Our Connection to the Greater Community During a Time of Global Crisis Through Mutual Aid Work

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Introduction

"Mutual aid is a form of political participation in which people take responsibility for caring for one another and changing political conditions...by actually building new social relations that are more survivable" (Spade, 2020, p. 136). Mutual aid groups have had a longstanding history in America as noted by Alexis de Tocqueville, a prominent French diplomat and political philosopher, who observed an American affinity for "associating" during a visit to the United States in 1832. He wrote that this "penchant" for associating could "fix a common goal to the efforts of many men" (Tocqueville, 2000, pg. 489).

People have engaged in mutual aid work even before de Tocqueville's visit. Early mutual aid groups possessed membership "based primarily on shared social characteristics e.g., race, religion, country of origin" (Zola, 1972, pg.180). This membership was made up of communities who were failed by the systems of power already in place and falling through the cracks of American social and economic systems. These groups were formed to build a sense of community in a nation plagued by ethnic division (Greenbaum, 1991, pg.96). One of the first mutual aid groups documented in the United States was the Free African Society (FAS), which was established in 1787 in Philadelphia with the mission of providing economic, social, and religious support to newly freed slaves (Free African Society, 2020). A principal motive for the establishment of FAS was a need for life insurance— members of the group would support one another with funeral and burial rites and financial and emotional family support following the death of a member (Free African Society, 2020). This concept of mutual aid network became prominent in the Black community during this time, as hundreds more communities formed in Philadelphia, Boston, Baltimore, and Detroit. Most notably, this included the Prince Hall Masonic Lodge in Boston, the African Union Society in Rhode Island, and the Urban Band Society in New Orleans (Greenbaum, 1991, pg.100). These societies provided a wide array of vital services such as medical care, training for employment, death benefits, laundry, and holiday excursions (Greenbaum, 1991; Zola, 1972).

Another prominent example of mutual aid was the Black Panther Party (BPP), a political party that emerged in 1966 with the explicit goal of achieving equal rights for Black Americans. Though its legacy is controversial, and many decry the group's violent actions, the BPP's community work and social programming, including medical care, rides for the elderly, education, and free breakfast programs, countered oppression and are models for modern federal programs (Pope & Flanigan, 2013). Mutual aid networks also became a core part of everyday life for European immigrants, who formed groups that provided financial, social, and cultural benefits similar to those of the Black community (Greenbaum, 1991, pg.105). Examples of these

groups include the Swedish Brothers, the First Hungarian-Slovak Sickness Benefit Society, and the Polish Kostka Society (Greenbaum, 1991, pg.106).

Although every mutual aid group is unique, all mutual aid groups embody core principles that separate them from other associations or charity groups (Mutual Aid Network (MAN) Core Principles, n.d.). First, they have the mission of "solidarity not charity" which is accomplished by bringing together networks of community members (Spade, 2020). Mutual aid also embraces a bottom-up approach where community members work to support one another, which differs from a top-down approach that relies on authority figures for aid from large non-profit organizations (Kenney, 2019). The key principle of mutual aid groups is not short-term aid, but rather collaborative efforts to sustain long-term change (MAN Core Principles, n.d.).

The aim of sustainable change promotes equity through accounting for all community members' voices including those who are providing support to others and those who are being impacted. This approach allows for community needs to be at the forefront and prioritizes diverse perspectives. Mutual aid groups also emphasize the importance of education and equipping individuals with the knowledge needed to form lasting habits that promote generational change (MAN Core Principles, n.d.). Mutual aid draws people to social movements and provides the necessities community members need to be productive in their lives and participate politically (Spade, 2020). By shaping problems as collective rather than solitary, people can learn that barriers to accessing basic resources are not due to individual responsibility but are because of unjust institutional problems.

Although mutual aid groups are not a new concept, many mutual aid networks were formed and served as a critical resource for many communities during the COVID-19 pandemic (Chevée, 2020). As the need for financial and social support expanded exponentially and common institutions of aid struggled to find their footing, these groups have filled many gaps.

Newton Neighbors

[Newton Neighbors](#) (NN; Newton Neighbors, Inc., 2020) is a grassroots mutual aid group started by four women in March 2020 in response to the COVID-19 pandemic in the suburban community of Newton in Eastern Massachusetts (MA). Newton has a population of 88,414 and a median household income of $151,068. Approximately, 4.3% (3,801 residents) of the population lives in poverty and 22.2% of the community are immigrants (U.S. Census Bureau, 2019).

NN was initiated on Facebook as a platform to discuss ways to mobilize a suburban community in support of families who would lose access to free or reduced-price school lunches in the face of school closures due to COVID-19. Sixteen months later, NN is now an incorporated organization with the mission to facilitate community connection, mutual aid, and access to resources for all people who live, work, pray, play and/or learn in Newton, MA, and other local communities. It now has over 4,700 members, including neighbors, community leaders, government officials, city organizations, and local businesses who are working to support people who cannot access survival needs. People looking for support come to the organization through various channels, including referral through social workers, the Facebook platform, and a Google form (an online survey) where community members can request support privately, which has been translated into 10 languages. The group leverages distribution and volunteer systems to facilitate access to delivery services and basic supplies (i.e., food, diapers, school supplies, toys, bikes, and clothing) to Newton and neighboring communities. The organization also connects families to local programs and social services.

