Ripping the Heart out of Ancoats: Collective Action to Defend Infrastructures of Social Reproduction against Gentrification

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Abstract: The article exposes attacks on infrastructures of social reproduction as a prime gentrification strategy, but also as an effective focal point for community resistance. We exemplify this through the conflict over Ancoats Dispensary, a Victorian hospital at the heart of one of the UK's most deprived communities in East Manchester, which faced demolition following the 2000 New Islington Regeneration Plan. Using ethnographic and archival data we show how 200 years of community struggles for healthcare became catalytic for establishing Ancoats' working class identity and how Ancoats Dispensary became the spatial/material and symbolic infrastructure for community continuity. The building's socially embedded history became key for articulating anti-gentrification struggles as its planned demolition was seen as a symbolic demolition of the community itself. Local citizens formed the Ancoats Dispensary Trust and utilised tactics from historical struggles and entrepreneurial strategies to envision an alternative future in the defence of social reproduction infrastructures.

Keywords: social reproduction, urban regeneration, infrastructure, healthcare, collective action, gentrification

Introduction

In this article we expose the attack on historical infrastructures of social reproduction in socially deprived areas as not simply a "side effect" of gentrification (Katz 2008; Smith 1996), but as a prime strategy towards urban economic restructuring. At the same time, we suggest that struggles for the conservation of these historical infrastructures can become an effective strategy for defending working class communities against gentrification.

The importance of historical infrastructures of social reproduction for both enabling and resisting gentrification is exemplified here through the conflict over the demolition of Ancoats Dispensary, a Grade II listed Victorian hospital building at the heart of one of the UK's most deprived communities in East Manchester. The demolition was proposed following the 2000 New Islington Millennium Community regeneration plan, which involved the displacement of residents and the disruption of institutions, networks, and everyday practices of care in the area.

Bringing into conversation debates around social reproduction (Bakker 2007; Katz 2001; Mitchell et al. 2003) and history from the bottom-up (Thompson 1963), we draw upon archival data to trace 200 years of community action to institute and maintain healthcare provision for the working class residents of Ancoats: from 19th century demands to build and fund a hospital for working people, a 200-day sit-in to maintain emergency care, and a more recent, four-year vigil outside the Dispensary in protest against its demolition. Following this history brings to light the historical and geographical continuity of the conflict between capitalist production, the production of urban space, and social reproduction (see Hebbert 1999) as well as the continuity of collective action in the working class movement for establishing community healthcare for Ancoats.

The Dispensary building offered not only the spatial/material infrastructure that supported the community's social reproduction, but also the symbolic infrastructure for this community's existence and continuity through time. The building's socially embedded history is important in understanding why its demolition, proposed following the regeneration plan, came to be seen by local residents as symbolic of the demolition of the community itself. It also explains why the conservation of the building became key for defending a community of working class or "ordinary" people against the regeneration plans. Drawing upon participatory research with organisers of the Ancoats Dispensary Trust (ADT)—the citizens' group formed against the proposed demolition—and Ancoats residents, we show how the residents' political mobilisation around the building's conservation contributed to an enduring understanding of health and well-being as defining elements for preserving the area's working class identity. Our final section discusses the partnership between the ADT and private developers through the Heritage Lottery Fund Enterprise Grant and the limitations of historic preservation as a strategy to challenge the state-sponsored gentrification of the community.

Our participation in the work of the ADT spanned from September 2014 to September 2015, during which time the lead author attended the daily vigil outside the hospital, monthly ADT meetings, a series of public outreach events at local schools, parks, and museums, and the launch of an oral history project to record the stories of residents who had worked in and around Ancoats Hospital. Our contribution draws from these field notes, the oral history project, and 14 semi-structured interviews with ADT organisers, local political officials, and developers. The names of some participants quoted here have been changed. We also draw upon the city planning, newspaper, and hospital records housed at the Greater Manchester Central Library as well as the ADT collection of photographs to elaborate a multi-layered (Garrett 2011) and historical ethnographic (Chari and Gidwani 2005) study that analyses the historical-geographical formation of working class community identity over time and its continuity through specific infrastructures of social reproduction in the neighbourhood.

Gentrification and Social Reproduction

Social reproduction, explains Katz (2001:711), is "the fleshy, messy, and indeterminate stuff of everyday life ... that unfold[s] in dialectical relation with production". Encompassing the practices through which we fulfil material and bodily needs, patterns of social reproduction contribute to forming a spatialised, gendered, racialised, and class-based habitus (Bakker 2007; Brenner and Laslett 1991; Mitchell et al. 2003) articulated within and "accomplished through the everyday practices, enduring social relations, and structuring forces associated with the state, the household, civil society, and capital" (Katz 2008:24).

Bakker (2007:542) argues that patterns of social reproduction adhere to a "dialectic of duration across different spatial and social formations" as traditions, habits, and social institutions embed both gendered divisions of labour and the relationship of individuals to capital (see also Bakker and Gill 2003; Thompson 1963). Social reproductive practices and infrastructures are interwoven with the social relations of production to such an extent that any attempt towards economic restructuring also forces a significant restructuring of everyday practices and infrastructures of the reproduction of labour power.

