

Hunter College

Community Wellbeing During Early COVID-19

The Strive to Thrive From the Lens of Mutual Aid and Organized Layfolk

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# Community Wellbeing During Early COVID-19: The Strive to Thrive From the Lens of Mutual Aid and Organized Layfolk

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## Introduction/ Organized and Extractive Abandonment

*We live in capitalism, its power seems inescapable– but then, so did the divine right of kings. Any human power can be resisted and changed by human beings.<sup>1</sup>*

- Ursula K. Le Guin, American speculative fiction author

Ursula K. Le Guin made the above comments in 2014 during an acceptance speech of The National Book Foundation Medal for Distinguished Contribution to American Letters. At the time she was critiquing the hardships that writers faced in the intersection of publication and commercialization. What she described however is applicable to much of our everyday realities outside of literature, between the compromises we make in the name of capitalism and the diminishing qualities of our lives. Le Guin’s statement reminds us of two things. First, that the global capitalist infrastructures under which we survive today are not age-old, and that they adhere to a relatively new and very much manufactured form of human coexistence.\*<sup>2</sup> Second, that there is hope for the imaginary of a more equitable world- one in which all people can thrive together, outside of a political economic value system that demands productivity above all.

Under capitalism, individuals are forced to respond to, and even fend for themselves, against population level constructs of artificial scarcity.<sup>3</sup> The privatization of nearly every unavoidable aspect of living (e.g. housing, food, clean water, communication) and the allocation of any services related to society as commodities (i.e. healthcare, education, transportation, sanitation) normalizes this scarcity. The nature of capitalism drives competition, and the only way to manage this is by ownership and “possession.” On the surface, when a system touts advancement and opportunities through the accumulation of property, the violence of perpetual inequality can seem casual. In theory, it is possible to simply buy and purchase your way out of discomfort so as to avoid calamities. However, those who are not lucky enough to inherit viable possessions and not able to work, be productive and be normative- who are then

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\* The term ‘capitalism,’ used throughout this paper, adopts the definition of “racial capitalism.” It is in reference to the extractive forces and practices that have created the dominant imperial systems across the world. Coined by American Black radical theorist Cedric James Robinson, racial capitalism encompasses how “...the development, organization, and expansion of capitalist society pursued racial directions, [as did] social ideology.”

not entitled to pay for certain rights- are a burden to society and more likely to live in precarity.<sup>4</sup> Our lives under capitalism revolve around our work and positions within social hierarchies, inevitably certifying and distinguishing members of our community as productive and deserving or unproductive and undeserving.<sup>5</sup> This attitude exemplifies what American abolitionist and carceral geographer Ruth Wilson Gilmore calls “organized abandonment.”

Modern day organized abandonment is the deliberate institutional manipulation and disproportionate dispossession of resources, especially in the Global North, from Black, Brown, Indigenous, disabled and poor communities.<sup>6</sup> Extractive abandonment is the processes by which these dispossessed populations are drained and made profitable to the capital of a select few. Specifically, in Westernized conceptions of society, capitalism legitimizes and corroborates social organization as natural and in relation to racial categorizations.<sup>\*7</sup> The codification of this notion has had important and enduring consequences, on the grounds of expertise and power in the United States. A significant example of these abandonments is how within the framework of America’s founding ideology and throughout slavery, Black people were treated as property and seen as financially valuable commodities. Additionally, when it came to the question of their humanity, Black people were devalued aside from their labor and considered disposable workers. The capitalist state has generally taken responsibility to care only for those deserving of its artificially limited resources, discarding the undeserving as having non-valuable lives.<sup>8</sup>

Among groups of people who repeatedly experience exclusion, hostility and discrimination from mainstream society and its institutions- such as the sick; newly arrived immigrants; Black, Indigenous, people of color; and sexual minorities- resource sharing through communal solidarity becomes a necessary outcome and is often key for their survival.<sup>9</sup> Notable instances of organizing by and for under-resourced peoples in the United States are Mutual Aid Diabetes (MAD) amidst the insulin crisis, The Hebrew Immigrant Aid Society (HIAS) before and after World War II, the Black Panther Party (BPP) in the 1960s and 1970s and the Shanti Project during the HIV/AIDS epidemic, respectively.<sup>10</sup> ‘Resources’ in this context can mean anything from food, water, money and materials, to skills, manpower, time and creativity. These kinds of collective coordination to address each other’s immediate needs, from an awareness that the powers and social systems in place are never going to adequately meet them, is known today as “mutual aid.”<sup>11</sup> The subsequent text is an overview of its applications throughout COVID-19.

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\* As Wilson Gilmore articulates, “[c]apitalism requires inequality and racism enshrines it.” Which is to say that the capitalism that we’ve inherited continues to depend on racial practice and hierarchies, despite its constant rebranding, because its origins are based on racial practice and hierarchies.