The authors of this reflective essay are undergraduates majoring in Community Health at Tufts University, a liberal arts institution in the greater Boston area. Tufts has an undergraduate

student body of ~6,000 undergraduates, more than half of whom are white (Diversity Data, 2020). The student authors completed internships with NN, and the last author is their professor and an NN founder. We share our reflections as students on interning with NN.

Our Work with NN

In our department at Tufts University, we study health and wellness from a multidisciplinary perspective, consider the social determinants of health, and evaluate the systemic challenges that affect individuals, communities, and populations (Department of Community Health). When the COVID-19 pandemic first began spreading throughout greater Boston, we felt uncertain about the future. As college students majoring in community health, we saw that degrees in public health became especially relevant during the pandemic. However, being in the early stages of our careers, we perceived we could not directly support COVID-19 efforts. At the same time, we were eager to make a difference. When NN released a call for interns, we applied and were ultimately accepted for positions starting in June (Author: RL) and the other two students beginning in September (Authors: KA and SS). This paper represents our collective reflections during this internship over fifteen months (Summer 2020-Summer 2021). In Table 1 we describe the tasks completed throughoutour internship, which included both programmatic and organizational infrastructure activities.

Activity	Co-author involved	Tasks
Logo and Organizational Web Design	KA	• Created the design, architecture, and logo for NN content • Solicited content to populate the website and make information accessible to the community.
Administrative Communications	SS	• Organized and distributed weekly email updates and monthly newsletters about service and community connection opportunities to the NN community which consists of over 4,500 Facebook group members and over 1,100 newsletter subscribers.
Vaccine Clinic	SS, KA	• Worked in-person to support the local housing authority in registering and organizing a vaccination drive for community members living in public housing.
Dissemination Products	RL, SS	• Created infographics portraying the impact of NN in terms of tasks completed, food deliveries, and drives. • Created informational flyers for community members on issues like vaccination access and eviction moratorium changes.
Community needs assessment (completed in collaboration with the Newton Food Pantry)	RL	• Created an interview guide for community partners. • Conducted interviews with community organizations to understand the needs of populations experiencing food insecurity.

Table 1: Description of NN Intern Tasks and Takeaways. Table 1 outlines takeaways from the tasks we completed during our internship.

Interning with NN has affirmed our interests in public health and taught us how public and community health is translated in a real-world context. These experiences have allowed us to see the gaps in coverage of food, housing, and economic support at the federal and state level that leave hundreds of individuals in need of further assistance. For author KA, the experience of growing up in a primarily Pakistani neighborhood in Brooklyn, New York meant she was no stranger to the inequitable healthcare system. For her family and neighbors, the language barrier was a significant challenge in accessing resources. This was coupled with the stigma of asking for help or seeming helpless, preventing many people she knew from seeking care. This made her particularly interested in the efforts NN made to mitigate these issues and create a space where shame was removed from the equation. With a focus on both language and economic barriers, NN facilitated a sense of community through their social media platforms that destigmatized the process of asking for help and provided a greater population with access to resources. Without judgement, NN organizers and members helped those in need by providing basic supplies and other support. Although NN was initiated to facilitate neighbor to neighbor support, it quickly grew into a resource for helping professionals (e.g., social workers) to request support for their families, a community resource sharing page, a community-building page, and a platform for organizations to elevate their causes and resource gathering efforts. From organizing community members to sew masks and asking neighbors for baby monitors to enable connection with family members with COVID-19, the NN community came together in remarkable ways.

Lessons Learned

In 16 months, we have learned four key lessons: community mobilizing efforts can support public health efforts, it is important to create and distribute accessible public health information, diversity in access and privilege exists even in wealthy communities, and early career female public health professionals can learn important personal and professional lessons from diverse women role models in leadership.

Lesson 1: Community mobilizing efforts can support public health efforts

The significance of community mobilization in public health has been one of the largest takeaways from our experience. Two primary components of NN's mission are the facilitation of community engagement and collective action. The women who founded this group engaged the community in helping to improve access to resources and build lasting connections. Community collaboration promotes a sense of responsibility, allowing all voices to be heard (Spade, 2020).