This dialectic between capitalist production and the reproduction of labour power comes to the foreground—and often produces direct conflict—during moments of economic restructuring and their related gentrification practices. The disruption of everyday practices through economic transition (Rose 1984) received attention in early feminist work, and was later picked up by Smith (1996:86) who noted that when economic restructuring takes place, the reproduction of labour power is itself under attack not only through gentrification that upends the spatialised infrastructures upon which social reproduction relies, but also through "service cuts, unemployment, and attacks on welfare". The elimination of public housing or state protections for affordable housing, which is the locus of social reproduction (Castells 1977:189), must also be considered here.

State-supported programmes of "positive gentrification", which harness "private capital and market forces to attract higher-income residents and generate neighborhood revitalization while attempting to reduce segregation and foster inclusion" (Chaskin and Joseph 2013:481), follow the same logic as "right to buy" housing privatisation, "welfare to work" reforms, and the privatisation of retirement and healthcare. These public policies marketise urban redevelopment in periods of economic transition, restructuring the routine ways of being and acting within space and uprooting familiar networks of social reproduction (see Bridge et al. 2013; Davidson and Wyly 2012; Lees 2014; Smith 1996:86). Importantly, such changes are experienced differently across classed, racialised, and gendered lines (Katz 2008).

The significant early feminist focus on the disruption of everyday practices related to urban economic transition has not received the follow-up attention it deserves. With notable exceptions (Boterman and Bridge 2015; Di Chiro 2008; Henry 2015; Kern 2013, 2015; Smith 1996; Wright 2014), extensive critiques of the cultures of creative consumption (Peck 2005; Slater 2006) have paid less attention to social reproduction. Some 30 years onwards from the original attempt to examine gentrification and the disruption of practices and

infrastructures of social reproduction side-by-side, we still lack a systematic, embodied analysis of gentrification as a lived process (Kaika and Ruggiero 2016) that offers sufficient empirical substantiation and conceptual elaboration on the ways in which economic restructuring practices uproot the "stuff of everyday life" and disrupt spatialised patterns of housing, healthcare, education, and childcare among other needs necessary to household reproduction (Boterman and Bridge 2015; Katz 2001; Smith 1996; Wright 2014).

The dialectic between gentrification and the disruption of infrastructures of social reproduction flows both ways. If gentrification disrupts everyday practices and "portends a class conquest" (Smith 1996:25), struggles against gentrification have to focus on preserving the infrastructures that maintain the distinct identities, practices, and institutions that support the social reproduction of working class communities. In the sections that follow, we trace this "conflictive relationship between the imperatives of capitalism and the necessities of material life" (Bakker 2007:543) in the struggle for residents to remain in a gentrifying area, which became embedded in debate over the preservation of Ancoats Dispensary.

Ancoats, Manchester from Engels to the New Millennium

"Manchester is a city of antithesis", opened an 1871 Manchester Guardian investigative report on the living conditions in the working class neighbourhood of Ancoats (*The Manchester Guardian* 1871). Located northeast of the relief road that bounds the city centre, Ancoats was the first industrial suburb where both industry and purpose-built working class housing were located. Frederic Engels (1977:82) famously captured the juxtaposition of industrial production and social reproduction in Ancoats in *The Condition of the Working Class in England*, describing the area where "stand the largest mills of Manchester lining the canals, colossal six- and seven-storied buildings towering with their slender chimneys far above the low cottages of the workers". The uneven pattern of industrial urbanisation that Engels observed has been one of the city's consistent markers since (Mellor 2002), moving hand in glove with the long history of collective action to develop social reproductive infrastructure for workers and their families (Rowley 1911).

In 1911, Charles Rowley, an Ancoats-born City Councillor, wrote that the area had been "a veritable Klondike for over 50 years. The gold, however, has gone but the debris, human and otherwise, was left" (Rowley 1911:196). The social deprivation he described in Ancoats would persist as Manchester transitioned from a hub of early industrialisation to one of the first cities to experience the effects of deindustrialisation (Rose et al. 2011). Between 1951 and 2001 Ancoats lost 60% of its population, 35% of working age adults claimed at least one benefit, whilst crime and poor health contributed to a mortality rate 50% higher than the rest of the country (New East Manchester 2001, 2007). Despite being adjacent to the revitalised Northern Quarter arts and culture district in the City Centre, Ancoats, and particularly the Cardroom Estate council housing, which occupied much of the southern portion of the neighbourhood, fell into disrepair.

The area was classed as "the wrong side" of the relief road and infamous as a centre for crime (Blakeley and Evans 2013).

From the 1980s onwards, the Manchester City Council adopted a more aggressive "entrepreneurial turn", in its policies to regenerate the city. Abandoning their previous commitment to municipal socialism, they sought to recast the working class city as the creative, "Second City" of England and charted a new model for urban regeneration managed by political and business elites (Blakeley and Evans 2013; Harvey 1989; Hatherley 2011; Peck and Ward 2002; Ward 2003b).

