

Imaginative Archives for a More Radical Nursing Future

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Abstract

In this article, coauthors advance nonlinear threads weaving together questions and contemplations that were collectively imagined and brought to life by members of an openly and intentionally political international nursing writing collective known as Compost Collaborative. The ontological and philosophical underpinnings of our ideas draw from critical theory and philosophy, and the writings of antiracist, anarchist, feminist, abolitionist, and labor leaders. As a collaborative of nurses, artists, and activists, we endeavor to make political ideas more visible and viable in nursing, to advance political nursing action for solidarity in caring, amidst living and dying together on a dying planet. And in tandem, we desire the nursing archives, the spaces that hold memories and history, to vibrate with the stories and material objects of nurses who are currently leading, uplifting, and accompanying resistance and justice movements around the planet. We draw upon historical examples from nursing labor movements in Canada, and the archived, dramatized, and reimaged story of Emma Goldman who used prefigurative praxis to nurse comrades and others as a private and public health nurse, while leading an anarchist movement for justice for impoverished immigrants, workers, women and children. We imagine a political and speculative history of nursing that could have been / may have been uplifted but also, *silenced, erased, untold*, while asking whose stories tell stories? What are the stories that nursing is writing and living currently that will (or will not) become the archives of the future? We briefly explore the consequences of telling the untold stories. We seek to engage nursing history critically and politically because it is an intentional action, a gerund derived from the verb nursing- **nursING** as an action to “creatively disorder the institutional fictions” (Hartman, 2021).

Key Words: prefigurative praxis, material narratives, nursing is political, political nursing, imaginative archives, nursing archives

We write as members of an [international collaborative of nurses](#), and in this paper we continue threading lines of flight, while revisiting collaboratively imagined ideas—that advance political nursing as a valid and urgently needed nursing intervention. Concurrently, we argue for the narratives, oral histories, letters, and materials of political nursing actions to be appreciated as evidence for nursing care, research, and policy making. We encourage nurses and nurse historians to intentionally safeguard stories and materials of political nursing as archival evidence to inspire current and future generations of nurses. The theses of this paper include advancing political nursing, intentionally building, critically interrogating, and safeguarding the nursing archives to empower and uplift the stories of political nursing, and making visible the ways in which nursing is political.

We start with outlining a shared understanding of terms.

Political nursing in this paper refers broadly to linking the intentions and actions of nursing to a reflexive consciousness of self and critical awareness of the larger world situated in historical context and current events (Dillard-Wright, 2024; Hopkins-Walsh & Perron, 2025; Perron, 2013). Political nursing is grounded in advancing emancipatory nursing philosophies and practices (Kagan et al., 2014; Dillard-Wright et al., 2022) with aims towards greater social justice, liberation, wellness, diversity, equity, access, inclusion, and shared acknowledgement of the external forces that cause harm to people and the planet, and shape nurses' lived experiences and their nursing care. However, the challenges for advancing political and justice-oriented nursing are real. Forces that perpetuate colonial legacies and anti-Black, anti-Indigenous and/or other racisms and racist ideologies have surged with force in the academies of the United States (US). These oppressive actions reverse decades of slow legal and social progress in areas of diversity, equity, inclusion, and access (Iheduru-Anderson et al., 2025). This requires an urgent call for nurses and nurse educators to intentionally move away from performative

antiracist gestures to demand and enact true structural change (Montague et al., 2024). Iheduru-Anderson et al. (2025) outline the present-day obstacles nurses confront in the US with regards to regressive and punitive federal and state laws and policies that currently oppose, and even criminalize, the diversity, justice, and equity mandates that are foundational to morally responsible, ethical, antiracist nursing care and nursing education. We acknowledge the persistent institutional and social forces that undermine the politics of nursing, including silencing politically vocal nurses who make demands for greater social justice and health equity (Jenkins et al., 2022).

Archive is a term that is familiar to nurse historians but possibly less well known to non-historians. Briefly, archive may refer to physical spaces that hold collections of materials and objects, including for example digital data, government records, electronic narratives, interviews, letters that preserve evidence of a person, a group, a community, or a social movement, and their work or lived experiences (Marshall & Torterici, 2022). Archival material may be formally organized in collections by scholars, universities, curators, and librarians, or archival material may include stories contained in journals tucked away in a drawer, or photos of protest graffiti in urban spaces. We advocate for reimagining the nursing archive for a more radical nursing future because we understand that the archive is a space of tension, power, and control where certain nursing stories are recognized and safeguarded, deemed more worthy than others (Dillard-Wright, 2022b; Gatrall, 2022; Gresham-Ryder et al., 2022; Marshall et al., 2014; Rabelais, 2022). The archive reveals the tensions of language, white supremacy, ableism, accessibility, citizenship, sovereignty, identity, colonialism, social relations, resonating with collective and individual memory shaped by socially constituted realities (Marshall & Torterici, 2022). Archival resistance and reconfigurations are evident in reimagined archival practices and critical archival science including examples of queer, crip, trans, immigrant, Black, feminist, Indigenous, and anticolonial archives that subvert

and challenge the tensions around archival absences and misrepresentations of groups and communities (Caswell et al., 2017; Caswell, 2019; Gilliland & Caswell, 2016; Marshall & Torterici, 2022; Harney & Moten, 2013; Hartman, 2021).