## Mutual Aid and Cooperation

*“Don’t compete! - competition is always injurious to the species, and you have plenty of resources to avoid it.” That is the tendency of nature, not always realized in full, but always present.*<sup>12</sup>

- Peter Kropotkin, Russian revolutionary

Mutual aid was initially a positivist social theory, articulated for the masses first by the Russian scientist, sociobiologist and anarchist Peter Alekseyevich Kropotkin.\*<sup>13</sup> Regarded as the “Father of Mutual Aid,” Kropotkin dedicated his life at the turn of the 20<sup>th</sup> century to the work of challenging and opposing social Darwinist contemporaries- namely the English anthropologist Thomas Henry Huxley and English philosopher Herbert Spencer. The latter originated the phrase ‘survival of the fittest,’ misapplying the English biologist Charles Darwin’s findings in the natural world on natural selection. Spencer purported with Huxley that those who possess wealth and power in the human world innately earned said access, and are therefore superior to others less fortunate.<sup>14</sup> While these subjective beliefs align with the values of organized and extractive abandonment, social Darwinism also became the basis for and has promoted practices of social inequality, imperialism and eugenics.<sup>†15</sup> Undeterred by the overwhelming popularity of social Darwinism during his time, Kropotkin stressed repeatedly in his writings that mutual aid and cooperation, not social Darwinism and competition, has been the driving force for the successes and “progress of man...[where] mutual support, not mutual struggle- has had the leading part.”<sup>16</sup>

In stark contrast to Spencer and Huxley, Kropotkin’s interpretation of Darwin’s *Origin of Species* (1851) and *The Descent of Man* (1871), with respect to society, was that “...to secure...the best conditions for survival...the fittest are not the physically strongest, nor the cunningest, but those who learn to combine so as mutually to support each other, strong and weak alike, for the welfare of the community.”<sup>17</sup> Along with Kropotkin’s delineation of an “...inclusion of the greatest number of the most sympathetic members [to] flourish best,”<sup>18</sup>

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\* Although his work as a biologist predates his conversion to anarchism, it was always paramount for Kropotkin to find politically useful examples of mutual aid in his integration of human development and natural sciences. This paper is written with less emphasis on Kropotkin’s suggestions on the importance of cooperation in the biological or evolutionary process, but rather his quest to define “...[which] forms of social life [have] guaranteed humanity the greatest happiness.”

† Darwin denounced slavery in his journal *The Voyage of the Beagle* (1839) and openly condemned social injustices and oppression. He would have been dismayed by the results of social Darwinists appropriating his work and his name.

mutual aid organizers from the past and present have “...[empowered themselves] by resourcing public space, [facilitated] mutual aid through structured forms of useful communal resources, and [built] the ability to engage meaningfully with decisions as to how communities are run.”<sup>19</sup>

Mutual aid at present is a long-standing and emerging practice of “informal”<sup>20</sup> community solidarity through direct action of redistributing and re-allocating ‘resources’ equitably.\*<sup>21</sup> As previously mentioned, it is not a novel phenomenon for people from marginalized communities to band together and form local benevolent societies. For background of the organizations named in the introduction- MAD has crowdsourced and supported people with diabetes in the United States with insulin and other costly medical resources;<sup>22</sup> the HIAS has provided assistance to asylum seekers since 1902;<sup>23</sup> the BPP addressed food insecurity and community safety, in conjunction with various other plights faced by Black people in Oakland, CA;<sup>24</sup> and the Shanti Project managed compassionate care for end-of-life AIDS patients, who were refused by the mainstream medical facilities.<sup>25</sup> Mutual aid always begins as an attempt to neutralize and overcome oppressive social conditions and pre-existing social handicaps, with non-threatening and easily recognizable direct actions.<sup>26</sup> It inevitably becomes a radical and effective form of resistance, against capitalism and adjacent devastations, because the practices are founded in the desire for mutual thriving and the prioritization of care over capital. American disaster scholar Rebecca Solnit puts it as such: “[m]utual aid means that every participant is both giver and recipient in acts of care that bind them together.”<sup>27</sup> Not only does this participatory relationship reflect a lack of hierarchy, which is a cornerstone of mutual aid praxis, but it also echoes the popular slogan “solidarity, not charity” in direct actions of organizing.