The New East Manchester Urban Regeneration Company was established in 1999 to coordinate initiatives across seven neighbourhoods, including what came to be branded the "New Islington Millennium Community" in Ancoats, a comprehensive urban regeneration program that promised to create "an attractive, safe, accessible and friendly area in which to live and work" able "to maximise East Manchester's contribution to national, regional and local competitiveness" (New East Manchester 2007:3, 6). The architects behind the proposed redesign envisioned Ancoats as a corridor to carry development from the bustling Northern Quarter into the peripheral neighbourhoods further east. The City Council applied for and was awarded Millennium Community status for the southern portion of Ancoats in 2001, providing funding to build out this vision of a sustainable, mixed-income exemplar of New Labour's vision for Urban Renaissance (English Partnerships 2007).

Significant obstacles impeded the materialisation of this vision. In a promotional video shot from the roof of Ancoats Hospital in 2002, Tom Bloxham, the Chairman of Urban Splash, the company selected to redevelop the site, acknowledged these challenges as he gestured to the Cardroom Estate below and proclaimed: "we are the wrong side, we can develop the wrong side" (Urban Splash 2009). Under the master plan, Urban Splash proposed to demolish the Cardroom and build a marina, 1400 new housing units, a school, a clinic, and a football pitch as well as renovate Ancoats Dispensary (Urban Splash 2004).

The Commission for Architecture and the Built Environment welcomed the proposal as an "experimental model for urban living in the future", but raised concerns about the lived experience of the site, warning that it was plagued by ambiguity in the distinction between private and public space that could deter residents from using new amenities (Stewart 2011:24). The developers solicited input from Cardroom residents and held public workshops for several years with a steering group of six elected representatives from the Estate working alongside the developers, the NEM Urban Regeneration Company, and the Council (Johnson 2003; Stewart 2011). Liam, a Cardroom resident for 24 years who served on the group, described his sense that the Estate had been "let go", and that local officials had little interest in repairing or retaining either housing or public spaces of importance to residents:

It was quite good to begin with, we thought "great we're getting a voice, we can stand in there, and give our point of view" ... [but] when we objected to certain things, it was very rare we got anything ... 'cause they'd already made the plans for what they were doing to this area ... We wanted selective demolition, we wanted

certain houses keeping, like the four houses where we lived were actually brilliant because right opposite was a green and me and my next door neighbour we did a bit of work on there, and we did like a diamond shape with bricks and put a flower bed in there ... It was a lovely green, but they said no, it's complete demolition. (Interview, June 2015)

Total demolition was deemed necessary to rebrand the area, erase the stigma associated with the Cardroom, and open space for new apartments without attention to the spatialised patterns, paths, and practices residents constructed or tended on the neglected Estate. The New Islington plan was a handbook example of gentrification as described by Smith (1996:86) as a process where "economic restructuring ... reached into every corner of economic and social activity".

In 2006, all six members of the community steering group resigned in one of the first public demonstrations of the community's dissatisfaction with the urban renewal program. Despite losing community participation, the developers "carried on having their meetings and doing what they wanted to the area ... paying lipservice" (Interview, June 2015; see also Lees 2014). The community became increasingly disenfranchised as development progressed and few of the promises Urban Splash made were realised. A new clinic on Old Mill Lane adjacent to Ancoats Dispensary, the marina, and the massive "Chips" apartment building on the former Hospital grounds were the only projects completed before the financial crisis brought construction to a halt (see Figure 1). Since, investment has trickled back with Urban Splash and other developers seeking permits to continue building in line with the much larger East Manchester regeneration scheme (Manchester City Council 2015). These projects did restore health services to the neighbourhood, however these new infrastructures of social reproduction were not there to serve Cardroom's historical working class community since many residents had already been displaced. Despite the fact that Cardroom residents had been guaranteed the right to return to the area, nearly 10 years after demolition began, the 55 units of new low- or fixed-income housing could house only half of the 106 families that had been displaced (Wainwright 2012).

Ripping the Heart out of the Place: From Slum Clearance to "Positive" Gentrification

For many Ancoats residents whose homes were demolished, the regeneration program felt similar to slum clearance programs they had witnessed as children after the Second World War. Jackie, who had lived in Ancoats for 40 years until receiving a compulsory purchase order for her home, described the process as familiar, unjust, and futile. In her opinion, the Council "ripped the heart out of the place ... They do it about every 40 years I think. You don't let houses get older than that now ... They let people get as a community and then they rip it all out and send you all over the place again" (Interview, June 2015). Lisa, who was rehoused in another East Manchester neighbourhood asserts that "a good working class community all pull together. And when they started pulling the houses down we lost that community, and the high-rise flats don't make for a community. The yuppie flats don't make for a community" (Interview, May 2015).



Figure 1: Top left: Ancoats Hospital circa 2007 (photograph by Brian Stark, reproduced here with permission). Top right: Ancoats Dispensary (photograph by authors). Bottom left: Chips building—note scaffolding around Dispensary in the left corner (photograph by authors). Bottom right: construction on the Cardroom, August 2015 (photograph by authors) [Colour figure can be viewed at wiley onlinelibrary.com]

Unlike earlier waves of slum clearance that intended to ameliorate crowded tenements by relocating residents into social housing or New Towns (Manchester University Settlement 1945; Shapely 2007), an aggressive neoliberal agenda to privatise state services and commercialise newly sanitised urban spaces motivated the New Labour and subsequent Big Society urban regeneration strategies (Hatherley 2011). These programs present a distinct form of "class-cleansing" that effaced existing spatial patterns of social reproduction and transformed "proletarian spaces of work or habitation to 'regenerated' areas of bourgeoisie colonisation" (Hatherley 2011:xvii, xxiii; Smith 2011).

