

# Neighborhood Mutual Aid Groups and Spaces of Deviant Care

by

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## ABSTRACT

In mid-March 2020, US residents witnessed mass-mobilization to ensure that vulnerable community members (including food-, housing-, and income-insecure individuals, as well as disabled, elderly, and immunocompromised individuals) had their immediate needs met in the wake of the COVID-19 pandemic and the roll-out of stay-at-home orders. Many of these COVID-19 neighborhood mutual aid groups were located in metropolitan areas experiencing simultaneous processes of gentrification, racial banishment, and displacement. The presence of these groups, especially those comprised mainly of white, young, gentrifiers challenged previously held notions of 'care'. For some, this phenomenon raised the question of whether all care ensures survival. *And for whom does care, as offered by mutual aid groups, ensure survival?*

The purpose of this thesis is to think through the role COVID-19 neighborhood mutual aid groups play in foreclosing or furthering Black survival. Building off the work of scholars of care and deviance (Joan Tronto, Dorothy Roberts, Ren Yo Hwang, and Cathy Cohen), this thesis contributes to both fields by inquiring about the places where deviant care is practiced. In this thesis, I propose a theory of deviant care geographies, which I define as “productions of space/place which resist Black subjection and Black death by emotionally, materially, and ontologically attending to the survival of 'deviant' persons.” Deviant care geographies require the centering of Black people, moves away from care as a tenuous institution or as a allocated according to merit, refuses liberal, individualist notions of society members worthy of care, and it creates new socio-spatial relations. Using this theory of spatialized care, I analyze six interviews from a Central Brooklyn-based COVID-19 neighborhood mutual aid group to explore how practices of mutual aid groups and their members further or foreclose the creation of spaces for deviant care practice.

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## Introduction

Mutual aid groups, widely unknown before mid-March 2020, sprung up in cities throughout the United States. Mutual aid is “a form of political participation in which people take responsibility for caring for one another and changing political conditions, not just through symbolic acts or putting pressure on their representatives in government but by actually building new social relations that are more survivable” (Spade, 2020a: 136). As schools closed and people were furloughed, laid off, or otherwise income insecure, mutual aid groups (specifically, COVID-19 neighborhood mutual aid groups) arose in residential neighborhoods to support individuals, specifically income-insecure, food-insecure, elderly, disabled, and immunocompromised individuals during the pandemic. The central tenets of many of these mutual aid groups built upon Dean Spade’s foundational texts for forming mutual aid groups and understanding mutual aid history (2020a, 2020b). *Solidarity, not charity. Mutual aid for survival*. The ascension of these groups marked a major departure from how the world looked mere months before.

However, what was often left under-stated was how this contrast took place in metropolitan areas experiencing simultaneous processes of gentrification, racial banishment, and displacement. In my own experience with COVID-19 neighborhood mutual aid groups, this tension, while recognized, never received the full brunt of anyone’s attention. Additionally, all of these spaces were majority young, majority white, with the vast majority of us identifying as new residents and/or gentrifiers. My experience(s) with these groups led me to questions about “care” that I had not considered before. More specifically, the absence of Black people within the spaces that organized care, but their/our overrepresentation as recipients of care, raised important

questions about the dimensions of care, whether care ensures survival for everyone, and how COVID-19 neighborhood mutual aid groups' practices of care can ensure Black survival.

The purpose of this thesis is to think through the role COVID-19 neighborhood mutual aid groups play in foreclosing or furthering Black survival. Building off the work of scholars of care and deviance (Joan Tronto, Dorothy Roberts, Ren Yo Hwang, and Cathy Cohen), this thesis contributes to both fields by inquiring about the places where deviant care is practiced. This thesis is comprised of two main parts: a theoretical intervention, wherein I propose a framework of deviant care geographies, defined as “productions of space/place which resist Black subjection and Black death by emotionally, materially, and ontologically attending to the survival of ‘deviant’ persons”, and a case study analysis of a COVID-19 neighborhood mutual aid group using this framework.

Chapter 1 reviews contemporary care scholarship produced in the late 20th century through the 21st century. Central to this chapter is the analysis of Joan Tronto's (1993) theory of care, which suggests that care has four phases: *caring about*, *taking care of*, *care-taking*, and *care receiving*. Following a review of how Tronto's theory of care and the study of care, more broadly, have been expanded, I introduce a critique of this body of scholarship and propose a new framework for thinking towards care and Black survival. In Chapter 2, I suggest that a possible theoretical intervention is in order, specifically at the intersection of care theory and Black studies/Black feminist scholarship. Deviance is introduced as an analytic for which to think about Black survival through the rejection of any logic which ascribes disposability and death onto Black people (Roberts, 1994) and the through acts in which individuals “with little power in society engage in counter normative behaviors” (Cohen, 2004:30). In this chapter, I review scholarship on deviance and conclude with the proposal of a framework for deviant care

geographies. In the concluding chapter, I explore the presence or absence of deviant care practices in neighborhood mutual aid groups, looking specifically at one Central Brooklyn-based group, Bed-Stuy Strong (BSS). Analyzing six interviews from BSS members (collected as part of The Brooklyn Public Library's oral history series and permanent collection *Our Streets, Our Stories: Covid-19 Oral History Project*), I conclude that while COVID-19 neighborhood mutual aid groups attempt radical actions to meet immediate needs of community members, they fall short of articulating new socio-spatial relations that center Black survival.



## Understanding Care: A Background on Late 20<sup>th</sup>-21<sup>st</sup> Century Care Scholarship

At the core of Joan Tronto's *Moral Boundaries: A Political Argument for an Ethic of Care* is the question, "how can a deeper understanding of care be used to prefigure a 'good society'?" Care is often considered an antidote to modern distributions of power and violence, with particular emphasis on the way that women's care work remains obscured, if not erased. The predominant heteropatriarchal tendency for care and goodness to be attributed as a natural quality of women due to their ability to reproduce propelled Tronto's entry into a critical analysis of care. Such a lens precluded any future of care, as the practice was thought to be always-only carried out by women-mothers. Additionally, inquiry into how we care about each other could reveal no areas in need of improvement, as any woman-mother who practiced care in ways deemed appropriate by the man-patriarch was caring perfectly. For Tronto, the connection between women and care was not inherently wrong, but it precluded care as a serious practice upon which to orient society, thus necessitating her own inquiry into care through a lens of political theory.

While *Moral Boundaries* also attends to the intersections of morality and politics (and the resulting boundaries devised for the public), this thesis emphasizes the third part of her book *For an Ethic of Care*. Refuting any notion of care being 'amorphous', Tronto proposes a 4-part definition of caring. The first phase, caring about, involves recognizing the need and necessity of care for a person, for a group of people, or even as a general response to a society-wide condition. Tronto suggests that *caring about* may prompt questions of others' survival: "how will they be able to eat?" (106). The second phase, *taking care of*, assumes "responsibility of the identified need and determining how to respond to it". While *caring about* requires little more than the acknowledgment of need(s), *taking care of* reifies the

subject's "agency and responsibility". The third phase, *caregiving*, involves the physical work of care, placing the caregiver directly in contact with sites or subjects of care. During this phase, the actions of an individual must meet an immediate need of another. Contrary to *taking care of*, the individual who has been identified as in need of care is put into contact (either in the present or in the near future) with immediate material redress to support their survival. The last phase, *care receiving*, places emphasis on the receipt of care, recognizing that responses to care are as much an active part of caring as any other facet.

In addition to defining caring, Tronto also offers an "ethics of care"-- a guide to social-political engagement in the 'good society'. Tronto proposes that it is insufficient to participate in *caring without attention* to the moral principles that guide individuals' actions. *Care* must also take into consideration the development of new principles, namely attentiveness (to need), responsibility (to care for each other), competence (and ability/capacity to care), and responsiveness (to the reception of care). These ethics overwrite the predominant racial-capitalist system that is care-less: fostering inattentiveness to needs of others, responsibility only to oneself (and those they have preferences for), and the reinforcement of unequal power structures by removing all autonomy of care-recipients. 'Good care' for a 'good society' combines both *the content of care (what is care?) and the principles which underly how we care*.

Thinking about the 'good care' that makes up a 'good society', Joan Tronto and Berenice Fisher (1990) define care as:

"a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web."

Tronto & Fisher's definition emphasizes the role of human and non-human actors in care (*species activity, we*), it refuses care models that only involve dyadic relationships (*complex, life*

*sustaining web*), and thinks of care as an ongoing process (*everything we do*). I would also add that their definition of care formulates care as a process toward securing survival ("maintain[ed], continue[d], and repair[ed]"). To some, Tronto's 'good society' is a fantasy, but in many ways, it is one of the most perceptive analyses of what a society devoid of care convinces its public that it is incapable of attaining: survival, collectively, new relations. Tronto's vision for a care-full society also attends to the ways that care is or can be messy. People involved in caring face serious dilemmas: they must manage their own partiality as they determine who to care for (and in what order), they must balance care of all involved in a care web (including themselves), and they must constantly work towards upending sedimented categories of the 'other' and the 'self'.

