Community Care as a Way of Life: Understanding and Evaluating the Impacts of Mutual Aid on Quality of Life and Ways to Implement this Framework in the US

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Abstract

This thesis evaluates the potential for mutual aid as a framework for transforming individual and community quality of life from a global public health perspective. This paper aims to understand mutual aid from an applied biopsychosocial theoretical lens across global contexts. This paper draws on examples from community health interventions historically within the United States and globally, highlighting mutual aid models in Japan and Cameroon to illustrate how mutual aid can positively impact micro and macro changes in local community cultures to societal changes in how we approach healthcare. The findings suggest that mutual assistance can be utilized as a model for other facets of life and society in the United States. Mutual aid can create more resilient and cohesive communities by encouraging people to work together and support each other. These findings have important implications for global public health and can help inform future research and policy interventions to promote community-building through mutual aid.

Introduction

Mutual aid, the act of reciprocal and lateral exchange, whether temporal or material, has historically cemented itself as a way for community members to care for one another and communities to care for each other. These mechanisms were woven into the daily rituals and societal structures that govern our ways of living and interacting (Kropotkin, 1902). The term "mutual aid" was initially coined by anarchist philosopher Peter Kropotkin. Kropotkin argues that cooperation, not competition, was the driving mechanism behind societal growth and evolution. Kropotkin defined mutual aid as a voluntary biological factor. He argued that altruistic behaviors, like mutual aid, are innate to humans that humans choose to participate in. It is the driving force behind the inevitable progressive evolution in human society (Kropotkin, 1902). Kropotkin himself understood that mutual aid has been and will always continue to be an integral and fundamental component of human evolution. This praxis had been practiced in Indigenous societies long before he created a name for it.

Mutual aid as a form of community care has been a guiding principle for many social justice organizations and community activists. Throughout US history, mutual aid has been used as a tool for survival for marginalized communities. We identify historical examples such as the Black Panther Party and the rise of the Yellow Peril movement as key examples of communities' implementation of mutual aid as a fundamental principle during times of crisis. However, mutual aid can be implemented in a more sustainable fashion (Fernandez-Jesus et al., 2021). Modern examples of mutual aid align with voluntary and reciprocal exchanging of goods, services, and resources based on an individual's or community's needs. This can look as simple as giving someone a ride, buying groceries for a friend, taking time and energy to run errands for a neighbor in need, or redistributing funds to those in one's community in need (Gammage, 2021).

Mutual aid may benefit the global population and make it 'healthier'. It looks at community care and self-care as the same. It identifies the mind, body, and spirit interconnectivity and disrupts the narrative that the mind, body, and spirit connections are separate entities. It is important to note that the notion of mind, body, and spirit interconnection has been discussed, utilized, and practiced in many Indigenous cultures and Eastern forms of medicine for centuries (Blume, 2020). As a society, we can improve everyone's sense of social connectedness and social determinants of health and create a more equitable social safety net that values people over profit through mutual aid.

The theoretical framework that guides this analysis is grounded in anthropological, biopsychosocial approach and ethnographic data to assess quality of life and community well-being. The literature review of mutual aid in the US and other communities globally analyzes the social determinants of health that result from successful mutual aid practices worldwide that demonstrate their potential as community care models. Research gaps persist regarding the impacts and effectiveness of mutual aid on quality of life in the US.

This analysis focuses on the current US healthcare system, critically examining the structures and systems that perpetuate inequities while radically reimagining our culture and communities to benefit all individuals by making healthcare a human right, not a commodity.

Mutual Aid and Quality of Life

Community care is a practice of physical, mental, and emotional nourishment within a community and can be seen throughout the history of the US (Healthcare Journal, n.d.). Structurally oppressed communities have come together in community and in solidarity as a form of resistance against structural violence, inequity, and systemic oppression as a way to care for one another. Mutual aid is a form of community care wherein individuals use their time, energy, and resources to contribute to improving a larger collective. To better understand the context of the argument towards a more radical societal paradigm shift, it is essential to understand the key factors and forms of measurement being used to support the movement toward mutual aid. Quality of life (QoL) measures one's overall lifestyle satisfaction with one's physical, mental, and environmental health (Barry and Crosby, 1996). Moreover, this measurement can be used as an evaluative measure to assess the impact of community care. QoL can provide valuable information about the success of a community care program or intervention based on treatment outcomes (Barry and Crosby, 1996). This is important because the data gathered based on QoL can help inform decision-making around maintaining resources to sustain community care programs (see Appendix A).