The New East Manchester Strategic Regeneration Framework emphasised the need to create the right mix of urban space capable of reversing negative neighbourhood effects and improving the aspirations of local people (New East Manchester 2001). However, the positive gentrification imaginary of a post-class, sustainable form of urbanity that the New Islington plan presented ignored the structural, socio-economic factors which contributed to depressed local job markets, sustained poor material conditions of lower-income residents, diminished health and education outcomes, and continued to produce class-based distinctions to which new urban forms are not an elixir (Cameron 2003; Davidson and Wyly 2012; Lees 2008). Diversifying housing types and tenures was presented as the sustainable solution to spatially concentrated poverty, however the cultural and consumptive spaces rebuilt to fit the "creative" lifestyles of gentrifiers became an indirect form of resident displacement (Davidson 2008; Shaw and Hagemans 2015).

The New Islington plan for Ancoats exemplifies the negative effects of positive gentrification or mixed-income housing strategies well documented in academic literature (Bridge et al. 2013; Macleod and Johnstone 2012; Slater 2006; Uitermark et al. 2007). However, what makes the case of Ancoats distinct is what happened on the other side of the dialectic between capitalist urbanisation and social reproduction as the community resisted these gentrifying practices that dismantled networks and infrastructures central to everyday practices for residents, borrowing tactics from a long history of struggle to establish and maintain institutions for the social reproduction of the area's working class community. We now turn to these resistance practices.

Historicising Working Class Struggle Against Gentrification

If gentrification is the process through which "the new urban pioneers seek to scrub the city clean of its working-class geography and history" (Smith 1996:25), then anti-gentrification politics would have to focus first and foremost on resisting new social and spatial forms that obscure or erase the history of working class struggles for housing, clean air, healthcare, childcare, and education; in effect, for the right to the city (Hebbert 1999; Lefebvre 1996; Mitchell et al. 2003). Activists worldwide have appealed to working class or indigenous heritage to protect urban spaces against gentrifying pressures. Yet, the hegemonic definition of heritage, to which such appeals are addressed, often objectifies the social processes that make a site of public interest for preservation. The very categorisation of heritage sites thus allows them to be claimed "both to resist and lubricate market expansion" (Franquesa 2013:347). In the latter, designation of unique historical or architectural heritage may accelerate commercial appropriation and residential turnover associated with gentrification (McCabe and Ellen 2016). Similarly, voluntary trusts or public-private partnerships may conserve the buildings of cultural or historic importance, but lack the capacity to conserve the network of cultural practices and processes that define a site as important for a given community (Merrifield 1993). In Ancoats, the conservation of the Hospital became a quilting point for community protest against the destruction of the unrecognised, understudied, and therefore not conserved relationships of the working class community to the neighbourhood (Carter 2011).

Collective action to demand social reproductive services from the state carries with it demands for political representation and social protection in a changing urban political economy (Brenner and Laslett 1991; Chatterton and Heynen 2011). These experiences of struggle prefigure class-consciousness, which

becomes embedded in culture and "embodied in traditions, value systems, ideas, and institutional forms" (Thompson 1963:10). Thompson argues: class is a historical relationship "defined by men [*sic*] as they live their own history, and, in the end, this is its only definition" (1963:11). In the face of deindustrialisation and generational under-employment that upended occupational structures and challenged the working class identity of residents, the historically-geographically rooted networks of social reproduction—etched into social interactions and the spatial forms of Ancoats—became the elements that defined Ancoats residents as a working class community. The production of space that sought to erase these networks "becomes one arena of contestation over the dialectics of capitalist development, in which ordinary people seek to remake place and spatial relations to some extent", if not under "conditions of their own choosing" (Chari and Gidwani 2005:270).

The promotion of a shiny, post-regeneration Ancoats as "new Amsterdam, a New East Mansterdam" (Urban Splash 2009) came into direct conflict with these historically embedded and socially embodied working class practices and understandings of the neighbourhood. When the ADT coalesced in 2012, the campaign to fight the proposed demolition of the Dispensary, which had received Grade II heritage status in 1974 for its Victorian Gothic architecture, leveraged its listed status as a tool to protect what remained of a community-centred institution historically addressed to the needs of working class residents. In so doing, their interests went beyond architectural conservation, to illustrate the historic services provided in the neighbourhood, to condemn the failure of the City Council to maintain spaces for working class residents in the redesigned community, and to imagine the site as a community centre following the neighbourhood's demolition (cf. Collins 2008). As Ancoats-born ADT founder, Linda Carver (Interview, July 2015) explains:

The Dispensary was almost the last building standing from a period of history of Manchester when things were being taken away all the time, houses demolished, people re-homed elsewhere, outside in the suburbs, where all the social services and community things had gone, like the New Islington Baths: demolished; Ardwick Lads Club: demolished; Women's Shelter: demolished; The Girls Home: demolished. It was kind of, everything had gone, all the social agencies that had held this [together], a cohesiveness had disappeared and the only thing left was Ancoats Dispensary. So, well I certainly felt, it's like a whole piece of heritage is being wiped out without a whimper, and what's replacing it, what's replacing it?