Tronto's theory of care is helpful in three ways for this thesis. First, she helps us understand that care is not 'amorphous' but has a concrete structure that forms new social-political-moral relations. Second, her analytic lens attends to how *power* interacts with care. Uneven power structures, namely in the form of capitalism, racism, white supremacy, colonialism, heteropatriarchy, sexism, settler colonialism, and their legacies, have concretized a logic in which care is not considered to be a meaningful foundation for all human relations. Furthermore, care is often (primarily so in pre-pandemic life) framed with a negative connotation—a "hand out", "welfare-dependency"—such that people see themselves as further independent and without responsibility to each other, their value derived from their participation in the hegemony. Even when engaged in acts of 'caring', power asserts itself. The 'complex, life-sustaining web' can easily become a site where self-other boundaries, paternalistic relationships, and caring are distributed along existing axes of power (145-147). Third, Tronto emphasizes care as a theoretical intervention and care as praxis, embedded into everyday life. The four elements of care cannot exist sans the four elements of care ethics; nor can they operate as *care* in a world that retains the unequal, violent power structure that is currently dominant. These are, at best, fragments and fleeting specters of care.

### **Overview of "Care Work"**

Since Tronto's intervention, literature on care scholarship has expanded to explore the relational, contextual/socio-political, temporal, and spatial dimensions of care work, mostly. Care work is comprised of paid and unpaid forms of labor "necessary to maintain existing life and to reproduce the next generation" (social reproduction theory) (Laslett & Brenner, 1989:383). Unlike other forms of work, care work yields direct social benefits to the care recipient, in the form of "develop[ed] skills, values, and habits", as well as indirect social benefits for others in a society, as a result of these skills, values, and habits (England, 2005: 383). Narrowing down care even further, Duffy et al. (2013) suggest that care labor specifically contributes to "health, education, childcare, and basic well-being" (149). Scholars of care and social reproduction have studied care work for the well-being of specific populations, such as children (Aslanian, 2020), elders (Cantor and Brennan, 2000; Cantor and Mayer, 1978), and persons with disabilities and other health conditions (Brown, 2003; Power & Bartlett, 2019; Zallman et al., 2019). Care has also been located within specific places, including homes (Glenn, 1992; Roberts, 1997; Stenning, 2020; Umamaheswar & Tan, 2020; Milligan, 2000), hospitals and other healthcare facilities (Dodson & Zinavage, 2007;), childcare facilities (Aslanian, 2020).

The following section will review late 20<sup>th</sup> century and 21<sup>st</sup> century scholarship related to care, primarily answering the following questions: Who is involved in care? Under what conditions does care occur? And where is does care happen?

## Literature Review

### 1.1 Who Cares?

#### Multispecies Relationships

Care is not limited to human actors. Puig de la Bellacasa (2017) explores care as an ontological intervention and political project that holds potential to disrupt an anthropocentric world. Ihnji Jon (2020) emphasizes that nature is an active participant in care relationships. Jon (2020) highlights that in a 'caring city' care requires the consideration of power relations among humans, but it also requires consideration for non-human actors, as humans' and non-humans' needs for survival are intertwined. She notes that humans', and specifically planners', attentiveness and responsiveness to others' needs should not just be limited to human 'others'. Instead, she posits that it is “only natural that we *respond* to that feedback” provided by the non-human world.

#### Interpersonal Relationships

Scholars continue to trouble Nel Noddings (1984) hypothesis that care happens “between two people”, perhaps most paradigmatically between a mother and a child. Tronto refers to this as a dyadic model of care. While care can unfold between two parties, this model of care is tenuous. This framing assumes a unidirectional flow of power and responsibility from caregiver to a care recipient for starters. Furthermore, it lends to essentialist understandings of individuals in which particular characteristics transform them into perennial, natural caregivers.

Mia Mingus (2020), building from disability and transformative justice activism and scholarship, troubles the dyadic model in her work on pod mapping. Pod mapping is a form of mapping out care and accountability networks to reduce and redress harm. Mingus writes that the pods are made up of “people in our lives that we would call on to support us with our immediate and ongoing safety, accountability and transformation of behaviors, or individual and collective healing and resiliency” (Mingus, 2020: 119). Though Mingus doesn't use the word

“care”, the individuals who become part of a person’s pod are thought to, by that individual, *care* for their safety, healing, and accountability, or at the very least be capable of caring about them. The pod model serves as a visual representation of all persons involved in *caring* (*caring about, taking care of, caregiving, care receiving*) and evidences that *caring* does not happen one way and always between two people. The model also links people to organizations and networks, and there are instances where people indicate that they are completely isolated: only able to identify a few, if any, persons as part of their transformative justice *care* pod.

Marian Barnes (2015:35) offers a “heuristic device” of *networked* and *collective* care, which, in different ways, emphasize how care unfolds among multiple people. For Barnes, “interdependency is multidirectional”. Milligan and Wiles (2010) also explore the multidirectionality of care as it involves networks, reciprocal care practices, and multi-directional exchanges in which the individual(s) associated with providing care receive(s) “benefits such as new perspective, a sense of pride or satisfaction, [or] learning new skills” (Milligan and Wiles, 2010: 737).

Some researchers have suggested that care happens, or that the caregiver title is ascribed, when one person takes care of another individual who cannot survive without that support (Milligan, 2000: 50). However, scholars such as Barnes (2012) emphasize that care is universally needed and thus, people enter into care relations all the time (not only when they are fully dependent on others for their survival). Sarah Hall attends to ‘everyday social infrastructures of care’, which are comprised of friends, family, and other individuals with whom people have intimate relations (Hall, 2019). Scholars have analyzed how care can occur at various scales, such as during social service provision at the neighborhood (Binet, 2015) or institution level (Tronto, 2010; Aslanian, 2020). Additionally, they have noted how specific vulnerable populations such as children (Aslanian, 2020) and elders (Cantor and Brennan, 2000; Cantor and Mayer, 1978) rely upon non-dyadic care models.

## Gender and Care Burden

While it is true that care scholarship was a response to the ways that some feminist scholars, such as Nel Noddings, used the mother-child relationship as the ultimate paradigm for care, care scholarship also emerged to reposition women in the conversation of labor (rights). As Kim England (2010) points out, scholarship on domestic labor, social reproduction, and care, responded to the inability of Marxist theory, especially as deployed in the 1970s, to account for the unpaid labor of women and situate them as disproportionately represented in underappreciated, underpaid/unpaid jobs. Thus, the gender analytic of care has been one of the most predominant threads stretched in the literature.

Care, within current social-political-economic structures, is gendered. At least three of the tenets of care (caring about, taking care of, and caretaking) are disproportionately shifted onto women (Armstrong and Armstrong, 2001; McKie et al., 2002; Duffy, 2005; Nakano Glenn, 2010, 1999). Although some argue that, with women's increased involvement in the traditional labor force, some of this care work is shifted back onto men (Sevenhuijsen, 2003: 181), it remains primarily the work of women, enshrined in notions of duty, obligation, and gender-based responsibility (Nakano Glenn, 2010). Mignon Duffy's research on the demographics of care workers consistently evidences women's overrepresentation in paid, care/social reproduction occupations (Duffy, 2005; Duffy et al., 2013). Additionally, women spend more time performing unpaid care labor. Using data from the 2006-7 Massachusetts ACS survey to calculate time spent performing paid care and the American Time Use Survey data to calculate time spent on unpaid care, Duffy et al. (2013:156) found that women spend more time daily (1.5 hours extra, .5 hours extra, respectively) on "household and social support care" and "interactive care" than did men. The New York Times' coverage of the pandemic found that women across the United States, employed and unemployed, took on a disproportionate amount of care work

(specifically child-care work) in the aftermath of COVID-19 related shutdowns (Cain Miller, 2020; Cain Miller, 2021).

Scholars have also examined how the very identity of 'woman' is intertwined with care. Watson et al. (2004:334) write of the 'dialectics of caring and femininity'. Caring always renders the feminine, and femininity, or the qualities and traits associated with women, is always defined by one's ability to care. In this view, women care, or are capable of caring, because of their presumed reproductive capacity. Armstrong and Armstrong (2001) describe further the gendered dynamics of care:

"Every known society has not only defined some work as men's and some as women's, they have also distinguished between what women do and do not do. Women have primary daily responsibility for children and for the sick or disabled, as well as for much other domestic work. They do most of the cooking, washing, cleaning, toileting, bathing, feeding, comforting, training for daily living, shopping and planning for domestic consumption and care. And it is women who bear the children." (Armstrong and Armstrong, 2001: 5-6).

### Race and Care Burden

Caring, particularly the phase of caretaking, is disproportionately carried out by non-white, racial-ethnic groups in the United States (Zallman et al., 2019; Chang, 2016; Nadasen, 2021; Nakano Glenn, 1985; Nakano Glenn, 1992; Nakano Glenn, 2010; Roberts, 1997). Historically, women of color have been overrepresented in service labor work. The domestic space, the home, has proven to be one of, if not *the*, most important site of analysis for studying racialized care work. However, when considered in analyses of race and care work, as opposed to literature on "women" in general, the domestic space is often analyzed as the site of labor associated with systems of employment and/or servitude. This is partly due to the racist constructions of morality and womanhood. While care suggested to be a natural capacity of white women (which suggests 'care' takes place in the domestic sphere 'naturally' and in unpaid ways), non-white racialized women, especially Black women, are perpetually cast as "unfit,



uncaring, and immoral” and thus, ‘naturally’ incompatible with caring outside of a labor capacity (Roberts, 1997: 62). By noting that non-white racialized communities, and especially Black women, perform unpaid *and* paid care in the domestic space, I don’t mean to suggest that payment translates into a more valued form of care-work. I only mean to note the ways that care work for these populations in the home, as studied in care scholarship, differs from how white women are studied as performing care in the home. Care, then, and specifically ‘paid’ *care work*, has been ascribed to non-white, racialized women, in a way that further recasts them as sub-human rather than moralize them or make them socially acceptable. Evelyn Nakano Glenn has produced foundational texts in this field exploring the way care and social reproduction are racialized and gendered, and how these dynamics vary by region and time. Glenn (1992) notes that Black women in the Southern United States, Chicana/Mexican women in the Southwest, and Japanese men and women in the West and Hawaii have been disproportionately represented in service labor since the early 20th century (Glenn, 1992:8). One of the mechanisms that underlie this inequality is the social construction that care is the work of Black and Brown women. Not only do non-white women do more of the care work, social and political constructions create a society in which race (or phenotype, anyways) is determinative of their role in society. As Alexander Weheliye writes, “modern assemblages of racialization...veil political processes of subjugation through natal markers (hair color, skin pigmentation, etc.) of biological selectedness” (Weheliye, 2014: 68). Racist, sexist social-political structures in the US have resulted in race mediating the assignment of care.

