Comics in the Time of COVID-19

Examining the Role of Graphic Medicine in Promoting the Right to Health

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Abstract In recent years Graphic Medicine has gained in importance in various fields, ranging from clinical to activist contexts. By analysing the experiences of the Käthe Collective which created the comic book *Materia Viva* in 2020, the aim of this essay is to review the elaborations that have developed in the field of Graphic Medicine and examine its role during COVID-19. *Materia Viva* is a comic that focuses on different concepts and principles of health such as: a conceptualisation of health that goes beyond the absence of disease, the social determinants of health, health inequalities, and community participation. Starting from a review of the different uses and purposes of Graphic Medicine, the essay focuses on the context in which Materia Viva was born, namely the lockdowns introduced in response to the COVID-19 pandemic in Italy, and on the creative process that led to the publication of the comic book. Subsequently, the main contents of the comic book are analysed, to conclude with the description of the concrete contexts of *Materia Viva*'s development and use after its publication. Our analysis highlights how, although Materia Viva was created to disseminate health-related content, it has also been used in other educational, clinical and activist contexts. In this perspective its physical and virtual form, as well as its purpose are shaped by the people who interact with it, resulting in an unexpected relevance compared to the original intentions.

Keywords: graphic medicine – health inequalities – health promotion – health activism – COVID-19

Introduction

This article originates from the reflections that were developed during the conference *Visual Expression of Health, Illness and Healing*, held in Vienna in June 2022. On this occasion, we had the opportunity to narrate the experience of the Käthe Collective in creating a comic about health and specifically on the right to health. The comic, *Materia Viva* (in English *Living Matter*), is self-produced and Open Access, developed in 2020, during the COVID-19 pandemic in Italy. The Käthe Collective consists of a group of researchers and activists with different educational backgrounds and professional profiles who decided to approach health-related issues through the construction of comics.

In this paragraph, we will illustrate the aims and the structure of the article as well as clarifying our positioning in relation to the topics that will be addressed. Firstly, we want to specify that all the authors of this text are part of the Käthe Collective and participated in the ideation, creation and development of the comic as well as in its presentation and dissemination initiatives. For this reason, when referring to the Käthe Collective, we will use the first-person plural throughout the article.

The first aim of the contribution is to reconstruct the stages and trace the main features of the context surrounding the creation of the comic book *Materia Viva*. The second aim is to reflect on the nature and role of this comic in the current panorama of Graphic Medicine (hereafter GM). Where does *Materia Viva* fit into the composite framework of contexts, uses, and perceptions related to GM? A first step in achieving these two aims is to contextualise the field of GM, and then go on to explore the main features of the comic's context, namely the outbreak and continuation of the pandemic in Italy. The third paragraph deals with the main methodological aspects that guided the conception and drafting of the comic book; the fourth addresses the key themes of the comic.

Finally, the conclusions explore the collocation of *Materia Viva* concerning the different contexts of use and purposes proposed in this introduction on GM.

The many dimensions and uses of graphic medicine

GM is a narrative form characterised by an interplay between words and images and the simultaneous encounter and intersection with the dimensions of health, illness and healthcare (e.g. Williams 2012). These intersections make this medium of particular interest as it contributes to the development of new knowledge, narratives and representations, that inform conceptions of health and illness. GM is also increasingly recognised, as evidenced by the various national GM associations that have arisen recently (*Graphic Medicine Italia, Japan Graphic Medicine Association, Medicina Gráfica* in Spain). In parallel with its diffusion, GM is characterised by multiple areas of creation, contexts of use, authors, and receivers/audience. The literature identifies numerous areas of creation and application of GM, among others: illness narratives and storytelling; the clinical field; the education of health professionals, and, in general, the educational and pedagogical field; theoretical and methodological aspects of social research; communication and dissemination of content; forms and tools of activism. For the purposes of the article, it is helpful to review the main features of each field.

GM is a form of expression through which patients, caregivers, and anyone involved in the experience of illness and care can express and expand their narratives. Thus, this expressive function puts the plurality of experiences surrounding care into focus and has the potential to restore different points of view and perspectives on the experience of people. An example can be the multiplicity of dimensions that permeate the doctor-patient relationship, or the relationship between a person/the doctor with family or friends, as well as the difficulty of making therapeutic choices (Jibaja-Weiss *et al.* 2010). For patients, graphic novels can support the development of reflective processes regarding their illness experience, also by recognizing commonalities between their narratives and other people's stories. Hence, graphic novels become a narrative tool following the principles of Narrative Medicine (Charon 2008).