The ADT's campaign to save the Dispensary launched with a petition and a march from Ancoats to the city centre. Two interrelated initiatives followed: a daily vigil outside the Dispensary building and a "people's history" project. For the latter, the group partnered with the "Creating Our Future Histories" research group at Manchester Metropolitan University both to develop an online archive of Hospital artefacts and to record oral histories of former Hospital patients and employees (Ancoats Dispensary Trust 2015). Through living memory and family and city archives, the ADT sought to reclaim the struggles around health services in the area and dispute the new identity for Ancoats promoted by Urban Splash and the Council by showing how past and present coalesced in the continuity of inequality in the area (see Thompson 1963). Reclaiming the public spaces from which long-time residents had been directly or indirectly evicted, the ADT's programme engaged residents to imagine an alternative, renovated Dispensary as a space that could continue to promote community identity, health, and wellness.

In places undergoing gentrification, iterative public protest that engages the injury of deindustrialisation, slum clearance, and displacement solidifies the "otherness" of low-income or working class residents to forces of development or regeneration, while also serving to situate the struggle in historical terms by pointing at the mutually constitutive relationship between a group of people and the spatially embedded networks of social reproduction that sustain and define their community. Public protest "operates simultaneously as a space of possibility and becoming, and as a mechanism for working through existing social contradictions by making them visible" (Houston and Pulido 2002:404; Lefebvre 1991). As a strategic intervention to raise awareness, protest also enacts collective struggle for a better future. Beginning with the vigil to defend the building from demolition and coalescing into the people's living history project, the ADT made the defence of the building a prime strategy for defending their neighbourhood. In producing an alternative vision for the Dispensary, they sought to rework the changes within Ancoats in ways that would serve the needs of the increasingly invisibilised, yet extant, working class community.

Ancoats Dispensary as a Site of Neighbourhood "Healing"

In the 1790s, health emerged as a leading political concern that structured the socio-spatial formation of Manchester (Pickstone 1984). As the city's population grew, poor workers were displaced outwards from the central commercial district, with Ancoats becoming the first industrial "suburb". In this "crowded neighbourhood" of the "industrious poor", the Ardwick and Ancoats Dispensary was founded in 1828 to provide free medical care and to improve the "conditions and morals of the working man" (Committee of the Ardwick and Ancoats Dispensary 1843:8). Initially established by mill owners who resided in the wealthier Ardwick suburb south of Ancoats, the Dispensary sought to abate infectious disease and treat occupational injuries of factory workers, contributing to the social reproduction of the labour force. As a call for contributions from the Dispensary's Board announced: "when the poor man is sick all must be sacrificed to the hope of regaining the health and strength which is his only capital" (Committee of the Ardwick and Ancoats Dispensary 1845:4).

In his "Moral and Physical Condition of the Working Classes", James Kay (1832), the first Medical Officer of the Dispensary, urged for the creation of a providence system through which employer and employees could purchase subscriptions that provided a form of medical insurance (see Brown 2009). When the Dispensary expanded into a Hospital, settling at its current location on Old Mill Street in 1874, a provident wing opened. Although membership fluctuated with economic cycles, direct financial support from working people influenced the Hospital's expansion

and remained important to its operation. Each year, up to 40% of the Hospital's income came from subscriptions from workers, employers, and shop-floor collections for the workingpeople's funds, which continued until the creation of the National Health Service (Cooter and Pickstone 1993:76). Signalling early commitment of working people to the Hospital, volunteers from Ancoats also coordinated the annual Daisy Day parade where artificial daisies made by patients were sold to raise funds. As *The Manchester Guardian* reported on the parade:

the group of Ancoats mill girls, in their shawls and workaday print dress, and with, alas! their blanched faces, formed one of the most distinctive and significant parts of the procession, representing the class of people to whose needs the Hospital ministers. (*The Manchester Guardian* 1914)

Following in the line of missionaries, reporters, and writers, including Engels (1977) and Elizabeth Gaskell (2013), who opined on health conditions in 19th century Ancoats, Ancoats-born City Councillor Rowley advanced public health initiatives, founding the Manchester Health Society, and encouraging the expansion of sewerage systems, the New Islington Public Baths, and educational programmes (Manchester University Settlement 1945; Rose et al. 2011; Rowley 1911). Despite these measures and working class protests against the injustice of "pollution of the sewers and atmosphere", poor health persisted in Ancoats, which had the second highest death rate amongst the City's districts (*The Manchester Guardian* 1889; Thresh 1889).

At the inaugural oral history day organised by the ADT in March 2015, Thomas (Interview, May 2015), who was born in Ancoats in 1938, narrated his childhood experience in the neighbourhood from grainy, black-and-white photos:

What we used to do, we'd go and play on the canal everyday, pass the time on. We made our own raft ... We'd pull over [behind the Hospital on the Ashton Canal] and there'd be a man there that his job was all the stuff that the patients didn't want that was going, apples with a bit of fading, he had to bin 'em. And he used to leave 'em for us, this is true, on the canal ... It was the patients' food ... so instead of binning 'em he'd give 'em to the needy, and we was the needy.