In the first 16 months of its existence, NN organizers worked to build an ever-growing list of collaborators and supporters in the community from individual neighbors to organizations like food pantries and places of religious worship. This approach allowed the creation of a support network greater than just the core leaders of NN. This network has strengthened and transformed the group, allowing its efforts to sustain far beyond the first waves of COVID-19. The core NN team is a group of 12 volunteers. However, the breadth of projects accomplished have been made possible by the engagement and enthusiasm of thousands of community members who have stepped up in small and big ways to provide support, receive support, or do both. An example of this is one of NN's core projects— food pantry delivery. At the beginning of the pandemic, many new and existing food pantry recipients were unable to pick up food due to a variety of issues such as safety, poor health, lack of transportation, and overall fear. In response, NN designed a system where community members could volunteer to deliver groceries to those who could not make their scheduled pick-ups. As a result, NN grew a base of over 130 volunteers dedicated to delivering groceries to address food insecurity. Observing communities working towards a common goal emphasized the value of mutual aid groups.

Being a part of this organization and its extended network also enabled us to connect to a community beyond the university and our own. This was important to all of us personally because we feel greater appreciation not only for our faculty but also for all the individuals who work together to to make an organization like NN successful. Having these connections increased our sentiments of dedication towards projects and their continuation. As individuals impacted by the deaths and illnesses, systemic racism, and isolation during the pandemic, NN gave us a community of social connection and highlighted unconditional compassion and empathy. NN was a reminder of the "good" in the world, a community where neighbors went above and beyond to help each other with no expectation of reciprocity.

Lesson 2: It is important to create and distribute accessible public health information

A barrier to utilizing resources is the accessibility of information. A population that NN strives to support are individuals from various diverse groups and others who are English language learners. Many communities of color report lower vaccination intentions due to historic medical distrust, difficulty accessing and understanding health information, or other factors such as lack of insurance (Allen, 2021). Author SS supported the NN team in creating, translating, and distributing vaccination information in nine different languages to essential workers. These materials were distributed to local restaurant workers to communicate information about vaccine eligibility and the vaccination process. Authors KA and SS also supported the Newton Housing Authority in organizing a vaccination drive for community members living in public housing.

Lesson 3: Diversity in access and privilege exists even in wealthy communities.

Early on during her internship, author RL had an opportunity to participate in data collection for a small food insecurity community needs assessment. Through this project, author RL worked with other team members to interview 10 community partners asking them questions ranging from strengths and challenges facing individuals and families in the community to how NN can improve their mutual aid work. Through this data collection, it was clear that although Newton is a community with a high median income (U.S. Census Bureau, 2019), there are still community members with inadequate access to resources. Through the interviews, RL learned about the unique barriers that individuals in Newton and beyond face. Some general themes surrounding the issues identified in the data were related to employment, transportation, housing, childcare, and language barriers for immigrant populations. Challenges include applying for subsidized housing and accessing pantry services due to lack of transportation. These challenges were exacerbated by language barriers that prevent families from obtaining aid. Before interning at NN, author RL saw how language barriers could increase disparities in health care and food security while volunteering at a health care project called Sharewood. Sharewood offers free health care services and is run by Tufts Medical School. As many patients were non-English speakers, they experienced significant challenges in accessing federal and state aid. RL was inspired by the mission of NN to bridge these gaps in access.

Lesson 4: Early career female public health professionals can learn important personal and professional lessons from diverse women role models in leadership

NN was founded and led by diverse women from different ethnic and career backgrounds which as interns, we valued tremendously. These leaders also made an effort to hire interns from different geographic and ethnic communities. Participating and working in a women-led group that successfully collaborated with the community and became a nonprofit organization is a meaningful and significant experience as young women about to begin our careers. Having been surrounded by various leaders during the pandemic, many of whom were white and/or male, experiencing leadership first-hand from a group as diverse as the NN team motivated us to work

towards our future goals in leadership in public health and health care. As some of us also identify as people of color, we were encouraged by the diverse leaders of NN to challenge ourselves to become leaders in our own communities. The lived experience of being a woman of color in the United States has often been presented as a barrier to leadership. Author KA experienced the impact of predominantly white male leadership pursuing her own career path . Due to these experiences, she was unable to envision herself in a leadership role because of the societal limitations she had internalized. NN allowed KA to better understand how her identity is advantageous in leadership roles. She was able to understand that her experiences with inequities in the health care system can help to push for change; through NN she was better able to accept that her own voice mattered. Seeing the impact of NN helped solidify KA's trust in the power of prioritizing every individual's voice, especially those that have been historically ignored.

Beyond learning about public and community health work, we saw these women balance their professional roles, family lives, and responsibilities as working board members in the organization. We learned about the importance of collaboration. In the same way that the wider NN network came together to support the Newton community, the unified effort of the leadership team allowed projects to be successfully executed. Having a network of leaders who were able to support each other when personal obligations needed to take priority allowed each team member to feel more secure that people were being helped the way they needed. People were able to prioritize their needs without going beyond their capacity as part of a supportive team. In addition, we appreciated the conscientious team efforts to support each other's successes and initiatives, always sharing accolades and words of encouragement.

Conclusion

We are grateful to have completed this internship during the pandemic and learn about the power of generosity and kindness in a time of need. This experience will have a lasting impact on the way that we engage with communities, personally and professionally.

Acknowledgements

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