In the clinical setting, GM also serves a purpose for healthcare professionals, fostering new ways to understand patients' experiences of illness and potentially revealing patients' belief systems and conceptions of their disease. In addition, it is a valuable tool for gaining different perspectives on the health professional-patient relationship whilst deepening the patients' point of view.

In relation to the expressive sphere and clinical field, GM has potential in the education sector, particularly for social and health workers. According to Green (2013), comics can teach/develop critical skills: observation, empathy, communication, and clinical and diagnostic reasoning. GM can thus be considered within the framework of the medical humanities, namely the interdisciplinary field that incorporates the role of stories in clinical practice and combines different forms of knowledge (such as humanities and social sciences), various forms of expression (literary, artistic, visual, graphic, and more) in the educational paths of healthcare professionals (Bleakley 2015; Thacker *et al.* 2021; Fitzgerald & Callard 2016). Furthermore, as Moretti and Scavarda (2021) point out, GM can strengthen various communication and relational skills in healthcare professionals. Another potential of GM, and in general of the medical humanities, consists in including among the capabilities of health professionals also the negative ones, which means remaining in a state of uncertainty and accepting the non-linearity and plurality inherent in illness and care (Bosco & Vallerani 2023).

Due to their methodological potential and their analytic and theoretical significance, comics also play a role in research, especially in the social sciences (Wysocki 2018; Kuttner *et al.* 2020). Namely, the ability of a comic strip to stimulate reflection and analysis on how people use images, on the different views of illness and care, or the role of visual perception in learning and knowledge processes (Moretti & Scavarda 2021).

A fourth area of GM is dissemination and communication; in the research context, comics can be a way of disseminating research results in a more accessible way. GM is also understood as a public (and critical) communication strategy re-

lated to health and health measures, such as the infodemic produced during COVID-19 (King & Lazard 2020).

In this context, graphic novels can be linked to activism and struggles for the right to health or the recognition of a particular disease or chronic condition, such as vulvodynia (Cosavalente 2022)

However, this classification is somewhat blurred, as a comic may perform multiple roles simultaneously, potentially differing from its original purpose. For example, a comic strip conceived as a storytelling of a singular experience may act or be used to reduce stigma towards certain conditions, or can become an educational tool or a valuable contribution for a health professional to understand how to manage a specific pathology or interact with patients. The introduction of this GM classification is particularly useful for the second intent of this article, namely to understand the place and role of *Materia Viva* in this complex panorama that is GM.

Background of the comic: Italian activism in health during pandemic

In March 2020, Italy was the most severely affected European country by COVID-19. Every night, the official news recorded the steadily increasing number of deaths. The death rate was uncontrollable and unpredictable, as was what would happen next. The medical staff (doctors, nurses, social and health workers, and many other professionals) were reduced to exhaustion, while the continuous feeling of uncertainty and unease pervaded everyone's life. Indeed, COVID-19 had laid bare the inequalities of our society, highlighting its syndemic nature (Singer & Rylko-Bauer 2021) and the controversies that pervade our world, such as the uneven distribution of resources, the unhealthy commercial system which was enabling the spread of the virus, the lack of preparation and resources in health systems, and the limitations of biomedicine. In the meantime, from the 11th of March onwards, the Italian government established various emergency management measures in order to counteract the spread of the virus, first and foremost the lockdown. During the lockdown, one could not go out without a "self-certification": a document stating the reasons of proven necessity that prompted a person to leave the house, i.e. work, health issues or to buy "essential goods". Bars, restaurants, shops, gyms, cinemas, theatres, museums, and discos were closed. Whenever possible, work was performed from home. Similarly, schools and universities implemented remote teaching. Social media, television, radio and billboards had been taken over by information campaigns, enshrining the practices that had to be adopted to reduce the risk of contagion: maintain physical distance, wash your hands frequently, cough into your elbow, wear masks and gloves. The decree that had toughened the containment measures was officially accompanied by the hashtag *#iorestoacasa* (#istayathome), urging people to stay inside their homes as much as possible. Therefore, for a long time, digital technologies represented the only resource available to maintain contact with surroundings and people that would have otherwise been temporarily inaccessible.

