crises, colonization, and many more crises that intersect to make up our human condition. What happens now on the 'fringes' of society directly connects to past and on-going legacies of oppression in systems of health because such systems marginalize folks as part of systemic strategic plans. It is important to trace and articulate these historical and on-going legacies of violence so that we can build something more useful. This manuscript weaves liberatory social theory throughout a collection of poems on class struggle and racial oppression for movement towards just futures. This collection of poems traverses disciplinary boundaries and uses poetry as a buffer against being burned down for people engaged in the work of liberation and justice with desire to confront legacies of colonialism and enslavement in our everyday practice.

Keywords: Radical politic, research-creation, colonization, enslavement

Introduction

The broader social tapestry of so-called canada[25] is made of deeply political and complex systems—institutional systems, governmental systems, global systems, as well as the social discourses that institute our ways of organizing society. All of these systems go through a life cycle of growth and expansion, but also of collapse, reorganization, and regeneration. In a podcast titled, *Work. Shouldn't. Suck.*, a scholar, artist, and activist, Syrus Marcus Ware, explained these stages of change as "the panarchy cycle", a concept that grows out of Indigenous knowledges and also, conceptualized by Paul de Puydt in 1860 (Cynova, Ruffin, & Ware, 2020). Ware said,

> You know how trees kind of grow and flourish... Until you have huge canopy, you have a forest floor that's full of plants, and you have this complex system that is reliant on each other in order for its survival. But then you get to a point where there is too much, there is too much growth, there's more than the forest can sustain. And this is when you see things like rapid changes or collapse, something like a forest fire, or something else that dramatically changes the system. It creates sort of a clean forest floor and new opportunities for other things to grow, for new plants and for opportunistic growth in the rebel and the decay from the forest fire. So this panarchy cycle is sort of like a life cycle, and it helps us to understand stages of growth and stages of collapse, and how they go together to help shape and create complex systems.

Ware alludes that the systems that make up our[26] human condition never stay the same and are in a constant state of flux (Cynova et al., 2020). In our current moment, our systems of health and well-being are in stages of collapse and crisis (Chatzidakis, Hakim, & Littler, 2020; Davis,

[25] "So-called canada" is used in this manuscript to acknowledge that the name "canada" is a reflection of settler colonization (Kanwar, 2005).

[26] In this manuscript, "us" or "our" refers to everyone affected by crises. "Multiple extinctions then, have always already been here, now, present due to the atrocities of imperialist worldmaking that actively and deliberately make death of what we have been, what we are, and what we might become (The Red Nation, 2021; Yusoff, 2018). Threats to humans and more-than-humans are not new. What may feel new is that world unmaking violences may now be able to reach us all. Black and Brown bodies will no longer be the only ones charged with 'buffering the violences of the earth' (Yusoff, 2018, p. xiii)" (Berbary & Mohamed, 2022, p. 623).

2016; Railand, 2021; Sivasubramaniam & Berbary, 2024a; Walcott, 2021)—such as the opioid pandemic, the housing pandemic, ecocide, covid-19, and those crises existing beyond our borders, spaces, and times. It is these synergistic pandemic crises, often called a syndemic, which exist universally and impact *all* species as part of the panarchy cycle (Szasz, 2020). And crises do not only happen as isolated struggle, but link with past and on-going struggles.

In a past publication, Lisbeth and I[27] discuss the violent legacies of colonialism and enslavement and link these legacies of violence with past and on-going struggles (Sivasubramaniam & Berbary, 2024a). Within this publication and many others, it is clear that colonialism and enslavement are at the root of our current moments of collapse and contribute to the need for the regeneration of our human condition (Thiaw & Mack, 2020; Saldanha, 2020). Colonization and enslavement are structures of domination that caused and continue to cause crisis through their genocides, displacements, resource extractions, eugenics, and medical experimentation, and impact *how health happens* in our communities today (Andrews, 2019; Berbary, 2022; Sivasubramaniam & Berbary, 2024a). These major systemic atrocities set up and perpetuate hierarchies that exclude socially targeted groups of people such as queer and trans folks from receiving positive health outcomes. Because for many of us, our work situates at the intersections of well-being, health, and capitalism on stolen land, scholars in transdisciplinary studies are uniquely suited to examine a variety of troubling phenomena to form a better understanding[28] of the role of well-being in our current states of crisis.

[27] I, in this manuscript refers to Author 1.

[28] This does not assume that people who are already living these atrocities do not understand its injustice. Some people do not need to hear or write about oppression because they are living it, every day. The re-visiting and remembering of violence through poetry can also create harm. And yet, this is not reserved to poetry but in many art forms, the experience of remembering systems of domination has the potential to harm and heal simultaneously.

This manuscript traverses disciplinary boundaries using critical inquiry to unpack the makings and unmakings of crisis in our current social moment through poetry. Writing poetry is gifted with thinking and making, alerting us to what is at work in a line and a form, using both to retell and reimagine our worlds, yet doing so with a beauty that serves as potential self-protection from the ugly realities we find ourselves speaking against. The way a line breaks in a poem opens understanding, pauses time, brings in various meanings, and turns a reader/listener to a different kind of knowledge (Brand, 2023). Those knowledges that emerge from poetry have the potential to invite and rethink the thoughts and actions of a reader or listener and have the opportunity to challenge taken for granted notions of the deeply complex and political systems that make up the human condition (Brand, 2023). Within this manuscript then, poetry written by the first author is created as a fluid entryway to ease towards thinking of the violences of our fraying society while we also diligently mobilize different knowledges differently[29] to re-calibrate our social landscapes, confronting legacies of colonialism and enslavement, while (un)making white supremacist knowledges of health and healing. The poems in this piece are also animated by shared world making, love, and desires for revolution.

Overall, it can be daunting to think about re-calibrating our social spheres (Davis, 2008). Yet, it is only daunting if we assume that the crisis we have today is the way it will be tomorrow (Davis, 2016). “This is not the way [things] are supposed to be and they do not need to remain this way” (Davis, 2008). How can we as scholars, organizers, and/or mobilizers, re-organize an out-of-sync social order caused by longstanding, impactful structures of domination? We first

[29] While useful mobilizations of knowledge occur through more traditional forms such as reports, publications, programs, presentations of results; both authors incorporate creative analytic practices into their mobilization, such as poetry, comic, screenplay, and zines, in order to mobilize knowledges through accessible formats that call us to action through affective, creative, and collective experience (Berbary, 2019).

have to begin re-organizing our worlds by re-considering where and how we want change to happen. Perhaps we join those scholars in reconsidering what legacies we allow to underpin our notions of health as to locate where our scholarships might depart towards something otherwise. As we work to locate our scholarships elsewhere and re-organize our social world, this manuscript turns to poetry to preserve our energy and our momentary sanctuaries in art, while simultaneously challenging the violence of our societies towards more meaningful transformation.

Using Poetry to Radicalize our Worlds

Re-configuring our societies can look like taking a pause or a standstill, while we radicalize our communities, especially in a world where capitalism requires us to produce at an accelerated pace. Poetry can be the pause and can choose to align with other artistic forms that aim to radicalize towards better futures because in its most simplistic possibility, reading a poem or even one part of a poem can create life-changing impacts for the reader/listener. Words have always had the ability to ignite readers to change themselves to change the world—as Grace Lee Boggs said, "transform yourself to transform the world" (Brown, 2017, p. 53). Therefore, we choose to use poetry, our own work, and our relationships as a frontline[30], a first place to practice justice and liberation (Brown, 2017).

And yet, using poetry for liberation is not anything new. Historically, poetry has been used as a tool of protest that aids to capture social realities and radically re-imagine new ones across histories (Baxley & Sealey-Ruiz, 2021). Baxley and Sealey-Ruiz (2021) said that poetry is a form of resistance; "a way [for poets] to bare their souls and restore themselves against the

[30] Frontline refers to people who show up and give people what they need in a material, direct, and explicit way. It is a material presentation of care. For example, a case worker giving a person who has limited access to food, a voucher to buy food or a person who is handing out water to people at a protest.

anti-Blackness that is rampant in our society" (p. 311). Poetry is an avenue of healing, resistance, and reflection on historical and current violences as a larger project of refuge, struggle, and the pursuit of freedom for all (Baxley & Sealey-Ruiz, 2021). This art form is healing, affirming, and can act as a space of insurgent refuge while we radicalize our communities.

Spaces of insurgent refuge do not only hold the positive potential to radicalize, they also hold the negative potential to re-traumatize us as we remember or actively live in oppression. For example, when you are suffering genocide, reading poems about settler-colonialism may bring up continuous devastation, constant fear, trauma, and other detrimental emotions. These negative emotions may lead to more hopelessness and a disempowerment to shape change. While poetry can cause us to re-visit and perpetuate trauma, it also has the potential to act as refuge when it provides the potential to humanize us, to shed light on the complexity of our lived experiences, to politicize how structures and our individual experiences are directly connected. Poetry in itself may not necessarily be making a change through direct action. However, it still has the possibility to ignite and resurge direct action by bringing people together for mobilization and organization. For example, a poetry reading event that brings people together to learn about the drug poisoning crises and raises funds for harm reduction movements.

And yet, it is important to note that liberation and justice is not something that is separate from our thoughts and creative expressions. Poems that are read, written, listened to, or performed can themselves be an act of liberation without having to "do something beyond" to make it an act (Garrity, 2020; Hota, 2023; Jackson, 2021). For instance, the poems in this manuscript are trying to flip the world onto to its belly to point to the hope and grief, the particular and the universal (Garrity, 2020). Poetry, like many other art forms, can slow us down, speed us up, and help us to change ourselves to the "rhythms and challenges of decolonial

relationships" (Jackson, 2021, p. 85). Especially in a world enmeshed with misinformation and information overload, I turn to poems to cut the jargon and articulate my desires. For me, it is the only way I know how to spend less time antagonized and *antagonizing* (Harney & Moten, 2013; Garrity, 2020). As we deal with crisis, our creative expressions can help us get to liberation and be liberating themselves.

Poetry that wants to liberate and radicalize communities is concerned with education. An important poet, Sarah Forten who wrote abolitionist-poetry taught audiences about the brutal impacts of enslavement (McNeil, 2018). Slavery abolition was a social movement that needed important voices like Forten's to engage public sentiment on behalf of those who were enslaved. Her writing was a moral appeal to potential supporters and allowed her to express to her readers specifically what they were fighting against (McNeil, 2018). It is poets like Forten who have taught many, including myself, that poetry from my position is a tactic towards a larger strategy, to empower myself and the folks I write with towards a larger vision for society and future generations. Poetry can be a gift of education to radicalize our worlds and move towards liberation.

Poetry in Interdisciplinary Scholarship

Writing poems has been a tool that has been used across interdisciplinary scholarship (Butler-Kisber, 2002; Petteway, 2023; Glesne, 1997; Gillies, 2007). Such poetic inquiry can involve *poetic representation* (also known as *found poetry*) (Clarke, Febbraro, & Hatzipantelis, 2005) and can highlight the embodied, emotional experience, but it is not only that (Sjollema & Yuen, 2017). Poetry can also critique and challenge taken for granted notions of existence, such as health and well-being (Arai, 2011; Berbary & Johnson, 2017; Foster, 2012; Parry & Johnson,

2007; Sjollema & Yuen, 2017)[31]. Hordyk, Ben Soltane, & Hanley (2014), conducted a study with unhoused immigrant women in montreal[32] and concluded that poetic representation made space for "a three-dimensional, embodied voice to women who were invisible, marginalized, and silenced" (p. 205). Yuen, Arai, & Fortune (2012) carried out another research in anti-disciplinary scholarship among female inmates and used poetic representation because it allowed them to synthesize findings and keep the data close to emotion that is important to women's experience (Sjollema & Yuen, 2017). Totten & Berbary (2015) used poetry to highlight the complex state of raced masculinities caught within and pushing against hegemonic expectations of gender, heteronormativity, and ethics of care within american contexts. The practices and representations of poetry in their work made space to conclude that we must all challenge our own constituted realities, systemic police brutality, racism, violence, reactions of white fragility (DiAngelo, 2011), homophobia, and injustice (Totten & Berbary, 2015). Totten & Berbary (2015) are one of many, anti-disciplinary scholars who have sought out poetry to challenge status quo reproduction of colonial and gendered ideologies that institute our ways of organizing social reality. Therefore, across transdisciplinary research, there are many researchers who have used poetry as inquiry to evoke emotion, encourage change, and ignite something otherwise (ie. Dancer, 2009; Faulkner, 2009; Leggo, 2010; Galvin & Todres, 2009).

[31] Not all of these poetic representations activate a political shift for the reader. Our poetry purposefully takes on a political lens when creating representations, there is an intent to ignite transformative ideas into action through the poetic expression.

[32] Throughout this manuscript we de-capitalize the names of places such as 'Montreal' and 'America' to signal a refusal of settler colonial supremacy. Settler colonialism is structure of domination that inflicts genocide, resource extraction, cultural assimilation, and exploitation on Indigenous peoples such as the First Nations, Inuit, and Métis peoples (Mignolo & Walsh, 2018).

Poetry as Research-Creation

My methodological orientation for poetry creation is borrowed from many poets and activists in an ever-changing, non-linear process. Some techniques I consider when forming a line and a form are: using metaphors for impact, enjambment (no punctuation at the end) (Wiadji & Hanidar, 2020), throughout the entire poems so that it does not take away from the words, and anaphora (repetition of words) to pronounce impact (Ribeiro, 2007). I also choose to write in lowercase letters to minimize the impact of creating hierarchies among words through capitalization (Rivera, 2023). These stylistic techniques of writing are used by many poets including Nayyirah Waheed (2013) and Rupi Kaur (2017) and they encourage the reader to examine the depth of the meaning and leave the meaning "up for grabs" in a line and form. Intentionally, the poems I write are in free verse to deviate from more traditional forms of poetry that upholds english supremacy in favor of minimal lines, full stops, and punctuation. The techniques that I have borrowed are deeply rooted in Black and Indigenous storytelling, Thamizh culture, the language of Punjabi, and so. much. more. It is no coincidence that the content, stylistic techniques, and the co-creational nature of writing poems resists the same kinds of oppressive tendencies (english supremacy, antagonizing hierarchies, individualism) brought forth by colonialism and enslavement.

In keeping through these ideas of resisting through a politic that does things otherwise, the creation of poems do not take up traditional, humanist methodology but instead looks to research-creation (Loveless, 2019). Research-creation is generative, *intra*-active (Barad, 2007), and produces itself through its own existence. Research-creation directly suggests researchers and artists in the "event" of research (rather than observers that are outside of the research), emphasizes affect and relationality, refuses representationalism, and recognizes that thinking

with theoretical concepts, or making and doing art is also empirical research[33] (Truman, 2022). When thinking about research creation, I foreground theory that is weaved through the project, from the beginning (Truman, 2022). The theories I engage with inform how I envision poems to be written and then of course suffuses the audience's engagement with the project.

Research is creation

it happens
in between thinking and moving[34]
in between collective work and pedagogical work
in between writing and making
not in the actual pieces themselves
it is about
thinking as a creative energy
how to rest from academic culture rather than the quantification of practice
pushing writing through a creative energy rather than a descriptive account of the world
research is creation[35]
creation is research

When theorizing concepts through poetry, we are not only understanding what we need to dismantle but also, what we must simultaneously build in the process. This is connected to a radical politic called, abolition politics because this politic seeks not only to destroy the systems, institutions, and laws which cause harm, but also to build alternatives which empower and

[33] It is a historical fact that empirical sciences such as psychology and medical sciences perpetuate differential treatment and contribute to the othering of folk. Empirical sciences do this through the violence of epistemology. Epistemological violence discredits the experiences and lives of certain groups of people through false narrations of "knowledge claims" or "empirical truths" (McLaughlin, 2022). For example, in the context of addiction and mental health, this looks like the privileging of the biomedical models and capitalist explanations of addiction over the experiences of people who live with a substance use challenges. Epistemological violence is dehumanizing because it delegitimizes and erases people from their own understanding of their selves because these experiences are not based on fabricated, empirical, "science" (McLaughlin, 2022). Our duty as scholars shall be to democratize knowledge, redistribute resources, both material and intellectual resources, and take our job as a human being, a responsibility to the earth (Denvir, 2021, 1:20:41). Academics are enemies of the people until we prove otherwise (Rodney, 1971). The way we prove otherwise is by not breeding knowledges that are rooted in hierarchies, false narrations of merit, and not reproducing work that aligns with overarching epistemologies or knowing according to colonial notions of "objective truth" (Denvir, 2021, 1:20:41).
[34] (Gemuend, 2023)
[35] (Loveless, 2019)

transform individuals and communities (Kaba, 2021). Racism is not abolished but the legal form was abolished because ordinary people recognized that a new world can be, and learned that they can take on a critical stance on social reality (Davis, 2016). It is not enough to simply re-imagine. Critical habits involve collective intervention (Davis, 2008; Berbary & Mohamed, 2023). We can use knowledge to remake the world for all of its inhabitants, not only human beings (Kimmerer, 2013). A world where everyone's needs are met (Kaba, 2021). Poetry can function as a small, yet tangible step of knowledge mobilization towards building an alternative way of community organizing (Gilmore, 2007).

Creating Poetry as Political

Learning from poets, researchers, or poet-researchers from across and outside of transdisciplinary scholarship, this particular section introduces the ways I am entering methodology. I share my own approach to putting the poems together—the techniques that have been borrowed of contextualizing and citing, content and style, embedding personal experience, and using research-creation as an avenue to write poetry.

Contextualizing & citing

If we are re-visiting white supremacist underpinnings of health and educating our communities through poetry, it is important to acknowledge that no poem is ever written alone. A poet is someone that engages *intra*-actively with the world around them (Barad, 2007). In the spirit of collectivism and needing to radicalize communities, it is important that I acknowledge that many of the ideas within the poems of this manuscript (and beyond) are borrowed from other people, beings, and the broader social and physical world (Kimmerer, 2013). I am not inventing these ideas from scratch. I am always entering an on-going path through working in community with others (Berbary, 2022). After all, nothing worth doing is ever done alone (Kaba, 2021).

To acknowledge the co-creational nature of poetry, poets must cite from where ideas are taken especially when taken from folks who are socially targeted in our communities such as Black, Indigenous, trans, and queer folk. Berbary (2022) described this as "working to commit to be more inclusive of scholars with identities that are often marginalized and/or silenced by academic scholarship in order to make a deliberate indexing and shift towards citational justice—or 'at minimum, the adoption of an inclusive politics of citation' (Rosiek, Snyder, & Pratt, 2020, p. 4.) that recognizes displacement, colonization, and erasure due to Eurocentrism and its tenets" (p.2). It is imperative then that artists address who and what brought them to the poems perhaps in a footnote, preface, or in an epilogue following a collection of poems. Were there unexpected interactions with strangers, life events, plants, mentors, family, or friends that brought us to write out lines?

Contextualizing citations in this way makes space for readers to understand holistic stories behind poems. When writers do not provide these contextual and citational pieces, writing can lack humility, foster unequitable power, and over-emphasize merit—the very structures of domination our poems refute. If we want to radicalize against the 'fringes' of society, *how* we do it matters. *How* we use poetry as a tool of education and buffer, *matters.* Because how we do *anything*, is how we do *everything* (Brown, 2017). Below, then, is an example of including context and acknowledging where or who ideas may be adopted from. This type of context could be placed at the beginning of a collection of poems to contextualize events, places, and beings that are brought to the verses that may follow.

I am inspired by Dionne Brand's commitment to her radical position. You could not separate Brand's politic from her work if you wanted to. In one book written by Brand titled, No language is neutral (1998), she started with descriptions of a socio-political landscape that have

been shaped by the traumas of enslavement (Watts, 2018). In this book, the chapters following included poems addressed to women who took part in Grenada's left-wing, revolutionary government in the late 1970s and early 1980s, a meditation on the speaker's grandmother, experiences of alienation in Toronto, and a final exploration of language and sexual orientation (Watts, 2018). This book, similar to many of Brand's other work, challenges hegemonic, colonial values of identity, place, and culture. Poetry is political and as a community organizer and radical animator, Brand's words draws on history and politic to speak to power, exercise her politics, and impact generations of poets, scholars, and activists to enact transformative change.

Personal experience

In addition to contextualizing, prefacing, and citing poems, it is important to consider, how our personal experiences politicizes the poems we write (Strine, 1989). "Poetry taps into the universal through radical subjectivity. The poet's use of personal experience creates something larger from the particular; the concrete specifics become universal when the audience relates to, embodies, and/or experiences the work as if it were their own words" (Faulkner, 2017, p. 210). Below, I provide an example of a preface that may be included to situate the poems that follow within the historical, political, and personal setting.

I came into this work through being politicized. Over the last 2 decades, I have become politicized through the Eelam struggle. When I think of what first fueled this fire inside of me to do this work, it is the resistance by Eelam people— those who were in the streets, the frontlines, in the institution, and infront of the elites (Amarasingam, 2015; Gowrinathan, 2017; Thambinathan, 2022). The Eelam struggle runs through my ancestral lineage and it demanded another world that is prosperous for us all. Writing this, I am also indebted to the decades of organizing and mobilizing work happening all over the world, across time and space. So, this is a collection of poems, written with concepts that are pulled from scholars, activists, mobilizers,

and organizers. The poems in this collection would also not be thinking these thoughts without my friends who I am in conversation with almost daily, my mother and father, my sister and brother-in-law, and my husband. I love our reflections and processes.

As a part of the poet's personal experience, politicizing poetry and engaging in liberatory movements can take on emotional labour that may feel disempowering, especially when we do not get the outcome we expect. And yet, poetry also acts as a buffer against being burned down[36] by the structures of domination for those of us who are engaged in the work of liberation. Writing, listening, and or reading poetry "encourages involvement, inspires curiosity, creates inclusivity, and constructs depictions that remain in the thoughts of readers in ways that traditional representations sometimes do not" (Berbary, 2011, p. 195). For some, poetry can act as a coping mechanism while mobilizing and organizing, for others, it is not. Whether it is a coping mechanism, poetry will land differently for everyone depending on the form, intention, and the individual/collective partaking in it. There are times when poetry can cause violence, too. For example, poetry can be performative and even harmful when it re-traumatizes folks who are already experiencing violence. Thus, focusing on the label of what poetry is (a coping mechanism, a form of therapy, etc.) may not be as useful as focusing on the function and intention of its possibility to connect us to radical roots, the ability to re-imagine the earth more complexly, and the affective potential to act as a buffer against being burned down while fighting for freedom and liberation.

[36] We refer to "burned down" as separate from being "burnt out" as the latter expresses that the fault is on individuals rather than the systems and structures around us that burn us *all* down (Canning, 2021).

Mentors in conversation

As a woman pursuing doctoral studies (author 1), I already had unique access to mentorship, literature, books that I typically would not have the time, space, and energy to engage with otherwise. Thus, I, along with the methodological mentorship of Author 2, engaged in various conversations, writings, and readings that made space for us to understand and practice radical politic. One of our connections to this unique position between politics and scholarship was poetry. Author 2 and I, both have a deep love for the complexity of poetry, its ability to shift you forward and backward, and its aggression. We love the aggression of poetry. Having unique access to these academic privileges, along with my own personal experiences and readings inspired by Dionne Brand, Nayyirah Waheed, and Rupi Kaur shapes my methodological orientation to writing poems.

Radical mentorship

thank you for teaching me
not what to think
but how to think
everytime you teach me that i can disagree with you
i gain inner confidence
and i start to trust my inner voice
i have been waiting all my life to do that
that is why in thamizh culture
we think of குரு (pronounced "gu-ru", meaning "a teacher")
before god

-radical mentorship

Examples of Poetry as Education and Expression

Below are examples of poems that share knowledge and expression through theorizations of concepts such as racism, capitalism, and colonialism. The intention of these poems is to inspire action, push beyond reform towards radical change, evoke embodied responses, and

resonate with readers to have them experience the poetry as evocative mediators of painful, historical, and on-going violences (Faulkner, 2009). The task of poetry is "a visionary one, the work of making way for new worlds and words" (Fisher, 2009, p. 984). Writing and theorizing these poems has created major shifts in my own life, in my relationships, and my re-imaginings for a better world that is health-full for us *all*.

Poems to Illuminate the Capitalist Logics of Health

Who gets to daydream and play, and who doesn't

some of the most critical questions we must ask ourselves is epistemic
who gets the possibilities for health happening
and who doesn't
who gets to daydream and play
and who doesn't
who gets to control what health is
and who doesn't
the system was set up to exclude particular groups of people from health[37]
similar to the ways that under capitalism
labourers must "earn" their living
labourers must also "earn" their health
and this is not how things should be.[38]

The above poem asks the epistemic questions about health, and well-being and answers the question, what does it look like to have capitalist logics manifest in wellness? Writing this poem, I think of Cedric Robinson (2020), Karl Marx (1873), Frederich Engels (1968), and Jodi Melamed (2018), whose work confront legacies of capitalism, labour, and exploitation.

[37] such as racialized, queer, and trans folk

[38] (Davis, 2016).

Capitalism in my veins

the systems of domination are enmeshed within our bodies
so much so that we internalize them
when i feel guilty for rest
when i prioritize productivity before my health
my hypervigilance at work
when i use busyness as a way to avoid my needs
—capitalism is in my veins.

The above poem describes how capitalism feels and how this system of domination can be internalized on a cellular level within our bodies. This poem draws from the ways structural and historical violence leaves an imprint on our bodily anatomies as discussed by Rupa Marya and Raj Patel in their book, *Inflamed* (Marya & Patel, 2022). Thank you to my friend, Jasmine Nijjar, for bringing their incredible work into my life.

We can heal centuries of collective trauma

we took on the invader's idea
of worth
of love
of health
and it is hurting
we can heal centuries of collective trauma
with needles of tradition
pills of laughter
therapies of forgiveness
so that liberation vibrates so loudly
our great grandchildren
feel it in their bones

With an intention to resist colonial, biomedical forms of healing, the above poem uses juxtapositions to bring in alternative models of healing borrowed from Indigeneity, Eastern traditions, and Black cultures. Especially in lines 8-10: "*with needles of tradition", "pills of laughter" and "therapies of forgiveness"*– they beg the reader to re-visit these contrasting lines again.

Therapy is not the answer to racial oppression

how does therapy become the answer to class struggle or racial oppression thereof?
understanding how therapy has unfolded institutionally reverses the blame from the individual
seeking therapy to the structures of domination that are imposed on us
so much so that
we need therapy
i don't have a problem with therapy itself but it is important to take part in
the learning:
therapy is capitalism's band-aid solution
because capitalism likes to create solutions to the problems that it creates
therapy is not the answer
to class struggle or racial oppression
it is the continuation
and the perpetuation of it

The above poem challenges the mainstream, white supremacist notion that therapy is the answer to all mental health concerns in our communities. With its connection to capitalism, this poem is a call to be critical about the ways therapy continues to be a temporary fix for the deep rooted structural oppression of our world. Writing this poem, I am thinking of Mia Mingus (2022), Leah-Lakshmi Piepzna-Samarasinha (2022), and Mariame Kaba (2021) from their work on transformative justice and community care.

Poems to Illuminate the Racist Logics of Health

White supremacy is

white supremacy looks like
corporations
institutions
multi-million dollar non-profits
borders
offices of equity, diversity, and inclusion
colonialism
the masternarrative that centers europe and its associated peoples in the school curriculum
the hatred of women
the british commonwealth
nazism
nationalism
privilege
christian supremacy
gun powder
corruption
let's not get it twisted
white supremacy isn't because of white people
but white folks benefit from white supremacy[39]
and
are the face of it.
can others be aswell?

A concept such as white supremacy can be difficult to grasp. The above poem above lists out what white supremacy looks like in tangible and ideological ways. This poem weaves historical references while borrowing ideas from scholars and activists such as Rinaldo Walcott, Ruth Wilson Gilmore, and Angela Davis. Infused with radical politic, this poem pushes passed reformisms for true transformation especially in lines 6 and 4 when white supremacy is described as: "*offices of equity, diversity, and inclusion*" and "*multi-million dollar non-profits.*"

[39] (Walcott, 2019)

The racial contract

race is not my social construct
i didn't sign up for this construct
this construct
is like a contract
and it never ends.
the material consequence of race
is racism
the consequence of
who gets how much love
who gets what kind of health
who feels like they can belong
and on what terms they get these
basic
needs
this is not my maslow's hierarchy of needs
this is not my social contract
i did not
sign up for this

Racism can be conceptualized in multiple ways and can pull from various theories such as post-colonialism, and critical race theories. In the above poem, I have conceptualized 'race' and 'racism' through a lens that has been put together by scholars and organizers, Charisse-Burden Stelly, W.E.B. Dubois, and Robyn Maynard. This poem also makes connections to how racism, as a system of domination, manifests in health and wellness.

Poems to Illuminate the Colonialist Logics of Health

The blood

why can we never talk about the blood
the blood that was shed to build this nation
the blood that gave us our health
the blood between our legs
the blood our ancestors had to shed so that
we can talk about the blood

The above poem unravels, that the world, the nation, the ways we conceptualize wellness—all come from the blood of those who were colonized and enslaved (Sivasubramaniam

& Berbary, 2024a). Specifically, the word, "blood" in line 1 refers to the erasure, exploitation, and violence against racialized folks via medical experimentation, eugenics, and genocide that brings us to what we know of as "health" today. The 'fringes' of our societies are built from these violences yet, mainstream discussions about these violences are silenced, negated, and intentionally excluded to maintain power.