We frequently contextualize the current time space of living and dying while **nursing on a dying planet** because as nurses we witness firsthand the consequences of climate catastrophe and species extinction amidst planetary warming and pervasive plastic pollution. We nurse people and communities who are directly impacted across the life span by wildfires, extreme climate events, displacement and forced migration, deforestation, and lack of clean air and water. We encourage political nursing actions to be simultaneously grounded in work to minimize the health care industry's contribution to global waste and pollution and to advance the role of nursing in caring for the health of the planet and combating ongoing planetary demise (Tedjasukmana, 2023; Brown, 2023).

The Gerund: Nursing is Political

Our writing collaborative is inspired by feminist scholar Haraway's creative emphasis on gerunds like *worlding* to describe multispecies relations and world-making; and *relating* as dynamic, nonstatic, material, embodied relational acts between all living matter (Haraway, 2016a, 2016b, 2019). Building from this creative framing, we spotlight the gerund of *nursing* to envision *nursing* as an action verb that means to care for and to nurture including multispecies and planetary caring, in-and-for-and-with all the expansive *worlding* and interspecies *relating* that conjures. This reimagination moves thinking about nursing beyond a fixed definition of nursing and towards a more dynamic, nonstatic process of situated and constantly changing *worlding* and *relating* that is in and of the world. The processes of *worlding* are interwoven with control and power, threaded deeply within governmental affairs, and economic and ministerial priorities. Nursing cannot be untangled from those forces, including the

pressures that further shape hierarchies of control and power like white supremacy, patriarchy, colonialism, imperialism, and racism to name a few (De Sousa & Varcoe, 2022; Iradukunda, 2023; Montague et al., 2024).

As we write these words in September 2025, vaccine science, peaceful protest, and constitutionally protected speech in the US are being challenged via governmental overreach, control of news outlets and social media, forced firings of journalists and late-night comedic television hosts, and lawsuits against professors and universities. Nurses and their work of *nursing* care, education, and research are being affected daily by the same political and societal forces that are meant to sow fear and repression, silence dissent, and shape and restrict nursing care opportunities, thus showcasing the indisputable ways that that nursing is unarguably deeply political (Oppedisano & Dillard-Wright, 2024; Hopkins-Walsh et al., 2023; Martin & Laurin, 2025).

Nurses Are Not Innocent (nor Politically Neutral)

Assumed political neutrality by nurses is based in perceived and perpetuated myths that nurses uphold and tell each other about nursing (Dillard-Wright, 2022b; 2023; 2024; Dillard-Wright et al., 2020, Hopkins-Walsh & Perron, 2025; Perron, 2013). These myths include stories arising from the Nightingale narrative (Smith, 2021; Stake-Doucet, 2020) that nurses care for all people equally, always do good deeds, always have the best interest of patients and communities in mind and service, are nice, obedient, politically neutral, and that nurses operate under general international codes of ethics that *purportedly* ensure justice and uphold moral practices (Smith et al., 2024b; Smith & Foth, 2021; Randall & Richardson, 2020). Despite these deeply ingrained myths, evidence repeatedly shows that nurses are frequently complicit in perpetuating and enacting systems of violence and abuse in jails, detention centers, and prisons (Dillard-Wright et al., 2020; Holmes & Federman, 2003; Jenkins et al., 2024; Smith & Foth, 2021). Nurses

may uncritically and unreflexively use theories that guide research and practice emanating from philosophers with allegiances aligned with white supremacy (Randall & Richardson, 2021).

Furthermore, there is abundant evidence surrounding nursing's historic and present day political allegiance to systems of oppression in academia, education, and care systems, including aligning with patriarchy, capitalism, imperialism, genocide, colonialism, white supremacy, misogyny, and transmisia (Bell, 2022; Bearskin et al., 2020; Canty, 2023; Dillard-Wright et al., 2020; Irudukunda, 2023; Rabelais, 2022; Smith & Foth, 2021; Symenuk et al., 2020). Nurses are documented in scholarly articles and the media as participants in systems of oppression, or via individual acts that actually harm patients through overt or implicit racist actions and attitudes, by withholding or delaying care, disrespecting cultural traditions, labeling patients noncompliant, or by willfully enacting harm in other ways, all within the structures of professionalized, licensed, routine care that nurses perform inside and outside health care institutions (Canty, 2023; Crenshaw et al., 2025; Philbert et al., 2025; Smith et al., 2024b). To quote Dillard-Wright (2022), imagining a radical nursing future is "both emic and etic, articulating how the world understands nursing and how nursing understands itself" (p. 3).

What Was--What Is—What Could be?