From a global public health perspective, micro and macro-level communities can adopt this methodology of evaluating community care programs and interventions using QoL as a measurement tool. Quality of life in this context will be used to evaluate mutual aid as a community health intervention. By combining both quantitative data through QoL and qualitative data through ethnographic data (e.g. interviews and surveys) there can be a substantial amount of evidence to support the notion that mutual aid is an effective form of community care as well as can provide useful insight towards shifting not just the way we view healthcare as a lucrative business model, but a new model that centers the way we interact with people in our community on the micro and macro levels without centering profit.

Social Determinant of Health

If we look at the application of mutual aid, we must also understand the fundamentals of how mutual aid can be applied from a global public health perspective. The social determinants of health are commonly used in public and global health (see Appendix B). It is a way to describe a set of factors that are not directly linked to one's medical condition that both directly and indirectly impact their health outcomes. According to the World Health Organization (WHO), the social determinants of health are a set of social, cultural, and economic conditions such as housing, education, environment, food/nutrition, social context/community, and access to healthcare. One could argue that these social determinants are intersectional, caused by one's socioeconomic status (Henize, 2015).

In the US, it is essential to consider the social determinants of health when addressing health inequity. To better understand how mutual aid can be used to assess global public health, we can look at QoL and the social determinants of health to determine the effectiveness of successful mutual aid interventions. When comparing the social determinants of cities there is a stark difference in community engagement, social connectedness, and social safety nets (Poulain, 2014). Therefore, we cannot place a 'one-size-fits-all' approach to understanding the effectiveness of mutual aid. However, we can utilize these measures to implement mutual aid as a methodology for community care in different contexts.

Background

Historically, the US has consistently proven to be at the forefront of economic growth in terms of GDP, indicating a healthy, wealthy, and thriving society. However, the US has also shown to have extreme health and wealth disparities based on race, gender, sexuality, immigration status, and other social identifiers. The US is unique compared to other "developed" countries (developed in this context refers to industrialization and the influences of capitalism) because of this juxtaposition (Henize, 2015). It is important to contextualize the history of the US when addressing the current state of public health to better understand why there are health disparities that exist amongst marginalized communities.

The US, along with other imperialist nations, have formed structural roots in systemically oppressing, Black, Indigenous, and People of Color (BIPOC) communities, as well as the LGBTQIA+ community and immigrant populations. These populations still face systemic oppression that appear in the QoL disparities today (Gammage, 2021). The legacy of chattel slavery, where African peoples were kidnapped and transported to the American colonies, were enslaved for manual labor to harvest cotton, coffee, sugar, rum, and tobacco has left deeply ingrained multi-generational social and emotional repercussions in the Black community (Gammage, 2021).

Additionally, policies such as the Chinese Exclusion Act of 1882, as well as the Japanese Internment camps during World War II, to Jim Crow segregation policies and discriminatory housing policies such as 'redlining' which restricted people of color (predominantly Black and Brown communities) from being able to own property within specific cities and towns all have the same political barriers that have prevented these communities from accessing resources to accrue wealth in the United States by determining the worthiness of "investment" (whether that be through owning property to letting folks gain citizenship) based on discriminatory criteria (Gammage, 2021). According to Dr. Rupa Marya, the enduring impact of colonialism and white supremacy intersects with health, racial justice, and generational trauma (see Appendix C).

Healthcare inequities are dependent on factors such as: public education and incarceration to housing systems, according to the social determinants of health. There are many policies, systems, and programs created and implemented in the US, which, even when overturned or replaced, still leave many communities without a solid socioeconomic, sociopolitical, or cultural footing in the United States. Black and Brown communities, to this day, continue to experience racism on the interpersonal to systemic level because there continues to be a cycle of poverty within the communities, which have historically been restricted from receiving government funding and local funding. However, these communities continue to thrive and remain to this day. While there has been slow, incremental progress made, there are still many socioeconomic reparations that must be made to make amends for the extreme injustice the BIPOC and LGBTQIA+ communities have faced for hundreds of years.