Race is also a mechanism by which care-taking is shifted downstream, transitioning from the “woman’s” burden to the non-white woman’s burden. As Nakano Glenn (1992) notes, white women were active beneficiaries and participants in shifting care responsibilities onto non-white racial-ethnic communities. The hybrid of race and gender oppression within the United States resulted in non-white women and immigrants being placed on domestic labor tracks, which

reified the white supremacist belief that non-white communities are best suited for, and should do nothing else than, domestic work (i.e., maid, 'houseboy', child-care provider). In *Spiritual and Menial Housework*, Dorothy Roberts (1997) explores "racialized exploitation" in care work, identifying two forms of housework: spiritual and menial. In this differentiation, spiritual housework are the household tasks that provide women "a place, a role, and importance in the home" and are done by white women, whereas menial housework, which are the "nasty, tedious physical tasks", are passed along to "menial workers sustained by race and class subordination" (Roberts, 1997: 55-56). Racialized women, then, might have their labor expropriated to *physically* care for the children (i.e., change their diapers, nurse them, babysit), while the entry point of care for white women is the limited time they spend with their children, perhaps attending briefly to their emotional needs or instructing them on how to act/ behave. While non-white workers are expected to care about, take care of, and care-take the home and the children, they are stripped of all power.

Indeed, the bodies of non-white women have historically been viewed as receptacles for carrying out white employers' desires, even at the expense of their own families and personal care. Racialized domestic workers were forced, or in Glenn's term "coerced", to give employers full control of their bodies, time, and lives. At one extreme, the Black woman's entire body becomes a cavity for not only social reproduction but actual reproduction through contract pregnancy (Roberts, 1997). Studying Black domestic workers' conditions of 'caring' and resistance in the 1960s and 1970s, Nadasen (2021) notes that the dehumanization of Black domestic workers was "made possible through racial othering", albeit masked by language of love, care, and "fictive kinship" (Dodson & Zinbavage, 2007). The convergence of dehumanization, race, and care work, of course, has meant that researchers have attended to the ways in which legacies of slavery have informed the distribution of care (Nakano Glenn, 1985; Roberts, 1997; Nadasen, 2021). Thinking with Roberts (1997) and an oral history archive

on members of the Domestic Workers of America (DWA), Nadasen (2021: 170) notes that the techniques used by domestic laborers to survive their work are extensions of strategies developed during slavery. She writes:

“Household labor was in part about playing the deferential ‘Mammy’ role and demonstrating care. It was a politics of performance that did not necessarily reflect inner feelings, perhaps akin to what Paul Laurence Dunbar referred to as ‘wearing a mask’ or what Darlene Clark Hine called a culture of dissemblance, in which enslaved Black women strategically used silence to cope with and resist sexual exploitation (Dunbar 1896; Hine 1989).”

In addition to the foundational works produced by Evelyn Nakano Glenn and Dorothy Roberts, recent works have explored other aspects of the interaction between race and care. Using 2018 Current Population Survey data, Zallman (2019) argues that naturalized, documented, and undocumented immigrants are critical to US care infrastructure, estimating that they make up around 18.2% of *direct care occupations* (nursing, psychiatric, home health aides or personal and home care aides). Ehrenreich and Hochschild’s study (2003) found that global migration patterns support this finding: women, particularly women from the Global South, are moving to the Global North, to earn income, landing primarily in fields of care work/social reproduction work. Dodson & Zircavage’s (2007) study of care in Massachusetts nursing homes found that Certified Nursing Assistants (CNAs), essential to the care chain for elderly populations, are disproportionately Black (African American, Haitian, Black Hispanic, other Black). Furthermore, Dodson & Zircavage (2007) found that in this line of work, Black caregivers must deal with the language of care and ‘fictive kinship’, as well as commonplace racist abuse from care recipients.

In summary, there is no simple answer to who cares. Regarding the scale of care, we can surmise from the care literature that caring is not limited to human actors and can take place amongst many or amongst only a few (or one) actors. Furthermore, the answer to who cares is rooted in histories of gender and race oppression in the United States (tied to slavery and imperialism), with care work disproportionately being done by women, non-white women and non-white immigrants.

## 1.2 Social and Political Context of Care (In What Worlds does Care Take Place?)

The advent of neoliberalism, introduced in late-20th century United States but iterated upon well into the 21st century, resulted in social, political, and economic restructuring. Underpinning the shift was a key belief in markets, rather than the state, as the most efficient means for the allocation of public resources (Fine and Saad-Filho, 2016). While neoliberalism is a complex structural shift, it was unquestionably amenable to pro-market, pro-financialization, anti-poor and anti-Black sentiment. Furthermore, it served as the backbone to the retrenchment of welfare and state social services. Additionally, the ideologies that underpin neoliberalism have created “an individualist, formally egalitarian, meliorist, and universalist conception of self and society” (Fine and Saad-Filho, 2016: 688). Care scholarship, particularly that which focuses on how care has shifted as a result of financial and social restructuring, responds in part to this world: one in which individuals in need of care, and especially those in need of material resources, are cast as overly dependent, drains on public resources, and extremely disposable. Care’s embeddedness in the social-political context of society was one of Tronto’s central arguments in *Moral Boundaries*. However, most of Tronto’s emphasis remains on how a practice of care can undergird the politics of a “good society”. In recent years, scholarship has placed more emphasis on exploring how care is determined by social and political context (Bowlby and McKie, 2018; Milligan and Wiles, 2010; Brown, 2003; England, 2010; Hall, 2019) and how state restructuring influences care relations.

Care is sensitive to "social, political, and environmental factors" that limit the ability for people to access needed resources to care for themselves and others (Milligan, 2010). Utilizing a framework of "carescapes", Bowlby and McKie (2018:534) emphasize that these spaces are determined by "political and social ideas about care as well as...[by] material changes in services and infrastructures". Policies, services, and social ideas mediate the provision of care services through formal and informal mechanisms/networks. Care, therefore, is always

embedded in the "trajectory" of policies, (economic) markets, relationships, social structures, memories, ideologies, financial flows, migratory patterns, amongst other dynamics of society (Bowlby and McKie, 2018). Geographer Victoria Lawson describes *care ethics as a questioning of* "(neo)liberal principles of individualism, egalitarianism, universalism, and of [a] society organized exclusively around principles of efficiency, competition, and a 'right' price for everything" (Lawson, 2007:3).

Recent care literature emerging from Europe has taken a specific focus on austerity and restructuring's effects on the provision of care (Power & Bartlett, 2018; Schwiter et al., 2018), although it is worth noting that austerity/restructuring is a global condition/event and is applicable elsewhere. Sarah Hall's (2019) ethnographic study indicates that 'everyday social infrastructures of care' are deeply influenced by austerity. Cuts to social services especially jeopardize the housing stability of individuals who are old, disabled, or otherwise reliant on government funding for subsistence. Care-taking, particularly of children and elderly individuals, is distributed within the family (typically among women). Alison Stenning's (2018) research on austerity's impact on low- and middle-income families in Northeast England found that the material impacts of austerity, such as "rising prices and falling incomes, debt, insecurity at work, and unexpected expenditures", to name a few (Stenning, 2018: 6), are felt on an everyday basis *and* are routinely narrativized by individuals. Individuals are constantly practicing and navigating crises brought about by having precarious work and insufficient income, and oftentimes they understand the responsibility to make ends meet as a personal one. Families and individuals experiencing austerity move much of the responsibility to 'care' away from government entities and entirely onto their familial units.

Green and Lawson (2011) note that care has become increasingly more commoditized, making it only available to some. They write:

“where care comes to be perceived as a matter of choice for those who can choose (or not) to accept responsibility for persons in dependent relations, some may find themselves excluded. Similarly, determining who is eligible for care resources comes to hinge upon their own actions; people become eligible for care if they ‘choose’ to become autonomous and productive individuals (unemployed who choose to train and job-see, the sick who choose healthy behaviours, the incarcerated who choose rehabilitation). People become eligible for care by virtue of their choices which are deemed as moving them towards autonomous and productive status.”

Even though some theorize care as promoting and practicing interdependency, we see here that it can also be utilized as a mechanism to promote individualism and excuse necropolitical practices of disposability. Green and Lawson (2011) reiterate that when care becomes non-feasible materially, one option is, indeed, to practice ‘social abandonment’ and othering of those who would otherwise require care.