Colonialism is

colonialism is
the domination
the hierarchies of beings
the coercion and control
the antagonistic divisions of power,
a historic exclusion of Black peoples
the social targeting of Indigenous folks
the exploitation of Brown bodies
to decide who gets to be treated as human
who gets to be healthy
who gets to decide what health is
and who deserves to live
i am trying to describe what colonization is[40]
but there are no words in the english language to say it
குடியேற்றவியம்.

It is challenging for one to put into words, the pain, consequences, and social targeting that takes place during the process of colonization. The above poem describes colonization as a structure of domination in both tangible and ideological ways and ends with a Thamizh word to symbolize the deep disdain, and complexity of this subjugation that cannot simply be put into English words.

[40] The worldwide impact of colonialism makes space for white supremacy to be embedded into almost all institutions and discourses of health. In other words, colonialism is an institutionalized white supremacy and ensures that those who live differently to ideologies of whiteness, have a challenging time having possibilities for wellness.

Conclusion

Poems gives us the ability to arrest time in the midst of a collapse and crisis by sharing knowledge, inspiring action, and creative expression. Reading, writing, listening, or performing poetry can act as a buffer for us as we engage in the harm of our social spheres. It gives us the breathing room, the energy, and the perseverance we need to engage in radical action. Re-calibrating our societies requires us to learn and articulate the ways that the complex systems of our world function. For instance, to abolish racism or class oppression we need to recognize how these historical oppressions play out in our current moment. What does racial oppression look like? What does it *feel* like? Poems make space to articulate these on-going subjugations to build alternative ways of organizing communities.

Poetry can be used within and outside academic boundaries to change the ways we theorize concepts such as colonialism to push past equity and reform and move towards radicalization and transformation. One of the basic foundations of radical politics is knowledge sharing in ordinary spaces and in informal ways. Poetry that is transdisciplinary and pulls from scholars and activists is an accessible way to have folks join the conversation, especially for those who are not given the academic privileges to join the conversation. However, just because it is art, does not mean that it is does not have the danger of being extractive or the beauty of being political. In mobilizing knowledge for more just communities, it is only just that poets provide citations and context to the ideas that they borrow and acknowledge what brought them to write verses in the first place.

Imaginaries of the world

we don't want to chance making art colonized or make practice dogmatic
we want to recognize,
the art world has been institutionalized by research
i was always a poet and i don't need the concept of academia to be a poet
what academia gave me was another way of thinking about where concept lives
for example, very often art is pushed to the side,
excluded from the environment of contemporary art
art is associated with decorative arts, and this is a colonial way of thinking
that art is what the Indigenous do
and just because it is art does not mean that it is not political or that it is not extractive

art doesn't need to represent the world,
art needs to recognize that it is already living in the world
as an artist, we must connect to the living and find ways to amplify it
this is where value lives

if creativity has to do with happening
and if scholarship works in between happenings
and happenings combine different modes of activity
and different modes of perception
we are in a relational field
that relationality is the creativity
but its not limited to art or poetry[41]

concepts are to be created
and more importantly, lived
living folds art in it
every day of life can be a kind of scholarship
how you relate to your sibling,
what happens within an institution
and how you move to political activism

- *what we can learn through scholarship can give us imaginaries of the world*

With that said, poetry is only one medium to articulate the 'fringes' of our world. There are many other creative arts that do this work such as sculpting, painting, theatre, photography, and dance. The art forms we choose for justice and liberation are political. Why are we choosing a particular medium? What does this art form convey? Who brought you to the art form and who

[41] (Gemuend, 2023)

is the art *for*? Poetry can be one of the many ways to articulate and name the violences so that we create movements towards better futures. To generate a better understanding of our out-of-sync social order, we can use various creative modalities, not only poetry, to educate each other, call to action, and radicalize our worlds (Berbary, 2019; Berbary, 2022). We can use these creative modalities to speak across disciplines so that many different folk join the conversation without burning us *all* out from doing the work of liberation and justice.

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Manuscript 3: Research-creation for change: Using scholarly inquiry and creative practice to engage radical politics in the institutions of health and well-being

Research-creation for change: Using scholarly inquiry and creative practice to engage radical politics in the institutions of health and well-being

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Research-creation for change: Using scholarly inquiry and creative practice to engage radical politics in the institutions of health and well-being

Abstract:

There is a need to share knowledge about what it can look like to exist as a radical—one that challenges the root causes of oppression and imagines material change—within systems of health and well-being such as hospitals and long-term care homes. Yet, these institutions in which we work, play, and live would rarely support such a transformative politic. Based on these needs, I conducted a research-creation study where I created a series of syllabi with strategies and reflective exercises for healthcare workers to engage in radical thinking. Combining radical politics, poetry, and research-creation as methodology, the knowledges gained from this study were represented through publications and a series of free syllabi for healthcare workers.

Keywords: Healthcare, health equity, anti-oppression, liberation, health justice

Introduction

Research-creation[42] has emerged as a compelling methodology to challenge and re-imagine the structures that shape our cultural, social, and political lives (Loveless, 2019). Combining creative practice with scholarly inquiry, this methodology challenges the traditional boundaries of academia by privileging embodied knowledge, collaborative processes, and creative experimentation (Springgay & Truman, 2018). It allows for the disruption of dominant systems while simultaneously offering space to imagine alternatives by emphasizing the production of knowledge through the process of creating art, often exploring how creative works themselves can serve as a form of research (Gemuend, 2023). Simply, though not exhaustively put, research-creation is defined as an academic methodology that integrates creative processes such as making a syllabi, writing poetry, and painting, with scholarly research, often producing both artistic outputs and theoretical insights (Loveless, 2019. The main elements of this way of *doing* inquiry are that it is process-oriented, combines academic theory with creative practice, is interdisciplinary, and challenges traditional, text-based representation by using creative expression as legitimate research outcomes (Leavy, 2018). This manuscript describes my study

[42] Research-creation as a methodology for data collection has even become a newer fundable category by the Government of canada's Social Sciences and Humanities Research Council (SSHRC). Artists and scholars in canada who wish to adopt this methodology and apply for research funding can do so (more information on this is available on https://www.sshrc-crsh.gc.ca/). The government of canada defines research-creation as, "an approach to research that combines creative and academic research practices and supports the development of knowledge and innovation through artistic expression, scholarly investigation, and experimentation. The creation process is situated within the research activity and produces critically informed work in a variety of media (art forms). Research-creation cannot be limited to the interpretation or analysis of a creator's work, conventional works of technological development, or work that focuses on the creation of curricula. The research-creation process and the resulting artistic work are judged according to SSHRC's established merit review criteria. Fields that may involve research-creation may include, but are not limited to: architecture, design, creative writing, visual arts (e.g., painting, drawing, sculpture, ceramics, textiles), performing arts (e.g., dance, music, theatre), film, video, performance art, interdisciplinary arts, media and electronic arts, and new artistic practices."

into research-creation as a methodology for engaging radical politics[43] within the constraints of liberal institutions of health and well-being.

Such a task is not without difficulty because often such liberal institutions will claim to champion progressive ideals while perpetuating injustices, making the space of research creation ripe for alternative ways of community organizing, and yet, fraught with tensions, contradictions, and barriers. To explain, liberal institutions of health and well-being—hospitals, long-term care homes, clinics, and other state-administered entities—are frequently positioned as models of equity, diversity, inclusion, and knowledge production (Mingus, 2015; Archer, 2007; Walcott, 2021). Yet, their operations often mask deeper entanglements of neoliberal ideologies, systemic oppression, and capitalistic motives (Marya, 2024). Research-creation in this context, becomes not only a methodology but a form of resistance through its unique integration of creative practices to foster alternative ways of knowing and being in the world (Sweet et al., 2020). It disrupts normative practices of knowledge production, by offering speculative and visionary alternatives to oppressive systems, exposing how these neoliberal health institutions both enable and constrain radical politics. However, adopting this methodology is still full of tensions that I describe later in this manuscript.

At the heart of my study then lies a central tension: how can radical politics thrive within institutions fundamentally tied to liberalism's promise of reform rather than revolutionary change? I argue, research-creation occupies a liminal space—one that simultaneously navigates

[43] Engaging radical politics means to address issues at their foundational level. Davis (2016) emphasizes, "radical simply means 'grasping things at the root.'" This political position involves critically examining and transforming the underlying structures that perpetuate inequality and injustice such as racial injustice or class oppression, rather than merely addressing superficial symptoms such as diversity and representation. Davis (2016) advocates for a comprehensive approach aiming for material change for groups of people who have been historically excluded. Therefore, radicalness means a shift in conditions and a redistribution of resources rather than mere representation, inclusion, or retribution.

and contests the institutional systems in which it is embedded (Springgay, 2022). Functioning as both a participant in institutional systems and as a critical force that questions and re-imagines them, scholars who use research-creation may occupy both the political tension of radicalism and liberalism and the methodological tension of navigating those politics. These tensions are occupied by the researcher(s)' body and the creative process (Manning, 2016). First, scholars engaged in research-creation are not detached observers but embodied participants in the knowledge-making process. Their political commitments, lived experiences, and affective[44] responses shape and are shaped by the research (Gemuend, 2023). The tension between radicalism and liberalism is felt intrinsically—through exhaustion, compromise, resistance, or moments of deep connection in collective work (Berbary & Mohamed, 2022). The body or bodies become a site of negotiation, constantly navigating the demand to push boundaries while also meeting institutional expectations for legitimacy and recognition (Loveless, 2019). Second, research-creation, by its nature, challenges methodological norms of traditional research by embracing emergence, collaboration, and process-based inquiry. However, the tension lies in the fact that radical methodologies are often absorbed, co-opted, or diluted by liberal institutions that demand legibility, deliverables, and evidence of impact. Scholars must continuously navigate the push and pull of staying committed to transformative, decolonial, or abolitionist work while also making that work "count" within institutional metrics (i.e., funding requirements, tenure evaluations, and research ethics boards). Ultimately these tensions are not resolved but lived, felt, and worked through in research-creation, shaping both the process and the researchers' own evolving political and methodological commitments.

[44] Research-creation emphasizes affect because it values how we *feel* as a way of knowing (Loveless, 2019). This methodology emphasizes, artists-scholars are constantly intra-connected with the phenomenon they are studying and or creating.

Based on the possibilities and limitations of this methodology, this manuscript then, explores how creative and collaborative methodological processes can unsettle the performative actions of liberal institutions, fostering spaces of genuine political and social transformation. This research extends beyond theoretical critique to engage with praxis, considering how both the theory and practice of research-creation can serve as a vehicle for radical imagination and material change (Galvin & Todres, 2009). It investigates the potentials for fostering alternative structures within and beyond the institution positioning research-creation as a site where the contradictions of liberalism are laid bare, and where the seeds of radical change can take root.

What is Research-Creation?

Research-creation directly situates researchers and artists in the "event" of research, rather than as observers outside of the research event being studied; in other words, we create the event of our own research and so are always already situated from within. The idea of "creating as research" is not new. Outside of academia, research-creation as inquiry has long been embedded in everyday life, particularly within Indigenous and Eastern traditions (Eldridge, 2008; Hammond et al., 2018). These traditions do not separate knowledge production from lived experience, but instead view learning, making, and knowing as deeply relational, embodied, and tied to land, community, and spiritual practice (Martineau & Ritskes, 2014; Flicker et al., 2014). Also in western academia, instead of the terms "research-creation," artists and scholars who take up similar methodological positions also may use terms such as arts-based research, art *as* research, creative analytic practice (Richardson & St. Pierre, 2019; Parry & Johnson, 2007; Berbary, 2015), and much more. Yet, in this manuscript, I specifically engage what is called research-creation inspired by artist-scholars such as Loveless (2019), Springgay and Truman (2018), Manning (2016), and Gemuend (2023). According to these scholars, research-creation is

a methodology that resists the rigid separation between research and artistic practice, instead positioning creative processes as forms of inquiry in their own right.

Using this definition of research-creation, my aim for this inquiry was to be part of the movement to transform the Medical Industrial Complex (MIC)[45] from the inside to resist and re-exist (Mignolo & Walsh, 2018). *What are ways we can bring radical politics to the forefront in ways that bring transformation and not just mere performance?* What are the actual strategies we need to put in place to move towards an *otherwise* (Denvir, 2021; Mignolo & Walsh, 2018; Rodney, 1971) that will create real transformation in ways we approach, engage, and live our lives? To counter such care-less ways we allocate wellness towards permanent change and to (un)make spaces that uphold power within the MIC, I proposed research-creation as methodology. Research-creation does this by sharing stories, perspectives, and feedback from people who are silenced by the systems of domination (Pichet & Hammond, 2023). It can resist colonial, patriarchal, or capitalist narratives by creating space for Indigenous, feminist, queer, and anti-racist perspectives. Permanent change towards an *otherwise* can happen when we skill-share, value collaboration over hyper-individualism, process over product, and creativity over conformity to institutional expectations.

Radicals must exist in every space; and especially in spaces our world tells us not to—in social institutions like hospitals and long-term care homes and in our personal relationships (James, 2013). To engage in radical thinkings within the institution that would want to repress such thinking, shares a challenge to these hierarchies that these institutions are built upon. However, there is a reclaiming of power when we create a purposeful resistance without the

[45] In Sivasubramaniam & Berbary (2024a), Dr. Lisbeth Berbary and I take up (Mingus, 2015) notion of the MIC to understand power imbalances and systemic oppression in systems of health.

approval of the institution. When creating a syllabi the approval of the institution is not needed (Pichet & Hammond, 2023). The following paragraph discusses why a syllabi in particular was chosen for this purposeful resistance.

A syllabi can be a real tool of white institutionalization. However, I intentionally used the language of syllabi as a tool of resistance in this project. This idea to use a syllabus or syllabi initially came from Lorgia García Peña in her book, Community as Rebellion (Garcia Peña, 2022). Weaving a personal narrative with political analysis, her book used the language of "syllabus" to invite readers—in particular racialized women—to engage in liberatory practices of boycott, abolition, and radical community-building to combat the academic world's tokenizing and exploitative structures (Garcia Peña, 2022). Much like Garcia Peña (2022), I argued that these liberatory practices are key to freedom-making in health institutions, urging healthcare workers to consider political activism and social justice as central to "caring in freedom": a progressive form of collective learning that prioritizes the subjugated knowledge, silenced histories, and epistemologies from racialized communities (Garcia Peña, 2022). By caring in and for freedom, we not only acknowledge the harm that healthcare institution have inflicted on our persons and our ways of knowing since its inception, but also create alternative ways to be, create, live, and succeed through our work (Pichet & Hammond, 2023). The syllabi that I co-created are accessible, fun to engage with, include political poetry, create conversation, and care for front-line clinicians in healthcare organizations who are primarily made up of racialized women (Adler & Bhattacharyya, 2021). Since many of us must navigate the institutional walls, these syllabi give space to practice liberatory practices of radical community building, political activism, and emergent strategies.

To do research differently and engage radical politics within the walls of liberal institutions of health and well-being, I co-created a series of three syllabi that acted as a "guide" for healthcare workers. These syllabi were deeply embedded in context, theory, and concepts related to the legacies of violence in our health systems today as described in Sivasubramaniam & Berbary (2024a). In Sivasubramaniam & Berbary (2024b), I wrote poems that were ultimately used in the syllabi to describe the violences of health systems described in Sivasubramaniam & Berbary (2024a). Using the poems as inspiration, I co-produced syllabi that I was curious about and when I did that, I had to figure out how to make an artistic "event" of what I wanted to research; this was the "creation" component (Springgay, 2022). This did not mean that I was investigating something that had already happened however I was *creating* the thing that I wanted to investigate (Truman, 2022). The "event" of *this* research was then the process of creating the syllabi, organizing people together to think differently for structural transformation.

This methodology emphasized affect and relationality, refused representationalism[46], and recognized that thinking with theoretical concepts, or making and doing art was also empirical research (Truman, 2022). The methodological orientation to research-creation for this study was assembled from a variety of sources that are drawn together under these terms (Springgay & Truman, 2018; Jackson & Mazzei, 2022):

1. **Plugging-In Technique:** To create the first draft of the syllabi

[46] Research-creation is a methodology that refuses representationalism, sameness, and the all-knowing "I" that traditional method privileges (St. Pierre, 2019). Refusing representationalism has to do with doing research that does more than representation of a data set. Representation has the potential of closing down meaning and so research-creation projects seek to do more-than representation to create an opening where new knowledges can seep in (Truman, 2022). For example, in this study the syllabi and manuscripts could be seen as representation however, it was also an embodied, world-making practice to mobilize knowledges differently, bring people together to think about organizing differently, and fostered sites of co-production and relationality.

2. **Critical Friend Collaborations:** To revise the first draft of the syllabi and create the second draft
3. **Radical Workshops:** To make the syllabi more useful and create the third draft of the syllabi
4. **Emergence**: To identify different themes that arose at different times (i.e. accessibility is political)
5. **Affirmative refusal**: To prioritize some emergences over others despite their urgency to make the syllabi more useful and tend to the aims of the study
6. **Skill-sharing**: Mobilizing the syllabi to health organizations and institutions

Although these methods are numbered above, they did not happen in a chronological order and instead, simultaneously happened in motion.

1) Plugging-In Technique

If I hadn't used the plugging-in technique, I would not have brought a well-read, theoretical foundation to the process of creation. For example, this technique happened when I engaged with critical theories and liberatory concepts: reading books, attending classes on critical theories, reading academic journal articles, engaging with liberatory movements that had a social media presence, teaching social justice frameworks, and more. I used the "plugging-in" technique discussed in Jackson and Mazzei's (2022) book, *Thinking with theory*. Thinking with (or plugging in) "is not something 'we' do; thinking happens to us (Colebrook, 2002, p. 38). In other words, this methodology aligns with the politic that, theory does not serve to apply to practice, it *is* practice (Barad, 2007). Any theory that is being "plugged-in" for research-creation is responsive, not an application or a reflection. As a response, theory is an unexpected moment that incites unthought. This disorderly (non?)route of theory, is a way of reading intensively to

enact a thinking with (Jackson & Mazzei, 2022). Thinking with theory finds allies with philosophers, theoretical concepts, and new ontologies (Berbary, 2020). This plugging in technique then, simmers into the discipline of traditional qualitative research and also functions as a process that opens new thought and experimentation (St. Pierre, 2019). My hope was that the syllabi would act as a text that would function as an entry into techniques of thinking with a new theory and vocabulary.

Plugging in happened when I created my first draft of the syllabi and infused a theory or a concept into a textual analysis of the MIC (Mingus, 2015). The technique of plugging in theories are contingent and strategic movements of thought (Jackson & Mazzei, 2022). In practice, this means, researchers immerse themselves in specific theory-concepts (for example, anti-colonialism) which become an active participant in the research process rather than static. Instead of treating data as raw material to be interpreted through theory-concepts, the researcher moves back and forth between theory and data, letting one provoke or disrupt the other (Rosiek et al., 2020). For example, data might lead a researcher to reconsider the application of a particular theory or concept, or that theory or concept might suggest new ways of interpreting data. Plugging in theory was part of the method that allowed me to think with theory throughout my work, making connections among theory, syllabi development, participant response, and re-vision. See Figure 1.0 for an example of this

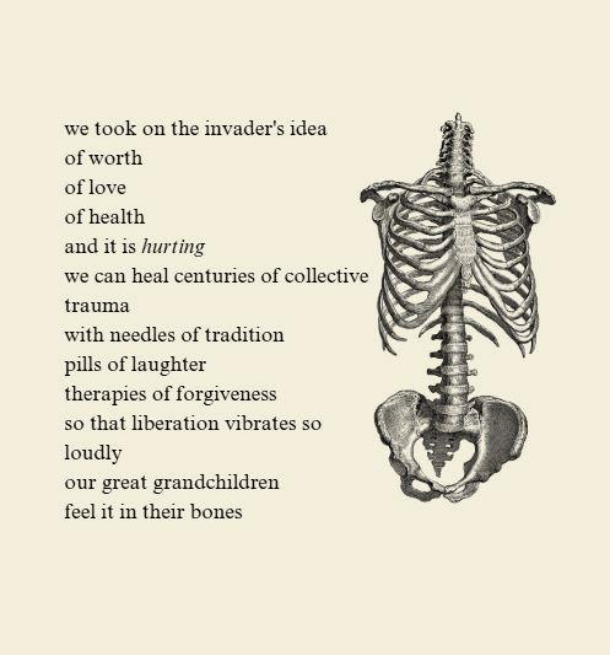


Figure 1.0: A poem from the first syllabi titled, “Educate”.

method. In this example, the concept of colonialism in health is plugged-into collective liberatory healing and expressed through poetry.

2) Critical Friend Collaborations

After creating the first draft of the syllabi using the plugging in technique, I collaborated with "critical friends" as a method to create the second draft of the syllabi. A *critical friend* is someone who offers honest, supportive, and critical feedback in a spirit of collaboration (Storey & Richard, 2015). They balance encouragement with constructive critique, helping the researcher refine their work. The role of the critical friend is to question assumptions and interpretations, provide alternative perspectives, or insights, encourage reflexivity and critical thinking, offer feedback on both creative outputs and research processes, and act as a sounding board for ideas, challenges, and revisions (MacPhail et al., 2024). Critical friend collaborations often operate within an ethos of trust, mutual respect, and shared commitment to growth ensuring that feedback is challenging and supportive (Olan & Edge, 2019).

To recruit critical friends, I reached out to healthcare workers and scholars engaged in change-making, all of whom I have crossed paths with in the past 10 years as a front-line clinician, an employee in equity, diversity, and inclusion initiatives, and/or a scholar at the University of Waterloo. Nothing worth doing is done alone and this process was relational (Kaba, 2021; Loveless, 2019). Thus, who better to receive feedback from than those whom I have deep trust and relations with (Brown, 2017)? Talking to people within the healthcare and or academic sector made space to co-create syllabi based on their knowledges, also. Research-creation is often a deeply collaborative, subjective, and iterative process (Manning, 2016). Critical friends helped me to reflect on my creative and theoretical decisions, making implicit

biases and assumptions visible while offering bits of themselves to add to the final research creation (Storey & Richard, 2015).

After recruitment, I sent my first draft of the syllabi to my critical friends for feedback. Their feedback was used to evaluate:

- How effectively the creative work (in this case, poetry) communicated the research ideas (Appleton, 2011)
- Whether the creative and theoretical components remained cohesive and balanced (Nishida et al., 2024)
- Opportunities for improvement or deeper exploration (Appleton, 2011)
- How the work contributed to both creative practice and academic discourse (Olan & Edge, 2019)

Since I was navigating complex tensions of liberalism and radicalism in this project and potentially multiple audiences with varied knowledges, the emotional and intellectual support of critical friends helped ensure accountability to the research and creative goals (Storey & Richard, 2015). Having this initial feedback from critical friends was invaluable as they built a reflexive, dialogic space for navigating the complexities of merging creative practice with scholarly research. They encouraged innovation, rigor,

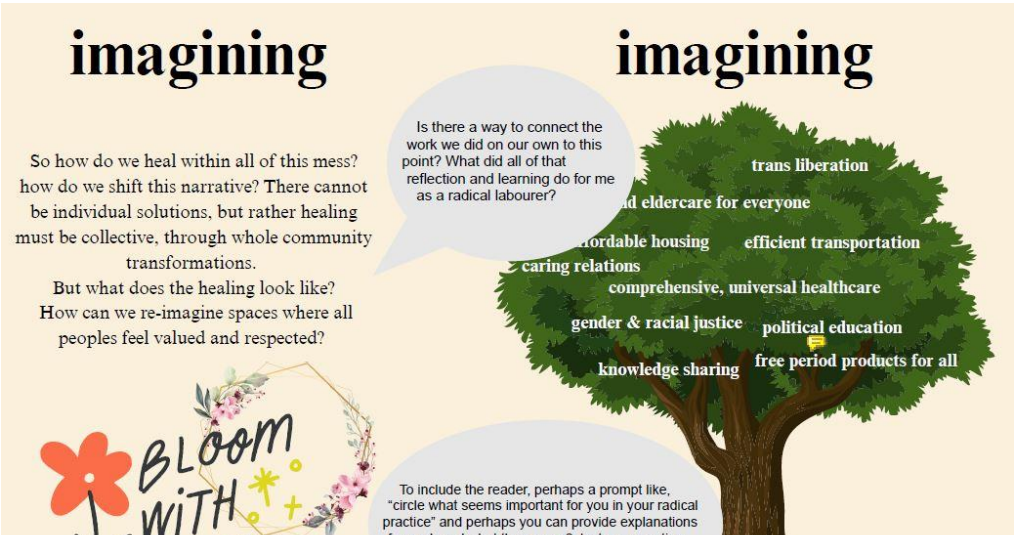


Figure 2.0: A sample of feedback received from critical friends (in speech bubbles) from pages in the first syllabus titled, "Educate"

and accountability while fostering relationships that enhance the quality and impact of the work. Their feedback was used to create the second draft of the syllabi.

3) Radical Workshops

After creating the second draft, I ran two radical workshops to revise and re-vision the syllabi. A workshop is a gathering where participants engage in collaborative learning, discussion, and hands-on activities around a specific topic or goal (Rogers, 2010). The workshops in this inquiry were radical because of the shift from data collection to co-creation, the acknowledgement of structural power, the prioritization of affect and embodiment, and creating insights that contribute to the transformation of our more than human world, not just academic analysis (Chapman & Sawchuk, 2015). Therefore, it was the content and the co-creation process which made these groups radical—challenging reform and empowering healthcare workers towards revolution.

What the workshops made space to do that the critical friends or the plugging in method did not is that it co-created with the intended audience. To explain, the syllabi I co-created was *"for"* healthcare workers. Therefore, for this method, I recruited healthcare workers across the greater Toronto area, in canada to engage the usability and accessibility of the content. To engage with the usability of the content, I printed physical copies of the syllabus and coil-binded each of them into a booklet format so that each participant could physically read and write in the booklets. The workshops took place in-person in a meeting room at a community library in Toronto so that it was a central location for participants to get to. This meeting room at the library ensured some kind of privacy, easy access, and affordability (it was free to book this space). The collective dialogue from the workshops were audio-recorded and a transcribed to continue analysis at later points in the study.

There were a total of six participants and 2 workshops. Using the feedback and data collected, I made further refinements to each syllabus. Rather than collecting data before representation as seen in traditional research, data was used to get feedback on representation (the syllabi) while also revising and being re-created through the workshop. The workshops aimed to ensure that the syllabus resonated with healthcare workers and aligned with their needs while creating accountability and education surrounding the communities that they serve. Participants provided feedback on pedagogy such as including more reflective exercises and case studies, content, flow, images, and aesthetic. The workshops generated group discussions with the intended audience of the syllabi to foster a space to start organizing collectively simultaneously making the syllabi more and more useful.

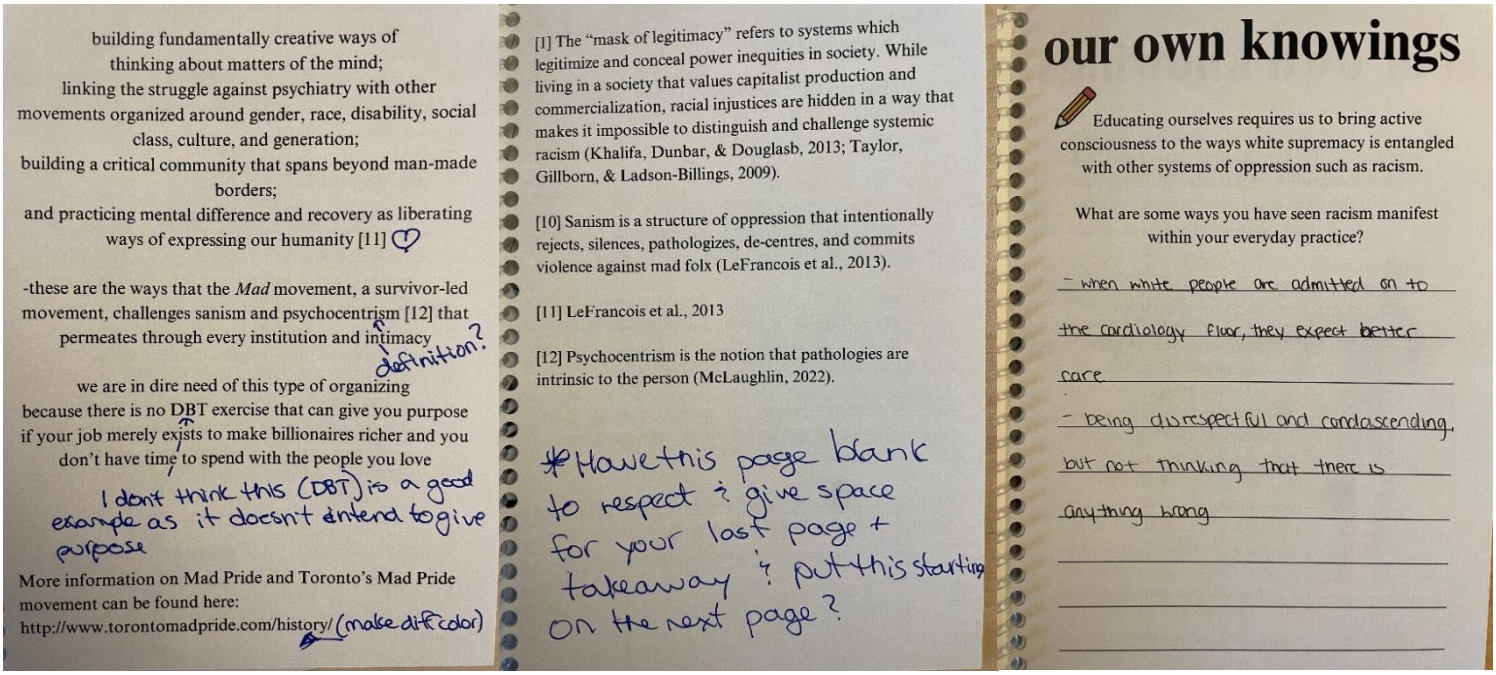


Figure 3.0: Examples of written feedback gathered from participants in the workshops.