In this situation, social movements, which felt the urge to highlight the syndemic, unjust and unfair nature of COVID-19, had to rethink forms of participation and imagine new practices of resistance to ensure that we did not return to normality after the emergency as this was itself the problem (Bringel & Pleyers 2020; Della Porta 2020). Public marches, demonstrations and other forms of activism were banned. As a result, political assemblies moved into the digital environment, and some activist practices were reconfigured within domestic and virtual spaces (Coen *et al.* 2022).

Even before COVID-19, there has been a long tradition of social movements in the Italian context, many of which have been active in the field of health. Indeed, during the 1970s, these forms of activism played a crucial role in the establishment of the Italian National Health Service (hereafter NHS) (Giorgi & Pavan 2019) and in the development of essential health reforms, such as Law 180 (known as the "Basaglia Law"), which, apart from generating a new epistemology on mental health, led to the closing of asylums and the creation of a network of public and locally organised mental health services (Basaglia, Scheper-Hughes & Lovell 1987).

However, despite its history and the ongoing presence of numerous social movements, participative and activist initiatives on health issues currently experience different deficiencies (Negrog-

no 2023). Firstly, the health sphere suffers from a "democratic gap" that stems from the distance health institutions have vis-à-vis the population. This gap results from the process, begun in recent decades, of commodification and corporatisation of the Italian NHS, which has also led to a lack of involvement of the population in healthcare decision-making. Indeed, "the existing relationship between the population and the decision-making process in healthcare (but not only) is basically absent" (Stefanini & Bodini 2014: 312). Secondly, the problem concerns the ability of social movements to be able to disseminate their contents in ways that permit the involvement of the larger audience.

Among the various experiences of activism in the field of health, there is the Dico32 campaign – an Italian nationwide movement that was founded in 2017 in order to claim the right to health and contrast the privatisation of healthcare services – from which the comic *Materia Viva* and the Käthe Collective originated. Although already in the pre-COVID-19 era the Dico32 campaign had contributed to the generation of synergies between different social movements in Italy, since the beginning of the COVID-19 emergency, it was populated by numerous activists with different professional and political backgrounds, which met on a regular basis. During these meetings the group discussed various topics such as the problematic situation that was arising due to the impoverished and overloaded NHS, and the different experiences people were having in different regions. Like other initiatives this organisation faces challenges in disseminating its principles and involving new people. The comic *Materia Viva* was created with the intention of overcoming these difficulties within the Dico32 campaign.

The creative process of *Materia Viva*

In April 2020, two of us (a physician and an anthropologist), who were participating in the online assemblies of the Dico32 campaign, decided to experiment with different and new languages that could make certain concepts which were regularly discussed during the Dico32 campaign meetings (i.e. health inequities, social determinants of health, the right to health), more accessible and popular in the broader arena.

Years of training, education, and political mobilisation had made these concepts familiar and almost self-evident to us, leading us to create a comic book that could breathe new life into these principles. Indeed, as we started to question ourselves on how to construct a health comic we had the impression we were dealing with a myriad of concepts which were very familiar and inspiring but often difficult to disseminate. Many of these were extremely technical, scientific-academic debates, while others had been developed in the 1970s, when social movements had contributed to the foundation of the Italian NHS (Giorgi & Pavan 2019). However, due to the current situation of the healthcare system (characterised by a strong commercialisation of health) and of the field of health activism (Negrogno 2023) these concepts felt extremely distant. Indeed, as Franca Ongaro – an Italian activist who was one of the main protagonists of the Italian psychiatric reform who introduced the importance of class and gender analysis in mental health – states, we found ourselves dealing:

> With a dead thing: words, judgements, speeches, reflections that did not directly give an account of the facts, of the minute things that were changing step by step and of the meaning they were taking on. It was a 'reasoning about' an experience – critical and self-critical – whose vitality, physicality, fatigue, concrete contradictions, anxiety, difficulties, affectivity, sense of relationships and ties, however, escaped (Ongaro 2018: 8).

However, as those concepts and political positionaments made us feel alive, and made us recall all the moments in which we had incorporated them while studying or debating, we decided to give those concepts a second and new life. By wiping the dust off those distant and technical concepts, we re-narrated them through drawings, giving them new meaning and bringing *Materia Viva* to life (*Living Matter* in Italian).

As the COVID-19 pandemic continued to devastate lives and the ensuing lockdown measures confined us to our homes, we began to share this idea with friends and comrades. Within a couple of months, the group started to grow and trapped within it doctors, anthropologists and a sociologist. At this point, we started wondering about what name to give to this new artistic collective.