With regards to the changing nature of relationships in periods of austerity, Hall (2019) notes how individual-level monetary practices, that arise in response to austerity, influence relationships. When income cuts result in needing to rearrange care work (i.e. cleaning, child-minding, etc.), families lean on informal networks of women. Sometimes, money entering into relationships yields no significant change in the relationship. Other times, intimate relationships are challenged with navigating whether family and friends should be paid for care work, and whether compensation transforms the relationship into a less intimate one. When there is no intimacy and relationships are formed based on money and employment, austerity often results in a *severed* relationship between the worker in a care-service role and their employer through the erosion of faked intimacy or through the end of the service.

Scholarship also looks to informal (versus formal) care networks to understand the social and political conditions of care. *Informal care* is “care that is normally unpaid and not formally organized” (Bowlby et al., 2010). Bowlby (2012) argues that informal care holds importance for understanding how anticipations and practices of care unfold across space and time. Informal, as a descriptor, colloquializes and domesticates care—it becomes close-to-home and mediated by previously established or spatially-proximal relationships. In their study of support and care

for adults with learning disabilities, Power and Bartlett (2018) found that care is at risk of complete attenuation as a result of the combination of welfare retrenchment; tenuous or absent kinship, friendship, and community/neighborhood relationships; and limited places to make new friends. They note that (2018: 23) while the care landscape (specifically networks for informal caring) under austerity is not completely disappeared, it is an “assemblage” of “precarious arrangements” and vestiges from previous eras of care that are also tenuous/fragile (Power & Bartlett, 2018).

### **1.3 Spatiality of Care (Where does Care happen?)**

Care permeates every space where people are. It is not only ‘necessarily relational’ (Tronto, 1993), but also necessarily spatial. *Where* care happens is inseparable from the “political and social arrangements” of care (Milligan & Wiles, 2010: 739). Within care literature, the *setting* of care figures prominently. Care has been studied within homes, in public facilities, private facilities, workplaces, neighborhoods, health care facilities, schools, cities, rural areas, and with distinct populations including elders, children, terminally-ill, and disabled individuals. The study of care geographies builds upon mid-to-late 20<sup>th</sup> century research on welfare policies, spatial distribution of need and despair, public goods allocation, and values/ethics desired in “communities of well-being” and healing spaces (Staeheli & Brown, 2003; Milligan & Wiles, 2010).

One of the largest themes of care literature has been tracing the spatial relocations of care that have accompanied policies of welfare retrenchment, austerity, and the repeal of the social safety net. In *Geographies of Care and Responsibility*, Victoria Lawson (2007) draws attention to how market fundamentalism has not only sedimented ideologies of privatized care (complemented by less social support), but also resulted in “new geographies of inequality” in access to care and distribution of care work. Indeed, geographies of care are determined by all parts of the care process: who is caring; physical, emotional, and social abilities of the cared for;

material/financial resources of the caring, as well as any spatial commitments to where care is received (Milligan, 2000).

Thinking with Michael Brown (2003), Victoria Lawson notes that care happens in *private spaces*, which makes it possible for individuals to show up in *public spaces* as the “autonomous, self-made man” (Lawson, 2007: 5). Lawson argues for an ontological shift in geography that would transform every place where there are people and power into sites of care. Christine Milligan’s (2000) qualitative study on transformations of elder care in the UK following social service retrenchment found that care has been relocated from institutional settings (such as hospitals, hospice sites) to care-givers’ or care-receivers’ homespaces, a finding echoed by Bowlby & McKie (2018). Selma Sevenhuijsen (2003), on the other hand, suggests that one of the main ‘relocation[s] of care’ has actually been from “inside to outside”—with daycare centers replacing the typical in-home caretaking of infants and young children, services such as laundromats replacing in-home clothes cleaning, restaurants replacing in-home cooking, and live-in care facilities replicating home in a public space (181). Milligan and Wiles (2010) note that within health care specifically, the collapse of an ideology that heralds care as a public responsibility has led to privatized and spatially dispersed care (746). These ‘relocations’, while seemingly contradictory, are not. In many ways, these relocations—inside to outside, outside to inside, which is to say institutionalization and de-institutionalization of care—are simultaneous. For example, during the pandemic, at the same time that school-age children were physically relocated into their homes, much of their daily activities remained institutionalized—in many ways turning the home into an extension of the institution of the school.

Care literature has also focused on creating overarching theories of care spaces. Bowlby & McKie (2018) assert that carescapes are “important material or virtual spaces or sites [that] will be those in which or through which particular care services are delivered” (Bowlby, 2018: 574). Milligan and Wiles (2010) present the concept of ‘landscapes of care’, which they define



as the "spatial manifestations of the interplay between the socio-structural processes and structures that shape experiences and practices of care" (739). Thinking specifically about care in urban spaces, Karen Till (2012) introduces "place-based ethics of care", in which persons with distinct spatial experiences and trauma related to, but not limited to displacement, destruction, and other forms of state violence in the city, are brought together to bear witness to each other's needs, to express solidarity, and articulate new, collective urban futures.

One area of focus in literature dealing with the spatiality of care is the impact of proximity/distance on caring. Returning to Tronto's (1991) phases of care, Milligan & Wiles (2010:741) note that the four phases (caring for, caring about, taking care of, and care receiving) all involve different levels of proximity. Even so, distance/proximity analyses are not always useful, as physical distance neither guarantees nor forecloses care. Persons' experiences of distanced care practices are continuously reshaped by "mass media and electronic networks" (Silk, 1998). As the world has experienced in the last year, technology has made it possible for people to advocate on behalf of others, provide emotional support, and coordinate care-taking activities through virtual interactions. Leah Lakshmi Piepzna-Samarasinha (2019), writing from the scholar-activist-embodied space of QTPOC disability justice, notes the internet's pivotal role in building communities of care that are simultaneously spatial and a-spatial. Creating Collective Access (CCA), for example, is a group formed by "three disabled queer Asian femmes" who found accessibility gaps at two conference events based in Detroit. They brought together QTPOC disabled femmes via online portals, blogs, WordPress sites, and Facebook, which later translated into an in-person meet up where they were able to practice collectively creating spaces of care for QTPOC disabled femmes *by* QTPOC disabled femmes. Regardless of distance, persons are able to participate in caring relations due to the internet and other technologies that bridge time-space and facilitate collectivity, contact, and the formation of community.

## 1.4 Care in a Post COVID-19 world

Since the arrival of COVID-19, there has been an increase in referencing "care" as an aspirational politic. Chatzidakis et al. (2020) have named the overwhelming uptick in COVID-related care discourse *carewashing*. Carewashing has shifted understandings and applications of care. Throughout much of 2020, celebrities and corporations took part in symbolic actions, and media transfigured low-wage, 'essential' workers into care workers. There has also been an advent in the pursuit of 'radical caring politics', in which human and nonhuman actors are bound by a politics of interdependence (Chatzidakis et al, 2020; Hobart & Kneese, 2020).

Scholarship on care and COVID-19 has also branched to the gendered distribution of care burden. As was the case before the pandemic, care burden is highly gendered and increasingly less institutionalized. However, a spatial-temporal compression of care, in which care is needed both immediately and in one space, has distinguished the era of COVID. The primary persons available to do immediate care work are those located nearby, meaning women and families have taken on a disproportionate amount of the additional care burden (Power, 2020; Umamaheswar & Tan, 2020). Kate Power (2020) argues that the pandemic indicates a 'fourth shift' of care (the first being care being the 'role' of women, the second being care shifted onto women as they also took on paid labor, the third being "unpaid emotional labor") in which women have to do unpaid care work alongside their paid work with no temporal separation, and often with no spatial separation, such as "homeschooling while working". Janani Umamaheswar and Catherine Tan's (2020) qualitative study of college students and their household members reveals that individuals' responses to the pandemic differ by gender. While women participants expressed fear and anxiety about sheltering in place/COVID-19, men did not. Men in the study were more likely to undermine the validity of the pandemic and show reluctance to follow mask mandate/shelter in place policies. For some interviewees, their only reason for following mandated policies was the presence of elderly and immunocompromised

women household members they feared would get ill or be angry at them. Umamaheswar and Tan (2020) suggest that these differences stem from women's commitment, prior experiences with, and obligation to caregiving in the household, and men's lack thereof. Going beyond simple arguments that masculinity mediates men's actions during the COVID-19 pandemic, they argue that women, who already experience greater care burden, recognize that a household member's infection would add to their burden and thus take the risk more seriously.

Care planning, or care ethics in the urban planning discipline, has also shown up in the post-COVID-19 literature. Indeed, state-sanctioned determinations of who is worthy of care and survival made possible the adverse and disproportionate impacts of the pandemic. These dynamics have facilitated the mass casualties attributed to the COVID-19 virus. As such, scholars have begun to think about ways that an ethics of care can reconstitute how the planning discipline creates places and spaces. Ihnji Jon (2020) writes that a caring city entails:

“(1) inclusive planning that exercises the veil of ignorance, (2) planning of care that chases out neoliberal individualism and, in the long-term, (3) another version of planning of care that redirects human interventions to become kinder to the nonhuman others with whom we also share our destiny on this planet. In pursuing these agendas, post-COVID-19 planning would need to (4) rethink and rebuild the relationship between nature and human interventions through collective questioning of what's most essential and valuable to each of our local communities.”