4) Emergence

In addition to the plugging in technique, critical friend collaborations, and radical workshops, emergence was another method to my research process. Emergence was "accompanied by an ethical political tending—each moment becomes charged with potentiality, and also a necessity to respond—this is the nexus of where 'emergence' meets 'emergency'" (Truman, 2022, p. 4). Emergence as method in research-creation refers to an approach that prioritizes process, relationality, and the unfolding of knowledge through practice, rather than adhering to pre-determined research questions or fixed outcomes. It draws from process-oriented, and affective methodologies that recognize knowledge as something that is co-created, always in flux, and shaped by interactions, materiality, and affective intensities (Manning, 2016).

I identified emergences through participants' strong emotional reactions, my creative breakthroughs while writing the poems, material encounters, my own reflexivity of noticing tensions and gaps in the previous drafts of the syllabi, and unexpected stories shared by participants (Manning, 2016). After identifying the emergence, it was critical for me to do something meaningful with it such as responding to it with a balance of attentiveness to the context and a commitment to the project's aims (Loveless, 2019). Therefore, when an emergence came up, I would pause, reflect, ask questions, discuss collaboratively with participants, adjust the project's framework (reshaping content, methods, goals), deepen theoretical engagement, experiment and iterate (Springgay & Truman, 2018). For instance, I would know what to specifically do when an emergence came up by evaluating the scope and significance (Manning, 2016). I would evaluate emergences with the people around me—whether it was participants or critical friends. Not all emergences required a major shift in the project and it was important to assess their relevance to the research objectives. I would ask questions such as does this

emergence align with the goal of fostering radical thinking and practice? Can this insight be addressed within the research timeline and resources?

Working on this project, I never was able to turn my attention to everything, and at different junctures different things were considered more of an "emergency" for various reasons (Springgay & Truman, 2018). "Asking what the emergency is a practical and speculative question that keeps the research event in tension" (Truman, 2022, p. 87). These constant (in)tensions were all part of this iterative research process (Springgay & Truman, 2018). Emergences were identified by being attentive to the tensions, structural impositions and legacies of violence[47] of health systems (Springgay & Truman, 2018). I was not concerned with regurgitating what people's experiences are within health institutions. We already know that. My aim with this project was to mobilize knowledge through the creation of syllabi and theorization of liberatory theory-concepts. I brought a well-read, theoretical, theory-practice frame to these relations so that when I acknowledged *emergences*, it was because they were deeply connected to the theory-practicing discourses and ideologies of the politic I upheld (Berbary, 2020). The emergent component of this project was the pre-loading of the "data" and post-loading the usefulness of it in real time. This means, the workshops with participants added a layer of emergence. When I was in consultation with others, it created emerging focuses towards molding the most intentional version of the syllabi for the intended audience. The workshops held the uncomfortable tension of burning the institution using the power I have accumulated to think otherwise.

[47] I, along with Dr. Lisbeth Berbary discuss the structural impositions and the legacies of violence in our notions of health and well-being in Sivasubramaniam & Berbary (2024a).

Adrienne Marie Brown in her work on emergence, emphasizes the concept of "emergent strategy" which focuses on adaption, collective action, and the unfolding of change through relational dynamics (Brown, 2017). Brown draws on nature, social justice, and systems thinking to discuss how emergence can inform radical change. Emergence as method is different from just on-going revisions or grounded theory because this method is not linear or planned, but is shaped by small, iterative actions that accumulate over time (Brown, 2017). It is the method within the radical workshops that involved listening, responding, and adapting which encouraged flexibility, creativity, and collaboration.

As an example of this happening, I'm going to talk to you through a research emergence that took place for this project. After completing the draft of the syllabi, I waited to see what would emerge in conversations with participants in the workshop. I didn't know exactly what I was looking for before it happened. But when accessibility kept emerging, I listened to the participants and responded to shifts and changes as they arose. It was obvious that, this was the emergency (in that particular emergence) and I as a researcher responded to that through what I tune my attention to for my syllabi. This emergence propped new research ideas and strategies to be added and revisions to be taken into the next phase of the research-creation project.

For example, participants mentioned that the language needed to be much more accessible and that there was lots of jargon. I challenged, we would not ask this of doctors or mathematicians, so why is it that when it comes to understanding liberatory concepts there is suddenly an over emphasis on trying to switch the language to plain language, make it a Grade 5 reading level, and make it overly simplified? Are we using "accessibility" as an excuse to maintain status quo reproduction of colonial practices? (L. Berbary, personal communication, September 19, 2021). Is this how we give credit to the decades and centuries of organizing work that have happened

across histories and geographies? Simplifying deeply complex and political concepts can do a disservice to the work of many freedom movements across centuries. In saying this, I also recognize the privilege that exists to learn, read, and engage with theory. There are folks (due to the structures of domination like capitalism) who do not have the ability, time, and resources to engage in reading and writing theory. Theory is lived differently by different people according to power and privilege (M. Stinson, personal communication, November 19, 2024). This was a tension that was alive and well in almost all the workshops. Participants stated, "*some of the language is very sophisticated and hard to follow*" while others claimed, "*I love that this syllabus provides education that we typically don't get in nursing*" and that, "*I like how the language really gets to root cause of health injustices*". This emergency played a key role in revising the final edits of the syllabi. When finalizing the polished drafts of the syllabi, I ultimately thought about who the audience of this project is. The audience that I was thinking with were healthcare workers that may have not had the privilege of political education and are part of non-dominant groups in our worlds (for example, peoples who are disabled, trans, racialized, women, trans, queer, poor, and more). It would be incongruous to the politics of radical thinking, if the content was not accessible to the intended audience of this project. The final revisions of the syllabi intended to be accessible and also, accountable. Therefore, I did not change the language to a Grade 5 reading level or create content that was overly simplified but I did make changes in language and provided definitions to complex words to be more clear and direct as suggested by participants.

5) Affirmative Refusal

I recruited participants, created drafts of the syllabi based on the feedback from critical friends and the emergences from the workshops. Simultaneously, another method of research-creation employed in this project was affirmative refusal. Affirmative refusal is the deliberate act of saying "no" to dominant research norms, institutional expectations, or extractive methodologies while simultaneously saying "yes" to alternative, more ethical, and generative ways of creating knowledge (Springgay & Truman, 2018). Simply put, emergencies had arose but the emergencies themselves had different value and needed different attention in different moments (Manning, 2016). At times, an affirmative refusal happened by acknowledging, I affirm that *this was* an emergency but, to attend to the most urgent emergency, I have to refuse to give *this* emergency, the attention that it likely deserved (Springgay, 2022).

The notion of negation was inherent in this method because when I affirmed one thing, I negated others, or not affirmed something else, or perhaps intentionally refused something else (Truman, 2022). This affirmation or refusal was about the distribution of attention in the research project, and research write-up, and dissemination. "It would include questions like: What am I paying attention to? What am I foregrounding? What am I fostering?" (Truman, 2022, p. 90). If we think back to my example about the emergence of accessibility, what was emerging and re-emerging as we discussed ways to make the syllabi more useful? For this project, affirmative refusal looked like the back and forth of this process; as new emergencies were discovered, as new forms of being elsewhere and otherwise had the potential to be realized and decolonized (Tuck & Yang, 2014). Holding the iterations, the uncomfortable tensions, and the philosophical contradictions of doing this work within the institution were all part of affirmative refusal because it offered different possibilities for inquiry.

Additionally, an added layer to affirmative refusal was thinking critically about the world-building practices I participated in and the politics of how I distributed the emergencies and scholarly attention (Loveless, 2019; Manning, 2016). This included who I cited in the syllabi and the manuscripts that came from this inquiry, who I chose not to cite, who I thought of in the write-up, who I was in conversation with, and the "how" of that practice of citation and reading practices (Truman, 2022). For example, I took up the concept of disability justice[48] and I thought of Mia Mingus. It would have been incongruous to my politic to exclude Mingus and anyone else who brought me to that concept. This not only included citing people of the academy (although that too was important). It also meant citing the decades of organizing work, the scholars, activists, and the mobilizers who are fighting for disability justice on the streets everyday (Leah Lakshmi Piepzna-Samarasinha, Syrus Marcus Ware, Patty Berne, Cara Page, among many, many others). Citing organizers outside of the academy said "no" to the institutional expectations of the academy and "yes" to collective, community organizing.

Another way affirmative refusal happened in this project was through its outcome. For instance, one outcome of this project was to provide political education to support others in disrupting the biomedical model of health and healing built on white domination and racial capitalism (Martineau, 2015). Syllabi like these contribute to a movement and action that was in the act of turning away from the colonial state, and toward one another, where spaces of healing, liberation, and refuge becomes possible (Martinez, 2020). Through an anti-capitalist, anti-racist

[48] Disability justice is anti-capitalist framework that centers the leadership, experiences, and collective liberation of disabled people, especially those who are Othered by racism, sexism, homophobia, transphobia, xenophobia, ageism, etc. Disability justice is seen throughout the syllabi when I acknowledged the structural barriers of how ableism, racism, and other oppressions intersect, and when I challenged normative ideas of productivity and rigor by valuing rest, slowness, care, and interdependence. To further enhance the syllabi to reflect this framework, I plan to mobilize the syllabi in other forms beyond text such as organizing a community event where the poems in the syllabi are performed and distribute free copies of the syllabi to attendees.

lens, these syllabi refused to look to the institutions or corporations, and instead looked to those of us who are intentionally left behind in healthcare institutions for healing.

6) Skill-Sharing

Creating a syllabi for change came from a long tradition of skill-sharing as organizing (Chartrand, 2021). Skill-sharing does not look to the state or to power for justice but it works to makes power irrelevant by reducing dependencies on the state, corporations, and authorities. Instead, the mantra of skill-sharing is that, "*we* depend on *us*" (Chartrand, 2021). Skill-sharing, an avenue of mutual aid, looks like community workshops, how-to-guides, online videos, local ecological skills, healing methods, emergency medicine, bike and car repairs, building and carpentry, ancestral skills, to name only a few of the infinite potentials of skill sharing (Chartrand, 2021). This project was a mode of skill-sharing because a series of syllabi were put together that acted as a "how-to-guide" for existing radically within liberal, institutional walls (Pichet & Hammond, 2023). The "skill" that was shared was the strategies to exist as a radical subject in liberal institutions of health such as hospitals and long-term care homes. The act of skill-share did not just happen in creating the syllabi however it also happened in the radical workshops where people came together to think differently and collectively towards community organizing. This research-creation process is set to foster radical change because it doesn't look to the state, corporations, or power, but it looks to each other and ourselves[49] for strategies of survival and existence.

For my inquiry, this method happened by continuing to infuse radical politics and liberatory frameworks in my daily life and work as an artist, scholar, healthcare worker, and a

[49] The syllabi were not just informative but they co-produced knowledge because they had activities within them such as reflective and meditative exercises that the people who engaged with them can fill out. This process of co-production aligns with the politic that we are all knowledge holders and that all our truths are valid and worthy.

human being. Skill-sharing as practice also looked like e-mailing the syllabi to other people in my networks, including friends who work in health organizations. When I e-mailed the link to the free syllabi, I would encourage friends to share it with their networks and their workplaces to engage healthcare workers in health justice and radical change. In particular, as a part of my full-time employment at a local hospital (which I cannot currently name), I applied for an external grant to collect funds to print out physical copies of the syllabi for staff to access this knowledge for free. I organized a group of people to be part of this project and we were eventually awarded this grant and got to print these booklets for staff to use. Beyond this, I set up a free, downloadable Canva documents (included in the links below) for folks to be able to access the syllabi I co-produced so that anyone can access (not only staff) and adopt it for their own organizations and communities:

Book 1. *Educate*—includes content about the structures of oppression and its application in organizations

Book 2. *Agitate*—includes content about the strategies to resisting as an individual within the health system and reflections and exercises to take a pause

Book 3. *Organize*— includes content about strategies to mobilize with other people in the institution and strategies to build a future built on structural care (Zandt, 2020), outside of the organization.

To bring more awareness to these resources, I shared the Canva links on social media platforms such as LinkedIn, Instagram, Twitter, and Facebook.

~~Data Analysis~~ Tensions and Learnings

Having outlined the methods used in this study, I now turn to the analysis, where the complexities of data surfaced tensions that demanded careful consideration and attention. When I refer to "tensions" they are not to be mistaken for "emergencies" from the workshop (Springgay & Truman, 2018). Tensions refer to the ideas, intentions, and juxtapositions relating to the methodological process. The tensions may have shown up during the workshop, during the creation of the first draft of the syllabi, conversations with myself and participants, and all those who were engaged in the research-creation process. Some of the many tensions and learnings that arose throughout this process were:

1. Research-creation can be pedagogy and learning in action
2. It is not enough to simply learn
3. Relationality becomes tested
4. Strategies listed in the syllabi can get staff fired
5. Creating together may be deemed non-credible

Research-creation as pedagogy and learning in action

The research-creation methodological process became one of didactic teaching, learning, and education. For instance, many participants from the radical workshops mentioned, "*I loved geeking out with you about this stuff*" and "*I felt like I learned a lot even though I was the participant in this study*". Another participant mentioned that they gained new knowledge in the research process by engaging in the drafts of the syllabi and the conversations they took part in. Research-creation can be research-teaching. As the facilitator of the study, I was not the only one teaching and so learning happened reciprocally amongst myself and the participants. By engaging the plugging in technique, critical friends, and the radical workshop, I was taught

where the opportunities are and how a radical subject could exist (James & Gordon, 2008). For instance, throughout this process, I had many discussions with participants about transformative steps we can take as a collective and as an individual to build more just healthcare systems. This led me to believe that all of us come with our own expertise about what we can do to shape change and the syllabi was one way to document, refine, and mobilize these ideas.

It is not enough to simply learn

How we respond to emergencies in research creation, like our capitalist health systems, might be the emergency itself when we stop at just learning about the problem and not take any steps to be part of the action. This tension led to the final revision of the books to include more practical, actionable steps. For example, what are the steps required to get in touch with the union? How does one create an employee resource group within their organization? We need to do more than just learn by extracting from neoliberal, capitalist organizations such as the university to be a small part of community organizing (Pichet & Hammond, 2023). Institutions can perpetuate harm and also, we sometimes too often forget that institutions are made up of people and their labour. Transformation is possible when individuals within institutions choose to disrupt harmful practices and push for structural change. Institutions can also be a formalized space to pool resources back into the community (Chartrand, 2021). We can engage in community organizing and do more than what the institution can offer us. Through this methodological process, I learned that it is not enough to just engage in content. We must also agitate the systems and organize—there must be action followed up with the learning (MacPhee, 2016). Start the clothing drive; the skill-share. Lead the Employee Resource Groups (ERGs). When we stop at the learning, we often fail to do the actual work of transformation, similar to some critiques of EDI (Walcott, 2021).

Relationality becomes tested in research-creation

To be frank, there was lots of tension doing this work with people I had relations with (at times, deep relations!). One of the major tensions was feedback. At times I felt that I had created this beautiful creation, only for it to be harshly critiqued, especially from people I knew and loved. Even when we all had the same end goal: making the booklets as useful as they can be for healthcare workers, this was challenging at first to overcome. However, I remembered that nothing worth doing is done alone (Brown, 2017). Feedback is not personal especially when I asked people to give it. For example, I was very distraught that one of my friends who was a participant in the study scratched up the syllabus that I worked so hard to design and mentioned that the content is too complex. I debriefed with my colleagues about what the next steps should be. The friend that did this was a participant in the study and this is what I asked participants to do, but it didn't make it any less challenging. My colleague reminded me, that everyone comes into this work with their own experiences and to take feedback of any kind with a grain of salt. This does not mean dismiss feedback that I am not agreeable to, but it means to recognize that many people working within healthcare systems including myself have normalized biomedicine to a point where re-imagining it to be different feels impossible (Marya & Patel, 2022). The structures of domination are working as they were designed (Davis, 2016). It was in moments like these that I realized that research-creation is a deeply personal and relational methodology. It is part of who the researcher and the participants *are* (Loveless, 2019). There are emotional and historic ties to this work. However, just because it is a personal and relational methodology, does not mean that it has no validity (Manning, 2016). As a matter of fact, the closer a project feels to us, the more care we put into it. When I felt my relations were being tested because of this

project, I realized how important this work meant to me and the people in it. This was the path I was meant to take.

Strategies listed in the syllabi can get staff fired

One of the biggest risks I came across was that implementing some of the strategies listed in the syllabi would potentially get staff fired. This was problematic because instead of providing strategies of well-being, and fostering transformational change, the syllabi holds the risk of people losing their jobs and the material things they need to exist (money, food on their plates, a roof over their head). This was not the intention of the syllabi and yet, this risk exists. One way I navigated this risk was by addressing it in the syllabi itself. This looked like adding a "preface" with this risk at the beginning of each syllabi prior to diving into the content. Prefacing the syllabi with this risk as a caveat recognized the ways that people have been historically harmed within institutions for speaking up and against. I discussed the risks associated with trying to exist radically within an institution including but not limited to: receiving a letter of "discipline", loss of employment, the initiation or continuation of a toxic work environment, fatigue, loss of hope, decreased quality of life, and more.

Creating together may be deemed non-credible

Another tension in research-creation is that creating together may be deemed non-credible, as dominant research paradigms often privilege individual authorship, fixed outputs, and hierarchal expertise over collective and relational knowledge. This tension arises because while research-creation values collective meaning-making and relational knowledge, institutions still largely operate within frameworks that demand clear deliverables, solo authorship, and standardized methods of evaluation. As a result, research-creation projects risk being dismissed as unstructured, overly subjective, or lacking rigor, even when they generate deep transformative

insights that could not emerge through conventional methods. If credibility is tied to fixed outcomes rather than dynamic, emergent processes, then research-creation struggles for recognition—despite its potential for radical, interdisciplinary, and community-driven change. For example, the product of the syllabi may be deemed non-credible by institutions that already rarely support progressive politics. Yet, we must still create, anyway. By not engaging in collective action, we let the structures (i.e., individualism) that impose on us, *win* (L. Berbary, personal communication, September 20, 2021). This is not how it should be because all people come with knowledges on well-being, inclusion, and justice (Davis, 2016). I navigated my own privileged position as the principle investigator by addressing and acknowledging this power imbalance in the beginning of the workshop and actively throughout the research process. I stated that although I am the researcher, I am not the expert, and that we all have our own knowledges and lived experiences that are all valid and worthy.

Addressing these tensions to research-creation may sound pessimistic and unmotivating for folks who want to create change however it brought transparency to the challenge of existing as a radical. The acknowledgements at the beginning of this syllabus were crucial for readers to decide whether they want to engage in the syllabi and read further or not. This was an ethical approach that acted as informed and on-going consent in this research-creation project (Manning, 2016). It is important that readers who want to use the strategies within the syllabi are aware of the tensions and risks involved.

The poetic, radical, creation: Not a conclusion

The juxtapositions, tensions, and risks to engage radical politics through research-creation was overwhelming (Springgay, 2022). Yet, research-creation was chosen as methodology above others because it is interdisciplinary, process-oriented, fuses theoretical insight with creative practice, and provided an opportunity for the academy to communicate with the industry (in this case, healthcare). It is important to note that while organizing with research-creation may not be perfect, it is important to still organize and mobilize *anyway.* Knowing what the juxtapositions, tensions, and risks are helps us to navigate them better, and be upfront about them.

The syllabi were not the outcome of this project, they were "outputs." The outcome of this project was the strategies, the cracks, and the fugitivity where other knowledge seeped in where we had the possibilities to re-imagine otherwise, mobilize our teachings, research, knowledge translations, and interactions with institutional powers towards caring for each other (Harney & Moten, 2013; Berbary, 2020). Each of the syllabi included liberatory poems, narratives, methods to exist radically and preserve energy within institutional walls. As Truman states:

> These written 'outputs' are interpretive in many instances, engages with theory, and are also more than representational. In academic writing, I think with aspects of research events (or "data") in relation to theory, and rather than closing down meaning, through this writing propose further things to think about rather than just report on events. (Truman, 2022, p. 99)

In a racial, capitalist, health system that has commodified every aspect of our bare existence, depression and anxiety are perfectly natural responses (Dan, 2022). So instead of only

finding ways to cope with depression and anxiety, I needed to get to the root of structural oppression and health injustice. Through research-creation as methodology, and in collaboration with the people and worlds around me, I co-created a series of syllabi and planted seeds of organizing by bringing people together to think politically about our lives through knowledge translation and mobilization, and artistic expression (Loveless, 2019). Paying particular homage to healthcare workers, these booklets tell fellow healthcare workers, "I hear you, and I see you, and there are ways forward," because this was the way I felt whenever I picked up a poetry book written by Nayyirah Waheed, Rupi Kaur, or Dionne Brand. Maybe it was the art of poetry in these books, maybe it was the theory embedded in them, or maybe it was the fact that a racialized woman was writing it. Maybe it's all of it. Their poetic creations made me feel alive and have played a key component for my own healing. I wanted these syllabi to be able to do that for atleast, maybe, one person. That was the purpose.

The creation of the syllabi may not have been a radical, collective action for some but research-creation projects such as this can create small changes and serve as grounding points for large changes within the institution (Smith, 2005). Every small change can act as a "seed" that could be sown to make space to sow more seeds of change (Maynard et al., 2021). Eventually, an entire space, organization, and practice can transform.

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Conclusion

Reading and engaging with scholar-activists such as Rinaldo Walcott (2019), Charisse-Burden Stelly (2020), Angela Davis (2016), Mariame Kaba (2021), and Mia Mingus (2105) brought me to consider the need for radicals. The need for radicals did not end with Harriet Tubman, Fredrick Douglas, William Wilberforce, the Grimke sisters, Leonard Grimes, William Lloyd Garrison, or Elizabeth Cady (Harriets Apothecary, 2022). The way we honour Harriet Tubman's legacy is choosing to be builders of our collective liberation rather than be passive receivers of freedom they have given us (Harriets Apothecary, 2022). We can honour *all* radicals by working to end violence and shift power and cultivate ways of living, loving, organizing, and healing that grow our collective power and resilience and do not reinforce state and structural violence (Harriets Apothecary, 2022). My hope is to continue the already begun freedom by demanding justice from oppressive structures such as transphobia, patriarchy, capitalism, ableism, racism, sanism, fatphobia, ageism, and xenophobia. Healthcare is a right for *all* on this earth and that is why justice is the real medicine. That is what real medicine just *is*.

Justice as medicine can be studied across various liberatory movements. In the context of mental health and addiction, harm reduction as a public health practice and a social justice philosophy *is* justice as medicine. Harm reduction is having interventions that are not about confrontation, shaming for actions during substance use and consequences for not going to treatment (Moody, 2023). A harm reduction intervention focuses on the values and gifts, safety planning, and unconditional love and support with or without the person seeking treatment (Roe,

2005; Smith, 2012). This could look like safe supply and compassionate supply programs for people living with addiction instead of abstinence-based addiction care. Similarly, suicide prevention is not always posting a hotline. Suicide prevention requires a structural intervention. We need universal and comprehensive healthcare that includes dental and vision. Healthcare that includes proper care in active addiction but also post addiction. It is creating healthy worlds that give all beings everything we need to live. The individualized, colonial care culture built on capitalist production gaslights people to think and act as if the problem and the solution lies within ourselves (Mingus, 2015; Zandt, 2020). In actuality, the structures of domination make our societies sick and we need to abolish it for us to truly be healthy. That is why justice is the real medicine.

To abolish the structures of domination, we can reciprocate the gift of the earth (Kimmerer, 2013). Part of how we reciprocate the gift of earth is to ensure that access to health is not limited for *any* reason and especially not due to humaneness, race, madness, ability, ethnicity, gender, sexuality, weight, appearance, religion, income, spiritual beliefs, citizenship status, rurality[50], caste, class, employment, and age. No one is disposable and harm to one is harm to all (Kaba, 2021). Implementing these principles is essential for health-full, just, planetary futures (Berbary, 2020). By standing for the healing of *all* peoples, as radicals, we commit to a vision of true reciprocity and justice.

There is a relationship between reciprocity and justice. Justice is giving the precise equivalent of what one has received (Halperin, 1986). This idea of giving and taking in balance *is* reciprocity. Reciprocity is what puts the "mutual" in the mutual aid I described in the first

[50] Rurality refers to "a condition of place-based homeliness shared by people with common ancestry or heritage and who inhabit traditional, culturally defined areas or places statutorily recognized to be rural" (Chigbu, 2013, p. 815).

manuscript and reciprocity is what puts the "sharing" in the skill-sharing I described in manuscript three. Reciprocity helps us to work against the institutional disregard of Black life (Maynard, 2017). *But science is not reciprocal is it? And bio-medicine is not equipped to heal our relationship to the earth, is it?* The tools of "value-free", "objective" science engage heavily with extraction of the earth (Kimmerer, 2017). If our health is tied to the health of *all* beings, land, flora, and fauna, then in healing the land we are healing ourselves (Brown, 2017). Restoring the earth includes a re-story-ation—we need to tell ourselves that we are not takers or consumers but that *us*, ourselves can *be* medicine (Kimmerer, 2013). Part of this story is that we think of ourselves as somehow the top of this "biological pyramid of species". As if a single species is more deserving of the gift of earth (Kimmerer, 2013). Humans are only *one* member of the creation and so when we engage in organizing movements, we must be part of the *movement*[1] that challenges us to *stand still* long enough to not only ask what health is but rather, how it happens, who and what it subjugates, even when it is considered 'universal' (Berbary, 2020; Andrews, 2019). When we challenge taken-for-granted notions of health built on colonialism and white supremacy, we can reciprocate the gift of earth.

To reciprocate the gift of earth, as stated in the first manuscript, we can continue to create voluntary, accessible, community-run services and infrastructure that reduces the number of people imprisoned, the reach of jails in our everyday lives, create resources without contact or reliance on the PIC or the MIC and strengthen our capacities to prevent and address harm (Davis, et al., 2022). Access to services that address needs people articulate for themselves can reduce vulnerability to police contact and prevent harm while simultaneously building self-determination (Chartrand, 2021). Voluntary services that are community-led and informed take power away from jails, prisons, mental health institutions, by removing the focus on

imprisonment as a solution to social, economic, and political issues (Davis et al., 2022). When we curate services and infrastructure that are de-coupled from policing and carcerality we develop systems with the potential to engage with people's complex needs in consistent and trust-building ways (Maynard, 2017). People getting their needs met in community-determined and led ways prevent harm. As we saw in manuscript one, by pooling resources through mutual aid and skill-sharing that address harm without replicating harm, we manifest healthy communities, accountability, not punishment, isolation, and learned helplessness—all that the MIC needs to survive.

In the spirit of reciprocity, we know that radical organizing outside the institution is required and useful (i.e. mutual aid). However, radical movements inside the institutions are also needed simultaneously. Although the institution is a place of power and privilege, institutional associations have afforded me access to spaces I otherwise would not have lived, worked, or studied in. The school I was afforded a doctoral program in, the hospitals, long-term-care homes, and group homes I have worked in, etc. We may look down on the institution for its liberal tactics but forget sometimes too quickly that the institution is also made up of people, community, and labour. Doing radical work from within is possible and crucial despite it looking different to radical organizing on the streets. The institution is an established commodity built on capitalism and also, it gives us official access to authority, resources, and community in a way that other spaces simply cannot afford us (because of capitalism). We must simultaneously work within it so when we work outside of it, there is more seamless liberation in transition (L. Berbary, personal communication, September 30, 2021). This is because, in the process of abolishing the institution and building something otherwise, those of us who depend on the institution would likely be harmed first (K. Lopez, personal communication, September 1, 2022).

This harm can look like loss of employment, lack of eligible income from the government, nowhere to go to get help, etc. (S. Dupuis, personal communication, September 1, 2022). Thus, the work from within organizations must be radical and transformative for that liberation in transition to create less harm. If our work has more to do with representation and reform rather than redistribution, we fall back on the same oppressive tendencies of liberal EDI that got us here in the first place (Walcott, 2019). Working within the institution makes space for us to speak to power to get as many people as possible to join the conversation and re-organize our societies. This is why we need radical subjects in every space (James, 2014).

Yet, being a radical subject is more labour. That is the tension. For myself and participants, engaging in this work held an overwhelming amount of emotional labour. I anticipated this, but I was not ready for its impact. During the workshop, participants had cried when describing situations that they were navigating at work. I used therapeutic facilitation techniques to provide support and followed up with participants—providing mental health resources and further time to chat if needed. It was clear that this project evoked a degree of emotional labour and deep vulnerability. To respond to the emotional labour, I added sections about *rest* throughout the syllabi. Topics in the sections about *rest* covered breathing techniques and rest as resistance (Hersey, 2022), somatic exercises in order for folks to take a pause before re-engaging with content that required more emotional labour. Radical thinking and action requires more labour but that does not imply that we must stay complicit in injustice. As Freire (1985, p. 121) says, “washing one’s hands of the conflict between the powerful and the powerless does not mean to be neutral but to be on the side of the powerful”.