There are systems in place that actively harm and disenfranchise people through reinforcing scarcity. There are also dominant systems in place that immediately come to mind as the conventional resources for those in need- welfare and income support programs, religious organizations and nonprofits. The actions of contemporary charity, run by the government and/or nonprofits, are a one-way street that lack engagement or autonomy from those most affected by maldistribution. American law professor and trans rights activist Dean Spade criticizes the charity model for its basis on the “moral hierarchy of wealth.”<sup>28</sup> The charity model, rooted in Christian European practices of the wealthy giving alms to the poor to pay their way into heaven,

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\* Along with definitions like non-governmental and non-institutional, the term ‘informal’ used in this paper is antithesis to what Dean Spade describes as “perfectionism” in his book *Mutual Aid: Building Solidarity During This Crisis (and the Next)*. Perfectionism is the harmful force that preoccupies our psyches, causing exclusivity, producing conflict, reinforcing hierarchies and superiorities, and stunting the growth of individuals and organizations through fear of failure.

“...reproduces the cultural norms that mark some people as disposable...by dividing the targeted population into deserving and undeserving categories.”<sup>29</sup> Welfare discriminates based on eligibility criteria, such as immigration status, religious affiliation, measurable participation in job training, the existence of prior criminal records, sobriety, etc. Thus charity is yet another sector that is often controlled by elites and private organizations, merely claiming to serve the masses with ungenerous donations. Decision-making power becomes even less accessible to the average person, who cannot act in expressions of dissent against the bigger picture of injustices.

In radical social ecologies of care, community members must be involved in roles of planning and collaborative decision-making for their own selves.<sup>30</sup> The capacity of care allows good decisions on the basis of the best information available and with the most local knowledge.<sup>31</sup> One of the pressing issues of our time is that we lean very heavily on expertise. There is no need to wait around for charismatic leadership from those with formal training or a prestigious educational background from the outside. These entities are often poorly adapted to conflict resolution and prone to disappointments.<sup>32</sup> Lived experience is the best qualification. Care-full response from layfolk builds the necessary social relations for joyful existence.

Mariame Kaba, founder and director of Project NIA, an American grassroots organization with a vision to end youth incarceration, applies the disability justice concept of “dignity of risk” to community health. In a personal anecdote from her childhood, she shared: “...we should not make assumptions about who can and cannot give, ever. We don’t know what people’s circumstances are, and more importantly, that to be asked and invited to support something makes people feel a part of your life.”<sup>33</sup> Just as there should never be eligibility criteria for those in need, there should never be eligibility criteria for those who can give. In all aspects of participation, in giving and in receiving, mutual aid in theory has no barriers to inclusivity.

Direct actions rooted in mutual aid theories share beliefs in engaging equally, with as much autonomy for the individual and as little role for the state.<sup>34</sup> In our everyday lives, it has been proven to be impossible for the U.S. state to acknowledge or address all people as people, rather than members of a class, or remove personal responsibility for social problems, based on how deserving or undeserving a person is of artificially scarce resources. Therefore, the state and adjacent organizations have not been able to respond to large-scale disasters or dire circumstances, such as a global pandemic, and share the bare minimum necessary tools for those that are on the edges of society and on the edges of survival.

## COVID-19 and Syndemicity

*Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness. Anyone can get sick with COVID-19 and become seriously ill or die at any age.*<sup>35</sup>

- World Health Organization

In the beginning of 2020, there were just a handful of identified coronavirus disease 2019 (COVID-19) cases across the globe. However on March 11, after more than 118,000 cases in 114 countries and 4,291 deaths, the World Health Organization issued a statement to call COVID-19 a pandemic.<sup>36</sup> Two days later the Trump administration declared a nationwide emergency. Over the following weeks, various new and conflicting health guidelines began circulating and being enforced by different industries and institutions across America, such as staggered lockdowns and stay-at-home orders- sometimes with less than 24 hours notice.<sup>37</sup> Governmental and nongovernmental organizations in the United States struggled to keep up with increasingly complex and compounding needs on state and federal levels. Hospitals began rationing ventilators and health officials outbid one another over medical supplies like COVID test kits and PPE.<sup>38</sup>

The economic impacts of the mandatory shutdowns were unlike any in recent mass unemployment events in America, severely stretching conventional U.S. social service systems and safety nets.<sup>39</sup> At its worst, unemployment reached a reported 13.2- 14.7% across the country in April 2020.<sup>40</sup> To put this in perspective, the unemployment rate was 10.8% in 1982, the highest during the 1980-1983 recession, and 10.0% in October 2009, the peak after the 2008 financial crisis. In light of a global deadly pandemic, this was a catastrophe for the only industrialized nation in the world without universal health insurance coverage.<sup>41</sup> Roughly 2-3 million people lost employer-sponsored health insurance (ESI) coverage, not accounting self-insured employers.<sup>42</sup> On the other hand, Medicaid or Affordable Care Act (ACA) Marketplace enrollments show a slightly different story- with an enrollment increase by

4.3 million people between February and July 2020.<sup>43</sup> 91.4% of the nation's residents had health insurance in early 2020 before the pandemic and 87.0% reported having health insurance throughout the entire year.\*<sup>44</sup> Americans without insurance were less likely to seek medical care for COVID-19 symptoms, which initially present as mild for most infected people. Communities of lower socioeconomic status have always been less likely to have health insurance, even before the pandemic. They cannot readily afford following up with medical care due to out-of-pocket costs.<sup>45</sup> This in turn has led to higher case fatality rates from COVID-19 for minority communities across the USA, many of whom were already sick with other chronic illnesses.