After a few weeks of research, we came across the works of Käthe Schmidt Kollwitz (1867–1945), a German artist who dedicated her art to depict the effects of poverty, hunger and war on the working class (Käthe Kollwitz Museum 2023). Kollwitz had a strong political background, committed to socialism and pacifism, which entrenched her artwork through the light of social justice (Ashton 2016). However, in 1933, after the establishment of the National Socialist regime, the Nazi party forced her to step down from her position on the faculty of the *Akademie der Künste* (where she was the first female professor), and her works were removed from museums. Her story and political background inspired us to name our collective *Käthe*.

Regarding the comic style, we took inspiration from Liv Strömquist, a Swedish comic artist engaged in the illustration of sociopolitical issues from a feminist perspective. We thought her work was particularly interesting as her comics include references to academic sources that guarantee legitimacy to the illustrations whilst transmitting deep and complex themes such as power inequalities and injustices (e.g. Strömquist 2018).

However, in addition to including excerpts from scientific literature and portraits of their authors, many of our frames also incorporate anatomical and botanical illustrations with expired copyright. This process gave us the impression of giving those old images a new life; furthermore, by taking them out of context, we were re-signifying them, replacing their positivistic biomedical paradigms with concepts that we felt were more aligned with our perspective.

Working together

Considering the emergency measures that had been introduced (i.e. the lockdown and travel restrictions) and the fact that we all lived in different Italian cities (Bologna, Naples, Turin), we were forced to work online. Throughout 2020, we used a Telegram group to give each other various updates and a presentation on Google Drive to share ideas and build the comic together. In our experience, the digital environment (Pink *et al.* 2015) and technological tools have played a generative role. We did not look at our laptops with mistrust, as it was through them that we had a way of connecting with something outside our homes. While in our domestic lives we were busy carrying out our work and sharing our "new strange day-to-day lockdown lives" with our housemates, through our computers we could open up an unusual space for our creativity.

We first had a few brief discussions on what topics we wanted to address and in what order, we then all started uploading sketches of drawings and drafts of texts onto the shared presentation which was shared and editable by all members of the Collective. As none of us had any expertise in communication or drawing, at the beginning we were very sceptical about what outcome to expect, for this reason we did not even consider buying a proper graphic tablet until April 2021. Up until that moment, we had drawn using a simple tablet and our fingers, and those of us who did not have a digital device to draw with, drew on paper, and the others would patiently redraw digitally.

Intersecting different epistemologies and desires

Since we come from different disciplinary fields, the construction of the comic book was also an opportunity to combine different perspectives and knowledge and develop mutual empowerment practices. Indeed, while two of us had gone to medical school, the others were Ph.D. students in Medical Anthropology and Sociology. However, as we started to work together, we soon realised that although we had heterogeneous educational backgrounds we were united by similar political perspectives and activities. Indeed, despite the different theories we had been exposed to, we all believed health was a strongly political concept and issue, and this made us participate in different activist groups as well as setting the basis for our work together.

One of the first things we established within our group was to adopt a transfeminist positioning. Guided by transfeminist practices, we established a focus on mutual care practices within the group. The idea was that what the Collective produced would respond to our desires and needs, and that it would not become yet another work commitment with defined deadlines and roles. We wanted to build a comic together as a form of "pleasure activism" (Brown: 2019), giv-

ing space to what made us feel good and what intrigued us. As Brown defines it:

> Activism consists of efforts to promote, impede, or direct social, political, economic, or environmental reform or stasis with the desire to make improvements in society. Pleasure activism is the work we do to reclaim our whole, happy, and satisfiable selves from the impacts, delusions, and limitations of oppression and/or supremacy. Pleasure activism asserts that we all need and deserve pleasure and that our social structures must reflect this [...] Pleasure activists believe that by tapping into the potential goodness in each of us we can generate justice and liberation, growing a healing abundance where we have been socialised to believe only scarcity exists [...] Ultimately, pleasure activism is us learning to make justice and liberation the most pleasurable experiences we can have on this planet. (Brown 2019: 11)

Out of this approach, we slowly realised that *Materia Viva,* and more broadly the Käthe Collective, acted as the container or refuge for the desires of each one of us. In some moments it meant a way to "switch off" after an exhausting workday, in others a way to connect with someone or something else which was outside the domestic context. Similarly, if for some of us it the Collective represented the only feasible possibility of commitment to a political project in those particular pandemic moments, for others it also had a therapeutic role.