The ADT's oral history project testifies to the ways in which a community did cohere and continues to come together around the institution. A former nurse in the casualty ward, who began her training at Ancoats in 1947, described her experience with patients and the favours they returned:

We had a lot of miners who came in because the Bradford Pit ran under the hospital ... lots of amputations and problems like that ... And one came in one day and his companion gave me a little bag, a canvas bag, and in it was his hand because he wanted to stitch it back, but I'm afraid it was cold by then. But, for an 18-, 19-year-old it was a bit over-facing. But the miners were great patients, no groping from them ever. The other patients we had, from stall streets where the trade horses and the carts were kept and they drove them around the city delivering, clattering over the cobbles. And they had lots of injuries. But when it came to May Day they dressed the horses up and brought them all up to see us in casualty. (Participant observation, June 2015)

Such occupational injuries were common and the Hospital—founded to maintain and reproduce the bodies of Ancoats' workers mutilated through work, lack of industrial safeguards, pollution, and poverty—developed a specialisation in orthopaedics (Cooter and Pickstone 1993).

In stories of the Dispensary, the union of possibility and anguish in emotional memories transcends time rendering "present the past and future" (Stanek 2011:195). Ancoats Dispensary is a place through which residents can understand their own history in relation to that of their parents, grandparents, and generations of workers before them. As a spatial constant in the neighbourhood, the Hospital encouraged intergenerational thinking about processes of social reproduction. Liam explains the centrality of the Hospital for his family both now and in the past:

Me two lads have been in there ... me wife, she used to joke about the fact that nearly every year of her life she spent sometime in there 'cause she was a bit of a tomboy when she was younger ... I took my dad there when he had an accident with his Alzheimer's ... Everyone in the family have used it, everybody has been there at some time or another ... I mean everybody knows Ancoats Hospital within a few miles.

A City Councillor emphasised the Hospital's significance to East Manchester residents for whom "Ancoats was the only place to go" (Interview, June 2015). Lisa (Interview, May 2015) acknowledges the irony in the fondness that many within the ADT now feel for the hospital, supposing "nostalgia gives you a [more] romantic look of the Hospital than what it really was, because it was there for mill workers who lost limbs and things like that".

But for Paul, there is nothing nostalgic about the effort to reconstruct the Hospital's history, because "you wouldn't want to be around in Elisabeth Gaskell's time, no food, [and] no medicine". Rather, residents' stories capture how the social conditions of the local community improved over time. The research done with and on behalf of the ADT uncovered how fundraisers and health campaigns led by working people contributed to a shared sense of responsibility for and investment in community health infrastructure. This sense of ownership deepened after the creation of the NHS in 1947, which named the goal of hospitals to be "collective well-being ... irrespective of the extent to which this frustrates individual greed" (Bevan 1952). Ancoats Hospital shaped common connections, emotional bonds, and shared experiences across the neighbourhood. As Linda (Interview, July 2015) notes, it is:

Too important a building to be razed in the space of a few hours, all that history, all that pre-NHS work that was done, the fact that it was there for over 100 years for a community who were struggling to survive who didn't have access to healthcare, it was there for them and it's been there for generations of families ... And obviously, I had emotional connections to it because it's part of my history, part of my heritage.

Intergenerational Collective Action for Ancoats' Social Reproduction

Despite the importance of Ancoats Hospital for the local community, its emergency department was closed in 1987 because of "overuse by local residents, inadequate facilities for intensive care patients, and the cost savings possible through consolidation with the North Manchester General Hospital" (Dunne 1993:37–38). The loss of health services, which left the area without emergency care for the first time in more than 100 years sparked community organising (Carter 2011). Residents of adjacent housing estates argued that closing the causality ward without public consultation was "yet another blow to an area that ... had suffered the withdrawal of many resources vital to health and well-being ... such as play areas, library, shops, and swimming facilities" (Dunne 1993:27).

In protest, approximately 80 residents registered for treatment the day the casualty ward was scheduled to close and refused to leave, starting a sit-in that would last for 223 days. An extensive community support network provided food and childcare for those sitting-in. The Health Authority subsequently conceded to keep a primary care clinic in the neighbourhood and the Dispensary closed in 1988 to be subsequently purchased by Urban Splash in 2001. Promising the building's renovation, Urban Splash levelled the Hospital's modern outbuildings and removed the Dispensary's roof, ostensibly to begin construction, when redevelopment funding dried up with the financial crisis (Kaye 2012). In 2011, Urban Splash applied for permission to remove the heritage status of what remained of the building, now shrouded in scaffolding, to allow it to be demolished. The ADT reacted against what they understood as a false promise to build improved services for working class residents. Taking inspiration in part from the 1987 sit-in, which shaped residents' understandings of what was possible through collective action, a vigil began outside the building.

"In the early days the group was called Fight to Save Ancoats Hospital", recalls Dean (Interview, June 2015). "We used to come every morning. We used to get here ... like eight, nine o'clock in the morning and we used to build up the thingy. It looked like a Punch and Judy". The daily vigil evolved into a semipermanent encampment that blocked Urban Splash's "progress" by putting in place an alternative use of the street with "a sort of vigilante feel about it", describes Brian, an ADT member (Interview, July 2015). The volunteers reconstituted a new routine of everyday life around the vigil, working in shifts to ensure that someone was at the building from sun-up to sun-down. They shared tea and biscuits with passing pedestrians. Burger and curry nights also drew local residents to the site. In the first few months, members collected more than 5000 petition signatures from passing cars and pedestrians as well as a door-to-door survey to gauge resident support for the project and to crowdsource ideas for its future use. Of the 439 respondents, 98% wanted to see the building redeveloped, with the majority of respondents interested in a community, children's, educational, and/or fitness space (Ancoats Dispensary Trust 2013).