In addition to loss of health insurance coverage, millions of Americans were at risk of or experiencing eviction and housing displacement caused by mass job and wage loss, ironically from the very homes that they were taking shelter in.<sup>46</sup> In April 2020, the Bureau of Labor Statistics reported that at least 4.0% of the working population in the United States had to rely on multiple jobs, sometimes two full-time jobs, to make ends meet.†<sup>47</sup> 53 million Americans, or 44% of the labor force, earned low wages at the time- the majority of whom were Black and Brown people and people of color.<sup>48</sup> No unemployment figure or census data could ever accurately account for those with non-standard work, prone to wage insecurities or wage shortages and dependent on unreported incomes. This is in addition to people who were previously furloughed during lockdown, lost shifts for their hourly work, saw dramatic pay cuts, and couldn't qualify for unemployment benefits from losing one of their two full-time jobs.<sup>49</sup>

Meanwhile, service industry workers- also accounted for by a majority of people of color from low-income backgrounds- could not afford pandemic mitigation strategies such as social distancing, self-quarantine and hygiene practices. The United States is the only country out of the 22 wealthiest countries in the world with no guaranteed paid sick days or paid sick leave.‡<sup>50</sup> This was the case in 2020 and remains true today. Currently there are no federal requirements for paid sick leave.<sup>51</sup> Although the Family and Medical Leave Act (FMLA) protects workers from being terminated unlawfully due to a prolonged medical emergency, it requires unpaid sick leave and applies only for certain qualified medical situations, not always for immediate family members of workers.<sup>52</sup> Service workers were held hostage by their jobs and continued to clock in even if

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\* This figure includes coverage changes for those able to switch their health insurance.

† The U.S. census data estimated these rates and numbers to be much higher, at 7.8%.

‡ The United Nation's Human Development Index (HDI) considers the following 22 countries to have high living standards: Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Luxembourg, Netherlands, New Zealand, Norway, Spain, Sweden, Switzerland, the United Kingdom and the United States.



sick. They had no choice but to unknowingly spread a highly contagious viral disease and become a vector to their families and their community members, because COVID-19 tests were expensive and not readily available.\*<sup>53</sup> Thus the socioeconomic and health impacts were felt by all, but particularly acutely by those whose work responsibilities were tied to being on-site and in close proximity to others, dubbed “essential” workers.

This schema towards essential workers as inevitable sacrifices during the ongoing COVID-19 pandemic, who have always been overlooked for being low wage workers,†<sup>54</sup> mirrors the social attitudes that the majority of White Americans showed throughout slavery.<sup>55</sup> Although recognized as essential for capital, enslaved Black people were categorized as expendable and subjected to organized abandonment. It is an American tradition to uphold extractive abandonment as a necessary evil for the greater good of society. Healthcare workers would also be similarly disregarded and denigrated, particularly nurses, made up of 76% women.‡<sup>56</sup> Since the early days of the pandemic, healthcare providers have been dubbed as “frontline workers” or “heroes” against COVID-19, with popular wording that would suggest the viral disease as some sort of invisible enemy during a war that could be conquered.<sup>57</sup> The implications of using the battlefield as a metaphor and normalizing victimhood were devastating; this measurably resulted in an overemphasis on heroic accounts and diversion of the general public’s attention away from essential employees’ suffering.<sup>58</sup> Disability justice advocate Imani Barbarin, also known as ‘Crutches & Spice’ on the internet, critiques this behavioral pattern with the following caution: “Any time [society at large] calls you inspiring or a hero, they’re prepared to let you die.”<sup>59</sup>

By October 2020, the death rate of people in the United States was unparalleled elsewhere in the world.<sup>60</sup> This rate was on average 50% higher than 18 other high-income countries.<sup>61</sup> It is a crucial period to focus on for three key reasons: strict lockdown precautions had ended in every country in the study; some time had passed since the early confusing months of the pandemic when testing, treatment and reporting varied too dramatically around the globe for reliable assessment; and this was prior to the advent of the Pfizer, Moderna and Johnson &

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\* When the majority of people couldn’t, then-New York governor Andrew Cuomo secured COVID-19 tests– and in some cases repeated rounds of testing– for family and acquaintances back in March 2020.