Gary and Berlinger (2020) note how a care ethics-informed recovery would require that we "face how our tolerance for inequality has harmed our fellow citizens: those institutionalized in long-term care facilities, prisons, and detention centers; those members of poor and working-class communities, especially communities of color, at disproportionate risk of chronic conditions; and those who are aging or immunocompromised." Indeed, a recovery that centers care would require acknowledgment that we live in a care-less world, some of us more than others, and that we must intentionally plan against health-inequalities mediated by structural violence via categorizations of worthiness.

## Summary of Literature Review

Care is complex. Yet, *care* and its gerund, *caring*, are often used colloquially with little attention to the granularities of what care means and what it entails. Care, while not ‘amorphous’, is defined in myriad ways—further evidencing its complexity. One of the most robust definitions of care comes from Joan Tronto (1993), whose work on politics of care and care ethics in *Moral Boundaries*, has become one of the most cited definitions. According to Tronto, care is comprised of four phases: *caring about*, *taking care of*, *care taking*, and *care receiving*. More detail on these phases can be found in **Table 1**.

**Table 1. Summary of Tronto’s (1993) Theory of Care and Care Ethics**

		Definition
Phases of Caring	Caring About	The act of recognizing the need(s) of other(s) and assessing the need should be met
	Taking Care of	The act of assuming some level of responsibility to meet the identified need(s) and determining how to respond to meet the need
	Care Taking	The act of doing physical work to meet the identified need; In this phase, care-givers come into contact with subjects or sites of care.
	Care Receiving	The act of receiving care and being able to produce a response/feedback to received care.
Principles of Care Ethics	Attentiveness	The ability to direct our attention towards others and recognize their needs
	Responsibility	Determined by cultural practices, rather than formal rules, responsibility is the insertion of oneself into meeting a need driven by an open-ended question: what should we do for each other?
	Competence	The knowledge, skillset, capacity, and resources to meet the identified need.
	Responsiveness	In recognition of the vulnerability inherent to relationships mediated by care (and especially care-taking), responsiveness is the act of attending to the needs of those involved in the care-network as expressed by those involved in the care network. Attentive to feedback which would preclude, or properly address any power imbalances that are ripe for abusive relations.

Between the late 20th and early 21st century, *care* and *caring* scholarship have expanded to explore the relational, contextual/socio-political, temporal, and spatial dimensions, primarily answering the questions: Who cares? Under what conditions does care occur? Where does care happen?

### Who Cares?

The significant threads for care scholarship in determining who cares are:

1. Care is a multi-species activity.
2. While care *can* look like a dyad, it does not always appear as one care-taker and one care-receiver.
3. Care/care-work is historically and empirically gendered.
4. Care/care-work is historically and empirically racialized.

Based on the literature and informed by scholars referenced in the section above, care is a multi-species act and involves myriad arrangements of interpersonal relations. For humans, care work/the burden of care is distributed along pre-existing axes of power, primarily along gender and racial hierarchies.

### Under What Conditions does care Occur?

Care is determined by the political, social/ideological, economic, and environmental conditions of the world. Ideological shifts, which are influenced by and influence political shifts and state restructurings, mediate the provision of care services and the reception of care (and sentiments around receiving care). The neoliberal, capitalist regime is central to how care is received. Furthermore, policies of austerity and welfare/social service-retrenchment have also created boundaries around care, wherein it becomes very inaccessible, only accessible in specific manifestations (informal, monetary/material, short-term), or extremely tenuous and precarious.

### Where does care Occur?

Policies that have repealed social services have created “geographies of inequality” that differentiate access to needed care. Care has been spatially relocated throughout history: from within the house to the public sphere and more recently from the public sphere to the private, or

back to the home. Care is consistently being institutionalized and de-institutionalized depending on the predominant social and economic policies. Regarding spatiality, care is mediated by distance. While proximity is essential in care networks and meeting individuals' immediate needs, proximity does not always correspond to a more care-full society particularly in an age of virtual connection. Individuals from near or far can participate in care-taking/care networks by providing emotional support, material support, and coordinating care (and other persons involved in care networks).

### Care during COVID-19?

Care is also influenced by particular events/moments in history. The COVID-19 pandemic has created a resurgence in care discourse. Care in the past year has been generously applied and used: companies have branded their products through 'care', maybe centering on a public health worker or a family taking care of a loved one; low-wage employees have been transfigured into 'essential workers', and later, into care-workers. Through the pandemic, we have seen an exacerbated care burden among women. Care work, particularly of elderly family members, children schooling from home, and families working from home, has fallen upon women household members. COVID-19 has also created a new discourse around what care-full cities and societies might look like in the future, reconceptualizing human relations with the non-human and troubling the discarding and disposing of populations under the racial capitalist, neoliberal regime.

### Limitations of Current Care Theory and Opportunities for Expansion

Care is multi-dimensional. The robust analysis of its phases, relations, and spatial characteristics clarifies an otherwise nebulous and overused term. An analysis of care that takes into account sub-themes found across care scholarship will allow for further inquiry into:

1. the distribution of care-work in society
2. the type of care network that emerges and how each actor contributes to the caring/care network
3. the ways in which care subverts or reifies existing power structures

4. the ways in which care challenges notions of the independent, self-dependent human
5. the influence of local, national, or international emergencies on care activities
6. the ways in which each phase of care is approached and actualized, with attention to care ethics
7. the non-human and human encounters in care practice
8. the physical sites where care takes place or is discouraged from taking place

Despite the robust matrix we can use to investigate care systems, relationships, and spaces, there are limitations to care scholarship. One of the major limitations, no doubt, is care scholarship's centering of whiteness. In addition to being primarily theorized by white scholars, the field of study defaults to white people, and often white middle-class women and their families, as the central subject of analysis. Indeed, Nel Noddings' (1984) *Care*, a foundational text in care ethics scholarship, is based upon the dyadic relationship between the white, middle-class mother and her child. Additionally, even in analyses of non-white women's engagement with care and caretaking, the white family remains central as the recipients of care and the surveillants and managers who establish how care work is to be done. Blackness and Black people are absent as subjects of care (not just performers of care work). *Care* scholarship is about white people.

In *Moral Boundaries*, Joan Tronto (1993) alludes to the notable absence of Black people in care theory. Tronto notes that women of color critiqued that the category of "woman" was flattening and ignored many (if not all) of the ways in which women's experiences are mediated by social-political conditions ascribed by race. There was, they argued, no universal experience of being a woman (Tronto, 1993: 17). Additionally, in explaining her opposition to the argument that women's morality is based upon ability to care, Tronto (1993: 2) notes how "morality" or good woman-ness is inaccessible to Black women. White women's morality stood in direct opposition to particular groups of women: non-white, poor, immigrant, non-heterosexual, non-cisgender, unwed, not mothers. Care, then, and specifically *care work*, has been ascribed to non-white, racialized women, in a way that further recasts them as sub-human. All of this is to

say that care operates differently for non-white, racialized, poor women than it does for the traditional subject of care scholarship.

Building off the first limitation, another limitation is the conceptual starting point that contemporary society is care-less. In *The Origins of White Care*, Cotten Seiler (2020) traces how *care* is entangled with white supremacist theories of human, subhuman, and survival in the United States. Seiler (2020) traces the origins of care back to the creation of evolutionary theory. While Darwinism is often given credit for the state's biopolitical capacities<sup>1</sup>, neo-Lamarckianism constructed theories of *natural* supremacy of white people and *natural* stagnation of Black people (Seiler 2020). With such a distinction, whiteness became a fact of phenotype and inherited qualities, traits, and capabilities. Seiler writes:

“Neo-Lamarckians heralded whites’ rarefied “ethical knowledge and practice” as the most transformative of their evolutionary achievements. They argued that this particular excellence tracked with the growth of “representative capacity,” a faculty that enabled, in [John] Fiske’s words, the “resuscitating [and] combining relations not present to the senses.” Whites’ development of representative capacity had won them intellectual superiority over other races but also generated new “psychical” faculties that drew on but were distinct from mere ratiocination: sympathy, benevolence, justice.” (Seiler, 2020: 23)

White supremacist evolutionary/development theory informed a government whose responsibility was *taking care* of its citizens for them to have "an equal chance of realizing...a moral and *human* life" (Seiler, 2019: 28). The ideal targets of such a government, were, of course, white people. Seiler argues that the "apogee years of white care" lasted between 1935 and 1965, which coincided with the liberal regime that repealed the legislative successes of the Civil Rights Movement. At the prospect of expanding 'administrative' care to support the survival of Black people, the state restructured to demoralize care recipients. Care theory rarely

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<sup>1</sup> Social Darwinism "prescribed the demise—by active destruction, neglect, or some mixture thereof—of the disabled, nonwhite, poor, and other populations seen as injurious to the flourishing of the species" (Seiler, 2020). It applied Charles Darwin’s theory of natural selection to humans, suggesting that the “fittest” of humans would survive/be superior. The human-centered interpretation of Darwin’s evolutionary theory was created by Herbert Spencer, who also coined the term “survival of the fittest”.



acknowledges the entanglements between care and whiteness, firmly fixing it under the shadow of its white supremacist origins.