We acknowledge that the discipline of nursing as a whole rarely endorses explicit political positions. This assumed/presumed apolitical stance is a posture that in-of-itself *IS* political because not opposing oppression enables oppression (Bell, 2024). In reality, many nurses historically and in the present, are actively engaged in unionizing, denouncing, speaking out, and leading resistance and liberation movements, organizing for social change for greater equity for

themselves, the patients and communities they accompany (see Canty, 2023; Essex et al. 2023; Philbert et al., 2025; Symenuk et al., 2020, to name a few). Yet political nursing stories often remain untold in the academy, or even erased, silenced (De Sousa & Varcoe, 2022; Perron, 2013; Philbert et al., 2025; Dillard-Wright et al., 2023c). The stories that *are* told become the archives of nursing. We imagine building a more radical nursing archive to capture untold nursing stories for current and future nursing historians. We imagine the nursing historical archives *otherwise*, as geographical spaces and places for intentionally documenting and preserving the political stories and the material matter of nursing political actions that resist harm and uphold community wellbeing and greater collective liberation. Stories of labor organizing by nurses are an example.

US based geographer-abolitionist scholar Ruth Wilson Gilmore (Gilmore et al., 2024, p 4) remarks on the power of nurses unionizing for better work conditions and wages against corporate employers and notes that these demands by nurses are connected to the same demands that their patients and communities have for better lives. Wilson Gilmore labels this "emancipation in rehearsal" (2024, p. 2), small acts that lead to abolition over time, noting that people often act first to emancipate themselves, then others notice and may join in, and then those people may act to emancipate other groups.

Wilson Gilmore et al. (2024) also label any act that intends to make a life or lives better as political. So, extending Wilson Gilmore's abolition logic to nursing care (like giving an analgesic to control discomfort or protesting for safer work conditions), we suggest that the shared ethical aims of nursing as a discipline writ large *are inherently political* because the aspirations of nursing are to make lives or life better. The International Council for Nursing (ICN) definition of nursing¹ reflects these aspirational

¹ ICN Definition of nursing

Nursing is a profession dedicated to upholding everyone's right to enjoy the highest attainable standard of health, through a shared

commitment to providing collaborative, culturally safe, people-centred care and services. Nursing acts and advocates for people's equitable access to health and health care, and safe, sustainable environments. The practice of nursing embodies the philosophy and values of the profession in providing professional care in the

aims with words like equitable health and healthcare access, sustainable environment, compassion, social justice, safety, and human betterment (ICN, 2025). Yet, organizations such as the ICN are not explicitly advancing these stated political goals beyond publishing a statement on a website that may have limited impact on the public or policymakers (Hopkins-Walsh & Perron, 2025). Despite aspirational organizational statements, political action is often effectively enacted by individual nurses, rather than nursing organizations (Hopkins-Walsh & Perron, 2025).

If Not Now, When?

The timing for more radical imaginative archives, intentional political nursing action for social justice action, and abolition logic cannot be overstated as nation states and techno oligarchies around the planet enshrine and empower far right regimes intent on controlling and detaining bodies, stripping basic rights and prioritizing capitalism and profits at the expense of basic dignity and health, amidst a rapidly deteriorating planet. We are grateful to *Witness: The Canadian Journal for Critical Nursing Discourse* for directly focusing a spotlight in this call for papers to bring attention to the consequences of political neutrality in nursing, in a time space of 2025 wherein in US society and the academy, scientists, professors, scholars, students, and activists are being physically harmed, expelled, fired, silenced, deported, and detained for speaking truth to power. Together as nurses, coauthors, and collaborators we announce that we will not be silenced.

The idea of creating imaginative archives builds upon using imagination and creativity to fill in the gaps in the nursing archives, uncovering and telling untold stories of care, accompaniment, and resistance to advance a nursing narrative that is bold and political and untethered to systems of

oppression. Accompaniment means standing with and walking alongside the patients and communities we serve, being present without recreating colonial patterns of “helping” or “fixing”, while critically reflecting on and being accountable for the positionalities we inhabit like privileges imbued by birth, economics, or education (Watkins, 2021; Tuck & Yang, 2012). We imagine working intentionally in the gaps with and alongside marginalized communities and making the margins more visible by uplifting and safeguarding political nursing stories. We wonder: How might historians, nurses, activists and artists collaborate with, or intervene in, creating more radical archives for documenting the social justice work of nursing?

Archives of Nursing Creativity and Community Building

Our writing as co-authors reflects the interconnected collective thinking and fungible intentions of a group of international nurse scholars and activists artists called the [Compost Collaborative](#). Our collective work arises from being in friendship and community together, thinking, eating, writing, teaching and precepting future nurse leaders, protesting, running, dancing, making art, knitting, nursing people from birth to death, while living and dying on a dying planet. Our inspirations arise from history, art, music, theater, poetry, feminist and anarchist resistance movements, critical philosophy, and critical posthumanism. Through fiber, protest zines, visual art, and other materials we aspire to make the invisible more visible, using writing, protest banners, quilts, fiber books, and knitted blankets to make and leave marks, co-creating material archives in contentious times. During conference presentations we may sing (Hopkins-Walsh et al., 2024) or invite the audience to stitch or touch fiber or yarn, or communally color with pencils and crayons to leave marks on paper during the brief time spent together (Laurin et al., 2023).

most personal health-related aspects of people’s lives. Nursing promotes health, protects safety and continuity in care, and manages and leads health care organizations and systems. Nursing’s practice is underpinned by a unique combination of science-based disciplinary knowledge, technical capability, ethical standards, and therapeutic relationships. Nursing is committed to

compassion, social justice and a better future for humanity. <https://www.icn.ch/resources/nursing-definitions/current-nursing-definitions>