† Wages of essential workers are so low federally that 20% live below the poverty line; 40% rely on some form of public assistance and the average wage for a grocery cashier in the United States would put a family of four below the poverty line.

‡ The result of the pandemic is that 1 out of 5 nurses have left their places of work from feeling unsafe and unappreciated or underappreciated.

§ The 18 high-income countries from this study, published by the Journal of American Medical Association, were: (low-mortality countries:) South Korea, Japan, Australia, (moderate-mortality countries:) Norway, Finland, Austria, Denmark, Germany, Israel, Switzerland, Canada, (high-mortality countries:) the Netherlands, France, Sweden, Italy, the United Kingdom, Spain, Belgium and the United States.

Johnson (J&J) vaccines for COVID-19. Although all of humanity was dealing with the same respiratory viral disease, despite some differences in dominant variants and strains by continent (Alpha and Beta), what was observed in the United States was a public health crisis on an even larger scale with syndemic properties.<sup>62</sup>

The concept of a syndemic originally comes from the relationships between HIV and AIDS, substance use, and violence in the US in the 1990s.<sup>63</sup> A syndemic exists when risk factors or comorbidities are intertwined, interactive and cumulative, adversely exacerbating the disease burden and additively increasing its negative effects.<sup>64</sup> In the United States, the prevalence and severity of the COVID-19 pandemic is magnified because of socioeconomic disparities and pre-existing epidemics of chronic disease. As the pandemic developed, the extent to which the disease interacted with pre-existing conditions, non-communicable diseases and infectious diseases became evident- these factors markedly influenced and continues to influence health outcomes. Minority ethnic groups, people living in areas of higher social deprivation (areas without hospitals, access to clean air or clean water), those living in poverty and other marginalized groups (the houseless, people in prisons, sex workers, people with addiction) have a greater number of coexisting chronic health conditions than average. Their health problems are also more severe because of subjection to detrimental conditions from a younger age.

The ubiquity of health disparities are socially patterned because health accessibility is earned in America; that is, if one doesn't "own" a healthy able body as a "possession" to begin with.<sup>65</sup> Inequalities in chronic conditions arise from exposures to social determinants of health. These are the sets of conditions in which people 'live, work, grow and age,' including working conditions, employment, access to essential goods and services, housing, and access to healthcare."<sup>66</sup> Every single item listed is mandatory and privatized in the US under capitalism, and it is the individual's responsibility to seek out the most optimal conditions for oneself.

Failure to acknowledge health issues as syndemic in nature contributes to weakened policy-making processes and public health responses, as well as ineffective preventative health policies and programs.<sup>67</sup> This failure is always purposeful in the United States, where health spendings accounts for 18.3% of the nation's Gross Domestic Product.<sup>68</sup> Health communists Beatrice Adler-Bolton and Artie Vierkant propose: "Health is capitalism's vulnerability. There is no capital without health- it is capital's host."<sup>69</sup> The result is 1,110,108 COVID-19 deaths in the United States out of 6,734,552 deaths worldwide (roughly 1 of 6), as of January 20, 2023.<sup>70</sup>

## COVID-19 Solidarity

*Disasters are ruptures—existing systems break down and then are either repaired, replaced, or scrapped.* <sup>71</sup>

- Dean Spade, founder of the Sylvia Rivera Law Project

Americans have had to adjust to many new realities of uncertainty in the past two years. Former President Donald J. Trump declared a nationwide emergency on March 13, 2020. There was little to no guidance when the pandemic was just emerging as a new public health crisis. No one knew how long the isolation and shutdown orders would last. Population-level anxiety from this specific time period is still negatively visible and can be revisited in media portrayals of the iconic toilet paper panic-buying.<sup>\*72</sup> Grocery stores with already-empty shelves were inundated with terrified customers, driven to hoarding and stockpiling necessities in anticipation of a shortage. Medical care had to be doled out and non-urgent patients were turned away from hospitals.<sup>73</sup> Funeral homes were so strained that makeshift mobile morgues were set up on vacant lots all over New York City.<sup>74</sup>

Yet in light of these circumstances, there were those navigating these bleak landscapes and helping their neighbors and community members, through a myriad of grassroots and informal approaches. The spring and summer of 2020 saw a remarkable and spirited display of solidarity and compassionate care across the nation. Ordinary folks rose up to fill in the chaotic voids left by larger institutions. When college campuses closed, students opened up their homes to peers who had previously relied on dormitories for housing.<sup>75</sup> Thousands of cloth masks were crafted by a so-called army of homebound Americans, and then delivered to overrun hospitals that were facing mask shortages.<sup>76</sup> Such acts of solidarity were observed all over the country since borders were abruptly and selectively closed, with virtually no communication in advance to international residents of the United States.<sup>77</sup> Dating as far back as January 2020, upcoming shortage warning by respirator and surgical mask manufacturers were ignored by the presidential administration at that time.<sup>78</sup>