The State of Public Health in the US

According to the Organization for Economic Co-Operation and Development (OECD) report, 'How's Life? 2020: Measuring Well-Being', highlighted in their abstract that even since 2010, the overall well-being of people in OECD countries has improved. However, when it comes to certain facets of well-being, such as people's ability to foster community, the US falls short (OECD, 2020). This may be in part due to the rising socioeconomic gap that exists, with the poorest Americans living under the poverty level and the top 1% owning 40% of the nation's wealth. According to a study conducted by the OECD in 2018, 18% of the current population in the US live in relative income poverty. According to the annual report published in 2022 by the American Global Public Health Association there has been an 18% increase in premature deaths. Moreover, this socioeconomic gap disproportionately affects people of color, specifically Black and Brown communities, Indigenous communities as well as immigrant communities, which was highlighted during the height of the COVID-19 pandemic. According to the APHA, nearly ½ of Black and Hispanic adults reported losing a family member or friend as a result of COVID-19.

Additionally, with the rise in gun violence within the United States and the rising levels of distrust and mistrust in neighbors, other communities and the government, there is an increase in people feeling more isolated than ever before (APHA, 2022). The APHA reported that as racial disparities widened there has been an increase in firearm deaths since 2020. The implications of these circumstances appear in the increase in poorer mental health and poorer mental health in younger and younger generations. There are many environmental, societal and structural forces that influence how we view ourselves and one another and inhibit our ability to cultivate community (OECD, 2020). Furthermore, because of the intrinsic interconnectivity between physical and mental health, these inequalities exacerbate the decline in overall health and well-being in the United States (OECD, 2020).

Overall, the statistics on QoL, well-being, and global public health in the US are mixed. While there have been improvements in some areas in the QoL, significant challenges continue to affect many Americans. According to the World Happiness Report 2021, the United States ranks 19th in terms of overall happiness, down from 14th place in 2017. Regarding physical health, while life expectancy in the United States has increased over time, it remains lower than in many other developed countries. According to the Centers for Disease Control and Prevention (CDC), life expectancy in the US was 76.1 years in 2019, down from 78.7 years in 2018. This decline is primarily attributed to the COVID-19 pandemic. Mental health is a significant concern in the United States. According to the National Institute of Mental Health, an estimated 19.1% of adults in the United States experienced a mental illness in 2018.

Additionally, suicide rates have been steadily increasing in the United States in recent years, with a rate of 14.5 per 100,000 people in 2019. Overall, while there have been improvements in some areas of quality of life, well-being, and global public health in the United States, significant challenges still

need to be addressed. Factors such as healthcare disparities amongst mental health issues and communicable/non-communicable diseases continue to affect many Americans and affect different communities significantly.

The United States currently operates a 'sick-care system', which only focuses on treating symptoms and concentrates on medicating patients who are already sick rather than individualizing care and balancing treatment with substantial preventative approaches.

There is a need to transform and transition out of this outdated system that does not work nor meet the needs of the vast majority of people in the United States. There are still many inequalities and inequities in our US society. However, there are various ways to eradicate these social, economic, and health inequities, mutual aid being one of them.

Mutual Aid as a Public Health Strategy

Mutual aid can be the catalyst for change in how healthcare operates in the United States. Mutual aid is inherently grassroots, as it begins and ends with the person's actions accumulating and compounding amongst other people's actions, which creates a cascading effect and builds upon a broader paradigm shift. Mutual aid is an effective form of community care as it involves individuals coming together and supporting each other in various ways, including emotional, physical, and financial support. It is a way for communities to address systemic issues without needing to rely on the system that oppresses them.

Mutual aid has a long history in various social justice movements, and there are several historical examples of mutual aid being utilized. In the United States, during the Great Depression, unemployed workers formed mutual aid societies to provide support to one another. Families would work together to share and trade crops, goods, and services as a means to survive. During the 1960s and 70s, the Black Panther Party's Survival Programs, which included free breakfast programs, health clinics, and education programs, were examples of successful mutual aid efforts. These programs were designed to address the systemic inequalities that the Black community faced, including poverty and lack of access to basic necessities. The free breakfast program, for example, provided nutritious meals to children who otherwise would have gone hungry, while the health clinics provided much-needed medical care to individuals who could not afford it. These programs addressed immediate needs and empowered the Black community to take control of their own well-being.