Small fiber pieces that arise in these spaces are joined to bigger political protest banners and are a material reminder of interconnected time spent together. However fleeting, this practice encourages us to be in relation in a temporary space, connected, and situated in time and space. The practice is a disruption of traditional ways of relating and being together in academic spaces, while using feminist new material practices and performativity to disrupt the hierarchy of knowledge production (see Laurin et al., 2023; Philbert et al., 2025). In the book *Constellations of Care, Anarcha-Feminism in Practice*, a character named Dominique speaks, noting that *we demonstrate something to ourselves by doing It* (Away, 2024, p. 321). Dominique says that art and creative practices have potential “to F **K S **T Up, with creativity, destroy the harmful practices of society within this little space that we are creating” (p. 321).

Nurses in care settings may use creative practices to disrupt hierarchies of power and control, showing acts of political nursing resistance. For example, nurses may dispense popsicles, blow bubbles, color with crayons and paper and play games with pediatric patients. These are examples of joyful practices coauthor Hopkins-Walsh uses in pediatric primary care practice, teaching nurse practitioner students that creative play is the work of children (and adults). Nurses may use creativity to arrange a display of photographs of loved ones for bed-bound patients, or arrange flowers in a vase, or turn the beds towards the window so patients can see trees and grass while healing, or while dying. Nurses may play favorite music for patients or encourage a family member to bring in a favorite culturally significant food, or a colorful quilt for the bed, or a pet. Nurses use creativity and relationality to create singular moments to uphold patients’ dignity and well-being in simultaneously simple and complex ways. Safeguarding and archiving stories of creative nursing care acts are examples of reimagining the nursing archive in a time when super technology and artificial intelligence dominate.

“We are rooted but we flow” (Braidotti, 2023, p 1)

As a political nurse collaborative, we as authors and nurses work *with* creative practices. We also work towards being accountable for our privileges we inhabit through critical reflection and critique, continuous relearning and unlearning, accompaniment, walking with and alongside marginalized communities, and by denouncing practices of racism, fascism and exclusions via political protest, writing, parrhesia - the act of speaking up and out (Perron, 2013), and advancing antiracism and resistance as nursing interventions (Dillard-Wright et al., 2020; Dillard-Wright et al., 2023b; Hopkins-Walsh et al., 2023; Hopkins-Walsh & Perron, 2025; Iradukunda, 2023). In this messy space we invite others to join in debate, song, dance, knitting hats with messages of anarchist dreams, advancing ideas for a more visible and explicitly political nursing lifeworld.

We understand that our institutions, ourselves, and the people and places we come from, are complicit in the systems we aspire to critique and dismantle. We encourage nurses to join us in intentionally learning decolonial and critical histories, unlearning nursing myths, exploring works by Black and Indigenous scholars and other feminist thinkers (see for example hooks, 1989; McKittrick, 2006; TallBear, 2023; Wynter, 2003). We encourage readers to intentionally cite and advance ideas from Black, Indigenous, BIPOC nurses who are doing political justice work by speaking out and leading resistance movements or providing radical acts of care and mutual aid in their / your communities.

To advance the idea of creating imaginative archives for a radical nursing future, we draw upon the words of feminist scholar Donna Haraway (2016b; 2019) by asking: whose stories tell stories, and what are the stories that nursing is writing and living currently that will become—could become—the historical archives of the future? Our shared ontological point of entry acknowledges the pervasive global dominant systems of oppression under colonialism, late-stage capitalism, neoliberalism, misogyny, racism, transmisia, homophobia, ableism, and planetary destruction, and we understand that

these forces are deeply woven into the fabric of healthcare systems and impact the communities we accompany and nurses and healthcare providers themselves. We critically embrace nomadic subjectivity including diversity, complexity, relationality, intersectionality, as ways of generating new possibilities for care under systems of advanced capitalism (Braidotti, 2023). This is our non-negotiable entry point for imagining care and the nursing archive—*otherwise*.

Next, we draw upon poststructuralist philosophies of rhizomes (Deleuze & Guattari, 1987) to thread more connections using the example of political nursing resistance movements in Quebec, the life of anarchist and nurse Emma Goldman, and fragments arising from the COVID-19 pandemic.

Rhizomatic Thinking

It is important to think about the politics of nursing differently, and to do that we need different metaphors—different ways of imagining what it is we **do**. One of the ideas we draw on is the concept of the rhizome, taken from philosophers Deleuze and Guattari (1987). A rhizome is a kind of plant root that spreads out in all directions, without a clear center or hierarchy. Think of it like a network that grows and connects across different points, rather than in a straight line. In nursing, we can use this rhizomatic idea to think about our nursing work as interconnected, complex, and nonlinear. Nursing doesn't just happen in hospitals or clinics—care happens in homes, in communities, in protests, in policy-making spaces (Smith et al., 2024a). And just like a rhizome, it's constantly making new connections. It's about creating new possibilities for care, for justice, and for solidarity. The rhizome is also about resistance (Martin & Laurin, 2025). In nursing, we can think of ourselves as creating what Deleuze and Guattari (1987) called 'lines of flight.' These are moments or actions that allow us to escape or resist the oppressive systems we work within—whether that's capitalism, patriarchy, or colonialism. They can happen when we imagine alternative, creative ways of knowing or ways of being that disrupt the

dominant narrative and seemingly stable structures.