In New York City, volunteers in Bedford-Stuyvesant, Brooklyn checked in on vulnerable and sick neighbors to help with meal deliveries and any other supply needs.<sup>79</sup> Because familiar donation centers were closed, “free stores” and “buy-nothing stores” popped up across the five boroughs; community members could ‘take what they want and leave what they can,’ notably

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\* This behavior was observed/ documented not just in the USA, but in Australia, Canada, the U.K., Singapore, Japan, Hong Kong and other cities as well.

groceries, baby diapers, PPE, sanitary products (especially vital because soap, shampoo, tissues, menstrual products, etc. can't be bought with food stamps) and second-hand tablets or other electronic equipment for students taking class online.<sup>80</sup> The state's COVID response failures and negligence resulted in spontaneous actions of widespread mutual aid to manifest everywhere.

Communal harmony and unity following an outbreak of a disease is a well-documented human and social response. After the Black Death (1348-49) in Europe, medieval teachers and priests were seen giving lectures and sermons that emphasized the virtues of generosity and compassion, to enhance cooperation.<sup>81</sup> In the late Middle Ages, welfare provisions were extended by order of the court to the physically and mentally incompetent,<sup>82</sup> neighbors took orphans into their homes<sup>83</sup> and the elderly and infirm were also assigned caretakers, as a direct result of the Black Death.<sup>84</sup> Similar camaraderie was recorded in Philadelphia, nearly six centuries later, during the influenza outbreak of 1918. In the fall of 1918 nearly five hundred ordinary people volunteered to use their own cars either as ambulances or to chauffeur doctors; public school cafeterias were transformed into soup kitchens that prepared meals for tens of thousands of people, who were too sick to prepare their own; and Strawbridge & Clothier, a prominent department store then, donated the use of its phone lines to instate a twenty-four-hour telephone bank.<sup>85</sup>

After interviewing survivors of earthquakes, conflicts of war, terrorist attacks and most notably Hurricane Katrina, Solnit wrote on disaster behavior: "...disaster doesn't sort us out by preferences...it drags us into emergencies that require we act, and act altruistically, bravely, and with initiative in order to survive or save the neighbors, no matter how we vote or what we do for a living...when all the ordinary divides and patterns are shattered, people step up- not all, but the great preponderance. Disaster demonstrates this."<sup>86</sup> This analysis fits the immediate aftermath of the COVID-19 pandemic, particularly in the context of the United States, where the spread of disease was both a natural disaster and man made crisis.

The proliferation of mutual aid organizations in the United States during the early months and into the first year of the COVID-19 pandemic can be attributed to many reasons. More and more ordinary people felt called to respond in their local communities, to share resources and support vulnerable neighbors and maintain some aspect of control. The result was quicker mobilization, from a better-targeted and agile community-led response, for those in need of immediate material and practical support.<sup>87</sup> Eviction defense organizers remodeled vacant

storefronts into makeshift mutual aid hubs,<sup>88</sup> setting up legal council and raising monetary funds to provide directly to residential tenants at risk of eviction.<sup>89</sup> Formerly incarcerated mutual aid organizers successfully fought for the release of aging inmates and low-level parole violators, from state prisons and jails local to Rochester, NY.<sup>90</sup> Technology made it much easier for organizers to coordinate and regularly meet, far and wide, even with social distancing restraints. NYC organizers were able to easily triage and assess people's needs through online intake forms; there were so many Google Docs that they had to be consolidated, reorganized by neighborhoods, then boroughs, and eventually the state.<sup>91</sup>

What distinguishes post-COVID mutual aid organizations from other disaster mutual aid, aside from the massive scope of the problems faced, was the diversity of organizers. Mutual aid organization during lockdown was a social outlet and activity first in a period of isolation for many people.<sup>92</sup> It has remained a rare opportunity in capitalist and extractive America to experience non-consumerist public spaces, in-person or online, with no pressure to spend money and simply forge relationships with others. Joshua Potash, former teacher and Washington Square Park (NYC) Mutual Aid co-founder, reflected on the two years prior in an interview from October 2022 that “the need to build community and reclaiming public spaces... [is] the same for unhoused [and housed] people,” who otherwise appear to have very different needs.<sup>93</sup>

This idea resonates with an interview of an HIV and AIDS activist by writer Sarah Schulman, for an oral history of ACT UP, the AIDS Coalition to Unleash Power. They recalled:

“The beautiful thing about ACT UP , that I miss so much now, was the camaraderie, not just on the political side, but also on a community/ personal side. We knew how to have fun with what we did, because our hearts were there three hundred percent. But also, there was no judgment to be[ing] a naughty boy, or to hav[ing] fun and go[ing] out dancing...so in terms of social life, it gave me a very strong social structure in New York...”<sup>94</sup>