Living matter: Contents of the comic

In the next three sections we will describe the main themes of the comic, highlighting the reasons we decided to address such topics and the theoretical frameworks we referred to in *Materia Viva.* The first section analyses the development of the concept of health, the second focuses on the factors which influence people's health, while the third one emphasises the role of communities in contrasting inequalities.

What is health

The comic book starts with a crucial question: what is health? Several contributions have tried to offer a definition of this concept (Gadamer 1996; Hem 2010; Machteld *et al.* 2011; Godlee 2011). As we write in the comic, at first glance and from a naive perspective, it may seem simple to answer this question: "Health is when we are well, when we are not sick!" (Käthe Collective 2021)

Fig. 1

From an anthropological perspective, we can observe that concepts such as health, wellness, disease, sickness are shifting and unstable, because they not only depend on one's conception of the organism, but also on its relationship with the environment. Therefore, these definitions are necessarily affected by the social, cultural, and historical context in which they are formulated, as well as by the person who formulates them (Quaranta 2014).

We recover Foucault's work to show that the logic of "health" as the "absence of disease" lies its roots in the birth of clinical medicine in the 13th century (Foucault 2012 [1963]). In the teaching hospital, the knowledge of the human body was built up through inspection, examination, and analysis of corpses. In this context, precise relationships were established between those who possessed knowledge and could act and those who were passive and inert: the medical-scientific gaze from above turned to the corpse and limited itself to observing the body, as if it were just dead matter, without any interaction with the world it lives in. Yet our health is not unrelated to what happens around us, nor do the diseases we have always prevent us from living fully.

As the years have gone by, also in the field of public health, the concept of health has moved from a "negative" definition – where health was understood as the absence of disease – to a "positive" one, affirming health as a value in itself and not as opposed to the absence of something else. For example, at the time of its establishment in 1948, the World Health Organisation (WHO) explained that health is not simply the absence of disease or infirmity, defining it rather as a "state of physical, mental and social well-being".

In respect of this definition of health, Ongaro, wrote:

> From definitions of health as the "absence of disease", which perpetuate a clear, unrealistic separation between one and the other, we move on to "a state of physical, mental and social well-being", which involves the whole of a person's life, suggesting that health is something that has very little to do with medicine and its intervention (2012: 27).

According to Ongaro, illness is conceived as a loss of something because nowadays life continues to be represented only by absolute health, in other words only a completely efficient and productive person can be truly considered healthy. This is also determined by the fact that biomedicine continues to have "a knowledge monopoly" on the definition of what is health and what is disease, stripping away the experience of our subjectivities. In Ongaro's words: "It leaves us at the mercy of an unknown body and a life that is never oursg" (*ibid.*).

In Ongaro's approach, health cannot represent "the norm", it cannot be a project that has value in itself, but acquires its meaning in living life, of which illness and death are inevitably part. In this perspective, Franco Basaglia, an Italian psychiatrist and activist who also was one of the main leaders of the movement for the closure of asylums, argued that biomedicine has to recognize that the body is not only an organic object but is also social as it represents the "product of struggles" (Basaglia, Ongaro & Giannichedda 2000). He referred to this as the "political body", as it is shaped by power relations that lay within and control society (Pizza 2007). This is done through the development of social norms on the basis of different scientific disciplines, such as biomedicine, that by defining what is normal and what is not it manipulates people and consequently their body. In the comic we tried to synthesise these concepts and make them our own, and we write: "Health, just like illness, is not something that happens only in a biological body, but in life." (Käthe Collective 2021).

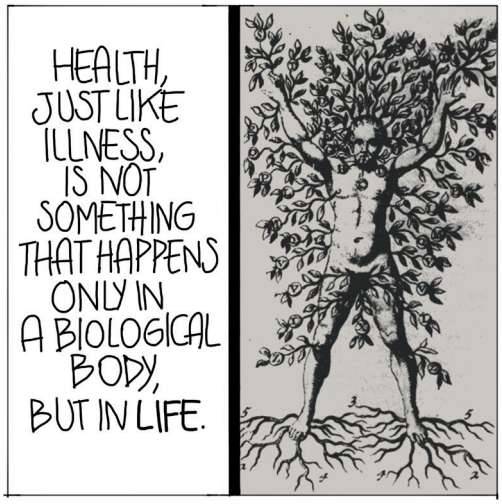


Fig. 2

Health inequalities and the right to health

The perspective designated in the previous paragraph places health within the social, economic and political context in which people live. Therefore, the factors influencing health are various and multidimensional: the social and physical environment, relationships, income, working and housing conditions, etc. These factors are defined as "social determinants of health" and together they participate in the health status of people. However, the different factors are unfairly unequally distributed within societies, and this is why we refer to them as health inequalities rather than health differences (Cardano 2013). This inequality in the distribution of protective and health-promoting factors produces the so-called "pathologies of power" (Farmer 2004), which materialise in people's lives in very different ways: e.g. neonatal mortality, infectious diseases, gender-based violence, political violence. The conditions of inequality mean that the "health" of some people is made possible by the "sickness" and suffering of others.