Joan Tronto's intervention to produce a 'good society' suggests that the good society is one with care as a foundational practice—or put another way, that it stands opposite to the care-less foundations of contemporary society. Instead, as Seiler (2020) notes, care has long been a foundational practice in the United States, though what we may consider 'good'/'non-carceral' care has been reserved for white people, and even then, in a hierarchal fashion along axes of gender and class. If we take this to be true, then Tronto's 'good society' doesn't respond to a care-less society, but to a society in which the type of care is insufficient. Thus, the centering of white people as the central subjects of study in care scholarship might suggest that the 'good society' is one that restores a semblance of care to white persons, which may look more like a previous world (e.g. New Deal era-US) rather than a radically new one. Furthermore, while the literature provides an empirical understanding of how caring takes place today, it does not provide a clear understanding of how a caring society should be attempted and whether caring as a principal, in and of itself, is enough to produce a 'good' society.

These limitations substantially inhibit understanding how a 'good society' is created for non-white, racialized communities, and especially for the purposes of this thesis, Black people. Centering Black people does not preclude our ability to ask many of the questions care theory guides us towards. It does, however, expand our analysis to include how Black people encounter care through care-work *and* how they are present throughout the phases of care: as recipients of care and givers of care, as assessors of others' needs, and most importantly, as integral to the future society in which care mediates and forges all relations.

Indeed, current care theory remains insufficient for inquiring about:

1. the logics that inform the (in)accessibility of care and politics of (un)survival
2. specific manifestations of phases of care, as practiced by and for Black people

3. the methods and experiments in articulating a politics of care in communities historically abandoned and disposed of

And ultimately, missing from current care theory is the theoretical infrastructure to answer the question *How do Black people survive?*

## 2

### **Deviant Care Geographies: Review of Deviance Literature and A Proposal for a New Framework**

The presence of “Black people in the future”, to quote artist Alisha Wormsley, requires an endured transition from present to future. It requires that those in the here and now make it to tomorrow. There is an almost seamless arrival to care through mere inquiry into Black survival. How else to explain how we/they are still here? Here, in a world marked by the “unresolves unfolding” of slavery. Here, in a world where Black life is continuously conscripted to dispossession, corporeal violence, and death.

In Christina Sharpe’s *In the Wake: On Blackness and Being*, care figures prominently. Sharpe inquires, “what, if anything, survives” the “temporal continuities of slavery” (the wake), and what “mediate[s] this un/survival” (Sharpe, 2016: 18). She documents myriad intersections between care and Black life. Care as the etymological root of the word *Zorgue*—the Dutch ship captured by the British, renamed the *Zong*, from which 132 sick, enslaved Africans were thrown into the open ocean so ship owners could recover insurance money (Sharpe, 2016: 32). Care as the violence and force offered to Black people by the state (Sharpe, 2016: 85-87). Care as the necessary infrastructure to support Black survival in the wake.

However, from her solid theoretical base for understanding Black un/survival, Sharpe does not foreground care. The presumption is that *care* has universal understandings and universal manifestations. This thesis attempts to trouble that presumption and fill a conceptual gap by placing care theory scholarship into conversation with Black studies scholarship to develop a new heuristic that allows us to inquire into everyday 'care' practices that further or foreclose Black survival. The blending of care scholarship with other scholarship focused on non-white populations is an undertaking with many precedents. One notable extension of care

theory has been taken on by disability justice scholar-activists. Disability justice, especially the scholarship activism produced by people of color, does not simply recount instances of people with disabilities (or QTPOC with disabilities) caring for each other and themselves. Instead, DJ is a theoretical framing for how care *is* and how care *should* be done. DJ scholars and collectives like Mia Mingus, Leah Lakshmi Piepzna-Samarasinha, and Sins Invalid have contributed myriad frameworks that center QTPOC with disabilities and also have application for a heterogeneous society of individuals with disabilities committed to constructing a society designed for their survival.

One of the primary reasons I have stuck with deviance—rather than, say, think through 'Black' care—is to reconceptualize *how* race figures into conversations about place, society, and futurity. Within US planning scholarship, there is a dearth of studies on race, class, gender, their intersections, and the ways that people of particular identities disproportionately experience natural and human-caused disasters (Fayola Jacobs, 2019). Particularly in the United States, disciplines exploring the production of place often transfigure Black people and communities into mere subjects of academic inquiry or as the “usual victims” of an unevenly developed environment, while emphasizing that these same environments are produced without “racial animus”, but within a “racialized society” (Pulido, 2015: 1). The result of this type of research is that racializing processes, within disciplines such as urban planning, are cast as inevitable and 'race' (specifically 'white' and 'Black') are considered natural, fixed, real categories.

By undermining the “realness” of race, I mean to call into question the way that race is presented and represented as a biological fact when, in fact, its use as a “biological or cultural descriptor” obscures its own construction (Weheliye: 19). Dorothy Roberts (2011) expands upon this idea in *Fatal Intervention*, writing:

“race is a political system that governs people by sorting them into social groupings based on invented biological demarcations. Race is not only interpreted according to invented rules, but more important, race itself is an invented political grouping. Race is not a biological category that is politically charged. It is a political category that has been disguised as a biological one.” (Roberts, 2011: 4)

In this thesis, I want to continually emphasize race as an ascribed social-political category based on phenotype and the narratives of white supremacy. Attempting to explore Black survival through deviance is but another attempt at understanding the processes of racialization. The political charged-ness of race is determined by the creation of normative categories of the human. Therefore, the creation of 'deviant' populations is integral to the process of racialization. Black survival, then, is not only about the strategies that Black people employ to keep themselves alive. It is also about the ways that the political categories that determine Black death are totally refuted. Ren-Yo Hwang's (2019) recent work *Deviant Care for Deviant Futures* piqued my interest in care theory, its applicability to Black survival, and spatialized efforts to provide mutual aid. Their employment of deviance, which I will expand upon later, has allowed me to think of Blackness in a different way. Thinking about Black survival through the ways that Blackness becomes subsumed by the political category of 'deviant' and the ways that 'deviance' becomes the only plausible method out of the extremely violent socio-political system that ascribes Black populations to death is an intriguing project<sup>2</sup>. What deviance offers, in this thesis, is a different starting point through which to explore Blackness and Black survival.

Superimposing predominant theories, theorized with white subjects in mind, onto Black communities and other non-white racialized communities is insufficient in helping us understand both the context and potentialities of care. So too is the application of care as a self-evident, nebulous affect-action. Instead, a framework of deviant care, specifically deviant care geographies, attends to how 'deviant' people methodically produce space to counter logics of white supremacy and race-gender oppression through entangled processes of affect, action,

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<sup>2</sup> This is not to undermine the study of Black places or deviant practices of *Black people* within these places. Instead, I want to acknowledge that starting from one political category (deviance) to understand Black as a political category is an interesting conceptual project that departs from the typical ways that Black people/communities are studied.

and the building of new relations. The theoretical heuristic of deviant care geographies, blending care, Black studies, and spatial scholarship is a rough draft of an expanded theory of care.

## **Concept/Literature Review**

### **1.1. The Emergence of Deviance Scholarship (Deviancy as Intervention)**

Departing from pathologizing studies of Black life that were the zeitgeist of scholarship in the 1970s-1990s, Black women theorists who wrote at the intersection of Black feminist theory, queer theory, and Black studies reframed deviance. The intersection of these studies drew attention to racialized and gendered experiences of ‘deviance’ *within* the overall category of ‘deviant’ that is ascribed to all Black people. Deviancy, under this lens, signaled subversiveness not only to white supremacy (which was the main focus of Black political thought), but also to *other* structures that scaffold US society. Kaila Adia Story (2015) writes of Black feminist thought:

“Black feminist theory's emphasis on the outsider within status found within the black, female, and sometimes, queer experience, coupled with the prioritization of intersectionality, and working in tandem with the subjective understanding that the personal is political, all work to ground the [autoethnographic] within critical theories that examine race, gender, class, and sexuality, to produce a more nuanced avenue of scientific inquiry, method, and truth.”

In *Deviance, Resistance, and Love*, Dorothy Roberts (1994) proposes that scholars think with, rather than against, deviance, focusing on two questions: “how does the dominant society define Black people as outlaws and use that status to justify its violence against us? [and] how does or should the Black community regard those who are defined as outlaws” (179)? While not all deviant behaviors are subversive to existing power structures<sup>3</sup>, inquiry into the behaviors of Black people whose lives break with normative behaviors in society reveals everyday ways that

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<sup>3</sup> Roberts notes that “not all deviance is resistance in the sense that it subverts the dominant mindset and structure” (185). Thinking about “Black unwed teenage mothers”, Roberts points out that while they are cast as deviant as a condition of their age, marital and motherhood status, they are not necessarily “resisting racist patriarchy by rejecting traditional notions of family”. She notes that “we must resist the temptation to ascribe to outlaws political objectives they may not really have”.

people are constantly practicing deviance. This inquiry, as Roberts notes, does not pathologize and give validity to a system that casts Black people as deviant, and as outlaw<sup>4</sup>. Nor is it only a theoretical endeavor. Central to the study of deviance is the deconstruction of “racist, patriarchal, elitist, and homophobic features of dominant culture” that are pervasive in both dominant society and in communities cast as deviant, as even these are home to practices that adhere to dominant structures (187). Once these structures have been undermined, deviant acts (including deviant acts that reject normative standards without being intentionally subversive to power) add to the amalgam of Black lifeways and the societal response, drawing from a long cultural tradition within Black communities, can be to practice love, which resists “dehumanizing forces of society” that operate to discard Black people, particularly those who are low-income/income-insecure, houseless, queer, illiterate, and those who sit at the crux of Roberts’ analysis Black single mothers.