We create lines of flight by asking ourselves not only how or when political nursing actions might occur, how this resistance can occur, but also how and when these actions **did** occur, and where they reside in our collective imaginations, if they are present at all. We see stories as a map, to paraphrase prison abolitionist, educator, and transformative justice visionary Mariamé Kaba (2021), and imagine stories as a technique for thinking the present/future in different ways, if we choose (Dillard-Wright, 2023; Dillard-Wright et al., 2023a; 2023b). Imaginative archives are a way to overcome historical amnesia (Nelson, 2009), the kind which allows us to erase certain stories from nursing's past, stories which have to be remembered if we want to address and attempt to undo the wrongdoings, or to avoid repeating mistakes. An example of this is nurses' involvement in the euthanasia program of the Nazi government (Foth, 2009), or the death penalty through lethal injections (Holmes & Ferderman, 2003). Not all nursing stories are dark, and not all nursing stories are known. Some we may rather want to replicate or emulate. The everyday actions of nurses are not generally recorded, which makes it difficult to question our roots and our practices. "History is neither settled nor certain. History tells us about ourselves, both in the instructive nature of thinking about the 'facts' of our past as well as in the metanarratives enforced by upholding disciplinary origin myths" (Dillard-Wright et al., 2023a, p. 9).

For our arguments, the next point of entry into imagining radical archives for nursing is to explore the nursing labor movements in the Canadian province of Quebec, where two members of our collective writing group reside and practice. What can nurse labour disputes in Quebec in the last decades tell us of nursing's past, present and future? What is left of these political stories in collective and individual nursing imaginations? These tales of courage and solidarity have all but disappeared from our shared history, and today this *absence* or *ignorance* impacts a new generation of nurses in

their struggle to be recognized and to demand better healthcare for our communities.

Archiving the Stories of the Quebec Nursing Labor Movement

Martin and Laurin (2023) documented the dramatic story of a nursing labor protest in Quebec that occurred in 1963. Nurse Morgan (2003), then head of the Nurses' Alliance of a large hospital, succeeded in convincing nearly 250 nurses to start an illegal strike, warning the then Minister of Health, "If you want us to be legal, change your law!" (p. 111). Her act of civil disobedience was motivated by nurses' solidarity and a strong desire for social justice in the face of unacceptable working conditions, including the obligation to work overtime for "starvation wages" (Martin & Laurin, 2023, p. 78). In response, significant gains in nurses' working conditions were attained for most Quebec hospital institutions of the time (Martin, 2015). However, in the following decades the nursing labor struggles continued.

In 1989, a seven-day nursing strike was put in place in response to failed contract negotiations of the newly formed provincial nursing unions (Lavallée, 2020). Their efforts were cut short with the use of sanctions provided for in Law 160, which ensures essential healthcare services, effectively discouraging nursing strikes. The sanctions were applied from the second day onwards. From then on, strikers lost one year's seniority and two days' pay for each day they were on strike. For its part, the nursing union lost three months' dues for each day on strike. Nurses however showed great solidarity in not letting these sanctions disadvantage those nurses who lost years of seniority and by supporting their union in the aftermath of the strike (Lavallée, 2020).

Then in 1999, in response to provincial budget cuts in Quebec, healthcare restructuring led to thousands of nurses retiring early, leaving the rest with untenable working conditions (Plourde, 2024). As a result, 47,500 nurses called an unlimited general strike, which ultimately lasted 23 days. The nurses courageously defied the

austerity policies of the provincial government, even defying special laws discouraging collective actions to do so (Roy, 2019). At the time the mood was combative. Nurses, fed up with their working conditions, were ready to resist. The general slogan was: "*Assez, c'est assez! Ça presse d'agir!*" (Enough is enough! It's time to act!)"'. Despite the courageous defiance of nurses, the government ended the strike with a return-to-work law. Nurses ended up paying millions in lost wages, plus hundreds of thousands in fines. This harsh defeat had repercussions for the entire Quebec labor movement and demoralization set in across social groups (Roy, 2019).

If the situation for nurses in Quebec was unbearable in 1963, 1989, and 1999, today it can be considered a nightmare for many. After another short-lived strike in 2023 yielded meagre benefits, mandatory overtime remains the norm, nurses are overworked, and difficult conditions are making the profession less and less attractive for novice nurses. Staff shortages are putting further pressure on the existing workforce (Faubert, 2023), as it never fully recovered from the massive departure of nurses in the early 1990s (Plourde, 2024). Despite heartfelt testimonies from nurses, spontaneous sit-ins, and protests (Roy, 2019), they are stuck in a vicious cycle of frustration with unmet demands and increasingly complex care environments that seems to erupt every decade in a labour struggle.