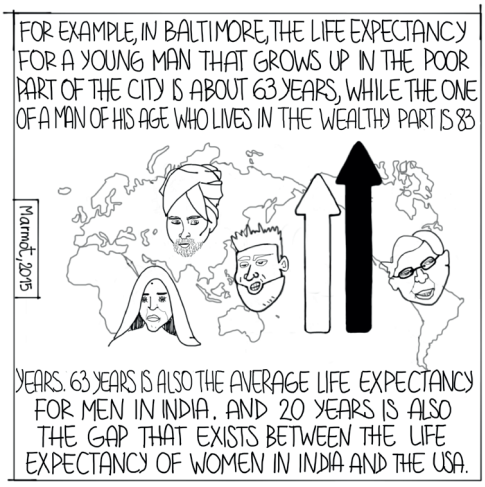
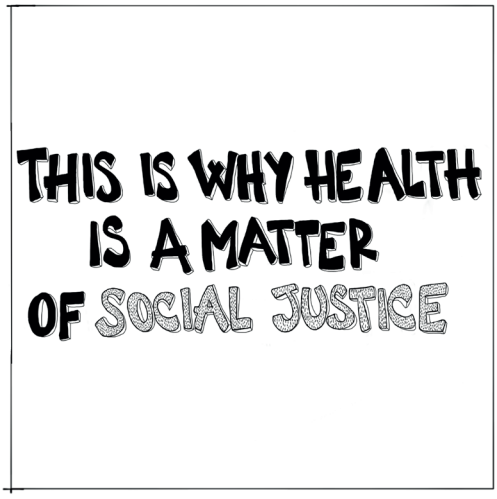


Fig. 3

Therefore, health inequalities can be defined as avoidable and unfair differences in people's health status caused by an unequal distribution of resources intended in their multidimensionality. Indeed, inequalities do not occur "by chance" and do not depend on biological factors. On the contrary they are a) systematic, i.e. they are distributed consistently and non-causally within the population; b) socially determined, i.e. they derive from social processes and not from immutable natural laws and are not subject to individual control; c) pervasive, i.e. they always work to the disadvantage of the most marginalised (Stefanini, Albonico & Maciocco 2006). In other words, it means that a person's socio-economic position influences the risk of mortality and morbidity, and this risk grows in inverse proportion to the socio-economic resources of individuals. For example, the British epidemiologist Michael Marmot speaks of a "status syndrome" to define a health risk condition caused by poor control over one's work, loss of autonomy and low social participation, and believes that these factors are associated with an increased cardiovascular risk (Marmot 2005). Thus, health inequalities limit the possibility of living a longer and healthier



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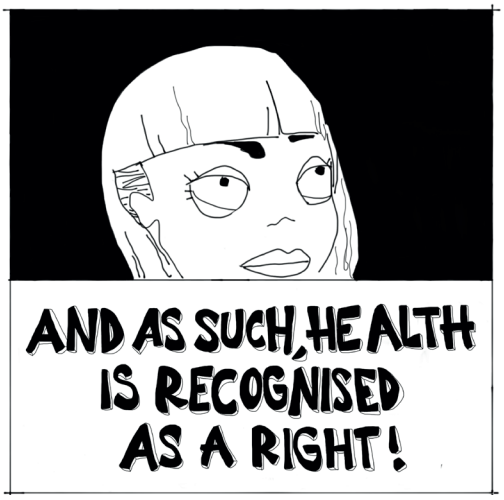

Fig. 5

life because they reflect an unequal distribution of protective and health-promoting factors (which in turn can be traced back to our economic and social structure), they are profoundly unfair differences. This perspective, on the one hand, makes it possible to look at the processes of health and illness as an expression and result of interactions occurring at the political, economic and social level, on the other hand, it allows an important consideration: if health inequalities are socially produced, they are avoidable and can be socially addressed. This consideration connects reflections on inequalities with the theme of the right to health, understanding health not as individual

fact but rather as a collective one. In this sense, health is capable of questioning the community in its entirety, and in this sense it is also a question of citizenship and consequently of social justice. The right to health means the right to public and quality care, without violence or discrimination, but it also means free access to drinking water, adequate housing, healthy food, good education and safe living conditions (WHO 1978). In brief, the right to health concerns a set of circumstances that allow people to exercise their right to develop and realise their aspirations, their capabilities and to live a fulfilling life (WHO 1986).