The ADT's prefigurative, collective action sought to reclaim the Hospital that working people had long funded and supported for community use. Since pubs and other commercial and social service centres had been demolished or closed as a result of the regeneration effort, the vigil became a gathering point for members and friends of the group, many of whom had received compulsory purchase orders on their homes and moved to other parts of the city. Displaced residents who returned to meet friends, donate food, and share meals on the street outside the Dispensary reconfigured the vacant spaces that followed the demolition of the Cardroom, rebuilding and tending networks of care that defined the neighbourhood as a working class community for residents.

Opposing the post-class, New Urbanist image put forth for Ancoats, the vigil laid bare the everyday lives of working class residents, the lived differences, and heterogeneity within the neighbourhood. The process of building up and taking down the vigil day-in and day-out served to re-enact resident eviction, exposing the vulnerability of the protestors as people no longer welcome in their changing neighbourhood. Liam describes that "the members [of the vigil] were the community, we all lived within and had some connection to Ancoats". In its impermanence, the site represented not only the precarious position of the Dispensary, but also of the protestors themselves, many of whom were retired residents and unemployed or underemployed young and middle-aged white men. Their idleness stood as an embodied political claim that problematised the exclusionary character of the new residential buildings where lofts had been prioritised over social housing. It further evoked the longer history of deindustrialisation and the failure of regeneration projects to reduce poverty, improve health, or address unemployment. In effect, it revealed the fallacy of the image of a perfect, postclass "other"-free Millennium Community living in an "attractive", "safe", "accessible", and "friendly" area (see Kaika 2004).

Over time, members began to speak against the socio-spatial transformation of the area that disenfranchised residents and dispossessed them of the institutions in which their community was rooted. Fifteen years and £250 million of government investment after the regeneration scheme began, "there's still a lot of deprivation", explained Greg, an ADT volunteer (Interview, May 2015). "You might have the glossy flats" but "one of our supporters, he's been working around, he's got himself a decorating job, but he's been a long time unemployed, he's been one of the people that has had to go to food banks".

Graffiti on the hoardings outside the Dispensary loudly repudiated Urban Splash's plans and the Labour-led City Council's stated commitment to working people. "Welcome to Labour's Vietnam" was scrawled on a cheerful rendering of the master plan, accompanied by the mocking line, "the sky isn't blue here" above the saturated image of children playing in the marina. Others read: "Ancoats Dispensary Roofless, Urban Splash Ruthless"; "No cash from Urban Splash, only demolition". A tombstone reading, "Ancoats Hospital R.I.P., Built for the Poor, Destroyed for the Rich", was placed at the building's front door (see Figure 2). The vigil came to function as a "speakers' corner", where dissent could be voiced by residents who were shut out of the master planning process or felt disenfranchised. Liam described joining the ADT as a moment of political awakening:

you know, I never knew we had any power to go and see a planning officer to try and stop what's going on. In fact, I'm going to another [meeting] on Thursday ... I never knew you could do that.

Under the Thatcher-led central government, the Labour-led Manchester City Council embraced a form of "interventionist neo-liberalism'—which can be summed up as talking up, making over, and trickling down" (Peck and Ward



Figure 2: The vigil, circa 2012 (left); tombstone in front of the Dispensary (right) (photographs by Brian Stark, reproduced here with permission) [Colour figure can be viewed at wileyonlinelibrary.com]

2002:12). Through aggressive rebranding that followed the 1996 bombing of the City Centre and the 2002 Commonwealth Games, which much of New East Manchester's redevelopment was meant to serve, Manchester "has been outstandingly successful in changing its image" (Robson 2002:49). But, as Robson continues, the major challenge remained "to link whatever economic success the city can achieve to the fortunes of the poor and deprived who live just beyond the booming residential housing markets of its core" (2002:49). Instead, as Ward (2003a) notes, in East Manchester, those who did not fall in line with the new urban vision were physically removed elsewhere. Facing eviction, demolition, and symbolic and material destruction of their community and of the only remaining building preserving the area's working class history, Ancoat's residents resorted to adopting the Council's entrepreneurial strategy as a way to fight back.

Adopting Entrepreneurialism in Protest

When the ADT formed, the Dispensary building was already under review for demolition. In 2013, seven months after the vigil began, the issue came before the City Council. Whilst Council planning officers urged demolition, two councillors voted for deferral to allow the ADT time to devise an alternative plan for the building (Glendinning 2013).

Facing Council opposition to the project and absent City funding, the ADT initiated their own public–private partnership in conjunction with Igloo Regeneration real estate firm to apply for the Heritage Lottery Fund (HLF) Heritage Enterprise grant:

[a] scheme ... designed to empower people, working in partnership with the private sector, to find sustainable new uses for disused historic buildings in their local communities ... which have previously failed to attract investment or realise their commercial potential. (Heritage Lottery Fund 2014)

The ADT bid was successful, initially unlocking the first share of a ± 4.5 million funding pool to begin stabilisation work on the building and providing the resources to purchase the building from Urban Splash (Dobson 2015).