A decade later, Cathy J. Cohen (2004) proposed a framework for a ‘politics of deviance’, which asserted that Black people who are made vulnerable to structural violence are not maladaptive. She developed her argument in opposition to many key 20<sup>th</sup> century works which have served as the cornerstone for studies of Black life. Cohen argues that studies such as Patrick J. Moynihan’s 1965 Report, the Bell Curve, and work by Black scholars such as William Julius Wilson and W.E.B. DuBois, pathologized behaviors of poor and working class Black people (34), especially Black women and Black kinship structures (33). Cohen instead suggests understanding deviancy as an act in which those “with little power in society engage in counter normative behaviors” (2004:30). Deviancy, then, is an articulation of power, selfhood, and autonomy that undermines the predominant value system that maintains existing racialized,

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<sup>4</sup> Dorothy Roberts, building off Regina Austin’s *“A Nation of Thieves”*: *Securing Black People’s Right to Shop and Sell in White America*, is not only thinking about deviant from the position of social norms, but also from a legal standpoint in which Black people are always cast as law-breakers and as “outside the law” (unprotectible by the law). (180-182). This point is returned to in section 1.2.

gendered, and classist social structures (2004:30). By viewing deviancy in this way, Cohen responds to the enduring gap left by scholars of Black life during the 20<sup>th</sup> century.

Whereas Roberts proposed a method for viewing deviance, Cohen proposes a framework. Instead of providing a 'structural intervention', Cohen suggests reconstituting how we relate to each other and construct worthy, contributing members of society (Cohen, 2004: 37). Her theoretical intervention abandons the Black liberal, self-possessed, upwardly mobile laborer and the Black woman with 'respectable' conjugal relations and aspirations of being the woman-mother. Additionally, she attends to the dimensions of deviance by noting its difference from resistance. Cohen (2004) writes:

"While there may be political possibilities in the deviant or defiant acts of marginally positioned people, that potential has to be mobilized in a conscious fashion to be labeled resistance. This distinction is not arbitrary, but one that signals the need for intervening mechanisms to transform deviant and defiant behavior into politically conscious acts that can be used as a point of entry into a mobilized political movement...Unfortunately, too often scholars concerned with the politics of marginal communities have ignored the distinction of defiant or resistant acts and acts of politicized resistance, misdiagnosing the resources that exist and the resources needed for political mobilization. It might be that marginal subjects with a politicized consciousness choose localized attempts at control and autonomy because they have no mobilized outlet to confront the larger political context. Or they reject politics because they believe that the mobilized organizations that do exist have no interest in and commitment to the issues that animate their lives; those disrespectable life and death issues in hiding in Black communities."

Deviant and defiant acts are articulated by individuals to "create greater autonomy over one's life, to pursue desire or to make the best of very limited life decisions," whereas resistance has as its goal "political intent and a direct challenge to the distribution of power" (Cohen, 2004:40). Deviant practices, while they may not relate to massive mobilization, still create openings for new worldviews and new normative behaviors undergirded by values that are life-affirming for individuals frequently erased and excluded from society-at-large and within Black communities. Indeed, a 'politics of deviance' makes visible "the poor, women, lesbians and gays—those people on the margins of society and excluded from the middle-class march toward respectability" (Cohen, 2004:42), it deconstructs normative assumptions of



“respectable/acceptable” and deviant, and it generates new theories about ways of being/relating to one another.

## 1.2 Interconnection of Blackness and Deviance

Deviance has been ascribed to particular racialized groups. The behaviors of white US residents are understood as compliant with ‘accepted standards’ and those of Black and other non-white US residents as deviant. In *Habeas Viscus*, Alexander Weheliye (2014) proposes a theory of racializing assemblages, which he defines as “‘incorporeal transformations...to bodies’ [that function by] etching abstract forces of power onto human physiology and flesh in order to create the appearance of a naturally expressive relationship between phenotype and sociopolitical status” (Weheliye, 2014: 50). The category of deviant involves a deployment of power that dually functions to decide what behaviors are (un)desirable and *who* is (un)desirable. When (un)desirability is cast onto Black bodies, deviancy becomes inscribed into flesh. Black existence, and behaviors which emanate from Black bodies and communities, become synonymous with deviance.

Legal infrastructure has long buttressed the connection between Black people and deviance. In *Deviance, Resistance, and Love*, Dorothy Roberts (1994) builds off the work of Regina Austin’s “A Nation of Thieves” and explores how legal infrastructure positions Black people as noncompliant, which then casts them as criminal. The legacy of slavery, in which social codes naturalized the supremacy of white people while brutalizing and criminalizing Black people, inscribed this legal infrastructure (Roberts 1994). As early as the 15th century, deviancy appeared to justify slavery “as a condition for heathen[s], in perpetuity” (Tomlins, 2009: 394). However, under the “Anglo-American slave regime”, religious underpinnings of deviancy were replaced with a racializing logic that suggested deviancy was an inherent property of Blackness. South Carolina’s 1712 *Act for the Better Ordering and Governing of Negroes and Slaves* justified enslavement (and subjugation) of Black people on the basis that the institution

served to “restrain the disorders, rapines, and inhuman, to which they are naturally prone and inclined” (Tomlins, 2009: 401-402). Laws across the colonies, and later the states, were enacted to control, regulate, and corporally punish free and enslaved Black people with the undertone that Black people, left to their own devices, were lawless and dangerous (Tomlins, 2009). While it is true that slavery transformed personhood into ‘purely and absolutely property’ (Du Bois, 1935: 10), laws suggested that naturally, without a brutalizing institution that would remove their agency, Black enslaved persons were a danger to (white) society.

In the absence of plantation slavery, the entanglement between deviance and Blackness remains. The “nonevent of emancipation” is marked by the continued violent subjugation of Black people, with deviance continuing to explain the need for rigid, brutal social controls. Black life remains tethered to “repression, domination, *techniques of discipline, strategies of self-improvement*, and the regulatory interventions of the state” (Hartman, 1997: 111).

In the late 19th-early 20th century, reformer culture reinforced the necessity of self-improvement strategies and “techniques of discipline”. ‘Deviance’ described poor, Black residents who migrated to Northern cities. The conditions many Black people were forced to live with--white terror and retaliation to expanded civil rights (and labor opportunities)-- foreclosed the possibility for non-white residents to adopt and thrive under “usual or accepted standards” (assuming they desired these standards). Furthermore, white practices, as compared against the state-sanctioned violence of racial enclosures and unhealthy housing for Black people, could be seen as better, more modern and acceptable. In his seminal work on Black urban life in the early 20th century, *The Philadelphia Negro*, W.E.B. Du Bois aimed to study “the condition of the forty thousand or more people of Negro blood now living in the city of Philadelphia...to lay before the public such a body of information as may be a safe guide for all efforts toward the solution of the many Negro problems of a great American city” (Du Bois, 2007: 1). Although studies such as E. Franklin Frazier’s *The Negro Family in the United States* and W.E.B Du Bois’ *The Philadelphia*

*Negro* placed contemporary Black life within the context of U.S. slavery and racial subjugation, they consistently concluded that Black family and neighborhood structures, be it "demoralized family and sex relations" (Frazier, 1966: 89) or "lax moral habits" (Du Bois, 2007: 45), were deviant. Two arguments are central to Du Bois' response to the Negro Problem: that Black people must "raise himself by every effort to the standards of modern civilization" and white people must "guard their civilization against debauchment by themselves or others" without hindering "efforts of an earnest people to rise" (Du Bois, 2007: 270). Even when Black residents did adhere to "standards of modern civilization", or its closest approximation considering the racial enclosures they were made to live within, ascribed deviance reified the link between biology and behavior. Non-white persons, specifically Black persons, would always be deviant, depraved, and need correction and reform, if not erasure.

### **1.3 Deviance and Citizenship**

Deviance as a category is tied to state care and mechanisms of Black inclusion/exclusion within the US. In *Welfare and the Problem of Black Citizenship*, Dorothy Roberts (1995) posits that citizenship is untenable to Black US residents. Exploring citizenship through the provision of state care or welfare, she explains:

"Citizens, primarily wealthy and middle-class white Americans, receive government assistance as a dignified entitlement. Subjects, who are disproportionately Black, are stigmatized as undeserving recipients of public charity...[they] receive inferior, inadequate and stigmatizing relief at the government's discretion." (Roberts, 1995: 1576-77).

Citizenship is designated based on how the nation-state assists in survival. Whereas government assistance is provided as an obligation to white US residents, Black US residents experience the state's welfare system through the status of 'subject', in which they are "stigmatized as undeserving" (Roberts, 1996: 1576). In order to receive state assistance, residents must adhere to strict moral standards, especially as it relates to their sexual lives, reproductive choices, and their participation in the US workforce as 'productive' laborers.

Despite the expansion of civil rights to non-white US residents, the quasi-citizen-subject status remains oriented around their aspirations to normative US standards (Robert, 1995: 1580).