Another tension that came from this inquiry was that, some would argue that it is impossible to be radical within the walls of a liberal space. While that may be true, there are also

multiple other truths which are valid and worthy. For example, to be a radical subject in healthcare means to critically challenge and disrupt the oppressive structures embedded in healthcare systems. Health organizations, often framed as spaces of care and equity, are deeply intertwined with systems of power that perpetuate racial, gendered, and economic disparities. A radical subject in these spaces, might question:

- Medical racism and injustices (Washington, 2008; Mingus, 2015; Page & Woodland, 2023): how do health institutions uphold racial hierarchies, from unjust access to care to the systemic dismissal of historically excluded patients' experiences?
- Neoliberal logics (Marx et al., 1998; Horkheimer, 1982; Walcott, 2019): How does the commodification of health turn patients into consumers and healthcare into a profit-drive enterprise, intentionally silencing those who cannot afford care?
- Structural violence (Davis, 2016; Gilmore, 2007; Maynard, 2017; Kaba, 2021): how do health institutions reinforce social hierarchies through policies and practices that criminalize, pathologize, or neglect socially targeted groups of people such as incarcerated individuals, immigrants and refugees, and underhoused peoples? How do the policies and practices within health institutions cause harm and suffering?

To be a radical subject in this context involves rejecting the passive role of a complicit patient, worker, or administrator. It involves actively questioning and resisting institutional policies that prioritize efficiency or profit over equitable care (Page & Woodland, 2023; Dixon & Peipzna-Samarasinha, 2020). For example, a radical subject might advocate for community-based, decolonized, approaches to health that center collective well-being over individual treatment (Marya & Patel, 2022). They might work to amplify the voices of socially targeted groups such as Black or Indigenous Peoples, in designing and delivering healthcare services. Lastly, they may

also refuse the co-optation of their labour or ideas by institutions seeking to perform inclusivity while maintaining unjust practices (Berbary & Mohamed, 2022).

The syllabi, manuscripts, and overall dissertation project created multiple spaces for deeper inquiry, expanding this work beyond the academy and into knowledge spaces that matter to ordinary people (Harney & Moten, 2013). This aligns with my duty as a human being and a researcher to democratize knowledge, redistribute resources, both material and intellectual resources, and take my job as a researcher, as a responsibility (Harney & Moten, 2013). Academics are enemies of the people until we prove otherwise (Rodney, 1971). The way we prove an *otherwise* is by not reproducing knowledges that are rooted in hierarchies, false narrations of merit, and not re-creating work that categorize within overarching epistemologies (Denvir, 2021, 1:20:41). We as researchers have the duty to broaden, "intercede in, and act from the decolonial fissures and cracks" (Mignolo & Walsh, 2018, p. 3). This means, we must work from the inside to insurge, counter, disobey and think from and within a social, political, and cultural pandemic (L. Berbary, personal communication, October 20, 2020). Mignolo & Walsh (2018) justify insurgence as an action that aims towards an *otherwise*. When I think of insurgence I think of W.E. Dubois, Paul Robeson, Benjamin Davis, Shirley Graham, Vicki Garvin and the many other scholars who pushed for a structural transformation rather than just inclusion (Denvir, 2021, 56:00). They wanted to abolish systems determined to destroy racialized persons, their well-being, autonomy, and future. The outcomes of this project—neither unfinished or perfect— engaged in scholarship that extracted resources from the neoliberal academy to push for structural redistribution rather than merely equity and inclusion (Davis et al., 2022).

With this dissertation, my hope was to dismantle the notion that, "this is the way things are" (Davis, 2016). Antonio Gramsci, a Marxist philosopher echoes this with his theory on cultural hegemony (West, 2019). "To Gramsci, if you can control the narrative and you can convince the average citizen that the current set of cultural norms is just the way the world is, then there's not going to be much complaining, there's not going to be much in the way of seeking justice and trying to change things" (West, 2019). I take this to mean, systems and individuals who are part of dominant groups dictate cultural norms that serve to reinforce their hegemony and perpetuate the status quo. When we accept cultural norms, we accept dominance of particular people that limit their own agency to enact change. Then, they become complicit in maintaining cultural hegemony. "Cultural hegemony in many ways is accomplished by getting consent from the population to keep things the way that they are by making sure people are blind to other options at their disposal" (West, 2019). Thus, according to Gramsci's notion of cultural hegemony, we have a responsibility to continuously challenge the existing order of things such as the normalization of racism and re-imagine them. This means, to abolish the MIC, we need to create alternative ways of organizing that invites a new culture and empowers the average citizen to think critically and take political action. This project was one way I could do that.

Revolution is not a one-time event (Lorde, 2020). These networks and movements, and this organizing is making the world we need, *now* (Davis et al., 2022). We *demand* this. So, it is not enough to think it is radical to simply create syllabi with a group of people, but it matters *how* we do it. What modes of institutional mobilizing and community organizing already exist in the spaces we are *research-creating*? How can we ensure that we are not taking up *too* much space where we are creating and with whom we are creating? At what stages of the research-creation process are we using its various techniques and what are the intentions of each

technique, approach, and practice? Whether we are working within or outside of the organization, *how* we do movements matter. Because how we do *anything* is how we do *everything* (Brown, 2017).

If we think back to Marya's Instagram post describing the map of social change-makers by Iyer (2017), we can think of this study within the context of front-line responders, healers, caregivers, and visionaries within care spaces. In practice, being a radical subject in health institutions means risking tensions of conflict by naming uncomfortable truths, leveraging institutional resources for grassroots movements, or even working to dismantle systems of harm from within. This stance aligns with James' view that radical subjectivity resists co-optation and seeks to abolish—not accommodate—the structures of domination.

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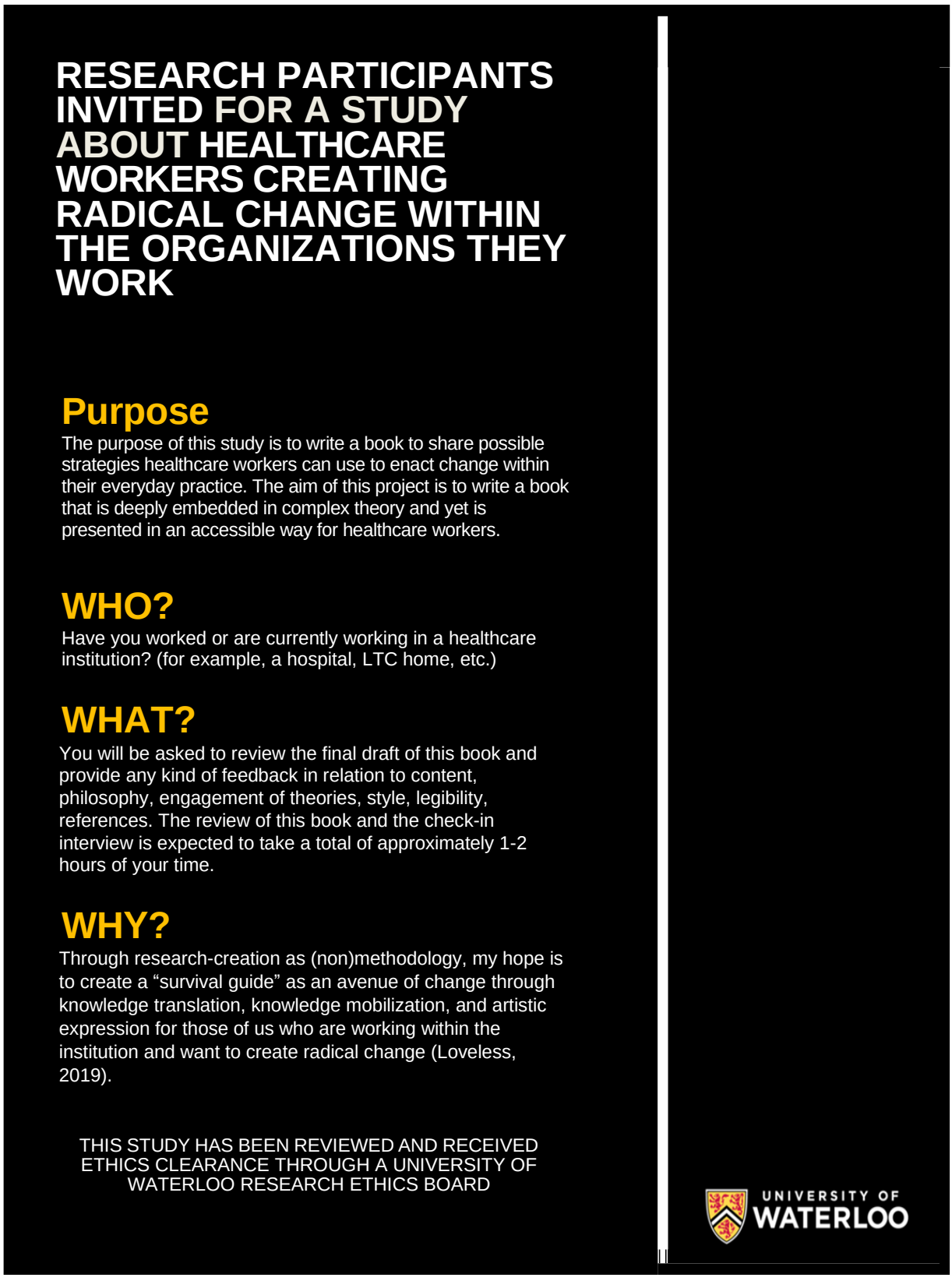
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Appendix A: Recruitment Poster for Instagram



UNIVERSITY OF WATERLOO

Appendix B: Workshop Guide

Workshop Guide
A Poetic Survival Guide for the Radical Labourer

Facilitator: Arany Sivasubramaniam

[THE COMPLETION OF THE INTRODUCTORY SECTION OF THE WORKSHOP SHOULD TAKE APPROXIMATELY 10-15 MINUTES]

I) INTRODUCTION AND INSTRUCTIONS (15 minutes)

Hello, my name is Arany. Thank you for agreeing to participate in this workshop. Just to remind everyone, I'm looking at the strategies of enacting change within the institutions where we work.

What is a workshop? A workshop is an interactive group discussion where we can gain several perspectives about a topic and members of the group can think about and comment on what others have said in the group.

[POINT OUT REFRESHMENTS, NAME TAGS if used – people should use their first name or pseudonym only].

In a minute, we will all introduce ourselves – first names only. But first, I would like to walk you through the information letter and consent form that is in front of you.

[FOR FACILITATOR: REVIEW INFORMED CONSENT FORM AND ANSWER ANY QUESTIONS ABOUT IT. COLLECT SIGNED CONSENT FORMS AND ENSURE THAT PARTICIPANTS HAVE A COPY OF THE LETTER OF INFORMATION TO TAKE WITH THEM (IF APPROPRIATE FOR THE TOPIC AND GROUP).

Confidentiality: **[*READ ALOUD]* -** Before we begin our discussion, I want to spend a few moments talking about confidentiality and to go over some basic ground rules for our workshop discussion today:

- Everyone's views are welcomed and important.
- The information which we will collect today will be attributable *(connected or associated)* to you as a group.
- We will not identify quotes or ideas with *any one person* of this group. Because of the nature of small communities or groups, it is possible that people could link participants in this room to quotes in the syllabi. This is why we need to talk about confidentiality.
- We *are* assuming that when we learn about one another's views, they remain confidential. In a small community (group) like this, people are identifiable to some degree by their views and opinions.
- Having said this, and having made these requests, you know that we cannot guarantee that the request will be honoured by everyone in the room.
- We are asking you to make only those comments that you would be comfortable making in a public setting; and to hold back making comments that you would not say publicly.
- If you want to stop being in the workshop you can leave or stay and simply stop talking, but it will not be possible for you to pull out your data from the flow of the conversation because of the interconnected nature of the group discussion where one person's comments can stimulate the sharing of comments made by others in the group.
- Anything heard in the room should stay in the room.

- All voices are to be heard, so I will step in if too many people are speaking at once or to make sure that everyone has a chance to speak.
- I may also step in if I feel the conversation is straying off topic.
- You can expect this discussion group to last about 1-2 hours.

Use of Tape Recorder

- As you will recall, this workshop group will be recorded to increase accuracy and to reduce the chance of misinterpreting what anyone says.
- All tapes and transcripts will be kept in a password protected computer by the researcher.
- Names will be removed from transcripts. Participants will have pseudonyms attached to their name which only I will know.
- Only I and my supervisor will have access to transcripts (with your personal names removed) of this workshop.
- I'll also ask that when using abbreviations or acronyms, you say the full name at least once to aid transcription.
- We may also use a "flip chart" to write down key points during the workshop and take notes.

[AT THIS POINT, GROUP MEMBERS CAN QUICKLY INTRODUCE THEMSELVES –remind them that it is 'first names only'.]

II. Workshop (1 hour)

This component of the workshop will be a presentation of the content of the books. It will take about 15 minutes. After that, we will engage in case scenarios, reflection, & interactive activities within the syllabi which will take about 45 minutes.

We will touch on questions such as: How do we resist reformism and performativity while recognizing demands of our complicities within our institutions and beyond? This question will tackle survival techniques, building capacity to enact change, and theories on equity, inclusion, and radical politics.

III. WRAP-UP (30 minutes)

- Debrief, final thoughts, and questions
- Remind participants of confidentiality
- Thank you

Appendix C: Workshop Information Letter

Date: ***January 7 2024***

Project Title: ***A Poetic Survival Guide for the Radical Labourer***

Faculty Supervisor: Dr. Lisbeth Berbary, Associate Professor, University of Waterloo

Student Investigator: ***Arany Sivasubramaniam, PhD Candidate, University of Waterloo***

This letter explains what the study is about, possible risks and benefits, and your rights as a research participant. You may print/save a copy for your records. If you do not understand something in the letter, please ask one of the investigators before consenting to participate.

This session focuses on sharing knowledge from the poetic survival guide and will be called "Strategies for Change-Makers within Institutions" and will be facilitated by ***Arany Sivasubramaniam*** *who is a PhD candidate from the University of Waterloo.* The main question that this workshop will address is, how do we resist reformism and performativity as staff change-makers while recognizing demands of our complicities within our institutions and beyond?

Participation in this session is voluntary and involves ***1.5 hours*** to discuss the issues associated with ***creating change within the institution.***

In participating in this session and discussing our personal experiences and stories, it is possible that the conversations and reflections will bring up negative feelings and emotions. Please remember that should you begin to feel upset, your participation is entirely voluntary, and you may decline to answer any questions you do not want to answer. If you begin to express emotional stress, I will pause the group and offer the opportunity to withdraw, take a break, or reach out to supports as is appropriate. Your well-being will *always* be prioritized over data collection for this project.

You may decline answering any questions you feel you do not wish to answer and may decline contributing to the session in other ways if you so wish. Your identity will be confidential by the researchers. Your name will not be identified with the input you give to this session. Further, you will not be identified by name in the syllabi or any manuscripts produced from this study. The information collected will be securely stored for a minimum of 7 years in an encrypted folder on a password protected computer in a locked office. Only myself and my supervisor will have access to your information.

If you wish to withdraw your study data after participating, please contact the researchers. You can request your data be removed from the study up until ***June 2025*** as it is not possible to withdraw your data once papers and publications have been submitted to publishers.

You will be participating in a study that uses Microsoft Teams. Microsoft Teams has implemented technical, administrative, and physical safeguards to protect the information from loss, misuse, and unauthorized access, disclosure, alteration, or destruction. However, no internet transmission is ever fully secure or error free.

Data collected will include audio, and may include video. In the case where videos are collected, audio will be retained and video data will be destroyed immediately following collection.

Given the group format of this session we will ask you to keep in confidence information that identifies or could potentially identify a participant and/or their comments. If you have any questions about participation in this session, please feel free to discuss these with the facilitator, Arany Sivasubramaniam.

Please see below for an outline of the workshop session:

00:00-00:15 – Introductions, ice breaker

00:15-00:30- Presenting the content of the book

00:30-1:15 – Participants will go through case scenarios, reflection, & interactive activities within the syllabi

1:15-1:30 – Debrief, final thoughts and questions

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Board (REB *[45910]).* If you have questions for the Board, contact the Office of Research Ethics, toll-free at 1-833-643-2379 (Canada and USA), 1-519-888-4440, or reb@uwaterloo.ca.

For all other questions contact ***Arany Sivasubramaniam at asivasub@uwaterloo.ca***

Thank you for your assistance with this project. In appreciation of your time given to this session we will provide you with a $10 Walmart gift card. The amount received is taxable. It is your responsibility to report this amount for income tax purposes.

Yours sincerely,

Arany Sivasubramaniam
University of Waterloo
Faculty of Health
asivasub@uwaterloo.ca

_____ _____

[participant first name, participant last name] [signature of participant]

Appendix D: Participant Information Letter & Consent Form

Participant Information Letter & Consent Form

Date:

Dear Potential Research Participant,

My name is Arany Sivasubramaniam and I am conducting a research project as part of my Doctor of Philosophy degree in the Faculty of Health at the University of Waterloo. I am conducting my research under the supervision of Dr. Lisbeth Berbary. This information letter and consent form provides detailed information about this research project and will help you make an informed decision regarding your participation.

What is this study about?

Through research-creation as (non)methodology, my hope is to create a survival guide as an avenue of change through knowledge translation, knowledge mobilization, and artistic expression for those of us who are working within the institution (Loveless, 2019). Research-creation is a methodology that disrupts traditional methodology, not because traditional methodology is not useful but because this form of (non)methodology aligns with the liberatory frameworks and theories adopted for this study. Therefore, this study will also be looking at the process of feedback and book writing, not only the final product that is the survival guide.

What does participation in this study involve?

You will be asked to review the final draft of this book and provide any kind of feedback in relation to content, philosophy, engagement of theories, style, legibility, references, and grammar. This will take approximately 1 hour.

You will also have 1 on 1 check-in with the researchers to provide verbal feedback if you prefer instead of providing written feedback. During the check-in, you will first be asked for some demographic information such as your age and gender. Next, the check-in will focus on your personal experiences navigating the institutions that you have worked in and you will be asked questions such as how can the institutions you have worked in change to better meet your needs?
The review of this book and the check-in interview is expected to take a total of approximately 1-2 hours of your time.

Who may participate in the study?

In order to participate in this study, participants must provide some kind of feedback to the final draft of the book. Further, all participants must:

- Have worked in an healthcare institution at some point in their lives
- OR have an understanding of equity, diversity, inclusion, and radical politics

Is participation in the study voluntary?

- Participation in this research project is completely voluntary.
- You may decline to answer any of the questions asked during the interview and throughout this research project.
- You may also decide to end the interview at any time by simply informing me of your decision.
- Your decision to participate in this research project, as well as your decision to withdraw should you choose to do so, will not affect your current position within your careers.
- With your permission, notes from the interview will be written down to facilitate collection of information, and later transcribed for analysis.
- With your permission, data will be collected by audio recording, and may include video. In the case where videos are collected, audio will be retained and video data will be destroyed immediately following collection.

What are the potential benefits of the study?

- Participation in this study may not offer personal benefits to you. However, it is my hope that this study will be enjoyable and a safe space for you to express yourself.
- The results of this research will hopefully contribute towards creating change within and outside of social institutions, especially in care settings, highlighting the importance of navigating the structures of oppression within our social institutions.
- This research is beneficial for the academic community, as we work together to emphasize the value of radical politics.

What are the possible risks or discomforts associated with this study?

- In providing feedback and discussing our personal experiences and stories, it is possible that the conversations and reflections will bring up negative feelings and emotions. Please remember that should you begin to feel upset, your participation is entirely voluntary, and you may decline to answer any questions you do not want to answer. If you begin to express emotional stress, I will pause the interview and offer the opportunity to withdraw, take a break, or reach out to supports as is appropriate. Your well-being will *always* be prioritized over data collection for this project.

How will your information be kept confidential?

- Any identifying information will be removed from all data that is collected and will be stored separately.
- You will be participating in a study that uses Microsoft Teams. Microsoft Teams has implemented technical, administrative, and physical safeguards to protect the information from loss, misuse, and unauthorized access, disclosure, alteration, or destruction. However, no internet transmission is ever fully secure or error free.
- Your name will not appear in any paper or presentation resulting from this research, however with your permission quotations from this study may be used with a pseudonym in place of your real name.
- Any data collected will be securely stored for a minimum of 7 years in an encrypted folder on a password protected computer in a locked office. Only myself and my supervisor will have access to your information.
- You can withdraw your agreement to participate and request that your feedback be removed from the study by contacting myself or my supervisor up until I submit my thesis (est. June 2025). Please note that it will not be possible to withdraw your contribution once study results have been submitted for publication.
- Participants will have the option to be listed on the book as a contributor if they wish.

Has the study received ethics clearance?

- This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Board (REB [45910]). If you have questions for the Board, contact the Office of Research Ethics, toll-free at 1-833-643-2379 (Canada and USA), 1-519-888-4440, or reb@uwaterloo.ca.

Who should I contact if I have questions regarding my participation in the study?

If you have any questions about this study or need more information before you decide whether to participate, please contact one of the researchers named below.

Lisbeth Berbary
Associate Professor
lberbary@uwaterloo.ca
Faculty of Health

Arany Sivasubramaniam
PhD Candidate
asivasub@uwaterloo.ca
Faculty of Health

Appendix E: Online Consent Form

Study Title: ***A Poetic Survival Guide for the Radical Labourer***

By providing your consent, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

☐ I agree to participate in this study

☐ I do not agree to participate in this study

☐YES ☐NO I agree to have my participation audio recorded.

☐YES ☐NO I agree to the use of quotations in any paper or publication that comes from this research with the understanding that a pseudonym will be used in place of my real name

_____ _____

[participant first name, participant last name] [signature of participant]

Appendix F: Thank You Letter to Participants

Thank you letter for participants:

Date:

I would like to thank you for your participation in this study that seeks to write mini booklets on strategies to exist radically within the institution. As a reminder, the purpose of this project is to engage with complex theory inorder to share knowledge on how workers of the institution can embody a radical politic. My hope is that the knowledge and information generated from this study will be beneficial to staff and clients of institutions, to individuals who work within and outside of the healthcare sector across Canada, as well as the broader research community.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Board (REB [45910]). If you have questions for the Board, contact the Office of Research Ethics, toll-free at 1-833-643-2379 (Canada and USA), 1-519-888-4440, or reb@uwaterloo.ca.

Any data collected will be securely stored for a minimum of 7 years in an encrypted folder on a password protected computer in a locked office. Only myself and my supervisor will have access to your information. Once all the data are collected and analyzed for this project, I plan on sharing this information with the research community through seminars, conferences, presentations, and journal articles. If you are interested in receiving more information regarding the results of this study, or would like a summary of the results, please feel free to contact me. When the study is completed, anticipated by June 2025, I will send you the information. In the meantime, if you have any questions about the study, please do not hesitate to contact me by email as noted below.

Arany Sivasubramaniam

PhD Candidate

Faculty of Health

University of Waterloo

asivasub@uwaterloo.ca

Appendix F: Mental Health Resources for Participants

Finding Help

If you need help in an emergency or are in crisis:

- visit your local emergency department or call 911
- contact a distress centre in Ontario near you (phone numbers provided below).

Distress lines

When in need of someone to talk to. Operated by various agencies. Open 24 hours a day (unless otherwise indicated):

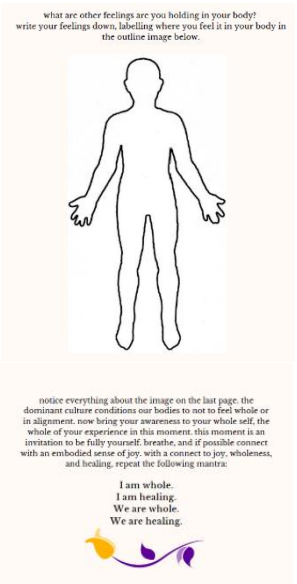
- **9-8-8 Suicide Crisis Helpline**: Call or text 9-8-8
- **Toronto Distress Centres**: 416 408-4357 or 408-HELP
- **Gerstein Centre**: 416 929-5200
- **Spectra Helpline**: 416 920-0497 or 905 459-7777 for Brampton and Mississauga residents
  TTY: 905 278-4890; *Languages: English, Punjabi, Hindi, Urdu, Spanish, Portuguese*
- **Assaulted Women's Helpline**: 416 863-0511; Toll-free: 1 866 863-0511
- **Kids Help Phone**: 1 800 668-6868; Languages: English and French
- **Community Crisis Line Scarborough and Rouge Hospital**: 416 495-2891 for 24/7 telephone crisis support.
  Service borders: south to the lake, north to Steeles Avenue, east to Port Union Road, and west to Victoria Park
- **Durham Crisis and Mental Health Line**: 905 666-0483
- **Distress Centre Halton:** *For Residents of the Halton Region (Burlington, Halton Hills, Milton, and Oakville). Oakville: 905-849-4541; Burlington: 905-681-1488; Milton/Halton Hills: 905-877-1211*

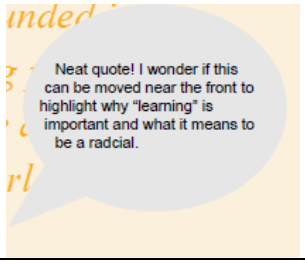
Appendix G: The Methodological Process to Research-Creation

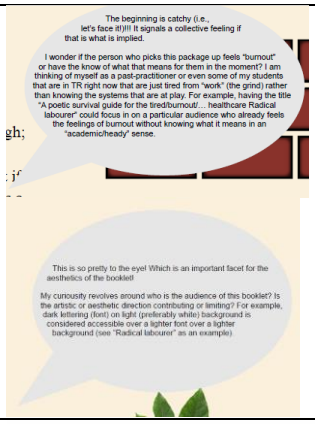
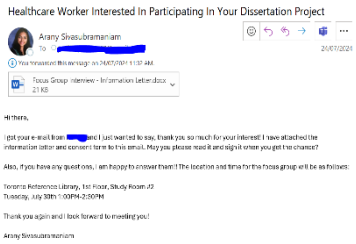
"Steps" to research-creation	Name of method/Technique	Date	Some of the many people in conversation	Some examples of evidence
Engagement with critical theories and liberatory concepts: reading books, attending classes on critical theories, reading academic journal articles, engaged with liberatory movements that had a social media presence	Plugging-in technique	2013-on-going	I was introduced to critical theory at the University of Waterloo in my undergraduate studies namely by Dr. Susan Arai and Leeanne Ferries. Then, in my masters' studies, it was Dr. Sherry Dupuis and Dr. Kimberly Lopez who helped me to dive deeper into the critical race theory and critical disability frameworks. In my doctoral studies, Dr. Lisbeth Berbary pushed me to explore abolition politics, and helped me to articulate my desires for a better world.	- Course: Rec 455 Seminar in Therapeutic Recreation (taught by Dr. Susan Arai) - Undergraduate Degree: Bachelor of Arts, Major: Therapeutic Recreation, Honours, Minor: Philosophy - Arany's Master's thesis: Microsoft Word - MAThesis FINAL.docx
Career experience as a front-line clinician in healthcare	Plugging-in Technique: Professional experience as rigor and expertise to theory-practice	2013-2021	My experience as a front-line healthcare worker is what fueled me to want to create change. I worked in group homes, hospitals, and long-term care homes as a recreation therapist. Although my clinical role was rewarding, I noticed many injustices coming to the forefront (racism, sexism, classism) and I saw it happening to staff, patients, and care partners.	-Volunteer at the Village of Erin Meadows long-term care (LTC) - Recreation Therapy Intern at Credit Valley Hospital and Toronto Rehabilitation Institute - Recreation Therapist at the Silverthorne Care Community LTC, Cawthra Gardens LTC, and the Villa Forum LTC - Recreation Therapist and Intake Coordinator at the Centre for Addiction and Mental Health

Career experience as a health equity coach/health justice specialist	Plugging-in Technique: Professional experience as rigor and expertise to theory-practice	January 2022-on-going	Working in spaces of equity, diversity, and inclusion gave me the practical tools to be able to create change within the institution. And yet, working in these spaces, made me even more furious. *Is our response to crisis the crises itself?*	-Health Equity Coach at the Centre for Addiction and Mental Health -Health Justice Specialist at the William Osler Health System
Conversations with my friends and family	Lived experience as rigor	On-going	My family and I frequently have had conversations about genocide, ecocide, and current states of crisis and collapse in our world. My friends within and outside the academy talk about the politics of being a racialized woman in our current moment and what these identities and their politics mean. Without the support of my family and friends, I would not have been able to access the privilege of education, let alone, higher education.	Names of friends/family members: Bavany Sivasubramaniam, Sivasubramaniam Kumarasamy, Arathy Sivasubramaniam, Bhahitharan Thayaparamoorthy, Sivashanger Ramesh, Nancy Voung, Mawutor Agbo, Jasmine Nijjar, Melanie Lim, Nicole Matheson, Namitha Shasthri, Kawaldeep Singh, Ashley Jagpal, Radhika Sikka, Kaizad Kabraji, Millani Jayasingkam, Jermal Jones, Marcus Pereira, Kelly-Ann Wright, and so many more!
Writing the proposal for this project: leading an independent study, passing comprehensive exams for my doctoral studies, defending my proposal	Plugging-in Technique	September 2021-June 2023	Writing the proposal supervised by Dr. Lisbeth Berbary was the initial concrete step to laying out the groundwork for the research-creation process: the aim of the syllabi, the questions that would be asked of participants, the iterative process and the methods needed. This process also involved	Comprehensive Examination Defence Date: September 1st, 2022 (accepted) Dissertation Thesis Proposal Defence Date: June 23, 2023rd (accepted)

			getting clear feedback from my supervisor and committee members.	
Submitted ethics application	Plugging-in Technique	December 2023	This involved Joanna Eidse from the Office of Research at the University of Waterloo who before any consideration and unusual to the normal ethics review process, set up a video call with me to understand my methodological process. At first, I thought this ethics application would not go through because it is not a traditional methodology or ethics review process. However, in the call and follow-up engagements, I appreciated the nuanced conversations and questions she challenged me with. After 1-2 months of review and iterations, the ethics application was accepted.	Date this study received ethics clearance: February 7th, 2024