And yet the courageous and sometimes effective civil acts we have briefly presented have largely been forgotten or ignored in Quebec's nursing history, and they are simply not taught in nursing schools. These political acts are not present in our collective imaginations, are not part of the nursing narrative through education and socialization (Martin & Bouchard, 2018). Nursing labour movements and events from other provinces or countries aren't taught either as professional nursing is not generally associated with political activism and labor organizing, but rather simply with patient advocacy (Perron et al., 2014).

Many Quebec nurses who lived through the strike in 1999 are left with a very negative memory of that time and the sanctions they received, which

altered how they discussed the possibility of another strike with younger colleagues. We tend to only remember the harshness of the sanctions, the government's iron fist, instead of nurses' courage and solidarity in trying to have better working conditions for themselves and the patients they care for. In light of this, the pervasive narrative of nurses being apolitical simply does not stand, as nurses have taken part and continue to take part in small and large political actions. In Quebec, collective political actions in the form of labour disputes are viewed as ineffective or too dangerous for nurses, yet history shows us that nurses made the government buckle as they resisted their sanctions. It is worth noting that Quebec nurses are currently still in the midst of yet another healthcare restructuring, with the effects already being felt, like job cuts and services being axed for marginalized and vulnerable populations, as cost-cutting measures are multiplying (Lévesque, 2025). We wonder how nurses' response today would be different if they were acutely aware of how these past struggles found success and the common threads of solidarity running through them. As Perron states, "we're not even connecting with our history of nurses who have engaged in very different, creative, radical ways that we should be proud of and emulate and reproduce in today's context" (Hopkins-Walsh & Perron, 2025, p. 5). The Quebec nursing labour movement is but one example of missing and incomplete archives, which deprive nurses of knowledge and connection to the courage and creativity of nurses who came before us, and which could inspire us today. Next, we continue threading lines of flight with the life and work of Emma Goldman, a figure rarely associated with the nursing profession.

Emma Goldman: Disrupting Nursing's Myths and Legends

Continuing rhizomatic connections nested within stories surrounding struggles for labor rights of working-class people, including nurses, we turn to Emma Goldman's (imperfect) politics as a point of entry for prefigurative praxis. Goldman is known for her revolutionary actions and

anarchist philosophies, for advocating for reproductive rights and birth control, rights of women, children and refugees, and health equity for poor people (Connolly, 2010). She was a Russian-born American activist who lived and loved outside the rules that were the norms for the women of her time. She was deported and labeled a dangerous anarchist in 1920. The historical parallels to that part of Goldman's story echo the current time space in the US where university scholars, scientists, and students are being violently detained and deported without due legal process, reminding us of a quote attributed broadly to French writer Jean Baptiste Alphonse Karr (1808-1890) ; "plus ça change, plus c'est la même chose" (translation: "the more things change the more they stay the same").

Goldman was incarcerated for political acts, organizing, and writing for 10 years, from 1903 - 1913. After this time Goldman was also a private nurse, midwife, and surgical assistant working under the name of E.G. Smith, drawing upon the care skills she learned in prison and in her training in Vienna and alongside other care providers in New York' lower east side—including Lillian Wald (Connolly, 2010; Hemmings, 2018). Through the writings of historians and her own essays we understand that her nursing care work and her revolutionary politics were an inseparable part of her political identity (Connolly, 2010; Goldman & Gornick, 2022; Hemmings, 2018). Goldman linked her nursing experiences to the ongoing development of her political philosophy, activism, and sense of self. Goldman's activism was powered by what she witnessed as a nurse.

In 1976, political philosopher and historian Howard Zinn (2002), first performed a play called simply EMMA. Zinn made the margins of Goldman's life more visible, using creativity and the dramatic arts as a powerful platform for telling Goldman's story, an example of an imaginative archive. Zinn (2002) stated he was motivated to write the play because he was shocked as a professor of history and philosopher of anarchy that her story was largely missing from the collective archives at that time. Zinn notes that he learned of Goldman at a conference in the early 1960s through the book Rebel in

Paradise by historian Richard Drinnon (Zinn, 2002). He was astonished that in all his education and years as a historian her name had never come up, thus leading him to embark on a path of unearthing untold stories about people and events that were outside the traditional historical boundaries of what **is** and **was** considered legitimate or important (Zinn, 2002).

Similar ideologies of illegitimacy are common in nursing, as the move to professionalism tethered nursing as a discipline to universities, codes, licensure, standards, and strict hierarchies of professionalism and whiteness (Foth & Holmes, 2017; Fontenot & McMurray, 2020; Hopkins-Walsh et al., 2022; McMurray, 2023; Melino et al., 2025). Thinking about Goldman as nurse anarchist, some may question the legitimacy of Goldman's nursing work, like other nurses outside the academy who are frequently brushed over in the historical archives, even though Goldman did formally study midwifery and general nursing in Vienna and New York (Connolly, 2010). The experiences of Goldman and others like her who nurse at the margins without fancy titles, esteemed degrees, and professionalized certifications are too often overlooked, dismissed, silenced, or rejected for being too political or "nonprofessional" for prominence in the nursing annals (De Sousa & Varcoe, 2022; Dillard-Wright et al., 2023c; Perron, 2013; Philbert et al., 2025). We hear Haraway's (2016b; 2019) interrogation yet again, asking whose stories tell stories and whose worlds build worlds.