Participation and community of care

By recalling the old slogan: "Nothing about us without us", it is possible to understand how the right to health also consists in the right to participate in the contexts in which the decisions affecting our lives are made. However, participation must be effective, and not merely representative (Arnstein 1969; Cornwall 2008; Popay *et al.* 2021). If we observe and analyse the societies in which we live, it emerges how the right to health is far from being guaranteed to all: that is why it is still essential to recognize and defend it by participating. In this regard, a part of the comic focuses on the genesis and development of the Italian NHS. In Italy, in 1948 health became a fundamental, inviolable and absolute right and a good of collective importance (Article 32 of the Constitution). In continuity with this article, our NHS was established in 1978, with the declared aim of providing for the promotion, maintenance, and recovery of the health of the entire population. The NHS was born after years of struggle and civil and cultural mobilisation, guided by the principles of equality and equity: today, due to the progressive expansion of privatisation and commodification of services, these principles are losing substance. Alongside this process of disarticulation of the public healthcare services, there are several struggles arising in defence of the public and universal health service (Galanti 2022). And in these struggles, the discourse on inequalities – and how to address and overcome them –, and on community participation are crucial. This was the context in which *Materia Viva* was conceived, specifically during the COVID-19 pandemic. As it has been widely observed, COVID-19 can be more properly defined as a syndemic (Singer & Clair 2003; Singer 2009). The concept of "syndemics" points out how this pandemic crisis stems from the interaction of issues of a different nature (social, economic, health, climate) and that the biological component of the infectious agent is only one of the multiple dimensions determining the emergency. Firstly, the spread of COVID-19 interacts with social determinants of health and existing inequalities, exacerbating them and exposing the most vulnerable people to the greatest risks (Horton 2020; Bambra *et al.* 2020). Secondly, the measures which were introduced to counteract the pandemic measures have an impact on social determinants, including the overburdening of health services (WHO 2021), or the prompt interruption of essential services which are fundamental for marginalised communities (Da Mosto *et al.* 2021).

As frequently reported, the Italian healthcare system was unprepared to face and manage the COVID-19 pandemic (WHO 2020): the response was largely biomedical and mainly dealt with at the hospital level, while the NHS community-based local articulations, such as primary care health facilities and professionals, were rather inaccessible to the public, as either closed down or overwhelmed (Geddes da Filicaia 2020). Although it was mainly through lockdown, i.e. people's social behaviour, that the virus spread began to be contained, lockdown was a top-down measure that did not take into consideration the social conditions of its lived experience (Consoloni & Quaranta 2021). Similarly, by dividing biomedical actions from social support, the pandemic made clear the incredible violence of the neoliberal market, the way it has robbed us of the ability to provide and receive care (The Care Collective 2020). However, faced with a crisis for which no one had any valid and complete answers in advance, various formal and informal groups, including social movements, organised several mutual aid campaigns (Consoloni & Quaranta 2021). As a result, some communities of care sprung up and the right to health was recognized not just as an individual good, but as a collective asset, which was guaranteed through multiple ac-

tivities, such as the redistribution of primary necessities.

In this way, the pandemic showed how it is impossible for people to function as atomised beings and that our interdependence is not only a fundamental characteristic of our communities, but it also a value on which to build new practices of care and democracy. Indeed, in the context of an unpredictable and catastrophic future characterised by climate change and the unequal distribution of resources, a community of care can transform these moments of crisis into opportunities for collective learning by developing new strategies of resistance and care.