Reading, writing, and revising first draft manuscripts and syllabi	Plugging-in technique	September 2021-May 2024	This involved the first set of participants who acted as "advisors" for the study since they brought forward their experience engaging with the syllabi. Their feedback was instrumental in creating a second draft of the syllabi to be ready to be printed for the first workshop.	Screenshots of the initial drafts of the syllabi:  
Recruitment: creating the recruitment materials, getting in touch with people I have worked with and their networks, engaging with participants about scheduling interviews, signing consent forms and information letters	Critical Friends: this method involved leveraging existing networks to expand outreach and attract more participants	February 2024 – April 2024	This involved getting in touch with my friends and family who helped create publicity about my study by sharing it to their social media platforms (WhatsApp groups, reposting the poster on LinkedIn and Instagram), and through word of mouth. When potential participants reached out to me with questions, I would answer their specific questions, share the information letter, and let them know that I am open to setting up a call with them to discuss	See Appendix A through I for recruitment materials.

			any questions or comments. Finally, I sent the consent form to participants via e-mail so that they can sign it prior to attending the workshop interview or providing feedback as an advisor.	
Sent draft of the book to participants with the option for them to send it back to me with their verbal and or written feedback	Critical friend collaboration	May 2024 – July 2024	The first part of data collection involved revising the first draft of the syllabi. Participants acted as "advisors" who were e-mailed digital copies of the syllabi. Participants provided written and verbal feedback (whichever they preferred) to make the syllabi more of use. The participants in this first part of the study were healthcare workers, former healthcare workers. and or folks heavily engaged in scholarship that engaged with radical politics and or liberatory frameworks.	Examples of feedback received from critical friends: **If structural changes require inner work**: When or where does the radical labourer do this? **Consider:** Is being a "radical labourer" just *even more* labour? **Also consider:** What if resistance is itself too risky for capitalist subjects? What would you tell practitioners? What other ways can one resist? (continuing note on resistance repercussions)
Revise syllabi based on participants written feedback	Emergence, Affirmative Refusal	July 2024-August 2024		More written feedback which was considered for revisions: 

				
Workshops: Booked spaces for the in-person workshops to take place, printed three copies of each syllabi and ensured that they were coil-binded, sent participants reminder e-mails about the location and time of the workshop, recorded interviews	Emergence, Affirmative Refusal, Radical Workshops	August 2024 – September 2024	The participants and their commitment to this inquiry was key to part 2 of the data collection in this study. They were each given $20 gift cards to Walmart for their contributions and time in engaging in the workshops. This involved not only their physical labour such as time, transportation, etc. but it also required their emotional labour—their vulnerability and self-reflection in centering their roles as healthcare workers especially in relation to change-making.	Example of an e-mail used to coordinate the in-person workshops:  Direct quotes from workshops: -"*I got really into the books haha..which is a good thing. I found it really engaging and I was actually disappointed in some areas because I'm like oh no.. tell me more! Which I get because these booklets are really more of an introduction to these theories/concepts*" - "*Right off the bat, some of the language is very sophisticated. And healthcare workers as we know, come at different levels education so simplifying it for people would be helpful. You want to make it accessible or else people will just gloss over some really important ideas*" - "*the section on moral distress can have more examples to get people to go more deeper into that idea and I have not heard of the term 'medical industrial complex'*

				so it would be good to have some examples" - *"one way to expand the strategies for change is putting more reflective exercises. For example, reflecting on the content, how do you see the content applying to your practice? Or can you think of examples where you have ran into this? It doesn't have to be mandatory but it gives you time to learn, pause, think, and apply"* - *"some of the words are really big and it got my brain some time to starting thinking in this space again. I've just got back into school but I am so used to reading hospital documents and text. I struggled when I got to the exercises because it has been a while since I thought in this way"*
Analyzed Radical workshops	Emergence, Affirmative Refusal	September 2024	Analysis first involved transcribing the workshop interviews. I first listened to the audio of the interviews and used pseudonyms to respect privacy and confidentiality. Then I highlighted transcribed quotes and re-wrote them into a "list of suggestions". Then, I categorized the list of suggestions to identify common emergencies, topics, ideas, patterns of meaning that came up	The analysis was not about what was said repeatedly, it was more so how it related it to the syllabi in the attempt to make it more and more useful.

Revising and publishing syllabi and manuscripts	Plugging-in Technique, Emergence, Affirmative Refusal	September 2021- On-going	The syllabi was published online on Instagram.com/radicallabourer accessible to anyone to read and print, free of charge. I also reached out to various healthcare organizations, healthcare workers, and health collectives across canada to create awareness and increase uptake about this tool.	There were 3 manuscripts that were created from this study: Manuscript 1 Journal: Leisure/Loisir Status: Published Manuscript 2: Journal: Leisure Sciences Status: Published Manuscript 3: Journal: Qualitative Inquiry Status: Ready for submission See Appendix J-L for the 3 syllabi that were also outputs from this study.
Continue to infuse radical politics and liberatory frameworks in my daily life and work as an artist, scholar, healthcare worker, and a human being.	Plugging-in Technique, Skill-sharing	On-going	The people who would be involved in this component of the research-creation would be my friends, family, co-workers, mentors, the people I have crossed paths with and the people I have not crossed paths with yet. My hope is to continue to make a greater impact on the local and global systems of our world beyond health and well-being. This inquiry has brought up key tensions and emergencies, and created outputs (3 syllabi and 3 manuscripts). It was also a process that built new relationships and fostered and tested pre-existing ones.	Examples of evidence where this is happening: - Resisting the institution's capitalistic tendencies by naming the oppression - Asking questions as a way of resistance and also, as a way of didactic teaching - Collaborating with community organizations and asking them whether they want collaboration or not. If they want collaboration, think about what it looks like to create reciprocity in the relationship - Think critically about how I am perpetuating power imbalances even while seeking to create change - Dismantle hierarchies by creating radical relations from within - Cancel culture is rampant in our societies today and relationships take work. So when people I love disagree with me, remember to move with love, compassion, and

				loyalty when someone disagrees with me - Using the institution's resources to pool resources into community organizing on the street and collective action
Knowledge mobilization: Share syllabi, manuscripts, and dissertation thesis with artist-scholars (especially research-creation practitioners) and health and education institutions such as hospitals and universities.	Skill-sharing	On-going		- Grant application to the Beryl Institute used to apply for funding to print the syllabi booklets so that staff can physically engage with it for free (see Appendix H) - Letter of congratulations from The Beryl Institute (see Appendix I)

Appendix H: Grant Application for The Beryl Institute's Scholar Grant Program

2024 Patient Experience Grant Program/Scholar Program

Application

Overview: In our commitment to expanding the global conversation on elevating the human experience in healthcare and the body of knowledge on this topic, The Beryl Institute established the Patient Experience Grant Program in 2010. A full program overview is available on The Beryl Institute website.

Application Instructions: To be considered for this program, the applicant must have an active membership with The Beryl Institute. Submissions must include all information requested below. Please note incomplete applications will not be accepted.

Application for (please select one):

	Patient Experience Grant Program
X	The Beryl Institute Scholar Program (note additional information requested for scholar applicants*)

Membership

X	Please check here to acknowledge participation in the grant/scholar program is exclusively available to members of The Beryl Institute. An active individual, organizational, student or PFA membership must be in place at time of acceptance and at time of disbursements.

General Information – Principal Investigator/Primary Contact

Name	Arany Sivasubramaniam
Title	[redacted]
Organization	
Email Address	
Mailing Address	

Scholar Applicants **-** Please Include:

Degree Pursuing	Aging, Health, and Well-being
School	University of Waterloo
Anticipated Completion Date	June 2025

Project Overview

Research Topic/Question – What is the topic you are exploring or question you are trying to answer?

The research question that we are trying to answer is:

How can the Health Justice module of the iHuddle curriculum, a supplemental in-service for staff and management, enhance the quality of service at point of care and overall patient experience?

Executive Summary of the research process and anticipated contribution to the body of knowledge on patient experience (500 words or less)

The proposed project aims to enhance patient experience by dismantling systemic barriers to care. This will be done through the implementation of the Health Justice module of the iHuddle curriculum. The supplemental in-service for staff will focus on increasing knowledge about the systems of oppression, identifying actionable measures to reduce these barriers to care, and a continuous refining of the curriculum based on data-driven insights. The goal is to foster a more equitable and just healthcare environment.

Project Overview

The project will begin by educating front line staff on key concepts related to Health Justice, such as the differences between equality, equity, and justice. This will be achieved through reflective exercises, case scenarios, engaging questions to help staff apply concepts to daily practice. The project will also focus on integrating practical measures into clinical care to mitigate systemic barriers. This includes acknowledging and addressing the moral challenges staff face, such as experiencing racism from patients or colleagues, to support their translation of knowledge into practice.

The impact of the education will be evaluated by analyzing complaints received by the Patient Experience Office at the [redacted] to identify trends and correlations with the curriculum's learning objectives. The goal is to reduce complaints related to harassment, discrimination, and oppression, thereby improving the overall patient experience. Based on the findings from this analysis, the Health Justice module of the iHuddle curriculum and related policies will continuously be updated to ensure they remain relevant and effective in addressing systemic barriers. This will be an iterative process that will help maintain the curriculum's impact and relevance over time.

Finally, the data collected from this project will be integrated into the broader organizational strategy. This will ensure that the learnings from the project contribute to long-term, systemic change within the healthcare environment, promoting a more just and equitable healthcare system.

Expected Outcomes

The project is expected to result in:

- Increased staff awareness and understanding of Health Justice principles.
- Implementation of effective measures to reduce systemic barriers in clinical care.
- A decrease in complaints related to harassment, discrimination, and oppression.

- Continuous improvement of the Health Justice module of the iHuddle curriculum and related organizational policies.
- Integration of project findings into the organization's broader strategy and vision, promoting a more equitable healthcare environment.

Conclusion

This grant application seeks to secure funding to implement and evaluate the iHuddle curriculum, with the aim of creating a more just and equitable healthcare environment and to support staff engagement in the knowledge mobilization process. By increasing staff awareness, implementing practical measures, assessing the impact on complaints, and continuously refining the curriculum, this project will contribute to significant improvements in patient experience and staff well-being.

Scholar Applicants -- Please include statement in why you believe this research is relevant and will contribute to the field of patient experience (250 words or less)

This research is relevant and will contribute to patient experience by providing a methodology and process to assess quality of service delivery at point of care. At [redacted] we expect patients/care partners to experience high quality and professional care, feel seen and empowered within a healing environment, and be provided information in simple language. We recognize that patients have not always experienced a high standard of care and that finding innovative ways to improve program planning and service delivery is our duty. One of the ways we improve service delivery is through our iHuddle curriculum.

Within this curriculum, staff will be taught about the systems of oppression such as colonialism, and how that shows up in their practice. Staff will also be given tools and resources to address systemic barriers faced by patients such as harassment and discrimination and what allyship would look like in the care context. Therefore, this research will contribute to the field of patient experience by providing a methodology and process to correlate the types of complaints that come in and the education provided in relation to systems of oppression, harassment, and discrimination.

Research Objectives - Please list all research objectives and provide description for each noting whether proposed, in process or recently completed

Objective:	In process
Increase staff awareness and understanding about systems of oppression, Health Justice, and how it manifests in action. We will engage staff to see how they understand the content (for example, can staff differentiate between equality, equity, and justice?)	
Objective:	In process
Identify and implement measures to be incorporated into clinical care to decrease the occurrence of systemic barriers (for example, connecting staff to available resources such as the Health Justice Specialist). We will use reflective exercises and case scenarios so that staff can easily understand the content. We will explain the moral challenges that the staff face as they translate this information into practice. For example, staff who experience racism from patients may have a complex and moral challenge to navigate.	

Objective:	Proposed
Assess the correlation between the Health Justice iHuddle curriculum and the category of complaints in relation to the learning objectives. Whether or not there is a correlation, through our analysis, we plan to create initiatives which decrease the number of complaints in relation to harassment, discrimination, and systems of oppression (racism, sexism, transphobia, etc.)	
Objective:	Proposed
Revise the content of iHuddle Curriculum and policies surrounding Health Justice according to the analysis and observations made from this research. For example, if we noticed that a major theme of the complaints is anti-Black racism and how it shows up in South Asian culture, we would create future education and training on this particular topic.	
Objective:	Proposed
Use the data collected from this research and embed it within the Health Justice Work Plan and the broader organizational strategy of building a more just healthcare environment within [redacted] and its surrounding communities. For example, one of the Health Justice deliverables is to optimize health literacy for patients and staff. This study makes space to offer innovative ways to engage staff with health literacy (including socio-political education) to improve patient experience.	

Descriptive overview of the research process. This should be a comprehensive narrative of your research plan. (1000 words or less)

Within the systems of health and well-being, the primary focus is typically to provide specialized medical care to the patient and support them through their recovery process. Care provided must also respect each patients' unique needs and preferences. Therefore, there is a heavy reliance on healthcare providers accompanied by an expectation that the care provided is timely, medically accurate, respectful, compassionate, equitable, and person-centred to accommodate the patients' unique needs. This project aims to improve patient care within the hospital by identifying and addressing the systemic barriers which prevent patients from accessing care that respects their unique needs and preferences.

To accomplish this, we will utilize the Patient Experience iHuddle curriculum which is a digital staff engagement tool that was created, following consultation with [redacted]'s Patient Family Advisory Council (PFAC), Clinical Leadership Services and the People-Centred Care Working Group; to improve service recovery, quality excellence, and patient experience. The curriculum comprises several topics developed from the predominant themes of patient feedback received by the hospital.

This project will focus on the curriculum topic, "Health Justice". Health Justice is a transformative practice in care work that goes beyond just "healthcare" to tackle the root causes of oppression such as racism and colonialism (Wiley et al., 2022). The iHuddle curriculum will be a live in-person 15-minute interactive presentation session. It will be conducted weekly across selected clinical units for 12 months. A concurrent measurement of health justice related patient feedback will also be conducted to ascertain the effectiveness of the iHuddle presentations. The content presented will include definitions, case scenarios, and reflective exercises for staff to center their roles in promoting health justice in their everyday work. By conducting frequent and regular iHuddle presentations, we will coach teams across the hospital, engage in shared learnings through interactive dialogues, and provide peer support and insights that guide and shape the future trajectory of clinical practice fostering health justice.

To assess the basic understanding of our clinical teams on the topic of health justice, we will utilize interviews and surveys to ask questions that will elicit rich qualitative and qualitative data that would be descriptive of the scope and quality of knowledge within our teams around the topic of health justice. Examples include:

- *On a scale of 0-5, how well do you understand the uniqueness of your patient? How does this impact the care experience?*
- *On a scale of 0-5, how do you reflect on your stereotypes and biases? How does this impact the care experience?*
- *On a scale of 0-5, how does your understanding of your team's diversity impact resilience within the team?*
- *How do you support the cultural safety of your patients?*

Additionally, to gather more quantitative data, we will measure the health justice related feedback received from patients between FY2019/20 and FY2023/24. By reviewing both data sets, we will identify the areas of learning and quality of care improvement opportunities and use them to create the health justice iHuddle coaching presentation.

The funding from this grant will be used to support staff engagement in the knowledge mobilization process. The Health Justice iHuddle curriculum is a deeply political and complex learning experience for staff, especially those who have been trained in the biomedical model of care. Therefore, the funding from this grant will be used to print out handbooks about confronting systemic barriers as a front-line clinician. These handbooks will make space for staff to fill out their responses, engage in self-reflections, and further learning. Staff will physically fill out the activity prompts and exercises about centering their roles in promoting Health Justice to reduce the number of complaints by patients and their family members in relation to harassment and discrimination. Since the Health Justice iHuddle is a 10-15minute presentation, these activity handbooks provide an outlet for staff to continue to engage with health justice related content much after the in-service is completed. When printed, the handbooks will be coil-binded with a plastic cover for usability and durability purposes. Observations and analysis made from this study will improve future iterations of the handbook to be more of use to front-line clinicians and education surrounding Health Justice.

This project will be carried out by a team of 4 investigators who are subject matter experts in data analysis, research, people-centred care, health justice, and patient experience. Each one brings their specialized knowledge and skill to bear in ensuring well conducted research. The intended outcomes include:

- Increased staff awareness and understanding of existing systems of oppression that impede health justice.
- Identifying systemic barriers and incorporating learnings into clinical care removes the identified barriers.
- A decline in negative health justice related feedback.
- Create health justice policies.
- Revise other organizational policies related to Health Justice.
- Create and/or modify the Health Justice Work Plan that serves both the hospital system's broader organization strategy and its surrounding communities.

In conclusion, the Health Justice iHuddle curriculum is aimed directly at educating clinical staff to successfully identify the multiple obstacles that deprive patients and their families of access to excellent care. This would be carried out in a phased approach:

1. Planning and Preparation
2. Initial Training and Engagement
3. Implementation of Measures
4. Data Collection and Analysis
5. Curriculum and Policy Revision
6. Integration and Reporting

This grant will provide funding that is key to providing resources that equip staff to gradually and effectively reduce and possibly eliminate barriers and foster health justice in a healthcare system that is increasingly diverse.

References:

Wiley, L. F., Yearby, R., Clark, B. R., & Mohapatra, S. (2022). INTRODUCTION: What is Health Justice? *The Journal of law, medicine & ethics: a journal of the American Society of Law, Medicine & Ethics*, *50*(4), 636–640. https://doi.org/10.1017/jme.2023.2

Provide your thoughts on the connection of this research to the Grant/Scholar Program objectives and the overall mission of The Beryl Institute to improve the patient experience. (250 words or less)

This research connects to the Grant/Scholar program objectives by using an output that PhD Candidate (Arany Sivasubramaniam) created for her dissertation project in the Aging, Health, and Well-being Program at the University of Waterloo. This research is directly connected to patient experience because the output that was created was handbooks that staff can use to politicize the role of health and healing in their everyday practice caring for patients.

This research connects to the overall mission of The Beryl Institute by illuminating the systemic barriers that patients experience across the continuum of care. Systemic barriers can include unconscious/conscious bias, racism, patriarchy, transphobia, ableism, settler-colonialism, and capitalism. To dismantle these structures of domination and their impact on healthcare outcomes (clinical outcomes to financial results, consumer loyalty to community reputation), the first step is to understand them. By understanding these structures of oppression through didactic and interactive teaching, staff can create a self-awareness in their dynamic role in patient experience.

Lastly, assessment and analysis with the types of complaints that come in after education opportunities will help identify gaps in teaching and implementation. For example, if the category of complaints that are coming relate to transphobia, the next iHuddle curriculum can be focused on this topic to build more trans inclusive healthcare environment.

Timeline for completion of research that fits the grant award requirements

Here's a proposed timeline for the project:

Month 1-2: Planning and Preparation

- Finalize project plan and objectives.
- Develop detailed curriculum and training materials.
- Schedule training sessions

Month 3-4: Initial Training and Engagement

- Conduct initial training sessions using the Health Justice iHuddle curriculum.
- Engage staff in reflective exercises and case scenarios.
- Collect baseline data on staff understanding and initial feedback.

Month 5-6: Implementation of Measures

- Integrate practical measures into clinical care based on training.
- Provide ongoing support to staff facing moral challenges.
- Begin monitoring and collecting data on the impact of these measures.

Month 7-8: Data Collection and Analysis

- Analyze complaint data to identify trends and correlations with training.
- Gather additional feedback (qualitative and quantitative) from staff on the curriculum and its application.
- Assess the effectiveness of implemented measures.

Month 9-10: Curriculum and Policy Revision

- Revise the Health Justice iHuddle curriculum based on data and feedback.
- Update related policies to reflect new insights and best practices.
- Prepare updated training materials for the next phase.

Month 11-12: Integration and Reporting

- Embed findings and revised practices into the broader organizational strategy.
- Prepare a comprehensive report on project outcomes and lessons learned.
- Share results with stakeholders and plan for future initiatives.
- This timeline ensures a structured approach to achieving the project's goals, with continuous evaluation and improvement at each stage.

Funding plan with an explanation of how funding will be used

The funding will be used to support staff engagement in the knowledge mobilization process. The Health Justice iHuddle curriculum is a deeply complex and nuanced learning experience for staff, especially those who have been trained in the biomedical model of care. Therefore, the funding from this grant will be used to print out handbooks on confronting systemic barriers as a front-line clinician. These handbooks make space for staff to fill out activity prompts and self-reflections in centering their roles in promoting Health Justice to reduce the number of complaints by patients and their family members in relation to harassment and discrimination.

The handbooks include content that was shared in the Health Justice iHuddle and provide additional context in an interactive way. Since the Health Justice iHuddle is a 10-15minute in-service, these handbooks provide a space for staff to continue the conversation and engagement after the in-service is completed. When printed, the handbooks will be coil-binded with a plastic cover for usability and durability purposes. Observations and analysis made from this study will improve future iterations of the handbook to be more of use to front-line clinicians and education surrounding Health Justice.

In addition, please provide the **names of any additional investigators and attach the CV/resume**(s) for the principal investigator(s)

Additional investigators:

2) [redacted]

3)

4)

By submitting this application, you acknowledge you have read and understand all requirements and parameters associated with The Beryl Institute Patient Experience Grant Program and Scholar Program.

Appendix I: Letter of Congratulations from The Beryl Institute

THE BERYL INSTITUTE

December 20, 2024

Dear L...

I am thrilled to congratulate you and the team at [redacted] —including Arany Sivasubramaniam, [redacted] —for being selected as recipients of one of The Beryl Institute's 2024 Patient Experience Grants.

This program was designed to support impactful initiatives that enhance the patient experience and contribute to better outcomes. The research proposal submitted by your team entitled "Health Justice iHuddle Engagement Project" was recognized for its rigor, potential impact, and alignment with The Beryl Institute's mission to improve the patient experience.

At the Institute, we define patient experience as "*the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care*." We believe this definition reflects the critical work your organization is undertaking and underscores the importance of this project.

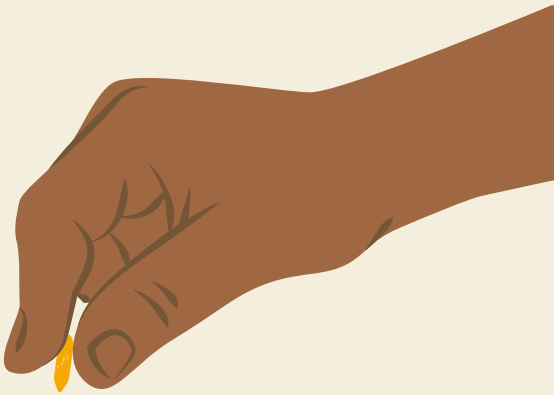
I look forward to supporting your team throughout the research process and to sharing the results of this important work. The findings will be published in research brief, and the team will be invited to present their completed project during a future patient experience event. I encourage you to celebrate this achievement and recognize your team for this well-deserved honor.

Congratulations once again on this significant accomplishment. We are eager to see the outcomes of your team's efforts and their contribution to advancing the patient experience. Thank you for your continued partnership and support of The Beryl Institute.

Warmest regards,

Jason A. Wolf, Ph.D.
President & CEO, The Beryl Institute
jason.wolf@theberylinstitute.org

Appendix J: Syllabus 1 “Educate”



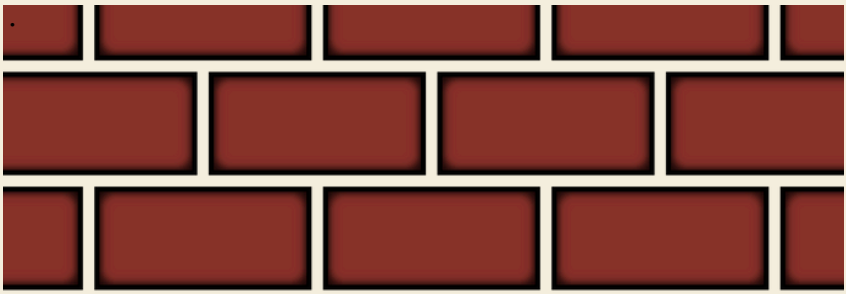
RADICAL LABOURER

EDUCATE

a healthcare worker's syllabus to learn about the systems of oppression that impact us all



let's face it. working in healthcare is hard enough; the task oriented culture, lack of priority on relationships, and feelings of burnout. but, what if existing fully as ourselves within the institution is a mode of healing from within? how we exist within institutions can be healing in our care for ourselves. care for ourselves doesn't have to be something we leave out or put aside, but could be the work we do to protect ourselves (Lorde, 1988; Piepzna-Samarasinha, 2018). how do you care for yourself at work? we can all engage in healer-full [1] movements–both how we move to care for each other and how we organize to resist. one of the ways we can do that is by being a radical labourer.



[1]"healer-full" is a term coined by Leah Lakshmi Piepzna-Samarasinha who thought of it from Black Lives Matter's (BLM) Black, queer, feminist conception of BLM as a "leader-full movement"—one that avoids a few cis, hetero, male, able-bodied leaders and recognizes trans, disabled, poor/working-class/rural people who have had their work erased.

this poetic syllabus is for all those who labour within the walls of healthcare institutions–long-term care homes, hospitals, community clinics, mental health and addiction treatment centres, birth centres, hospice care facilities, dialysis facilities, and rehabilitation centres and anywhere where health happens (Andrews, 2019). so this syllabus looks at how one could challenge harmful, colonial, biomedical traditions of medicine from within as a key component of their everyday labour.

I would also like to acknowledge that although working in healthcare is hard, it is also rewarding, purposeful, and fulfilling. many people get into this field because they genuinely want to help people. with that acknowledgement, this syllabus as a whole is part of a larger, 3-syllabi-series dedicated to shape change. in this series, we address how we can educate ourselves about the systems of oppression that impact us all (the first syllabi, “Educate”), strategies to resist as an individual within the institution (the second syllabi, “Agitate”) and lastly, strategies to resist as a collective within and outside of the institution (the third syllabi, “Organize”).

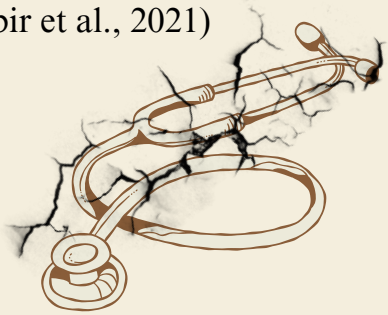




the first step to exist as a radical is to learn.

to exist radically within the institutions where we work, we must first understand how the institution came to be. our institutions of health and well-being are actually built on the blood of people who have been historically and continually erased, excluded, and enslaved through medical experimentation and exploitation.

in our current moment, despite publicly funded health insurance, there is a growing recent evidence from the "canadian community health survey" the largest nationally representative data set, of health inequities for racialized group in so-called canada [1]. for example, most recently, in so-called toronto [2]: racialized groups are six to seven times more likely to test positive for Covid-19 (Mahabir et al., 2021)



[1] "so-called canada" is used throughout the syllabi series to acknowledge that the name "Canada" is a direct reflection of settler colonization and comes from the Huron-Haudenosaunee expression, kana:ta (Duhamel, 2017).

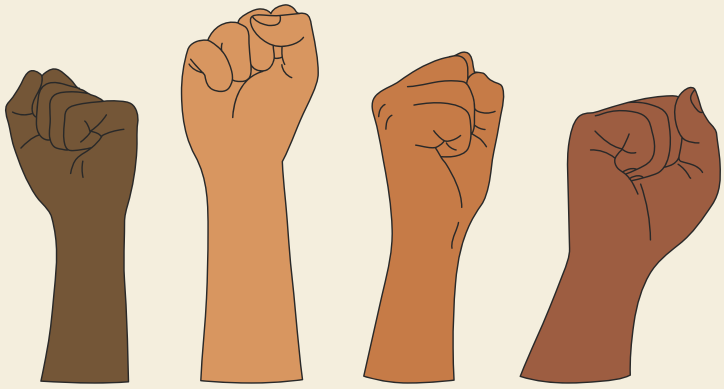
[2] "Toronto" itself is a word that originates from the Mohawk word "Tkaronto," meaning, "the place in the water where the trees are standing," which is said to refer to the wooden stakes that were used as fishing weirs in the narrows of the local river systems by the Haudenosaunee and Huron-Wendat" (Mills & Roque, 2019).

on top of that, a 2020 study showed that between 2005 and 2016, medical professionals were 10% less likely to admit Black patients to the hospital than white patients (Mahabir et al., 2021).

these statistics are no coincidence. the reason these stats are here to begin with is because the system is set up to put them there in the first place.

many might claim from experience that the healthcare system in so-called canada is set up to intentionally ignore the colonial history facing Black [2], Indigenous, and other racialized folks. to undo these violences and exist radically, we must acknowledge that our work is entangled with the systems of oppression such as **white domination**, **colonialism**, **racism**, and **capitalism**. do we recognize and know what these words mean?

turn the page to read the pop-glossary of what these words mean!



pop-up glossary

white domination & colonialism:

white domination is perpetuated by colonization. colonization is the act of control which classified the species of our world (such as plants and animals) based on “hierarchies” of difference (Banton, 1978; Fanon, 1967). hierarchies of difference were created to intentionally uphold white, male, and human supremacy to ultimately, benefit those same dominating groups (Mahmud, 1998; Omi & Winant, 2014). hierarchies of difference were also created to decide “which bodies get to be treated as human, which bodies get to be enslaved, which are civilized, and which deserve to live” (Omi & Winant, 2014, p. 55).