Some examples include how in Puerto Rico, after Hurricane Maria devastated the island in 2017, mutual aid networks emerged to provide food, water, and other necessities to those left without basic services. During the COVID-19 pandemic, mutual aid has been a crucial form of community care. Communities worldwide have come together to support one another through mutual aid networks that provide food, medical supplies, and other necessities to those in need. For example, the Seattle Mutual Aid Network in the United States provided food, medicine, and other essentials to vulnerable individuals, including older people and those with disabilities.

Mutual aid can benefit overall well-being from both individual and community perspectives in several ways. From a personal perspective, mutual aid can provide emotional support and a sense of belonging. For example, in times of crisis or need, being able to turn to a community for help and receiving support can reduce feelings of isolation and anxiety. Additionally, receiving practical assistance, such as help with groceries or transportation, can reduce stress and improve overall well-being. Furthermore, participating in mutual aid efforts by supporting others can give individuals a sense of purpose and agency.

Successful Interventions of Mutual Aid in Public Health

There are several successful interventions and implementations of mutual aid both on individual, community, and societal levels. One study conducted by Anderson and Garcia (2015) discussed how a Latino mutual aid group for substance abuse and mental illness leaned into spiritual and cultural methods to adapt to their 12-step treatment programs. The researchers used ethnographic data from an ongoing anthropological study. This study shows how mutual aid can be adaptive to specific cultural and ethnic groups by catering to the sociocultural needs of that group. The mutual aid group integrated a spiritual and artistic experience called the "escribiente", where participants would journal about their past traumas or a "moral inventory" for a long period, and at the end, come together in a circle, holding hands and praying, and singing Christian hymns in Spanish, as well as "purging" through emotional release (Anderson and Garcia, 2015). The study found that group members reported increased social support and sense of belonging, improved self-esteem, and reduced substance abuse and mental health symptoms.

Another study conducted in Japan by Matsuhige, Tsuisui, and Otago (2012) explores the concept of mutual aid as a form of community care for older adults living in an integrated home care structure. This study presents a unique perspective of the micro-sociological approach, which focuses on integrating home care with the elderly in tandem with mutual aid on the community level. This is because Japan has unique legislation pertaining to home care. There are four categories of care provision: self-care, mutual aid, public support and governmental support. The study highlights how informal care networks and community-based organizations are important in providing care to older adults, particularly in areas where formal care services are lacking or inadequate. There are two key ways which mutual aid can improve quality of life for older adults: maintaining social connections, intergenerational engagement, and a more personalized and responsive approach. All of which prevents isolation which is a risk factor for poor health and reduced QoL.

Mutual aid can benefit overall well-being from the individual and community perspectives by providing emotional support, fostering a sense of collective responsibility, promoting social justice, and strengthening community relationships. Several studies highlight these very ideas and show how implementing mutual aid can be effective. One study by Gingrich and Lightman (2006) used a qualitative analysis that explored mutual aid practices within an Old Order Mennonite community in Ontario, Canada. The researchers conducted interviews to better understand the community's way of life and the implications of mutual aid on their current way of life. This particular Mennonite community already has a general foundation of interdependence, tolerance for outside community members, and a dedication to material, medical, relational, emotional, and morals/spirituality responsibilities. Therefore, it was easy to integrate mutualism into their daily lives. However, there were tensions regarding implementation because this community also values individualism and an emphasis on privacy. The results of the study found that mutual aid played a significant role in helping community members achieve self-sufficiency, leaning on each other more for social and emotional support, while also maintaining their way of life. This is because mutual aid provided a sense of social connectedness, shared values, and a sense of purpose that contributed to their overall quality of life.

From a community health perspective, mutual aid can foster a sense of collective responsibility and promote a culture of care by providing resources and support to those who are marginalized or underserved. Moreover, mutual aid can also help to build social capital, through developing a network of relationships between individuals and groups within a community. When communities engage in mutual aid, they build trust and cooperation, which can lead to greater civic engagement and community resilience. This increased social capital can also lead to greater community power and the ability to effect change on a larger scale.