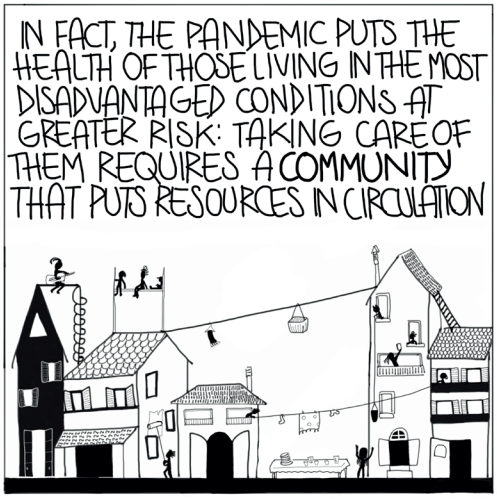

Fig. 6

Conclusions

Since 1950, each 7th of April, the World Health Assembly has celebrated the anniversary of the founding of WHO in 1948 in order to raise awareness about global health. However, in recent years other international health movements, such as the *People's Health Movement (PHM) Europe* and the *European Network against commercialisation and privatisation of health and social protection (European Health Network)*, have taken that commemoration a step further, using the 7th of April "to bring awareness to the privatisation and commercialisation of the healthcare sector" (PHM 2021). For these reasons we decided to publish *Materia Viva* (on a website, on facebook and on instagram) on the 7th of April 2021, on the occasion of "World Health Day 2021 - Building a fairer, healthier world" (WHO 2021). It was disseminated under a Creative Commons licence, in order to allow anyone to distribute, remix, adapt, and build upon the material, in any medium or format, as long as they did not do it for commercial purposes.

Over the course of the first year, the comic started to circulate within different Italian social movements, which led to the addition of 3 pages to the original comic. Indeed, the first *Materia Viva* was not the final project but kept on changing its form taking inspiration from other experiences and contexts itself or members of the Käthe Collective were involved in. The same day, one year after, thanks to the financial support of the PHM, the Käthe Collective decided to print and give an additional form to *Materia Viva*. As the lockdown measures had been lifted, it was possible to meet in person and finally distribute *Materia Viva* also outside the virtual sphere. "Flesh-and-blood" *Materia Viva* was presented at the venue of a local market together with other social movements. The presentation was an opportunity to debate on different perspectives and experiences on the right to health. During the last year, *Materia Viva* became multilingual and went global: in 2022 it was translated into English and then other people all over the world offered to translate it into Spanish, French and German. It travelled all around the world lending itself to any type of use among which university lectures on the social determinants of health for medical students in Malaysia and Australia. Furthermore, through the collaboration with another collective in Bologna, *Materia Viva* also turned into an audiobook.

By analysing synchronically and diachronically on the history of *Materia Viva* it is possible to recognise some similarities and differences which recall the classification of GM proposed in the first paragraph. Although the aim of the Käthe Collective was to create a comic that could facilitate the dissemination of health-related concepts, *Materia Viva* has since been used in educational, activist, and clinical contexts.

Specifically, in its first phases *Materia Viva* had been conceived as an instrument for health activism. However, unlike in other cases (e.g. Cosavalente 2022), it was not intended to in-

crease awareness of a specific disease, but rather it aimed to shift the conception of health as a state of possibilities, which is not necessarily influenced by the presence or absence of illness. In this sense, the objective of the comic was to widen the concept of health, conceiving it as a right which is socially and culturally produced in a specific context. In this perspective, we believe that the specific and particular conditions in which *Materia Viva* was developed have had a crucial role in shaping its primary objective, as it was the unequal impacts of the COVID-19 pandemic that made us feel the urge to do something.

However, in the process of its creation it assumed different meanings for each one of us at different moments. As seen previously, *Materia Viva* initially represented a way of exploring themes through a different perspective, one which incorporated our personal experiences and those of people with whom we share values. However, as time went by, it sometimes represented the narration of the suffering we were experiencing in that particularly catastrophic moment, gaining the characteristics of Narrative Medicine (Charon 2008). In other cases it was a way to escape from the toxic overworking dynamics we characterise our lives as doctors and as researchers in academia, or it was also an act of resistance and of care itself, as we collectively decided to dedicate some time to it also to take care of each other.

Finally, when it started to circulate, *Materia Viva* became many other things, highlighting how the boundaries of the different fields of use of GM are in reality very blurred and intertwined. As many people have pointed out, *Materia Viva* cannot be classified; it is neither a comic nor a manual. Similarly, as seen in the previous paragraphs it does not have a unique purpose. Its physical and virtual form, as well as its intent, are shaped by the people who interact with it, performing unexpected roles compared to the reasons for which it was created.

Notes

1 *Materia Viva* is now available at the website https://collettivakathe.wixsite.com/kaethe [03.06.2024].

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