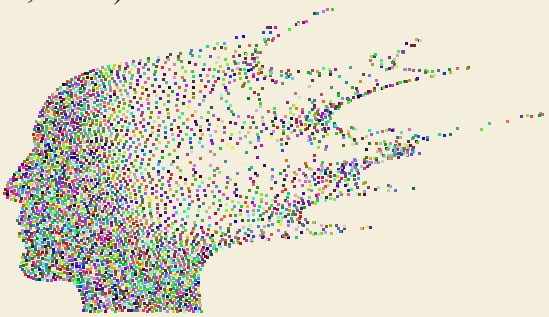
colonization is an act of control because it involves a domination on Othered group(s) (Banton, 1978; Fanon, 1967). Othered groups are groups of people that are imposed on by systems of oppression such as racism, patriarchy, exploitation, capitalism, genocide, imperialism, homophobia, transphobia, ageism, and more. white domination enforces antagonistic divisions of power and forces Othered group(s) to be historically excluded and socially targeted in world systems such as institutions of health and well-being (Banton, 1978; Fanon, 1967).

racism:

racism of certain bodies allow certain bodies to be protected from the effects of racism and certain bodies to be impacted by racial violence (Othered groups such as Black and Indigenous folk) (Omi & Winant, 2014). as Dr. Charisse Burden-Stelly would say, racism is then, the way in which a skin colour or race category takes on social, political, economic, consequences such that those who are deemed to a particular racial group are also deemed to belong to a particular racial hierarchy (Denvir, 2021).

capitalism:

capitalism is an extractive, political, and economic mode of production (Marx, Engels, & Hobsbawm, 1998). capitalism centralizes on profit through capital accumulation, competition of markets, wage labour, ownership of property, and price systems (Held, 1980; Horkheimer, 1982).



note: Racial Equity Tools has a comprehensive list of more terms that may be of interest!

sanism:

similar to racism, sanism is a structure of oppression that intentionally rejects, silences, pathologizes, de-centres, and commits violence against people with mental health vulnerabilities such as schizophrenia and psychosis (LeFrancois et al., 2013).

psychocentrism:

psychocentrism is the notion that pathologies such as depression and anxiety are intrinsic to the person (McLaughlin, 2022). this concept puts blame on the individual experiencing the mental health vulnerability. this concept also perpetuates an individualistic care culture of our societies and negates the structural forces that shape human experience by hyper-focusing on the individual and their diagnosis (McLaughlin, 2022). the racist, health and psych-system has exported, exploited, and dispossessed the southern hemisphere without reference to Indigenous cultures, responses, and arrangements. this is what colonization through psychiatry looks like (LeFrancois et al., 2013).

understanding these deeply political and complex concepts is how we can take back our power within the institution. knowledge can be used to make change when you put these concepts into practice.

"We often tend to think about education and activism as distinct and separate...but significant social transformation is always grounded in education. And the overarching purpose of knowledge is indeed to make a crucial difference in our social world."

-Angela Davis

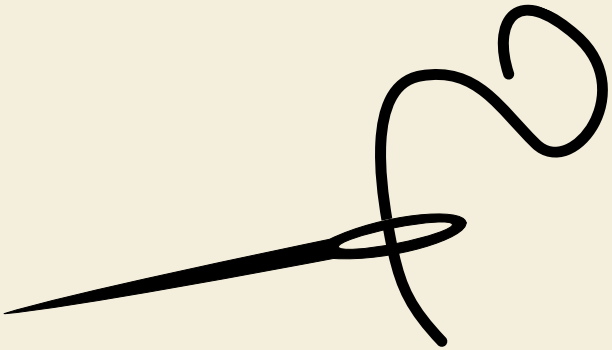


a poem on knowledge

knowledge is one thing that can never be taken from us
our culture and traditions are so tightly woven together
that dominant colonial nations will never fully colonize us

this feels hopeful.
it feels hopeful to learn so that we can articulate
and articulate so that we can keep
unweaving from
whiteness and its oppressive tendencies

our systems are so intricate that they will never be able to fully sew us into *them*



so what do we know about white domination?

a poem on white domination

white domination looks like
corporations,
institutions,
multi-million dollar non-profits,
borders,
offices of equity, diversity, and inclusion,
colonialism,
the masternarrative that centers europe and its
associated peoples in the school curriculum,
the hatred of women,
the british commonwealth,
nazism,
nationalism,
privilege,
christian supremacy,
gun powder,
corruption



let's not get it twisted,
white domination does not only happen because of
white people
but white folks benefit from white domination [1]
and are the face of it?
can others be aswell?

[1] (Walcott, 2019)

our own knowings



Inorder to understand our knowledge, we need to acknowledge that our experiences are rooted in that knowing, regardless of your race, can you think of what else white domination could look like? what could it feel like?

- for example, asserting one right way of thinking rather than welcoming various perspectives

our own knowings



Educating ourselves requires us to bring active consciousness to the ways white supremacy is entangled with other systems of oppression such as racism.

What are some ways you have seen racism manifest within your everyday practice?

some people misunderstand racism and white supremacy to be about the prejudicial attitudes and behaviors we express to others on the basis of their race. however, this ignores that fact that we are all imposed on by the structure of whiteness irrespective of race. whiteness refers not only to the power and privilege that comes with having a white or white-passing body (Delgado & Stefancic, 1997). whiteness also refers to the discourses, institutions, ideologies, and attitudes, that set up our way of existing in the world (Omi & Winant, 2014). this means that racism is advanced by co-existing systems and structures in society, not only by individuals.



a poem about racism

race is not my social construct
i didn't sign up for this construct
this construct
is like a contract
and it never ends.



the material consequence of race
is racism
the consequence of
who gets how much love
who gets what kind of health
who feels like they can belong
and on what terms they get these
basic
needs

this is not my maslow's hierarchy of needs
this is not my social contract
i did not
sign up for this



a poem about colonialism

colonialism is [1]
the domination
the hierarchies of beings
the coercion and control
the antagonistic divisions of power
a historic exclusion of Black peoples
the social targeting of Indigenous folks
the exploitation of Brown bodies
to decide who gets to be treated as human
who gets to be healthy
who gets to decide what health is
and who deserves to live

i am trying to describe what colonization is.
but there are no words in the english language to say
it

குடியேற்றத்தின்.

[1] the worldwide impact of colonialism makes space for white supremacy to be embedded into almost all institutions and discourses of health. in other words, colonialism is an institutionalized white supremacy and ensures that those who live differently to ideologies of whiteness, have a challenging time having possibilities for wellness.

our own knowings



What else could colonialism look like? And, what do you think is the connection between colonialism, racism, and white supremacy?

those systems all interact with each other in our everyday work within health and medicine. do we know its history and current practice?



medicine has history. medicine has history and it is a history that is inextricably linked to colonization and slavery.

the role of racism in the development and practice of healthcare is intertwined with legacies of medical experimentation, colonialism, eugenics, and enslavement

past research, such as the unethical Tuskegee study that knowingly left African Americans untreated for syphilis, for decades, still has an impact, even in Black communities in so-called canada that were not directly involved.

....and yet people say, we- those of us racialized, are the uncivilized, savages?



we often hear that racism shows up in healthcare settings as “micro-aggressions”. micro-aggressions are “the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership” (Wing, 2010) . however, aren’t micro-aggressions themselves just simply racism? [1]. these “micro-aggressions” appear as doctors refusing to listen to the concerns of racialized folks, entry to healthcare being gate-kept by expensive, standardized testing, nurses ignoring the pain of racialized folks assuming higher pain thresholds, or students never learning symptoms on darker skin (Ahmed, 2021).

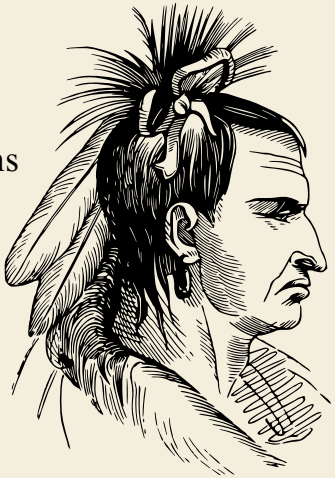


[1] many prefer to see micro-agressions as racism itself or oppression (L. Berbary, personal communication, June 30, 2022). this is because saying that something is a micro-aggression rather than racism "protects the aggressor" from taking accountability for being racist (Frye, 1983).

let’s not forget that microaggressions has impacted Indigenous peoples in detrimental ways. microaggressions as racism then impact on health of Indigenous folks has lead to:



- conditions and diseases that had not been present prior to colonization (tuberculosis, alcoholism, diabetes, mental health issues, cardiovascular diseases, cancer, violence, and obesity) (Coen-Sanchez et al., 2022).
- residential schools
- child welfare
- the 60’s and millennium scoop
- past and current land reclamations
- environmental dispossession
- lack of acknowledgement of Indigenous history in our social institutions including healthcare
- the overt and covert racism
- cultural genocide
- grief, anger



these detrimental impacts ensure that through negative health consequences of Indigenous folks, white domination stays firmly intact.

imagining

So how do we heal within all of this mess?
how do we shift this narrative? Take a moment to reflect on these questions based on your previous responses in the “our own knowings section”.

There cannot be individual solutions, but rather healing must be collective, through whole community transformations.
But what does the healing look like?
How can we re-imagine spaces where all peoples feel valued and respected?



imagining

In the tree below, circle what seems important for you in your own radical practice:

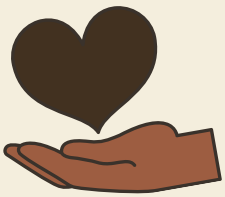


imagining

And yet, healing looks different for everyone.

If we could recognize that we deserve to be treated well everywhere, what does that treatment entail in all spaces? What can you imagine? Draw and or doodle your response on this page.

- for example, people who treat me with dignity even if I can't give them anything in return.



imagining

Recognizing how you want to be treated, what would need to change at work to get to that?
Draw, doodle, or write.

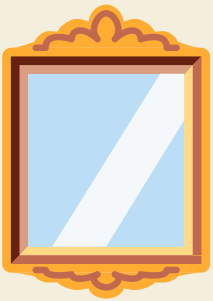
- for example, stand up for ourselves and each other by backing up our co-workers, advocating for ourselves, and sharing our stories

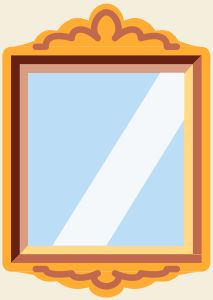


to transform society, we ourselves need to transform (Brown, 2017). our imagination of what a different world is limited. we are deeply entangled in the very systems we are organizing to change. colonialism, white domination, racism, and capitalism exist everywhere. we must envision and experiment with new collective structures that enable us to take collective responsibility and accountability to resolve conflicts (Kaba, 2021).

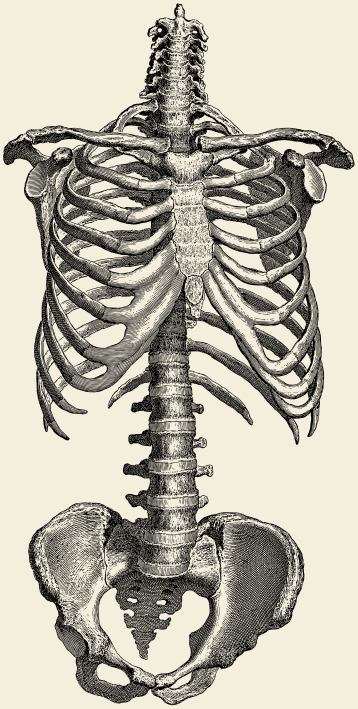
this syllabus was all about learning because education helps us to understand the systems we are in, consider how the systems are at play and re-imagine a way of being and existing in the institution and the world. education can be engaging with theories, watching videos, having intentional dialogue, attending a training, reading books, and listening to podcasts.

education is all about learning.
learning is bringing critical and active consciousness to our everyday life and work.
learning is resistance.
to exist as a radical,
we must first ***learn***.





a poem about health under
colonization



we took on the invader's idea
of worth
of love
of health
and it is *hurting*
we can heal centuries of
collective trauma
with needles of tradition
pills of laughter
therapies of forgiveness
so that liberation vibrates so
loudly
our great grandchildren
feel it in their bones

further education (free access) to learn about systems of oppression to confront power & privilege

Websites:

- The Medical Industrial Complex (MIC): https://leavingevidence.wordpress.com/2015/02/06/medical-industrial-complex-visual/
- Trainings and Consultations by Health Justice Commons: https://www.healthjusticecommons.org/understanding-and-transforming-the-mic

YouTube Videos:

- Medical Racism in Canada: https://www.youtube.com/watch?v=doGel1hqwpk
- Anti-Black Racism: https://www.youtube.com/watch?v=in1DFYB8bHA

Instagram Accounts:

- @wokescientist
- @sylviaduckworth
- @chiara.acu
- @whatradicalizedyou
- @thenapministry

Podcasts:

- Upstream
- The Dig
- Finding Our Way
- The Verso Podcast
- Reimaging Liberty

books and movies to engage in and to learn more...

Books:

- Medical Apartheid by Harriet Washington
- Care Work by Leak-Lakshmi Piepzna-Samarasinha
- Pedagogy of the Oppressed by Paulo Freire
- Are Prisons Obsolete? By Angela Y. Davis
- Black Marxism: The Making of the Black Radical Tradition By Cedric J. Robinson
- The Wretched of the Earth by Frantz Fanon
- Freedom Dreams: The Black Radical Imagination by Robin D.G. Kelley
- A Burst of Light and other essays by Audre Lorde
- The Master's Tools Will Never Dismantle the Master's House by Audre Lorde
- Emergent Strategy: Shaping Change, Changing Worlds by Adrienne Maree Brown

Movies:

- The Unforgotten
- Jordan River Anderson: The Messenger
- Sicko
- The Waiting Room
- Escape Fire: The Fight to Rescue American Healthcare
- Money-Driven Medicin
- The Immortal Life of Henrietta Lacks

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Appendix K: Syllabus 2 “Agitate”

RADICAL LABOURER

AGITATE

a healthcare worker's syllabus to learn
strategies to create change
as an individual within the institution



preface

working within healthcare, we are all bound by the rigid walls of the institution. the “walls” of the institution refer to the red tape, the "professionalism", the laws that we must abide by and the reasons why we must? stay complicit to the systems of oppression within the institution. So this syllabus really asks, how do we break and navigate the institutional walls and still create change within them?



for instance, in an attempt to push back against the violence of white supremacy, colonialism, and racial capitalism within our health systems, there have been many techniques that folks have used within institutions. this syllabus describes some of the techniques and resistances (beginning with rest as resistance), and possible ways forward as we navigate institutional walls.

this syllabus as a whole is part of a larger, 3-syllabi-series dedicated to shape change. in this series, we address how we can educate ourselves about the systems of oppression that impact us all (the first syllabi, “Educate”), strategies to resist as an individual within the institution (the second syllabi, “Agitate”) and lastly, strategies to resist as a collective within and outside of the institution (the third syllabi, “Organize”).



rest as resistance

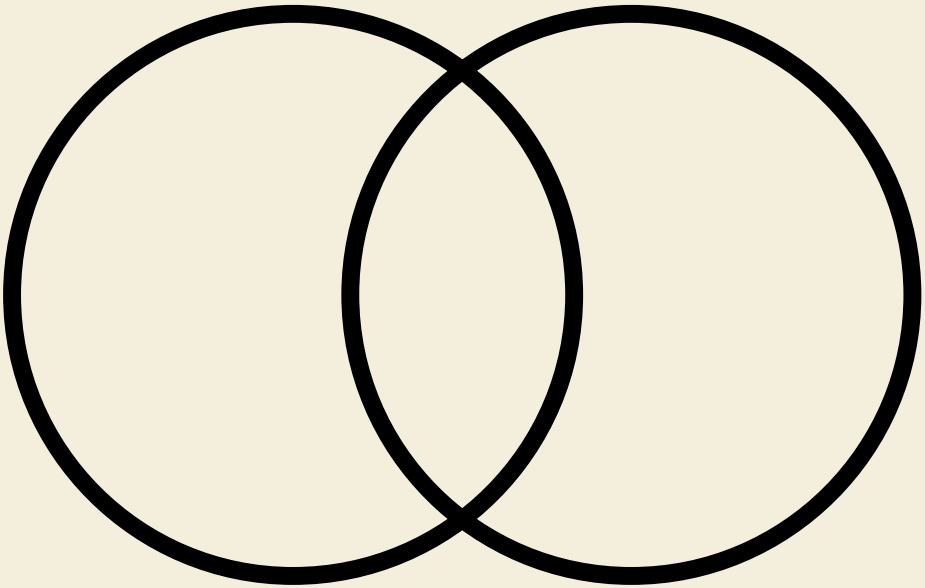
as we do the macro-political work of dismantling borders and abolishing sanism, ableism, and racism, we must also do the quiet and inner work of rest (Pierson, 2024). as Tricia Hersey reminded us, rest is resistance and rest is political (Hersey, 2022). rest is political because the systems of domination do the most to ensure that rest does not happen so much so that we live in a society now where rest is considered “unproductive” or only what “lazy” people do.

the first section of this syllabus uses liberatory politics and concepts (such as abolition) to re-visit our notions of rest to help readers conceptualize what rest could look like within the institution (Turk, 2021). after all, capitalism decides who gets to rest and who does not. this section also challenges the dominant discourses surrounding rest. for instance that rest means taking naps and doing nothing (although it could certainly be that). further, rest is a relational concept, as a human need rather than desire, and as a mode to resist the walls of the institution that will never let us rest.



When you think of the word “rest” what comes to mind? In each circle below, draw an image or symbol that comes to mind when you think of rest and relaxation.

In the intersections between the circles, can you think of some commonalities between the images/symbols of rest? what are they?

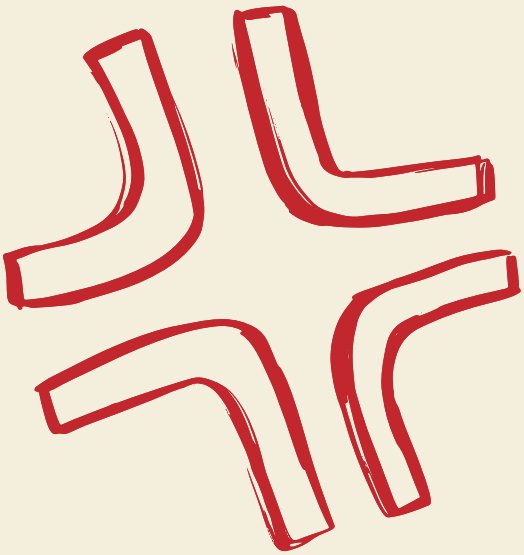


a poem about rest and capitalism

the systems of domination are enmeshed within
our bodies so much so that we internalize them.

when i feel guilty for rest,
when i prioritize productivity before my health,
my hypervigilance at work,
when i use busyness as a way to avoid my needs.

—capitalism is in my veins.



rest is obtaining therapeutic resources:

- People across Canada can call and **text 9-8-8**, a new three-digit service, for help when they need it most. The service offers trauma-informed and culturally affirming support to anyone who is thinking of suicide, or who is worried about someone they know

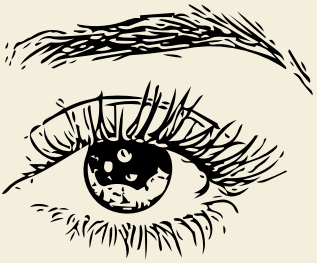
- Free online courses for students, youth, adults, and families about mental health and addictions by the Centre of Addictions and Mental Health: https://moodle8.camhx.ca/moodle/

- Resources for understanding and moving through grief: mygrief.ca

- If you need help, you can call a:
  - family physician
  - psychologist
  - mental health nurse
  - social worker
  - a counsellor
  - spiritual leader.



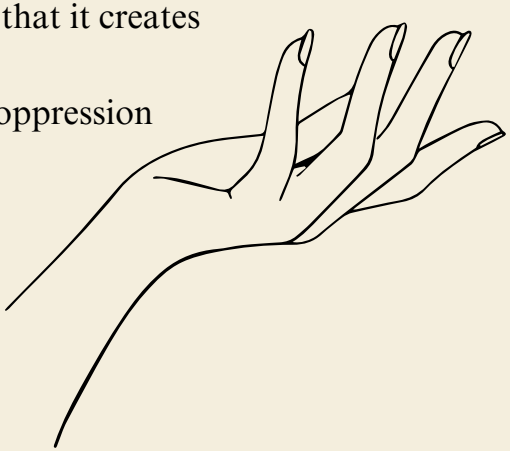
a poem about therapy resources



and yet, how does therapy become the
answer to class struggle or racial
oppression thereof?
understanding how therapy has
unfolded institutionally reverses the
blame from the individual seeking
therapy to the structures of domination
that are imposed on us so much so that
we need therapy.

i don't have a problem with therapy
itself but it is important to take part in
the learning:

therapy is capitalism's band-aid solution
because capitalism likes to create
solutions to the problems that it creates
therapy is not the answer
to class struggle or racial oppression
it is the continuation
and the perpetuation of it



a poem about healthcare workers (?)

i don't deserve to be here
an imposter
a fraud
someone who just completed a couple of years in school
and simply got good grades

but i'm supposed to be here
this is what i was meant to do.

this is my purpose.
holding someone's hand gives me more meaning
than anything i could do with drugs

what do i mean when i say i don't deserve to be here
it sounds pretentious
but i deserve to be here
a healer
an organizer



positive affirmations for your mental health

Affirmations are short, positive thoughts or phrases that you can repeat to yourself in order to reframe your mindset, boost your wellbeing, and create a more positive outlook on your day. Repeat the following statements below out-loud.

- I am deserving of love, respect and healthy relationships
- I am grateful for all the blessings in my life, big and small
- I am constantly growing and learning from my experiences
- I embrace the journey of life and trust that everything happens for a reason
- I am worthy of success in all areas of my life
- I am deserving of healthy and fulfilling relationships with others
- I am confident in my ability to achieve my goals
- I am open to new opportunities that help me grow and evolve
- I choose to believe in myself
- I am deserving of rest and relaxation to recharge my mind and body
- I am kind and compassionate to myself and others
- I am surrounded by positivity and joy in my life

a poem about sick days,
capitalism, and the institution

someone remind me to take
my sick days.
i don't even get paid out for
them if i don't use them,
the institution only makes me
sicker and they profit off of
my productivity guilt for
calling in sick



the institution makes me
sicker
and the institution
makes me *sick*

don’t feel guilty about taking a sick day!

Surveys reveal that while over half of Canadian workers feel guilty calling in sick and would rather bring their illness into work, a strong majority of Canadian bosses would prefer they didn’t (Douglas, n.d.).

While germ concern and infection control is on employers’ minds, so too is the bottom line:

- 86% of Canadian bosses agree their employees are more productive when they take a sick day to recover from illness.

- In Ontario, 94% of managers in Ontario agree that employees are more productive when they took a sick day. Managers in Manitoba/Saskatchewan came a close second at 89% with Quebec employers filling the last slot at 72%

Managers and employees now realize that in order to achieve peak performance they need to be healthy, refreshed and engaged, otherwise efficiency and productivity suffer (Douglas, n.d.). Don’t feel guilty about taking a sick day, and also, don’t feel guilty about peak performance!



let’s take a break from the content and take a moment to

b r e a t h e.

take a deep breath.

maybe take 3 deep breaths.

we live in a culture where oppression takes the breath away.

it does so physically by taking someone’s capacity to breathe;

emotionally by causing great suffering through the act of oppression and subjugation;

mentally by causing anxiety, post-traumatic stress order, depression, and grief (Johnson, 2021);

spiritually by trying to extinguish one’s life force.

so let’s take a deep breath, maybe 3.

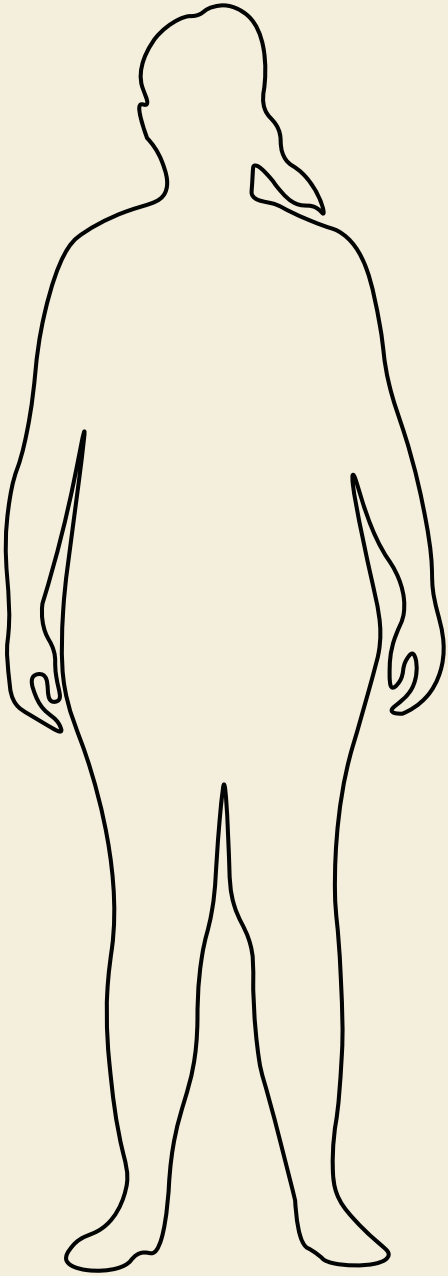
After taking the deep breaths, what do you feel?
where in your body do you feel it?

how i feel

where i feel it



What other feelings are you holding in your body? Write your feelings down, labelling where you feel it in your body in the outline image below.



Notice everything about the image on the last page. The dominant culture conditions our bodies to not to feel whole or in alignment. Now bring your awareness to your whole self, the whole of your experience in this moment. This moment is an invitation to be fully yourself. Breathe, and if possible connect with an embodied sense of joy. With a connect to joy, wholeness, and healing, repeat the following mantra (out-loud if possible):

I am whole.
I am healing.
We are whole.
We are healing.



Remember your wholeness

Repeat this mantra as many times as you would like. Notice what arises as the mantra soaks into your awareness and experience. Know that you can carry this mantra throughout your day. Come back to the mantra as you interact with others, seeing their wholeness and humanity.

As you do the deep work of bringing awareness into your body and awareness of how the dominant culture has asked you to be a fragment of who you are, remember that you are whole as you are.

As you go about the rest of your work, take a moment to reflect,

What will support you in remembering your wholeness?



May this rest meditation by Tricia Hersey activate and pull you deep into the portal of rest and remind you of your wholeness:

Apple Music
https://music.apple.com/us/album/rest-life-single/1593190533

YouTube
https://youtu.be/nENorI4rWeU

Spotify
https://open.spotify.com/track/2ml6ugCsDyUiGane8eAfZ0?si=ce31c81b03b848be

active rest

rest is not only about taking naps and a netflix binge. rest can be active, too and this type of rest can lower stress and is an act of self-care (Steinvorth, 2022).
below are examples of active rest:

- power walking - also known as speed walking, your pace should be faster than your natural walking pace. your heart rate is elevated, but you can still easily hold a conversation.