From a global public health perspective, mutual aid has many benefits. A study conducted in Cameroon by Fouakeng et al. (2022) exemplifies how mutual aid groups can improve financial access to healthcare and subsequently enhance the community's quality of life. The researchers conducted a case study of 150 community-based organizations (CBOs). Their findings suggested that mutual aid initiatives provided by CBOs led to improved access to healthcare resources for members, especially those who were limited by their socioeconomic status. These initiatives included savings and credit projects, health insurance, and revolving funds for health emergencies. Participants of the study contributed financially to these projects and were able to access healthcare resources when needed, all due to their affordability and accessibility. CBOs contributed significantly to improving access to healthcare resources to members with an increase in utilization of the healthcare services by up to 20% among the participants. This study shows how mutual aid can complement formal healthcare systems and contribute to improving access to services. Mutual aid creates a safety net for people who are commonly left behind due to their financial constraints, thereby reducing healthcare inequity and creating opportunity for improved well-being, health outcomes and overall quality of life.

Carstensen, Mudhar, and Munksgaard (2021) conducted a systematic review of 72 studies on mutual aid groups' responses to the pandemic in various countries. The review found that mutual aid groups were effective in addressing community needs by providing practical support such as food and medication delivery as well as other essential services. Mutual aid groups responded quickly and effectively to the pandemic, adapting their services to meet the changing needs of their respective communities. In the United Kingdom, mutual aid groups set up online platforms to connect volunteers with those in need. In India, groups distributed food and essential supplies to the poorest communities.

Some current examples of these benefits in the United States include community health clinics: mutual aid efforts have also been instrumental in establishing community health clinics, which provide affordable healthcare to underserved populations. These clinics often rely on volunteer healthcare providers and community members to keep them running. During the COVID-19 pandemic, there were many mutual aid groups organizing to address the needs of their communities. In a study documenting the work of a mutual aid organization in Detroit, Michigan, authors Li, Schoeni, and Ahmad (2022) discuss how mutual aid can be integrated into global public health settings. The particular mutual aid organization in the article partnered with a local healthcare provider to provide personal protective equipment (PPE) and essential services to community members. This partnership between mutual aid organizations and healthcare providers helps to address the disparities within the community. Moreover, the mutual aid organizations act as a community liaison to be able to effectively communicate with larger conglomerates to organize and distribute resources effectively. This is because the mutual aid groups are composed of members of that particular community. The authors highlight the importance of mutual aid groups being integrated into global public health settings as they provide crucial support to marginalized communities.

Similarly, a study done by Lofton et al. (2022) found that mutual aid organizations played an important role in reducing food insecurity in Chicago's urban communities during the COVID-19 pandemic. The authors argue that through collaboration and sharing resources, communities can better withstand crises and recover quicker. This is because by addressing the basic needs of community members, they have greater capacity to expand their energy towards other "greater" life challenges. The mutual aid organizations in Chicago provided critical support to vulnerable populations and helped fill in gaps in traditional food assistance programs, such as not having enough resources to keep up with the rapidly increasing demand. This study examines how mutual aid can address the social determinants of health by improving access to basic needs.

When people's basic needs are met, there is more time and space to focus on not just how to survive, but thrive.

Integrating Mutual Aid and Its Challenges

There are several successful interventions and implementations of mutual aid both on individual, community, and societal levels. One study conducted by Anderson and Garcia (2015) discussed how a Latino mutual aid group for substance abuse and mental illness leaned into spiritual and cultural methods to adapt to their 12-step treatment programs. The researchers used ethnographic data from an ongoing anthropological study. This study shows how mutual aid can be adaptive to specific cultural and ethnic groups by catering to the sociocultural needs of that group. The mutual aid group integrated a spiritual and artistic experience called the "escribiente", where participants would journal about their past traumas or a "moral inventory" for a long period, and at the end, come together in a circle, holding hands and praying, and singing Christian hymns in Spanish, as well as "purging" through emotional release (Anderson and Garcia, 2015). The study found that group members reported increased social support and sense of belonging improve.

Conclusion

Based on this theory-based discourse, we can determine that mutual aid as a framework and praxis can be utilized as a mechanism for a paradigm shift towards a new way of being. Mutual aid has been understood as a fundamental component of human evolution and societal growth throughout history. Therefore, we can determine that it is a framework we can always reintegrate and return to. Mutual aid allows us to deconstruct the structures and systems that create and cause mass inequity. In contrast, mutual aid also allows us to reimagine and reconstruct our culture and society radically. We can create a society founded upon the principles of collectivism, altruism, and compassion that benefit everyone. It is through a paradigm shift in our mindset toward how we interact and approach the foundations of our structures and systems with a different perspective. By radically reimagining our healthcare system as we know it today, balancing individualist and collectivist mentalities, identifying mind-body-spirit interconnectivity, and disrupting the narrative commonly found within healthcare and medicine are key components of this shift.