Solidarity is a Political Nursing Intervention

Prefigurative praxis is grounded in *solidarity* and weaves at the intersection of *change*, *politics*, *justice*, *accompaniment*, and *embodied social transformation* (Harney & Moten, 2013; Spade, 2020; Sharman, 2023). If we, as nurses-citizens, want to enact future social change we must **prefigure** it in the here and now. Yet nurses are most often not educated, supported, or encouraged to think politically, and we are naive to imagine that change will ever come from within institutions (Dillard-Wright, 2024; Hopkins-Walsh & Perron, 2025). Institutions are

not neutral as they most often align with power and establishments that serve power. Change must be sparked from individuals and their actions—or inactions (Dillard-Wright, 2022a). Goldman (Goldman & Gornick, 2022) advocated for direct action and grassroots organizing, believing that people should actively create change themselves rather than relying on state-led or institutional reforms, mirroring prefigurative principles of embodying desired social relations in the present. Coauthors developed some ideas of how nurses can affect these kinds of changes in the *here and now* in a paper published in *Nursing Philosophy* titled: "What can anarchism do for nursing?" (Martin & Laurin, 2023). We understand engaging with nursing history critically and creatively is an action of gerunds—NursING action to "Creatively disorder the institutional fictions", following ideas from Saidiya Hartman's radical narrative (2021, p. 129). The COVID-19 pandemic provided a portal for reimagining otherwise by amplifying and spotlighting injustice, providing opportunity to reimagine new possibilities (Dillard-Wright & Shields-Hass, 2021).

The Pandemic Archive

For Perron and colleagues, the COVID-19 pandemic was in some ways a turning point, the start of a new reality where the practice of whistleblowing in nursing finally began to be recognized as a morally courageous practice, and not as an undesirable act of insubordination—highlighting the importance of protecting those who engage in it (Gagnon et al., 2022). For example, during the pandemic, the nursing union in Quebec set up a website called "*Je dénonce*" (I denounce), where nurses could anonymously blow the whistle on unsafe and unfair working/caring conditions (Perron et al., 2022). This allowed them to share their stories with other nurses, the public, and policy makers in hopes that the problems they brought up could be remedied and real change would occur. The website still exists today, but what happened to these testimonials? One of the coauthors personally witnessed a policy change in response

to a published testimonial in the early days of the pandemic, but what about the hundreds more that highlighted known and longstanding system failures and went unanswered? How will they be remembered? Who benefits when these narratives are erased or lost?

Jones and colleagues (Jones et al., 2021) address this topic in an article titled “Remembering is a form of honouring: Preserving the COVID-19 archival record.” The authors highlight a lack of support for building what they call memory institutions and advance an effort to preserve COVID-19 archives within structures of greater equity and social justice so we can bear witness with fairness, advancing truth and reconciliation, and making sure all lives are remembered, not just the lived experiences of the wealthy and powerful (Jones et al., 2021).

“A Change is Gonna Come” (Sam Cook)²

As coauthors, we acknowledge that we are not historians. We come to this topic of reimagining the nursing archive as nurses with lived experiences, as front line workers in the first and second wave COVID-19 pandemic. Our collective work is political because, like Goldman, as nurses, we witness health and social justice inequities firsthand, and our work is grounded in commitments to building a more just present/ future and to interrogate the assemblages of healthcare. We advocate using creative non methods, forging artistic and multidisciplinary alliances for community building and advancing speculative and affirmative ethics to make the gaps in the archives more visible (Braidotti, 2019; Dillard-Wright, 2024; Smith & Willis, 2023). Non methods refer loosely to antiracist and decolonial ways of thinking about knowledge production, nursing care, and the science of nursing that oppose hierarchies of knowing and the false neutrality of logical positivism. Non methods aligns with feminist new materialism (Barad, 2007; Clark/Keefe, 2010), and

philosopher of science Feyerabend’s (2020) ideas in *Against method: Outline of an anarchistic theory of knowledge*; who notes: “non-scientific cultures, procedures and assumptions can also stand on their own feet and should be allowed to do so” (Feyerabend, 2020, p. 6). We suggest creative art nursing practices and reimagining nursing archives otherwise, are examples of non methods, and we propose this as a worthwhile area for future nursing philosophical debate and critical exploration (also see Bender et al., 2021).

What We Are Saying is Not New

All scholarship is fungible and rhizomatic. We are endlessly inspired by the work of justice advocates, abolitionists, historians, and nurses who work tirelessly and often in situations of peril to advance justice work. We stand on their shoulders. For example, the work of editor/historian Kylie Smith (2021) and all the authors who contributed to the *Nursing Clio* series called *Beyond Florence: Valuing Nurses in the History of Health Care*³. This series, showcasing untold stories in nursing, has been very influential to our collective thinking and writing, and is another example that builds an imaginative archive for nursing. The series ought to /could be, a required part of all syllabi in nursing education at all levels. Echoing the *Nursing Clio* series, the paper by Spinney (2021) called *Nursing History: Biography and Moving Beyond the “Great Nurses”* also decenters Nightingale to further untether nursing as a discipline from its historical and colonial myths and legends. But whose stories are these to tell? Who is safe enough to tell their stories, and who is harmed as a result? We acknowledge that telling untold stories has consequences. While exploring the historical margins, we acknowledge the very real inherent risks and harms for the story tellers and the owners of the stories. Many nurse scholars (including coauthors and close collaborators) who dared to decenter the Nightingale narrative in 2020 and propose counter narratives were harassed with online

² [Sam Cooke - A Change Is Gonna Come \(Official Lyric Video\)](#)

³ See Kylie Smith, “Beyond Florence: Valuing Nurses in the History of Healthcare,” *Nursing Clio*, 8

October 2020.