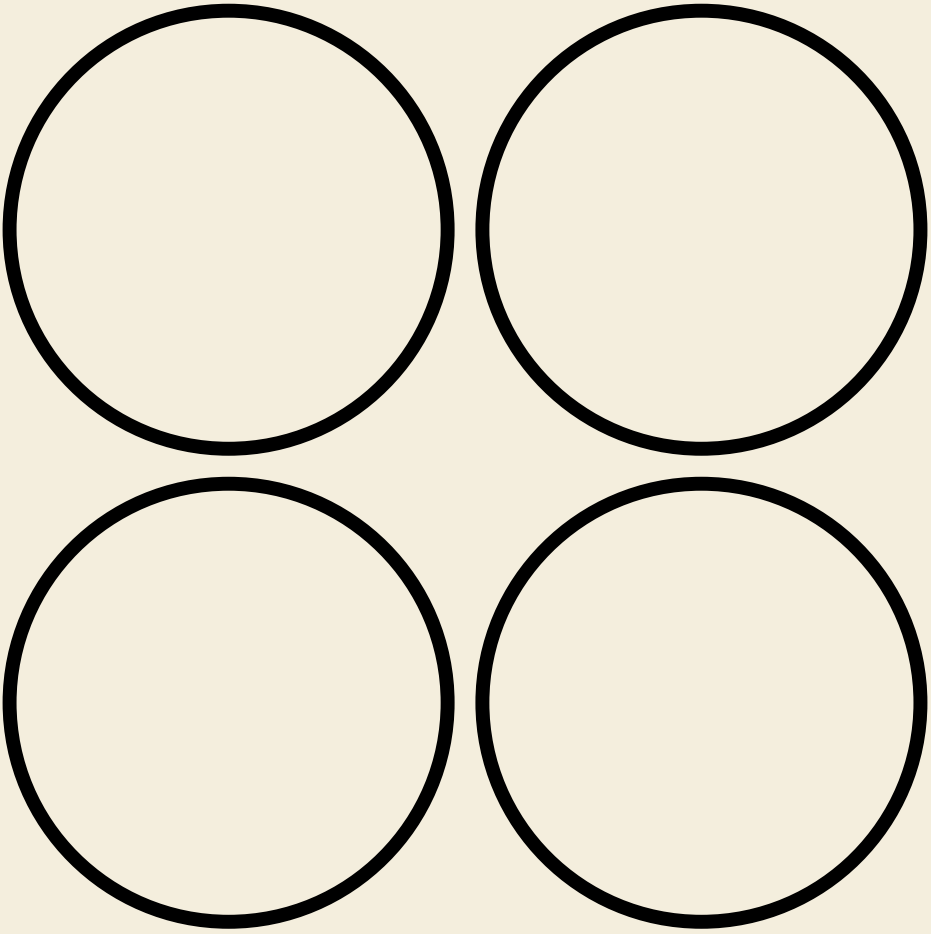
- yoga - look for routines here: (https://www.campuswell.com/4-stress-busting-yoga-routines/) or classes on free apps like Simply Yoga and Grokker.

- meditation - active rest also means intentional rest. rest that is actively working towards your mental health. here are free meditation apps: https://www.mindful.org/free-mindfulness-apps-worthy-of-your-attention/

- spending time with nature - being in nature has a positive effect on our bodies by reducing cortisol levels, muscle tension, and demands on our cardiovascular systems

active rest

What would active rest look like to you?
Draw or write within each of the circles below.



joy

"when we have joy, we don't let the systems and structures that subjugate us- win", a mentor said to me when I was at one of my lowest points working in healthcare.

rest includes joy and joy includes rest.

What does joy look like for you?
Write 5 words below that remind you of joy.

1) _____

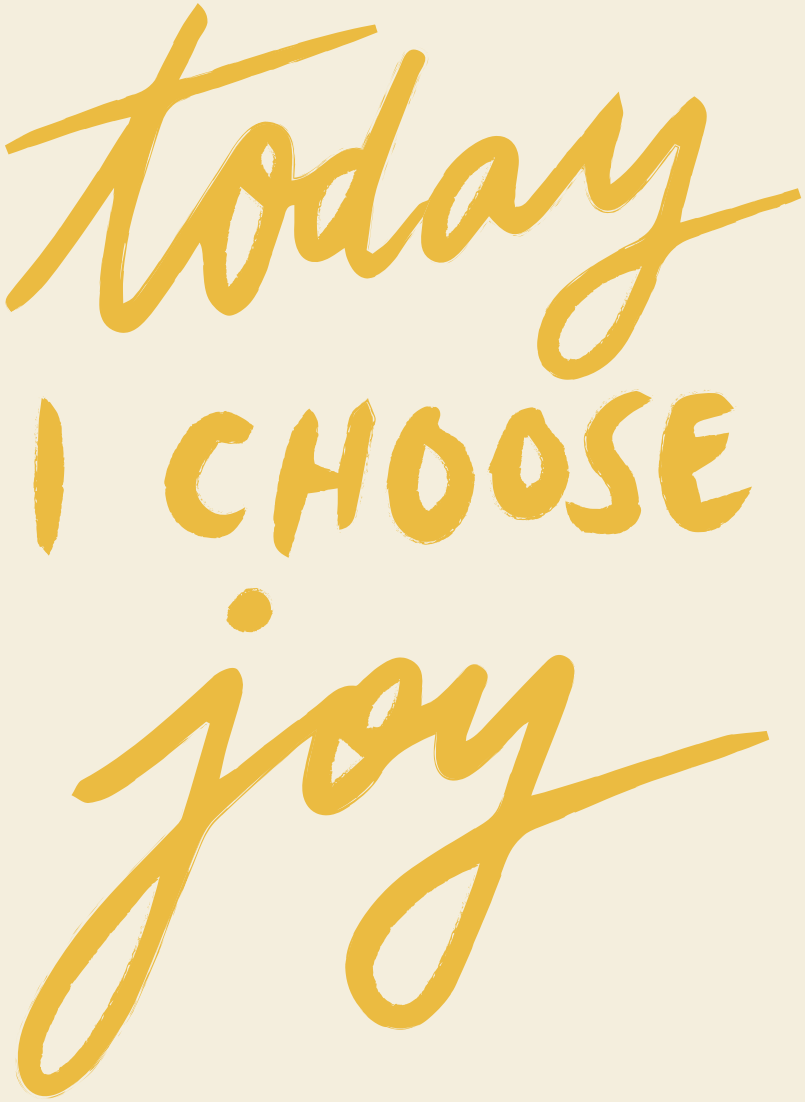
2) _____

3) _____

4) _____

5) _____




today
I CHOOSE
joy

pop-up glossary

complicity:
To be complicit means to be agreeable to the policies, procedures, programs, and leadership within organizations. Complicity is complex because how can we be complicit to the systems of oppression by doing a "job" or career? This is because when structures of domination such as racism are imposed on us, we are likely to uphold and perpetuate the status quo domination. This is not an attempt to solely put blame on healthcare workers, rather, it is a push to seek refuge, illuminate the reckonings of these complicities, and find strategies of change within them.

push back:
Push back in this syllabus refers to the resistance or opposition to power. Power refers to leadership, policies, and procedures that uphold white domination, racism, carcerality, and capitalism. For example, an employee and a manager are working on a report for the hospital to summarize a coaching program that teaches the hospital about health equity. However, the manager tells the employee that their ideas related to health justice are too ambitious for the operations of the hospital. The employee uses assertive communication to verbally push back against the manager and advocates for health justice.

resistance:
Push back can be a form of resistance but resistance is so much more than that. The way resistance is used in this syllabus refers to the refusal to comply, the desire to dismantle oppression, and build a just future. Resistance can also look like physically overthrowing power; government, corporations, and or institutions (Davis, 2005). Resistance is an important facet to being a radical labourer because to exist as a radical subject (James & Gordon, 2008) within colonial institutions is an act of resistance itself.

racial capitalism:
Racialization and capitalism can never be separated from each other as Robinson (1983, p.2) states, 'racialism would inevitably permeate the social structures emergent from capitalism'. Robinson (1983, p. 10) further expands, racial capitalism is the continuation of, 'the social, cultural, political, and ideological complexes of european feudalisms', referring to the antagonistic divisions of race, tribe, language, and region, which has morphed into capitalist form (Burden Stelly, 2020).

note: Racial Equity Tools has a comprehensive list of more terms that may be of interest!

to seek rest and joy, you should reflect on your emotional labour. emotional labour, defined by Hochschild (1983) as the emotional management by professionals for purposes of relating with patients, is often necessary in healthcare to help professionals handle a problematic situation. nurses, for instance, may have feelings towards a patient or a clinical situation that they do not consider adequate for display, due to their perceptions of patients' expectations or to social and contextual norms (Mann, 2005). below are top tips to navigate emotional labour for healthcare workers:

1) identify stressors: if you don't identify what is causing stress, you can't avoid being exhausted. you can start this by tracing situations, conditions, or people who cause your stress level to rise.

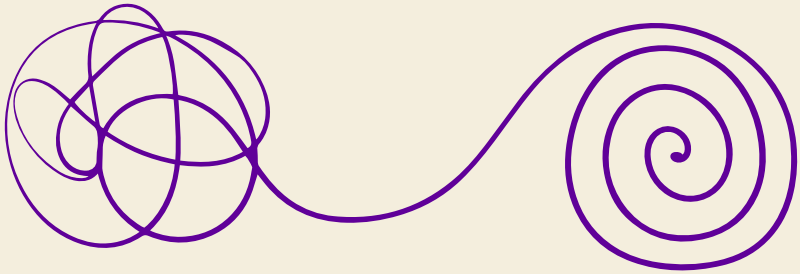
2) remind yourself of why you're in the job you're in. does it connect to your larger purpose? for example, you are learning skills that are critical to your overall career.

3) do some job crafting. consider whether you can work with your manager to tweak your job so that it is more aligned with what is of value to you. for example, maybe you are interested in a task that was assigned to another person on your team that you are really interested in and you ask your manager to switch out one of your own tasks for that one.

a poem about institutions and emotional labour

healthcare organizations are elitist institutions
elitist institutions are built on capitalism and
continue to take,
and take,
and take.
without ever acknowledging the labourer
or respecting the labour
that can't be seen
but my god
i can feel it.

capitalism is about emotional labour, too.



Navigating emotional labour through assertive communication may be helpful. Below is a word search on the various types of assertive communication.
Instructions: Locate & circle the given words in the grid, running in any one of the possible directions (horizontally, vertically, or diagonally).

assertive communication involves:

- being direct
- patience
- kindness
- boundaries
- honesty
- integrity
- clear language
- respect
- compromise

O	C	I	N	T	E	G	R	I	T	Y	S	E	I
E	L	E	E	E	I	E	I	O	O	N	C	E	T
A	E	T	T	C	E	P	S	E	R	N	I	T	I
R	A	Y	N	I	A	R	U	E	E	C	C	K	D
R	R	T	P	G	I	A	S	I	O	E	I	I	P
B	L	S	E	N	C	C	T	M	R	O	I	N	G
E	A	E	H	O	E	A	P	I	D	U	R	D	T
A	N	N	N	S	P	R	D	I	S	T	I	N	H
T	G	O	E	G	O	G	T	E	O	I	E	E	P
S	U	H	N	M	N	D	I	N	O	L	C	S	C
B	A	E	I	I	E	N	D	R	O	K	R	S	T
B	G	S	E	A	D	E	E	B	B	M	N	A	A
H	E	B	O	U	N	D	A	R	I	E	S	P	H
E	A	P	I	P	Y	E	T	Y	C	B	S	S	C

moral distress, a form of emotional labour is often mislabeled as stress, burnout and job dissatisfaction accompanied with physical and psychological signs (Pendry, 2007). moral distress happens when one knows the ethically correct action to take but feels powerless to take that action (Epstein & Delgado, 2010). within healthcare, this might look like standing up to a patient when they make racist comments to a fellow nurse. in these situations, the person might feel as if their job is on the line because they may appear as “not providing patient-centered care” however, morally, they know that racism is unacceptable and should not be tolerated. these inner tensions of morality may have an impact on workers leaving the profession and is a concern in public health.

Can you think of a time when you felt moral distress? How did you navigate it? What would you do differently next time?

a poem about moral distress

morality is like a double-edged sword.
because why racism is unacceptable unless it comes from
the patients you are serving?

i don't get paid enough for this kind of abuse
that is rooted in sanism.

when i stand up against racism when it comes from
the patients whom i serve,
then i not only resist racism
but i resist sanism, too.

because sanism is the structure of oppression that
subjugates
folks living with a mental health concerns
as if mad folks are not capable of being anti-racist



a poem about the structures that make us insane

we'll taper the lorazepam
so you're not dependent on these sedatives
the doctor said
the pharmacist agreed

it will help me forget what the depression said
the depression said to write this poem
this is the most healing thing i can do
to write this poem
and remind myself and others
we are not alone
it is this society that is sick
not me
i'm not mad,
i am *made* mad
by this sick society



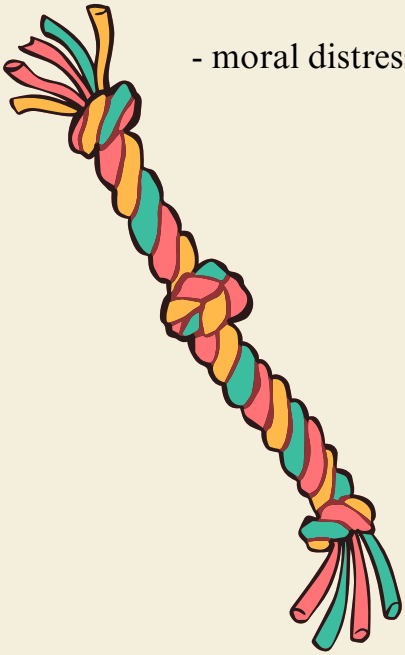
a poem about moral distress

did i do my job?

or did i give compassionate care?

because i can't do both.

- moral distress



a poem about boundaries at work

work is not who we are.
even if we love our jobs.

work boundaries help us protect our time, our energy and our purpose and how fulfilled we feel.

not having clear boundaries doesn't mean that we won't think about work when we're not working or that we won't think about personal stuff during work time. we aren't robots and we don't have switches in our heads that help us to turn off who we are or what we've got going on.

instead, boundaries encourage us to have dedicated work time and dedicated time to recharge. there should be a palpable mind shift, the lifting of the weight of workplace responsibility, and a sense that we're done for the day.

another poem about boundaries

you have to show up as a different person because that is what boundaries are about.

respecting yourself and the work
so that you can still do it in a way that fuels you
and show up for the people you serve
without the unnecessary interpersonal politics that take precedent over
the *actual job*

the world and the institution don't deserve your softness and energy.

only the sacred do.





a poem about competing priorities

i'm only one person,
2 hands,
2 feet,
i can't say no,
but i can't do everything that's being asked of me

i'm only one person,
on modified duty,
injured because i ran to the code white
to get there as soon as possible to intervene so that
others don't get injured

i'm only one person,
with 2 hands,
and 2 feet,
only barely

we can establish boundaries and stick to them through the following considerations:

1) saying no: ask yourself, is this a task i can really take on? does this task match my job description? if it doesn't, can you communicate that within a safe space to your manager?

2) understand your worth: have a deep appreciation and awareness of what you can offer

3) be clear and concise when you communicate. when starting a conversation in which we'd like to assert a boundary, we can sometimes let apologies creep in. when we communicate honestly and clearly, we're leaving no uncertainty behind our intention and our meaning.

4) manage and negotiate expectations and identify non-negotiables. for example, our non-negotiables could be about methods of communication. perhaps we don't want to be contacted by our work colleagues via instagram or text message because we prefer to use those with our close friends and family.

5) identify your priorities and understand your limits. you can't be at 2 places at one time and you should not have to be. communicate your capacity ahead of time.

Operating within the Medical Industrial Complex (MIC)

healthcare organizations operate within a “Medical Industrial Complex” (see image by Mingus, 2015 below). the MIC has underlying roots that are grounded in discourses of racism and capitalism that puts people after profit, focuses on the individual rather than the community, and sets bodies up in hierarches (Berbary, 2020). these systems of hierarchies regulates some of us into the people deserving of care and others of us as “disposable” (Held, 2006; Chatzidakis et al., 2020; Washington, 2006). especially in Canada where health and healthcare is supposed to be universal, what does actual comprehensive, universal healthcare look like for bodies that are not the hegemonic, able-bodied, white man? what does the MIC look like if we infuse it with the radical, critical voices that are often ignored?

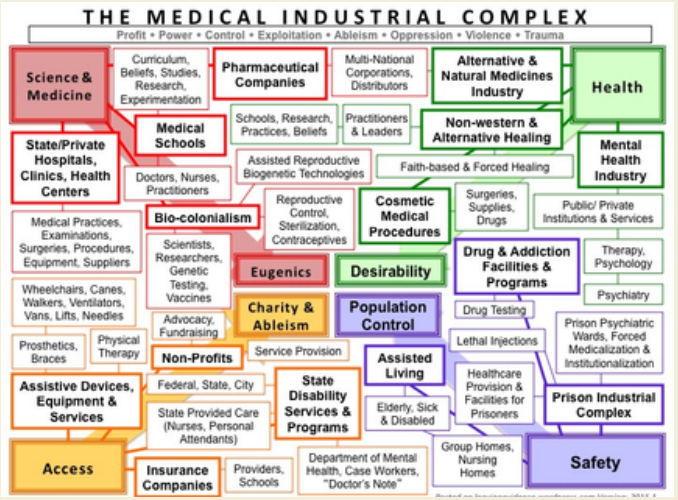


Figure 1.0: Visual of the MIC (Mingus, 2015)

writing this, i think of all the moments as a healthcare worker i have already engaged in radical, collective actions to make change within the institutions.
writing these moments down as i think of them empowers me to not only share with others but fuels a fire inside of me to continue to be innovative, creative, and strategic.

another world is possible and it feels liberating to transform it starting at the individual level.

writing this, i thank you for picking this syllabus up. if it weren't for you, i wouldn't be having these revelations and energies to keep going.

do you see how you are already making a difference?
just because it is hard, sometimes impossible to see, individuals *do* have power to shape change.



offices of equity, diversity, and inclusion (EDI) have been set up by institutions to build capacity for change-making work. for example, creating an “interpreter services” within the EDI office so that clinicians can connect with a interpreter when they interact with patients who do not speak the language they speak. a service such as this builds an inclusive patient experience especially for patients who do not speak english.

offices of EDI may not be completely transformative but asking for specific direction and tailored support from these offices can be useful for broader institutional change.

but how can you infuse equity strategies in your everyday practice when you are already

short-staffed
over-worked
no days off
injured
burned out

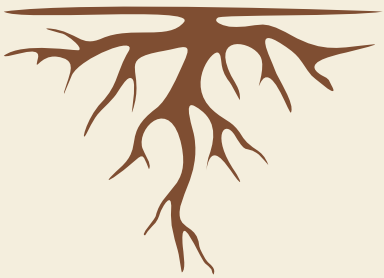


i don’t have time for equity
because i’m not treated e q u i t a b l y .

Offices of EDI & the Medical Industrial Complex

simply checking boxes to work towards equity can be performative and not lead to actual, material change. institutions such as healthcare in so-called Canada, are deemed universal yet reinforce human hierarchies where some of us are valued more than others. this can be deeply illuminated through the Medical Industrial Complex (MIC). the MIC is a pathologizing system (Mingus, 2015). it sells individualistic solutions to individuals who are actually suffering from systemic problems – the pain on a body from being under housed, the trauma on a body that experiences systemic racism (Washington, 2006; Dixon & Piepzna-Samarasinha, 2020).

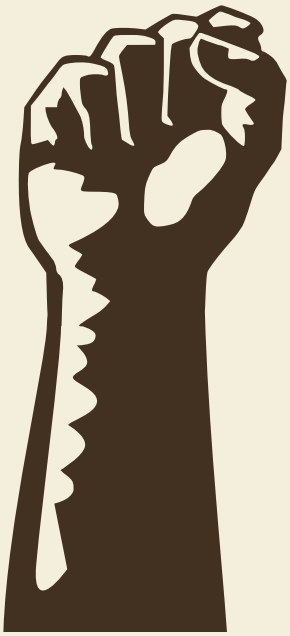
there cannot be individual solutions, but rather healing must be collective, through whole community transformations. the MIC reinforces those binaries that science has determined who is diseased or unwell simply based on scientific “notions of objective truth”. truth, which has been deeply critiqued as having racist and colonialist roots.



a poem about unions

unions resist EDI structures and systems because they are essentially a collective formed by workers who are in solidarity together and use their strength to have a voice in their workplace.
unions *are* what resistance looks like within an institution.

the union saved my life.



top tips
when working with the union

1) write **e v e r y t h i n g** down. everything. documentation is crucial. include dates and times of the events that occur. for example, before the main event, what are the events that may have led up to the current situation you are seeking support from? how did you feel in those moments?

2) you can figure out who your union representative is by asking your peers or e-mailing the Human Resources department. it is important to seek the support of the union earlier rather than later. this is important because sometimes events can continue to happen at the workplace that make situations worse.

3) if you feel that the employer is retaliating against you for seeking the union, remember to communicate this to your union representative. this starts to build a case against the employer. it is also easier to fix situations when they are tackled early. nip the conflict in the bud when it starts rather than waiting too late.

4) if your manager wants to have a meeting to "discipline" you, make sure to always have your union representative present.

5) establish assertiveness (Kumara, & Warnakulasuriya, 2021)

sample letter to the Human Resources department to get a copy of your union contract:

April 7, 2024
Nila Uthayakumar
76 McLevin Avenue

Dear Yvonne Ya,
I am writing to request a copy of the current collective bargaining agreement between Local 3 and Burnout Hospital. I have worked at the Burnout Hospital as a nurse practitioner and have been a member of Local 3 for 15 years.

I understand that it is my right under the Labor-Management Reporting and Disclosure Act to have a current and true copy of the Collective Bargaining Agreement and all related agreements (signed by both parties) that apply to me.

Please send me a copy of the collective bargaining agreement between Local 3 and Burnout Hospital to the address below or let me know when I can come to the office to obtain a copy of the agreement. I ask to receive a copy of the contract by June 10th, 2024. Thank you for your assistance.

Sincerely,
Nila Uthayakumar

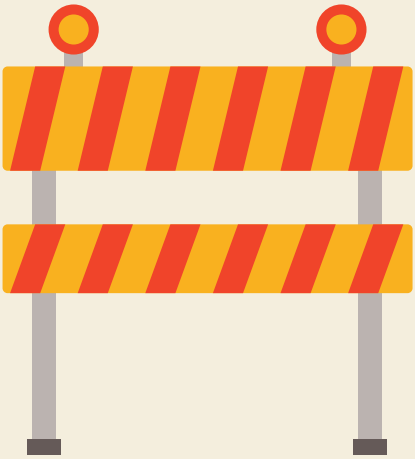
a poem about individual solutions to structural issues

staying late everyday
so that i can see all my clients
give people housing.

i am being asked to stay late
to solve structural impositions to substance use
like affordable housing
racial justice
gender & sexuality liberation
child & eldercare for all
paid family leave
efficient public transportation

i am letting governments off the hook by
staying late everyday





sometimes less is more when you are working with micro-managing team leads or managers.
you want to keep people in the loop.
but updating them with the bare minimum might help you move past some of the neo-liberal, institutional, barriers to making material change.

many times, leadership hold anxieties that ensure that we fall back on the same oppressive tendencies.
it is complacency, bureaucracy, identity politics that stalls leadership to break out of their tunnel vision of what "progress" or "change" looks like.

honey, we can't diversity, inclusion, and equity out of the structural determinants of health

the time for transformational change is now.

a poem about capitalism

to undo capitalism,
am i willing to make the changes needed also to
move into the right relationship with the earth?
am i willing to slow down?
am i willing to stay present with my loved ones?
am i willing to not be defined by my job title but by
how much love i give to the people around me?

structural changes require so much inner work too.
inner work sparks outward shifts in structures, too.
—capitalism de-veined



asking questions

when we ask questions in the institutions we are a part of, it is a form of resistance (Harney & Moten, 2013). for example, “why does it have to be done in this way?” “what about considering this?” when we ask questions and enter into *study*, our mere existence in liberal spaces become radical.

Harney and Moten propose that,

We prepare now for what will come by entering into study. Study, a mode of thinking with others separate from the thinking that the institution requires of you, prepares us to be embedded in what Harney calls “the with and for” and allows you to spend less time antagonized and antagonizing. (Harney & Moten, 2013, pp. 11).



a poem about asking questions

if a loved one hurts me, i may be justified in defending [1]
myself. yet, my defensive actions may create more harm in
my response to harm, it does not prevent my loved one
from taking responsibility in their own turn.
there are very few resources and organizations with the aim
to help people to stop being abusive.

does feminism not tell us, [1]
we should not be teaching people how not to get raped but
we should be teaching people not to rape?
if that is the case, should we not only support people who
have survived abuse but also,
support people in learning how not to abuse?

these are the questions that don't get asked and now, we
get to ask them–in informal spaces, and in ordinary ways
i get to ask them while working in liberal equity, diversity,
and inclusion projects.
i get to ask them as a recreation therapist working in an
acute care inpatient unit in mental health and addictions.
i get to ask them during tea time with my family
i get to ask them while I grab food with my friends,
and i get to ask them in play time with my future kids,

m*y strategic way to radically exist and resist the structural impositions of the institutions is through asking questions.*

[1] Dixon & Piepzna-Samarasinha, 2020

a poem about the tensions of radical thinking in liberal institutions

resisting as an individual within healthcare organizations is difficult and risky because sometimes, the consequences can cause you to lose your job. these are the repercussions of resistance for capitalist subjects. it is important to know that this might be a real consequence and asses your situation accordingly. do you have the capacity to resist in this current moment? are there ways to subtly resist with less risk? what could that look like for you?

at times, as individuals we have no choice but to stay complicit in the subjugation of capitalist, and racist structures. to stay complicit does not make you weak.

resistance is a right.
resistance is a part of all of us, an organ of our living being. To go quietly into death and disappearance is what an oppressor requires of the oppressed-
but to resist that demand is a right.
it is universal.
it is life. it has returned.



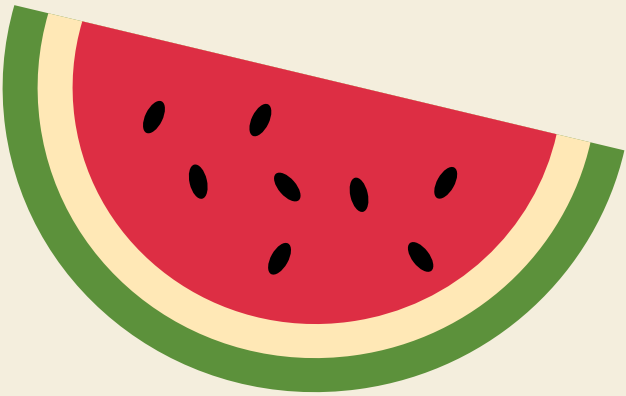
a poem about radical
relationships in liberal
organizations



i didn't think that my manager
could be my friend.
i didn't think that i could grab
coffee
let alone lunch with my
manager

we can turn our managers into
radicals by
managing up
and educating them in a way
where they too feel that the
revolution is
i r r e s i s t i b l e . [1]

[1] Brown, 2017



a poem about resistance

decades of resisting
decades of organizing
decades of agitating
will go wasted
if i simply did not resist
because it is risky
it is only risky
if i don't

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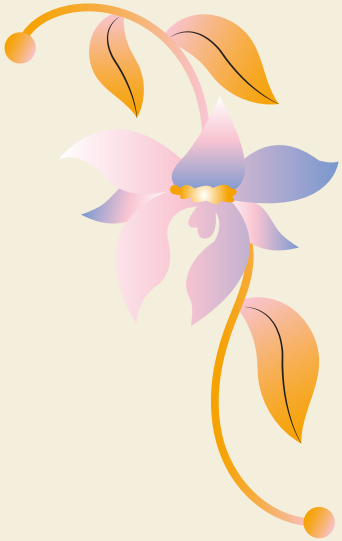
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please send any inquires to
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Appendix L: Syllabus 3 “Organize”



RADICAL LABOURER

ORGANIZE



a syllabus of strategies to create change as a collective within and outside of institutions

organizing localized, autonomous communities is a responsibility that we all share. this syllabus provides strategies to resist as a collective outside of the institution such as healthcare because institutions that are funded and founded on white supremacy will never have the capability to *fully* liberate us all from within (Davis, 2016).

organizations mobilize through a 'mask of legitimacy'[1] (Taylor et al., 2023), through performative, liberal equity initiatives such as offices of equity, diversity, and inclusion (EDI) to serve the racial capitalist agenda. yet, we cannot equity, diversity, and inclusion our way out of on-going injustice. dominating institutions use this type of mobilization to de-mobilize us (Ture, 2017). for example, anytime there is injustice, mobilizers will come to protest for issues when issues come up (Ture, 2017). however, revolutionaries are not concerned about time-sensitive issues but instead about structures. mobilized events are temporary, and organization is eternal and permanent (Ture, 2017). we must transform any kind of mobilization and reform into revolutionary action for permanent change to happen.





this syllabus as a whole is part of a larger, 3-syllabi-series dedicated to shape change. in this series, we address how we can educate ourselves about the systems of oppression that impact us all (the first syllabi, “Educate”), strategies to resist as an individual within the institution (the second syllabi, “Agitate”) and lastly, strategies to resist as a collective within and outside of the institution (the third syllabi, “Organize”).

mobilizing from within institutions

it is healing behaviour to look at something that is broken and see possibilities in it (Brown, 2017). as health organizations widen their profits everyday, we must plant new ways of resistance. we must plant the seeds which make just futures irresistible through radical, collective actions (Brown, 2017). radical and collective actions for change happen through collective and critical consciousness (Brown, 2017). becoming critically conscious is related to organizing. this first section of this syllabus provides strategies to organize as a collective within the institution because nothing worth doing, is done alone (Brown, 2017).



a poem about being burned down by capitalism

why do i carry the weight of the world on my shoulders
and smile while doing it?

why did i go to my grandfather's funeral, come to work,
leave my emotions by the front door,
only to help a someone else with theirs.

because it's my job.
it's my job to desensitize from the world,
my relationships,
and my body.

how else do i do my job?
i can't keep doing my job like this.

i am a warrior but i need to

ask
for
help.



to be radical is to get to the root (Davis, 2016). if our health has more to do with systemic forces than individual choices, whose standards are we using to deem who gets what kind of health, and on what terms? how would our health change if we had access to sustainable food and quality healthcare? how would our health change if we had clean air and a safe place to move our bodies?

free, universal, healthcare is also free public transit, quality food, universal income, paid vacation and sick days, clean water over profits, defunding the police and military, and redistributing wealth. these are the health-full worlds that I dream of. to do this can take years and it should.
there is no quick fix because actual change takes time.