In light of the evacuation of social services, amenities, and spaces geared to serve the area's working class residents and faced with broader cuts to the National Health Service, the ADT partnered with neighbourhood charitable organisations to identify gaps within local service, including the provision of job opportunities for vulnerable adults, mental health services for adults aging out of youth programs, and dementia-friendly spaces. The vision detailed in the ADT (2017:3) business plan repurposes the language of the Millennium Community to suggest how a mixed-income, community space deeply rooted in and respectful of the Dispensary's historical role could recreate infrastructures of mutual aid and support:

The new Dispensary will be an exciting place and a shared space for the people of Ancoats to come together as a community to take charge of their own health and wellbeing. The Dispensary will once again become the beating heart of Ancoats. With a community café, community event space and meeting rooms on the ground floor, and two floors of space for occupiers who share the building's health and well-being ethos, the Dispensary will ... build a resilient community that can navigate cuts to health and social care ...

For a brief period from September 2015 to October 2017, the ADT gained control of the Dispensary and it appeared that regeneration for community use would be possible. However, in February 2018, the building returned to the Manchester City Council's ownership after the HLF rejected the ADT's bid for the next stage of funding, citing concerns around "future sustainability" given the community group's failure to match HLF fundraising targets (Britton 2017). The ADT voiced their disappointment at the forced change of ownership given that "the regeneration of the Dispensary would have prevented the privatization of our heritage", at the same time, it welcomed the Council's partnership with social housing developers to build affordable housing at the site that retains as much of the original façade as possible (Whillans 2018).

Collective and collaborative action may not reverse the gentrifying nature of New East Manchester's regeneration scheme. However, five years of the vigil and outreach activities engrained anti-gentrification resistance into the everyday routine of the neighbourhood, and highlighted local history as a key component in the intergenerational struggle to secure social reproductive infrastructure that addresses the needs of a working class community. The building is no longer owned by the community and new housing does not undo the injury of displacement, yet, the Council's decision to build affordable housing is a response to the struggle of the ADT to make visible the challenges of working class residents evicted as a result of the New Islington Millennium Community master plan.

Conclusion

Feminist geographers have long struggled with the "vexed and slippery" nature of social reproduction politics due to three contradictions that Katz (2001:717–718) summarises: first, social reproduction must be accomplished regardless of public service provision; second, it inherently reproduces capitalist class relations;

and third, social reproduction has a "mushy constituency" spread across numerous locations that hinders effective political organising. Nevertheless, Mitchell et al. note the "potent spatiality of social reproduction" (2003:428) from which we observe the possibility of political movements emerging.

Across 200 years of history surveyed here, we illustrate how a specifically working class community coalesced around Ancoats Hospital to agitate for healthcare and social service infrastructure. The symbolic significance of the historical hospital building and the embodied narratives of its role as a key site for sustaining the social reproduction of Manchester's working class over time became the components around which the movement was articulated. We brought into conversation Thompson's (1963) history of working class formation with feminist scholarship to argue that healthcare provision, and other state services that support social reproduction, emerge in dialectical tension with the mode of production as a result of the organised, collective action of working class communities. In the contemporary, neoliberal era of gentrifying urban policy that operates through a new mode of production of real estate, collective action addressed to the social reproductive relationships that form a community can and does fight back against gentrification in a way that may not resolve the first and second contradictions Katz identifies, but does work to support, sustain, and make more just the interdependent, classed relationships that bring people together within a place.

The ADT identify their movement as led by ordinary, working class people based on the place in which they live and the long tradition of struggle embedded there which they continue to practice. The historically-geographically embedded struggles became a model for moulding contemporary anti-gentrification politics that address not only physical displacement, but also economic restructuring and state disinvestment that creates the conditions for gentrification. Their alternative vision for the area is rooted instead in community-led, urban regeneration that is spatially embedded within and committed to the improvement of existing networks of social reproduction, and historical relationships of health, well-being, and care, which have salience beyond the boundaries of Ancoats.

One of the last annual reports issued before Ancoats Hospital was absorbed into the NHS proclaimed: "Ancoats Hospital will always remain Ancoats Hospital; what its exact function will be we do not know but the people of Ancoats will still be treated and cared for" (Ancoats Hospital and Ardwick and Ancoats Dispensary 1945). That statement proved prophetic. In recovering the history of the Dispensary through the Hospital's foundation archival material, oral histories from East Manchester residents, and public testimonies at the "Action for Health in Ancoats" sit-in, the ADT unearthed an extensive narrative of working class collective action for social reproductive services in Ancoats. In retelling and re-enacting this struggle for health services, the ADT gained ammunition to defend the historical site of collective care against demolition, as a site that preserves spatially and historically entrenched patterns of social reproduction. Where the Council, developers, and designers failed to attend to the community's needs, the ADT created a wedge that allowed it to conserve and shape the future of building, which extends beyond the metrics for economic sustainability prioritised in the regeneration scheme. Engaging community history as it is engrained in people's living memories and in the spatial fabric of the neighbourhood became the catalyst for collectively envisioning a revived Dispensary as the beating heart of Ancoats.

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