The radicalness of mutual aid appears in its arrangements: the activism follows an acknowledgement of one another. Injustices that are usually occluded, due to pervasive conditioning to accept and partake in abandonment, become unignorable when your own community by proximity is experiencing it viscerally. Capitalism's morbidity is heartfelt and worth dismantling- 4 in 10 Americans personally know someone who has been hospitalized or died from COVID,<sup>95</sup> and 1 in 3 Americans know someone who has suffered long COVID.<sup>96</sup>

## Vaccines and the ‘Return to Normal’

*We are looking at a winter of severe illness and death for the unvaccinated – for themselves, their families and the hospitals they’ll soon overwhelm.*<sup>97</sup>

- 46th U.S. President Joe Biden After Meeting with Members of the COVID-19 Response Team

If 2020 was dominated by the news of how COVID-19 spread across the globe and ravaged nations, then 2021 was focused on ending the pandemic solely through vaccine distribution- which still left ravaged nations.<sup>98</sup> By January 2021, Pfizer, Moderna and J&J were completing their vaccine test phases in the United States.<sup>99</sup> February was marked by divisions in US party lines on vaccine acceptance. Democratic President Joe Biden, who’d defeated Republican Donald Trump in the 2020 presidential election, expanded vaccine eligibility and pushed rollouts throughout the month of March, even with various adverse reactions being reported.\*<sup>100</sup>

Vaccine hesitancy dropped nevertheless for Americans and there were not enough doses available for residents of large urban settings. New York State would see vaccine appointments fill up within minutes for 14 weeks out that spring.<sup>101</sup> Local mutual aid groups ended up launching informal hotlines, layering traffic poles with flyers in various languages, and developing call outreach systems to contact their neighbors.<sup>102</sup> By April 19, 2021, rollouts for all three types of vaccines began nationwide and all adults were eligible for any ‘brand’ of vaccination. Despite warnings from health officials and healthcare workers, the Center for Disease Control (CDC) eased mask mandates one week later, as an incentive for fully vaccinated individuals.<sup>103</sup> Teenagers became eligible for vaccination that summer and children aged 5 through 11 were also given the green light on November 2nd later that year.<sup>104</sup>

Although the pandemic was far from over, politicians and government officials were eager to “move on.” The expanded federal unemployment benefits that had kept 7.5 million Americans afloat during the first year and a half of the pandemic expired on September 5, 2021, setting up an abrupt cutoff of assistance during the Delta variant surge.<sup>105</sup> This included the Pandemic Unemployment Benefit, the Pandemic Emergency Unemployment Compensation, Extended Benefits, the \$300 Federal Pandemic Unemployment Compensation and the \$100 Mixed Earner Unemployment Compensation.<sup>106</sup> Unemployment Insurance benefits were also

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\* Women, Black people, people of color and immunocompromised people would report adverse health effects after receiving their vaccinations.

restricted with eligibility criteria.<sup>107</sup> 800,000 jobless New Yorkers lost federal unemployment benefits, left with more modest state unemployment benefits, or no aid at all.<sup>108</sup> This was a significant blow to the morale of the immunocompromised and those who'd become single caregivers.

President Biden and his COVID mitigation team continued ignoring health officials' warnings, that the vaccines were not 'silver bullets,' removing most safety provisions that were still necessary for community safety.<sup>109</sup> Biden and his administration would continue to place profit motives above the wellbeing of people, encouraging Americans to travel for a 'closer-to-normal Thanksgiving.'<sup>110</sup> Two weeks later, COVID cases with the new Omicron variant surged across the nation after busy travel and indoor holiday gatherings.<sup>111</sup>

On December 16th, Biden warned of "a winter of severe illness and death" for the unvaccinated at a White House briefing in the Roosevelt Room, placing blame almost solely on individuals who did not take what the administration considered proper precautionary efforts.<sup>112</sup> Just 5 days later, the Chief Executive Officer of Delta Airlines Ed Bastian sent the CDC Director Rochelle Walensky a letter, urging the quarantine period for anyone who tests positive with a breakthrough COVID-19 infection to be reduced to five days instead of the original recommendation of ten days.<sup>113</sup> Biden and his administration obliged on December 27, 2021<sup>114</sup> and vowed to send half a billion at-home COVID tests to the American public.<sup>115</sup> On Joe Biden's inauguration day the COVID-19 death toll in the United States was 406,216 people.<sup>116</sup> One year later on January 20, 2022, the United States' COVID-19 death toll was 860,316 people.\*<sup>117</sup>