<https://nursingclio.org/2020/10/08/beyond-florence-valuing-nurses-in-the-history-of-health-care/>

messages and critiques, including bold complaints and calls to university department heads (Spinney, 2025). Feminist writer and scholar hooks (1989) spoke of the risks of unearthing the margins, writing: *“Locating oneself there is difficult yet necessary. It is not a “safe” place. One is always at risk. One needs a community of resistance”* [Italics added] (p. 19).

Let’s keep building a community of resistance.

Non-Conclusion: Not an Ending, but a Beginning

Diana Weymar (2024) is a Canadian fiber artist. Her fiber protest project called TINY PRICK PROJECT (Weymar, 2020) started under the regime of Trump 1.0 and has grown to international activist levels. Weymar reminds us of the feminist material praxis of using fiber as a vehicle for activism and politics—be seen, be heard, document, so to remember. Weymar (2024) builds on traditions of centuries of feminist activist fiber practices (Rosner, 2024; Ringgold, 2022; Triston, 2025). To do things differently, we nurses need creative imagination, inspiration, documentation practices, and historical examples. We need archives which tell those different stories, which remember alternative ways of caring, of taking up political space. Like Dillard- Wright, (2022; 2023), Zinn reminded us in the dramatized story about Goldman that the stories we tell ourselves about the past determine the possibilities for our future (Zinn, 2002). As nurses living and caring in this time space 2025, this is more important than ever. In closing we offer up a messy non conclusion—a call for continued political resistance, labor organizing, and imaginative disruption. As much as nursing likes uncluttered tidy endings and neat stories and conclusions we align with Haraway’s call to stay with the messy trouble (Haraway, 2016b). Haraway (2019) writes: *“Stories nest like Russian dolls inside ever more stories and ramify like fungal webs throwing out ever more sticky threads”* (p. 565).

Some of the ways nursing can effectively resist oppressive forces are inspired by the Invisible Committee’s (cited in Martin & Laurin, 2025)

call to develop new social bonds, to form alliances and to learn to strategize, to always be one step ahead. Nurses can and must continue to join and form trusted alliances with marginalized communities, and librarians, archivists, and historians to build and use the archives to mobilize actions for social justice (See Caswell, et al., 2016; Caswell, 2017, 2019; Dillard-Wright, 2023).

Amsterdam University hosted a workshop in 2022 called *Performing Intersectional Counter-Archives* (Schoutens, 2022). Artists posed the following questions which could be adapted for nursing, thinking with and through creative non methods:

What would a future-oriented, life-sustaining archive look like? The pockets of archives that give us vitality may not be found in or arise from institutions. How can archival collections promote the disruption of the recurring nature of institutional and activist amnesia when it comes to addressing and redressing exclusionist harm?

Call to Action--Un appel à l’action

In this paper, we advanced political nursing and aspired to make politics of nursing more visible for solidarity in caring for others and our nurse-selves amidst living and dying together on a dying planet. We envision nursing in all the radical possibilities for worlding and challenge nurses to enact political actions as critically important nursing undertakings towards greater liberation, to advance health and wellness for all, not just some, including planetary health for all matter, human, and more than human, land, air, water, all species. A critically important aspect of this radical nursing imagination is advancing political nursing, uplifting, and safeguarding narratives of liberatory care collectives, stories and exemplars of political nursing actions, including the material objects that hold and document those stories like artifacts, posters, art objects, videos, songs, and oral histories. This is what we collectively imagine as imaginative archives for a more radical nursing future. We

challenge nurses to first uphold intentional political resistance and political action as viable and defensible nursing interventions; and second, to uplift and safeguard the stories of nurses who are engaged in this important and oftentimes dangerous work. We understand this *as* a political act, a verb, a nurseING action, Let us collectively create, imagine, document our collective creative nursing practices, obtain oral histories, make movies, documentaries, protest banners, zines, and use all the arts and arts practices to curate, create, preserve a more radical nursing archive for future historians to best understand the radical multidimensional, justice aligned, political nursing that is the gerund nursING.



Picture of assortment of material fiber and paper archives: fiber books, protest zines, protest banner, protest quilt in collection of Jane Hopkins-Walsh, artifacts made by Jane Hopkins-Walsh for protest and resistance acts, and to make the invisible more visible (2020-2025).

Ethical Considerations

The analysis and discussion in this manuscript are not based upon human subject research. Therefore, ethical permissions were not required for this manuscript

Conflicts of Interest and Funding

In serving as guest editor for this special issue of *Witness*, Jessica Dillard-Wright, a member of the compost collective and thought contributor to this work, was fully recused from any and all aspects of the submission process including overseeing

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