This paper has provided a multidisciplinary and interdisciplinary theoretical framework using an anthropological, biopsychosocial approach to analyze and assess how our current systems inform how the social determinants of health affect all communities. In conjunction with previous literature on other successful community interventions, the argument for a societal paradigm shift founded upon mutual aid can alter the social determinants of our global public health. In light of the gaps in research on the effectiveness of mutual aid as a form of community care in the United States, as well as the lack of studies conducted on how mutual aid can be applied from a global public health perspective and universally, this paper has contributed to the understanding of how mutual aid can be applied in the United States. However, more qualitative and quantitative studies are still needed to test the integration and implementation of mutual aid at the local, state, and national levels.

There are several limitations to research on mutual aid in the United States that can impact its conduct and outcomes. Some of these methodological limitations include limited funding and limited access to data. Mutual aid is not a concept that is considered 'high impact' and does not get attention within the academy. Despite these limitations, research on mutual aid in the United States can still provide valuable insights into its potential benefits, challenges, and contributions to community resilience and social change. Addressing these limitations requires interdisciplinary collaboration among community organizers and researchers. In addition to funding more research, there are several ways we can begin applying mutual aid now. Some examples include: embracing interdependence, prioritizing self-care and community care, challenging dominant narratives about our current systems, and building community coalitions.

Mutual aid provides a very unique and radical approach to not just how we operate, but how we think. Rather than focusing on the need to "scale up", we can focus on how to get more folks to start their own mutual aid groups within their communities that cater to their specific needs. Instead of trying to integrate mutual aid through a 'maximum productivity' approach, we must face these challenges in a human-centered manner, centering needs, wants, and desires for love, restorative justice, and integrity. When implementing mutual aid into our society, we must critically examine our mindsets. We must hold space for fluidity, versatility, and radically imagining beyond what our types of people we want to be and how we choose to live our lives. Mutual aid asks for what you can do for the community and what the community can do for you.

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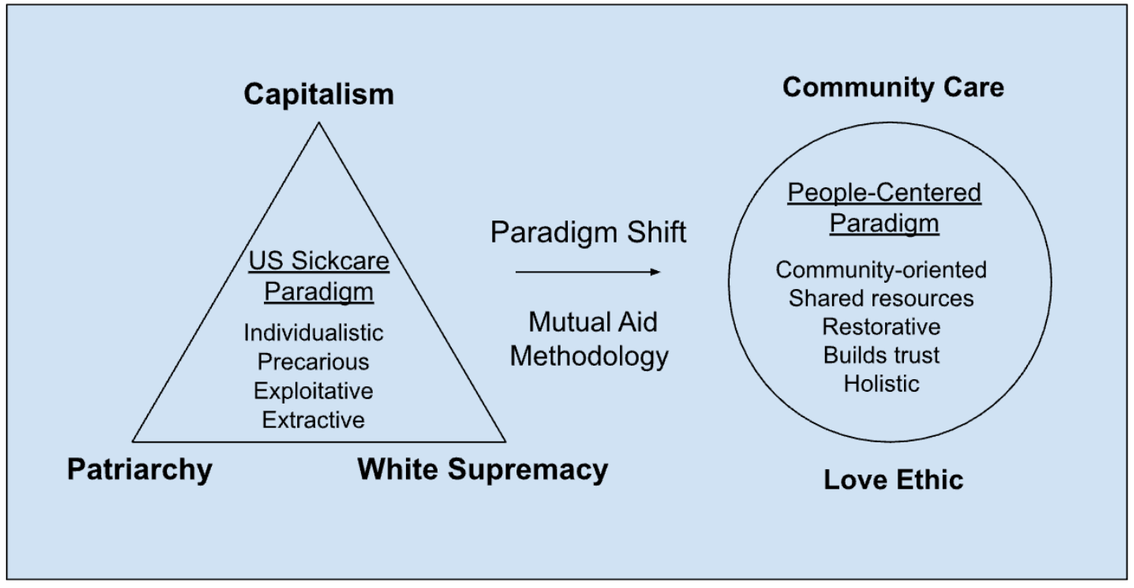
Appendex A