Changes in leadership do not matter when the systems in place "[deny a] disaster's significance and [abandon] people to its devastations."<sup>118</sup> It is not possible to vote for a 'good candidate,' when the political economy defines health as a "labor capacity" and places work and demographic requirements for aid.<sup>119</sup> Any concessions by the government are typically immediately rolled back after the disaster has passed, especially at times of labor shortage. The same travesty was observed after the Black Death in the United Kingdom in 1349, when Edward III's Parliament passed the first Statute of Laborers.<sup>120</sup> All progressive social momentum and compassion for one's fellow man was lost, when the laws ceded total control of labor conditions to the ruling class, compelling all able-bodied people below the age of sixty to work and criminalizing anyone who refused.<sup>121</sup> Churches were banned from almsgiving and idleness was also banned, morally stigmatizing vagrancy and establishing poverty as a personal lack.<sup>122</sup>

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\* And as of March 2022, more than 200,000 American children have lost a parent or caregiver to COVID-19.<sup>123</sup>

## Conclusion/ Mutual Aid Beyond Community Health

*We have been deep in the throes of the latest iteration of capitalism,  
saving capitalism from capitalism.*<sup>124</sup>

- Ruth Wilson Gilmore, abolitionist and carceral geographer

Abandonment allows the capitalist state to continue, because the existing systems are built on scarcity, which creates more scarcity.<sup>125</sup> The COVID-19 pandemic came as a shock to many people who'd never been on the side of being abandoned. But there have been many warning signs as to how a government structure such as the capitalist state of America has handled a large-scale disaster. Marginalized community members who are regularly subjected to organized and extractive abandonments were better mentally prepared, already well-versed in the practice of some version or another of mutual aid. For instance, urban gay areas- gayborhoods- responded to COVID-19 quickly and effectively, in the face of 'early federal government paralysis,' as a result of the lessons learned and trauma experienced during the HIV/AIDS pandemic.<sup>126</sup> Misinformation was corrected within the community, where proper health practices were shared, and New York State would utilize networks of small laboratories to process its COVID-19 tests and administer vaccines- a model pioneered during the emergence of HIV and AIDS in America.

Our extractive societal practices under a capitalist state are not only inhumane and destructive, but unsustainable. It is extremely likely that another pandemic or highly contagious disease like COVID-19 will occur. The total number of infectious disease outbreaks continues to be on the rise globally,<sup>127</sup> with up to 75% of new or emerging infectious diseases being zoonotic in origin.<sup>128</sup> 31% of outbreaks of new and emerging diseases are linked to deforestation and land use change.<sup>129</sup> Capitalism is depleting the environment, causing more and more natural disasters, such that we are going to be contending with much more concrete scarcity- in addition to the socially constructed artificial scarcities we face each day.

That is just one scenario in the context of disease and public health. There is a need to build on existing networks and relations, where a shared analysis can occur of future problems: climate-induced disasters to come, ongoing conflicts with rising fascism and white supremacy, and other harmful and devastating interactions. There is also an urgency to envision and hope.



Community development is beautiful and necessary. It can be an effective means of combating hapless consumerism. As we move forward, we must give ourselves permission to reimagine collectivity and solidarity, in order to rethink social structures that we do not question and accidentally reproduce- such as the evils of organized abandonment. Even when this occurs incidentally, the terms must be interrogated, to understand and articulate other possibilities of cooperation and mutuality. This is long-term arduous work that we have the rest of our lives to do, that many more people will do after us, supporting one another through ongoing struggle.

On October 28, 2022, the Sex Workers Outreach Project's (SWOP) Brooklyn chapter co-hosted an event called 'Spellbound'.<sup>130</sup> It was a Halloween-themed fundraiser for local sex workers, alongside a pop-up HIV-testing and monkeypox vaccination clinic. SWOP Brooklyn, founded in October 2019, is an offshoot of the national grassroots movement SWOP USA. The Brooklyn chapter describes themselves as a 100% volunteer-run and peer-led organization, with a commitment to "build community and provide mutual aid to sex workers in Brooklyn".<sup>131</sup> The event took place between Stockton Street and Lewis Avenue at the Bushwick City Farm, a former vacant lot that's been converted into an urban garden and community activity space since 2011.<sup>132</sup> The site, close to Myrtle-Broadway, is also the de facto home of another mutual aid organization called Club Anarchy Kitchen- or Club A for short- founded in January 2019.<sup>133</sup> Club A's primary focus is on houseless outreach and distributing groceries and hygiene supplies to local community members with immediate needs. These are just a few examples from the hundreds of existing mutual aid organizations and networks in the New York City area, which proliferated as a result of the community response to the ongoing COVID-19 pandemic. Every neighborhood has the capacity to work outside of the official institutionalized pathways of authority, and to move towards a horizon of lateral organization, while also sharing joy together.

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