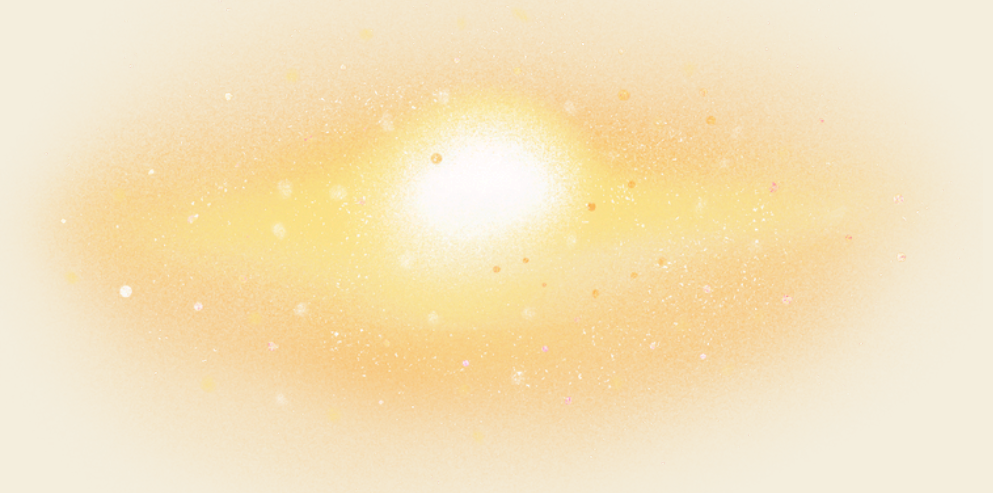
a poem about change and time

change takes time
actual change takes time
having patience for change is a privilege
in patient yet urgent ways
we can move through reformisms
to structural transformation
revolutions are dependent on a patient process that
transforms and empowers us as individuals as we
struggle to transform the world around us

another poem about meaningful change

adaptation and evolution depend more on
critical, deep, authentic connections
a system that makes use of everything in the
iterative process
it is a slower pathway to change
but a meaningful one

- emergent strategies (Brown, 2017)



emergent strategies

emergent strategies are methods to practice complexity and grow the future through relatively simple interactions (Brown, 2017). the framework of emergence is that existence is fractal: the health of the cell is the health of the species, the health of the planet (Brown, 2017). there are many examples of this from our natural world. when birds are flocking, they use an emergent strategy. when flocking, birds stay separate from each other so that they do not crowd each other, aligned enough so that they can maintain a shared direction and cohesive enough so that they always move towards each other (Brown, 2017).

in a capitalist, ableist society, we are made to believe that violent growth and competition are the only ways to create change (Brown, 2017). emergence shows us that actual change depends more upon critical and deep connections. we must be keen to embrace that long walk to freedom and that this grueling challenge can be an exhilarating and beautiful one (Davis, 2016).

K'asheechtlaa - Louise Brady in a podcast titled,
“For the Wild” mentions,

“*activism is making coffee, serving elders, cooking, getting to know each other in a very deep way, to develop that trust so we can have joy”*

(Brady, 2022)



employee resource groups (ERGs)

within the institution, an emergent strategy could look like developing an employee resource group. employee resource groups (also known as ERGs or affinity groups) are voluntary, identity-based communities formed by employees in a company. ERGs can have various purposes, but most aim to give employees a safe space to connect and raise awareness about issues facing their community - both within the company and society at large.

employee resource groups are often formed around specific identities that can be characterized demographically, like race, gender, sexuality, or ability. for example, a given company might have an ERG for employees who are Black, Latinx, Queer, veterans, disabled, and so on. ERGs can also exist for employees in specific roles, such as working parents or remote employees.

although many ERGs have been focused on one identity, they do not have to be! for example, you can create an ERG surrounding current events.



employee resource groups (ERGs)

below are a few tips to create an employee resource group at your organization:

1) Gauge employee interest

2) Get executive buy-in

3) Define group's mission

4) Assess capacity

5) Recruit members

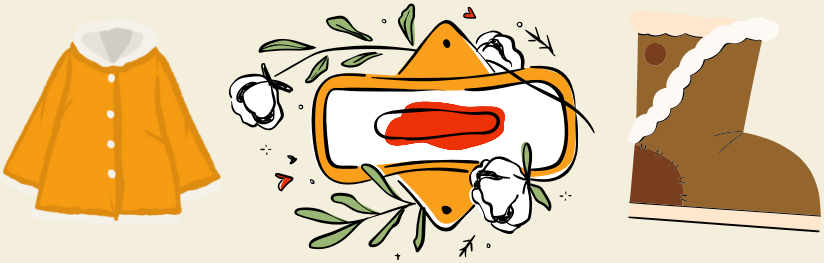
6) Host a meeting and create guidelines to ensure safe and brave spaces

7) Go slow and take your time

8) Maintain organizational support

9) Ensure representation and avoid tokenism!

10) Prioritize joy, conversations and events don't always have to focus on the struggle!



a poem about creating material change

there are ways to break down these institutional walls.
i remember in the height of covid, and the height of winter
i was seeing people with substance use concerns coming
into addiction treatment.

they didn't need medication.
they needed winter coats
boots, shoes, pads, and tampons.

although i was a frontline clinician and it was not my job
to start a winter clothing drive,
i asked a few team members for support and we were able
to give people what they materially need
even if the institution did not.

doing this through the institution proved to me that
radical collective actions can be done using the
institution's resources (time, team members, space to keep
donations, a service that has the ability to talk to clients
and ask them what they need).

a poem about radical relationships within the institution

my co-workers are my best friends.
they know me inside out,
when i make a micro-facial expression,
they know why it's not a full smile but a tight one.
so when i have to look at my perpetrator in the face everyday,
i smile while doing it.

because i've built family
even in a capitalist institution
founded on the blood of others
and funded on neo-liberal production
there are people i can call,
a home

-radical relations from within



a poem about our longings

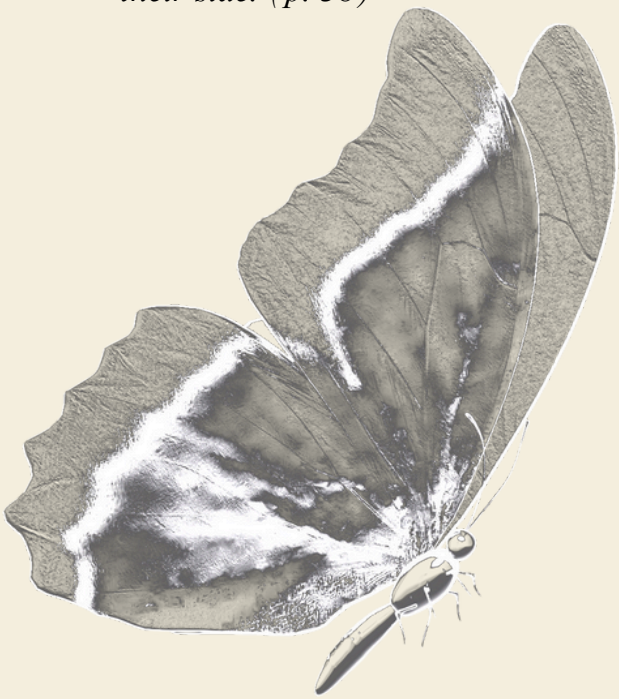
if trauma can be passed down from generations
then so can wisdom,
laughter,
tradition,
emotional intelligence

we will no longer have these longings
we will work actively everyday for it



Paulo Freire (2000) in his book Pedagogy of the oppressed, states,

The more radical a person is, the more fully he or she enters into reality so that, knowing it better, he or she can better transform it. The individual is not afraid to meet the people or enter into dialogue with them. This person does not consider himself or herself the proprietor of history or of all people, or the liberator of the oppressed, but he or she does commit him or herself, within history, to fight at their side. (p. 38)





while we mobilize for change from within our organizations, we must also organize from the outside. we must remain vigilant and aware about our collusion with structures or systems of oppression, and stand firmly on the side of truth and justice. this raising of social consciousness attempts to transcend traditional models of medicine that take a noncritical, categorical approach to structural injustice. this means that working within systems that already embody colonial medicine like the MIC is not enough. to get to the root of injustice, we must also redirect resources back into our communities and dismantle hierarchies in where health is located while being able to serve folks intentionally exploited by the MIC (Mingus, 2015). working within systems is not enough if we are not working outside of them to tear them down and simultaneously build new systems of universal, comprehensive healthcare.

Organizing from outside institutions requires us to think about our accountabilities to our communities.

What does it look like for you
to be accountable to community?

For example, moving from “what can I do” to “what can we do?” when faced with a crisis, abuse, and/or violence. In situations related to harm, people often are not sure what to do. Instead of feeling the burden of responding solely on our own, collaborating with others connected to the situation– family members, friends, neighbors, coworkers, peers, etc. can help us share the responsibility and be more accountable to each other.

Can you think of another way accountability can happen amongst communities?

_____

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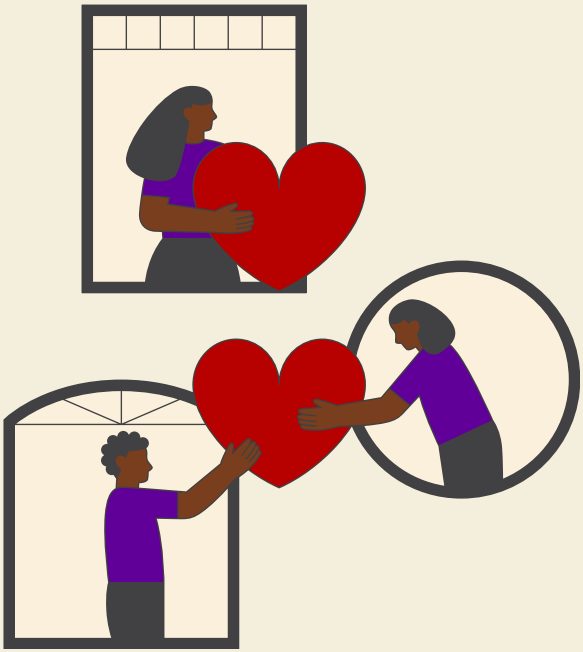
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a poem about justice

justice is the real medicine
that is what real medicine *just is*





a poem about community

why can’t we create communities where it is our neighbours who take care of us?

communities where we take care of our neighbours.

we know our neighbours so well that in times of crises, we know how to respond and a more anti-neoliberal approach, we help our neighbours before they even have to ask.

safety can only be born from people you feel safe with.

a poem about eastern medicine

when i get ill
nothing heals me more than coriander seeds
thank god for அம்மா's (mother's) medicine
where would we be without thamizh medicine?
where would we be without all the rich traditions of healing?
there are so many ways we can co-exist
there are so many ways we can heal
and yet we choose not to

we are missing out
you are missing out
on coriander seeds.





a poem about mental health justice

the mental health treatment i need is the
abolition of sanism. [10]

for an example of radical organizing, we can look to the *mad* movement

building fundamentally creative ways of
thinking about matters of the mind;
linking the struggle against psychiatry with other
movements organized around gender, race, disability,
social class, culture, and generation;
building a critical community that spans beyond man-
made borders;
and practicing mental difference and recovery as liberating
ways of expressing our humanity [11]

these are the ways that the *Mad* movement, a survivor-led
movement, challenges the sanism and psychocentrism [12]
that permeates through every institution and intimacy

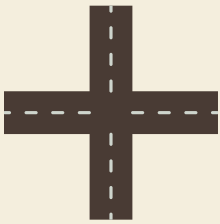
we are in dire need of this type of organizing
because there is no amount of therapy that can give you
purpose if your job merely exists to make billionaires
richer and you don't have time to spend with the people
you love

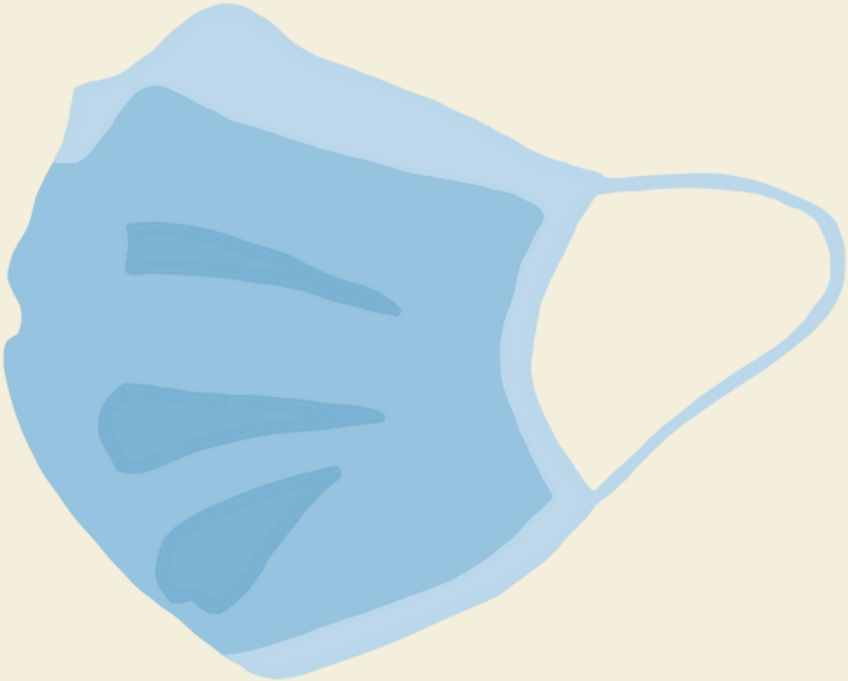
More information on Mad Pride and Toronto's Mad Pride movement can be found here: http://www.torontomadpride.com/history/

another example of a radical, organizing movement, disability justice

a radical and intersectional movement that we can learn from is disability justice (DJ). DJ is a series of demands and visioning for the future. among those demands, is a belief in affirmation and a requirement that we honour the bodies of those around us, and make space to honour our own bodies. to affirm that we deserve to exist, to be present, to live, to breath, to take up space (Piepzna-Samarasinha, 2018).

DJ asks us to consider bodies not as a burden, evidence of lack of disease, or as defect but as sacred, necessary, and worthy of love and care. all bodies are essential, have strengths, and needs that must be met. we are powerful because of the complexities of our bodies and not despite of them (Piepzna-Samarasainha, 2018). DJ asks us to celebrate that power. Born out of collective struggle, DJ seeks to politically refuse disability to be defined in cis, white, male, or straight terms and instead, centers sick and disabled racialized, queer, and trans folx (Piepzna-Samarasainha, 2018).





a poem about disability justice

people who still wear masks when they are not required to
is what disability justice looks like

Skill-sharing, *a radical collective action*

one of the ways change is already happening is through skill-sharing. we undo colonization's violence of controlling knowledge production when we share knowledge and skills that are outside of the ideologies of whiteness (Petteway, 2023). skill-sharing helps us grow strong communities because it is a daily practice that helps build autonomous communities that are not recognized or supported by dominating institutions and discourses (Spade, 2020). it is refusal of the status quo definition that well-being equates to colonial, biomedical systems of wellbeing and instead weaves a tight-knit communal sustenance and resistance of defining wellness.



a poem about skill-sharing

community workshops
how-to-guides *like this syllabus ;)*
online videos
local ecological skills
healing methods
emergency medicine
bike and care repairs
building and carpentry
ancestral skills

to name only a few
of the infinite potentials of skill-sharing



Mutual Aid,
a radical collective action

another way change is already happening is through mutual aid. mutual aid is directly meeting people's survival needs by bringing together the resources of communities in order to support one another outside of institutionally organized social supports. dominant, hierarchical, organizations and institutions including not-for-profits tend to preserve the status quo and protect the capital and credibility of the state (Spade, 2020). they rarely do the radical practice of mutual aid.

we see examples of mutual aid in many freedom movements, whether it is volunteer coalitions doing work such as food distribution, training one another in emergency medicine because ambulance response time is too slow in especially neighbourhoods where many racialized populations live, or placing drinking water in the desert for migrants crossing the border (Spade, 2020). since our work within interdisciplinary scholarship is committed to wellness, especially in our health-centered field, and we know the systems and institutions around us are failing, mutual aid becomes our mechanism to well-being for the future. it becomes the possible outcome of our teachings, our research, and our service projects.



a poem about mutual aid

it is not a last-resort response to crisis
it is when we find ways to continually support each other and our ecosystems
it is not a makeshift until more resources are available
it is a disentanglement and a dismantling from individualism and carcerality
it is not an act of philanthropy
it is not charity
it can include material support and fundraising
but it is not only that
it can include the transfer or redistribution of wealth
but it is not only that

- what mutual aid is and what mutual is not [1]

[1] Mutual aid comes from a rich history of organizing movements, especially those who were failed by systems of power—from Free African Society in 1787, to the New York Committee of Vigilance in 1835, the Ex-Slave Mutual Relief, Bounty & Pension Association in 1898, and the Black Panthers' Free Breakfast For Children Program in 1969 to name only a few.

another poem about mutual aid

mutual aid is a guiding principle for
practicing reciprocal and collective care

it is a form of disability and racial justice
that calls to fight for each others' existences
while fighting for the existence of the earth

this is reciprocity

- it is reciprocity which puts the
"mutual" in mutual aid



we practice mutual aid everyday when we share resources with people, when we talk through our differences instead of resorting to the force of "authorities" (i.e. police), and when we pool our resources to get through a period with no pay (The Comrade Closet, 2022). the many important mutual aid initiatives, many which have emerged as a result of covid-19, such as the emergency prisoner support fund are not only a response to the pandemic, but show the diverse capacity of communities to unite around health alternatives (Chartrand, 2021). This ability speaks to how support and resources can be rapidly established; a key feature of growing strong, and safe communities outside of the institutions of health (Chartrand, 2021).

Writing this, I also acknowledge the critique of mutual aid as "letting the government off the hook" for providing what should be basic resources to the people (Sivasubramaniam & Berbary, 2024) Social structures and systems should guarantee housing, healthcare, education, and food security for us all through robust public policy (Davis, 2016). And also, these structures are currently failing to do so and there is need to do something through mutual aid and direct action while we wait for those systems to be reclaimed, reimagined, and made accessible to all.

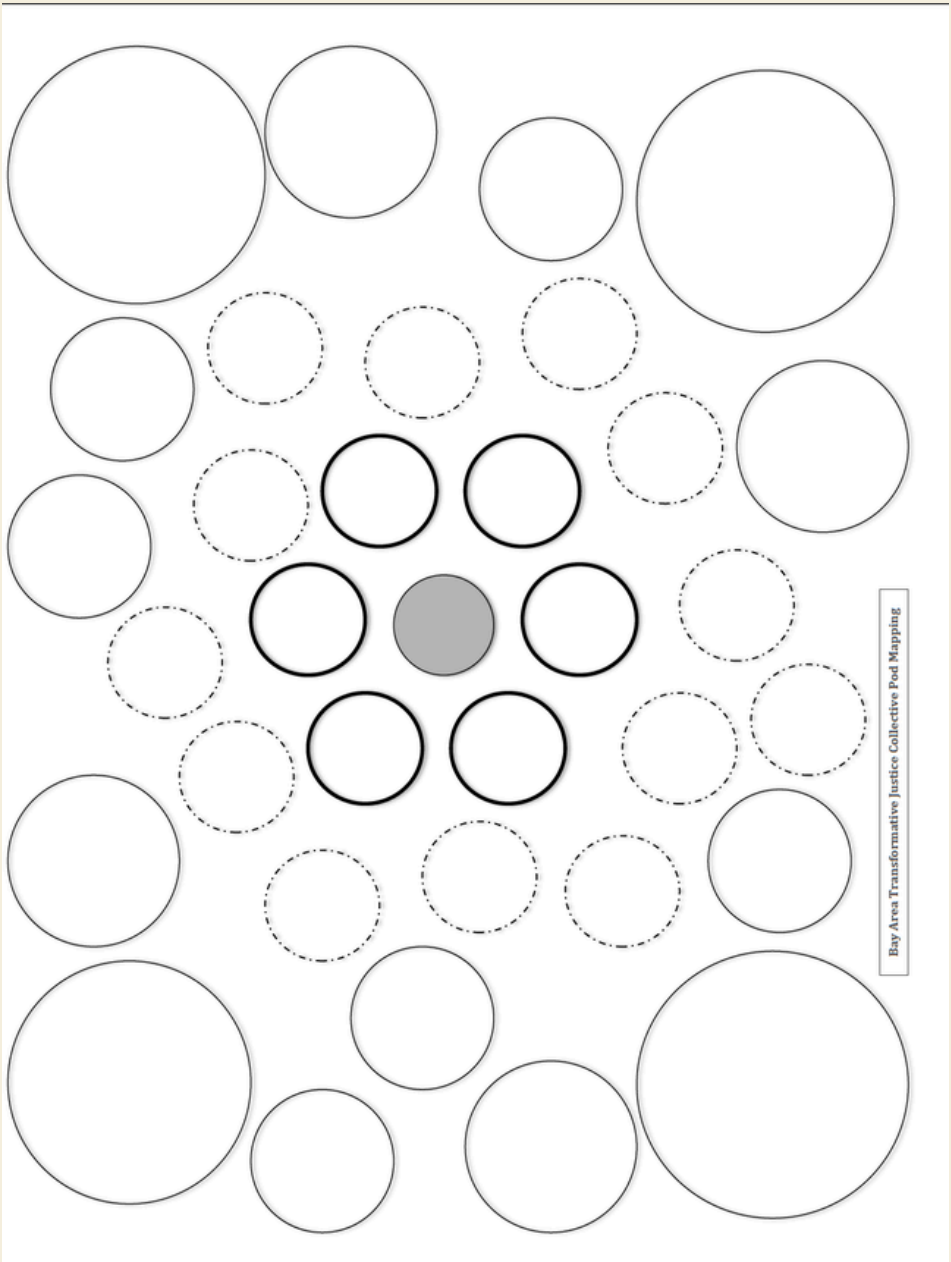
Let's engage in an act of organizing now!

The following page is a *Pod Mapping* worksheet created by the Bay Area Transformative Justice Collective (BATJC). Pods are made up of the people that you would call on if violence, harm or abuse happened to you; or the people that you would call on if you wanted support in taking accountability for violence, harm or abuse that you've done; or if you witnessed violence or if someone you care about was being violent or being abused (Mingus, 2021). Building pods is a concrete way to prepare and build resources for transformative justice in our communities.

To complete this worksheet (Mingus, 2021):

1) Write your name in the middle grey circle.
2) The surrounding bold-outlined circles are your pod. We encourage people to write the names of actual individuals, instead of things such as "my temple group" or "my high-school fam."
3) The dotted lines surrounding your pod are people who are "movable." They are people that could be moved in to your pod, but need a little more work. for example, you might need to build more relationship or trust with them.
4) The larger circles at the edge of the page are for networks, communities or groups that could be resources for you.

This work is licensed under a Creative Commons Attribution 4.0 International License. No changes were made to the original Pod Mapping worksheet on the following page.


Bay Area Transformative Justice Collective Pod Mapping

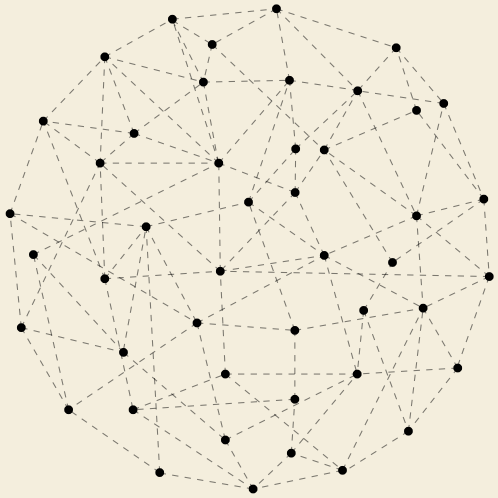


Can you think of other spaces that radicals can exist that are outside the institution?

- _____
- _____
- _____
- _____
- _____
- _____

a poem about organizing from within

it is political activity to explore forms of relations
forms of liberation
and forms of life
when i talk about keeping radical change outside of the neoliberal sphere of the institution
i am talking about not creating a quantifiable sale of knowledge for monetary value
i am more interested in using my academic privileges to extract from the neo-liberal academy
(Harney & Moten, 2013)
and create change within the healthcare institution
and that with purpose and intentionality
because let's face it
radicals need to exist within the institution,
but especially outside of it too.



So what?

organizing is everyone's work. creating voluntary, accessible, community-run services and infrastructure reduces the number of people imprisoned, the reach of jails in our everyday lives, create resources without contact or reliance on racist, capitalist, healthcare systems and strengthens capacities to prevent and address harm (Davis, Dent, Meiners, & Richie, 2022).

access to services that address needs people articulate for themselves can reduce vulnerability to police contact and prevent harm while simultaneously building self-determination (Davis et al., 2022). voluntary services that are community-led and informed take power away from jails, prisons, mental health institutions, by removing the focus on imprisonment as a solution to social, economic, and political issues (Davis et al., 2022). when we curate services and infrastructure that are de-coupled from policing and carcerality we develop systems with the potential to engage with people's complex needs in consistent and trust-building ways. people getting their needs met in community-determined and led ways prevent harm.



by pooling resources through mutual aid that address harm without replicating harm, we manifest healthy communities, accountability, not punishment, isolation, and learned helplessness—all that racism and capitalism need to survive.

organizing is rooted in community, knowledge sharing, autonomy, self-determination, and reciprocity (Abolition Collective, 2018). organizing is our best response to weather the storms of subjugation, erasure, and genocide. why is it that we need to work 40+ hours a week just so we don't starve or freeze to death? any scarcity left is created by those hoarding all the wealth (Babadookspinoza, n.d.).

institutions try to organize through equity, diversity, and inclusion (EDI) initiatives. however, even when we observe EDI practices, we see that EDI itself is part of the dominant power structure that successfully attempts to absorb our labour and demands, and nevertheless, we shall still forge new language, practices, and organize, anyway (Davis et al., 2022). these are the tensions that we hold which are painful, pleasurable, and more. this is the work. this is your work. this is everyone's work (Táíwò, 2020).

that is all to say that, our work, our labour, is imperfect and unfinished (Brown, 2017). neither are our movements, organizing, or networks (Davis et al., 2022). the snapshots through these syllabi provide a plurality of spaces to seek more, enter more deeply and engage in theories and concepts that extract resources from neoliberal institutions to engage the past, present, and future work of collectives and campaigns rather than stationary, fixed points of departure (Davis et al., 2022). revolution is not a one-time event (Lorde, 2020). these networks, movements, and organizing is making the world we need, *now* (Davis et al., 2022).



Notes

[1] The “mask of legitimacy” refers to systems which legitimize and conceal power inequities in society. While living in a society that values capitalist production and commercialization, racial injustices are hidden in a way that makes it impossible to distinguish and challenge systemic racism (Khalifa, Dunbar, & Douglasb, 2013; Taylor, Gillborn, & Ladson-Billings, 2009).

[10] Sanism is a structure of oppression that intentionally rejects, silences, pathologizes, de-centres, and commits violence against mad folx (LeFrancois et al., 2013).

[11] LeFrancois et al., 2013

[12] Psychocentrism is the notion that pathologies are intrinsic to the person (McLaughlin, 2022).

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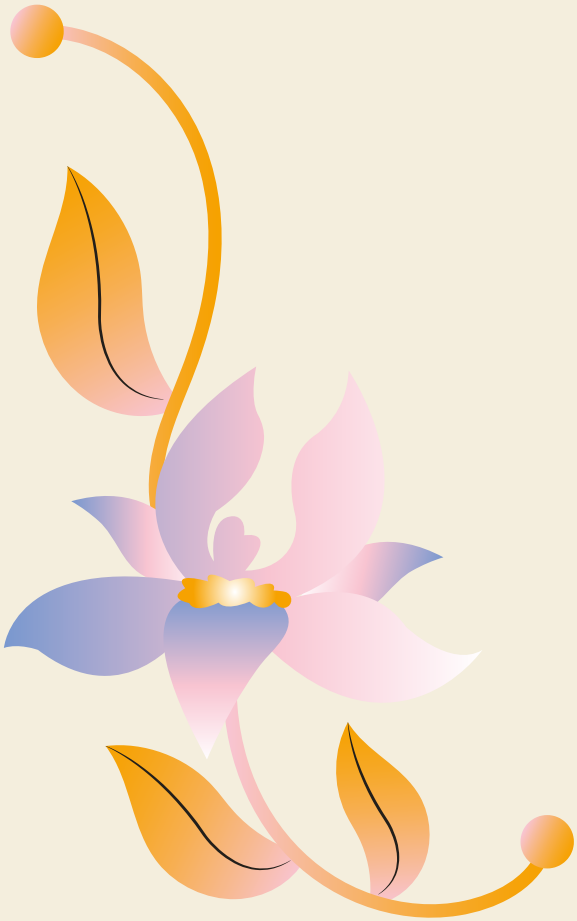
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