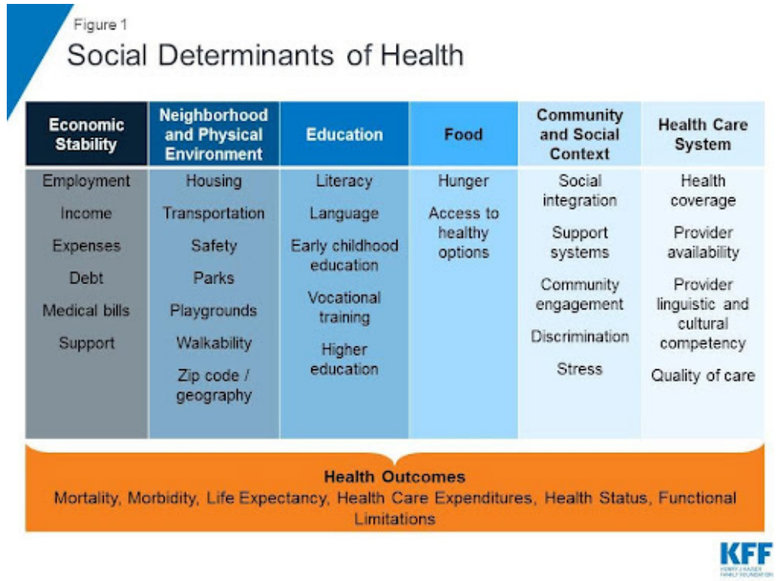
Figure 1: Paradigm Shift



Note. Diagram showing the theoretical framework of the mutual-aid paradigm shift.

Appendex B

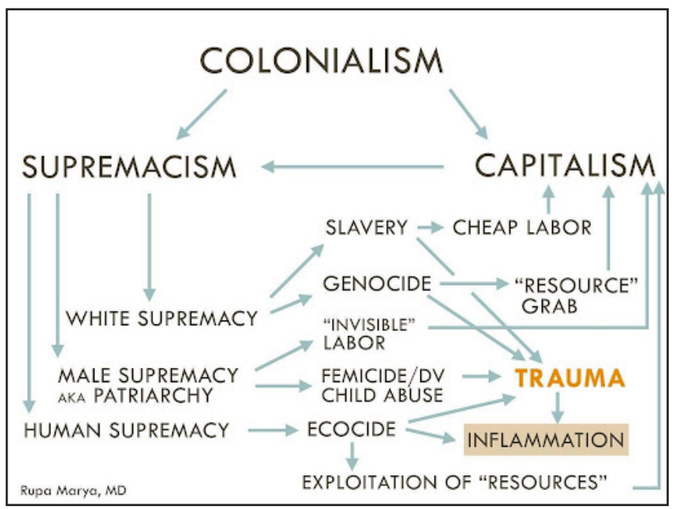
Figure 2:



Note. This chart was created by Samantha Artiga and Elizabeth Hinton published on May 10, 2018. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. KFF.

Appendex C

Figure 3:



Note. This diagram was created by Dr. Rupa Marya, MD June 12, 2020. From Health and Justice—The Path of Liberation Through Medicine. Medium.

Mira Hagiwara Gupta

Biography

Mira Gupta is a 4th-year Global Health major and Health and Social Issues Minor. They are currently working to support a more equitable UC San Diego community at the Asian Pacific Islander Middle Eastern Desi American (APIMEDA) Programs and Services as well as the Zone. They recently organized a successful mutual aid community pop-up in Mission Bay, San Diego, and hopes to continue their research in ways to further implement mutual aid and other forms of community care in our society.

Acknowledgements

I would like to thank Miranda Wu, my advisor who helped guide me through the process of developing my original thesis. I would like to thank all my peers from my Honors Thesis cohort for providing helpful feedback on my work and always encouraging me. I would like to thank friends and family for supporting me every step of the way!

"I am a First Daughter, Pan-Asian American, multiethnic and multifaceted Queer community organizer. My research informs my philosophies. My philosophies also inform my research. I hope that my work pioneers a new field of global health and ethnic studies research and empowers and uplifts community organizers as the new stewards of community care."