Jenny Burman (2007) continues this thread by attending to deviancy's role as justification for removal and erasure. Studying the inclusion and exclusion of Black immigrants in Canada, Burman notes how Black women immigrants, so long as they are deportable, always occupy subject status (Burman, 2007: 177). However, some of these 'subjects' are deemed admissible. Burman writes:

"the nation-building project needs people who are identifiable at once as deportable *and* as salvageable or in need of patronage...Black women are cast as assimilable stock figures in need of sympathy, help, corrective discipline, lessons in family values, and so forth" (Burman, 2007: 179)

This dynamic between inclusion and exclusion of Black immigrant women suggests that while "citizenship" is inaccessible to Black persons, there are different levels of status offered to those Black persons deemed assimilable and those who reject behaviors that would cast them as unsalvageable.

In *Scenes of Subjection*, Saidiya Hartman (1997) urges that citizenship, the transition from chattel to man through self-possession, is an impossible feat, an illusion at best. The "corporeal inscriptions" of subjugation, written into flesh as part of a racializing project, means that the coercion, domination, and violence concretized during slavery did not dissipate with the provision of "rights" and the creation/fabrication of the emancipated Black subject. The emancipatory project required Black US residents to learn how to be "good" subjects, which is to say "dutiful and productive laborers" who would offer their bodies in service to modernity and racial capitalist endeavors. Hartman notes that instruction on becoming a good subject "focused primarily on rules of conduct that would enable the freed to overcome the degradation of slavery" (Hartman, 2007: 128) and "be industrious, economical, useful, productive, chaste, kind, respectful to former masters, good Christians, and dutiful citizens" (Hartman, 2007: 129).

Subhuman (sub-citizen) status clings to deviant populations: that is, to both Black populations at large *and* Black populations who refuse to participate in behaviors that will grant them proximity to quasi-subject-citizenship. These designations of subject and citizen are formulated by state care and, subsequently, shape how individuals and communities experience care. In the United States, these designations produce a “stratified and unequal” welfare state so as to barely meet the needs of Black Americans and rarely, if ever, meet these needs without enforcing layers of social control and surveillance. Being marked as a deviant population within a nation-state means that the subject exists in precarity, in which their immediate needs are never met *because* they are seen as disposable or deportable.

#### **1.4 Deviance and Spatiality**

Black places are configured by power (McKittrick, 2011). Designations of deviance are an expression of racial capitalist, heteropatriarchal power. As such, these designations are necessarily spatial. Within literature linking spatiality to deviance, two themes recur: deviant people create deviant places *and* deviance is ascribed to persons based on spatial encounters.

Places become deviant because deviant persons spatially articulate deviance. Lorraine Leu (2014) refers to these spaces explicitly as ‘deviant geographies’. She theorizes that Black territorial practices create ‘deviant geographies’, which undermine reforms and state practices that seek to obliterate spaces of deviant life. In this way, deviant geographies transform public spaces and reify lifeways that are free from surveillance and governing practices that promote/produce “ideal space[s]” that erase, criminalize, and condemn Black ‘deviant’ populations. In *Wayward Lives, Beautiful Experiments*, Saidiya Hartman (2019) traces the making of sites deviant behavior by women who refuse the race-gender roles that await them—the homemaker, the working mother-wife, the good daughter, the respectable girl-woman. The neighborhood is laced with sites of deviance and of wayward behavior, in “streets and alleys in the fifth and seventh ward of Philadelphia; streets of the tenderloin and Harlem...rented rooms

and kitchenettes throughout the Black Belt, clubs, saloons, and cabarets...lodges, black-and-tan dives, buffet flats, and chop-suey joints”.

Sylvia Wynter’s (1971) *Novel and History, Plot and Plantation* highlights, among other things, that the preservation of culture of oppressed peoples and resistance against systems of violence for Black people depended on deviant practices. In her theorization, the plantation was the site of a violent regime of Anglo-American logics insistent on reducing Africans into enslaved laborers at sub-human status. On the other hand, the plot—small allotments of land provided to enslaved persons such that they could grow some food for themselves—was the “source of cultural guerilla resistance” in which traditional African values were preserved and passed on. These spaces cultivated deviant practices, infusing space with Black folkways, traditions, and new ways of knowing the world. Of the plot, Wynter writes:

“African peasants transplanted to the plot all the structure of values that had been created by traditional societies of Africa, the land remained the Earth—and the Earth was a goddess; man used the land to feed himself; and to offer first fruits to the Earth...Around the growing of yam, of food for survival, he created on the plot a folk culture—the basis of a social order”

The second thread in the literature is the designation of deviance/deviant due to one's location. One finding from Savannah Shange's (2019) inquiry into Black girlhood and carceral geographies in San Francisco is that 'deviant' behaviors are associated with 'deviant' places. If *where one lives is deviant, they are deviant too. Alternatively, if they are viewed as deviant, they are imagined to have spatial encounters with deviant places.* In Shange's study, an interviewee hypothesizes that specific Black girls who participate in deviant behaviors--which is to say they move through life defying many norms of 'good' Black girlhood (they are loud, assertive, expressive, and autonomous individuals refusing to abide by the politics of respectability)-- are described as being "of the landscape" and "Sunnydale Girls" who embody the imagined deviance present within San Francisco's Black and low-income areas.

Furthermore, in both phrasings, deviance invokes a relational separation that exacerbates an already present spatial configuration in which the deviant and the non-deviant do not encounter each other. *Deviance happens over there, and because one is deviant, one must be over there too.* Persons marked as deviant, as "criminal, jobless...dispossessed", are located and are conceptualized as located in isolation from those granted full access to 'human' (McKittrick, 2011).

### **1.5 Deviant Care Practices**

In *Deviant Care for Deviant Futures*, Ren-Yo Hwang explores anti-statist and anti-individualist offerings of care (mutual aid) by trans, Black women imprisoned in Corcoran, California. Refusing amorphous definitions and uses of 'care' that presume positivity or goodness, Hwang attends to three potential antecedents of care: carceral, deviant, collective. In doing so, they present 'care' as an action-feeling anchored to sociopolitical ideologies. Hwang defines 'carceral care' as:

“the messy and entangled conglomerate of discretionary practices, performative measures, and material actions used to forestall the possibility of future interference and or interrogation of the underlying institutional violences of carceral spaces...carceral care is not simply the deterrence, reduction, or interruption of carceral violence; rather, it is a mode of tracing how the penal administration of care multiplies the very scales, technologies, and cultural structures of violence itself” (Hwang, 2019: 561).

As explained in Chapter 1, a vast majority of care theory does not assume care to always result in 'good', but if we follow the phases laid out by Joan Tronto, care originates from benevolent emotions. Hwang troubles this notion by suggesting that caring does not always interrupt violence. Instead, care has also been administrated in ways that further perpetuate violence. Their intervention into care theory forecloses any suggestion that care, in and of itself, can move us towards the 'good society'.

Under the guise of survival work and protection, the state invokes myriad technologies developed to harm Black people. Carceral violence is “state care” (Hwang 2019: 570). In this

way, logics developed and perfected within the Anglo American institution of slavery persist. *Children are taken from mothers for their own 'protection' in a way that mimics practices of severed mother-child relationships for profit during slavery (Roberts, 2011). In the midst of social and environmental disaster, Black people have been enclosed and forced into contract work as 'relief,' mimicking the enclosures and total uncontrol of labor/body/person experienced by those enslaved (Spencer, 1994).*

For Black, brown, and Indigenous persons, especially, the embeddedness of care, the anchoring of care to an adjective, is necessary. Hwang's use of descriptors for care suggests that care either proliferates (carceral) or refuses (deviant) violence and harm. Deviant care, then, is a strategic response to the "logics of carceral care". It is pursuant of a radical relationism that reorients us to each other and particularly towards communities that have been historically oppressed (non-white, Black and Brown, QTPOC, disabled, poor, incarcerated). It is rooted in interdependency and refusal of carceral care (enclosures, corporeal harm as care) as a means for liberation (Hwang, 2019: 571). As a forward-looking, world-building act, deviant care practice, in the legacy of deviance as a framework/politics, interrupts the logic that some bodies are inherently deviant and deserve harm. Deviant care pursues relations made impossible by structural violence—"impossible bonds", necessarily inclusive of *all beings*, with extra emphasis on QTBIPOC communities, who have for the most part interacted only with systems of carceral care under the dominant US political-social regime. (Hwang, 2019: 569-70). '

### A Framework of Deviant Care Geographies

By asking, "how do Black people survive?", I inquire into the affixation of care to social political categories in which the subject of life-affirming care is rendered as 'white', 'citizen', and participating in normative behaviors. Deviancy involves the everyday acts in which persons who are powerless and cast as in need of fixing or erasure "engage in counter normative behaviors" (Cohen, 2004: 30). While many of the technologies of whiteness/white supremacy have



transformed, one constant is the denial of life-affirming, survival-affirming care for Black people on the basis that they are always constructed as unworthy of care/life.

The use of deviance, in this thesis, was heavily influenced by Ren-Yo Hwang's *Deviant Care for Deviant Futures*. However, it also builds upon the work of Black Studies, Black feminist thought, Critical Race Theory, and Black queer theory scholars who consistently hold at the center of their analyses the ways in which Blackness and power interact; and the ways in which Black survival is an ongoing project. Studying deviance as a position allows us to identify how the white supremacist, racial capitalist organizations of the state and its citizenry have fabricated communities as 'wrong' and in need of fixing in order to further its own goals and solidify its power. Furthermore, aligning with deviance allows us to be accomplices in a world-build project.

A theory of deviant care geographies attends to the methodical production of space to counter logics of white supremacy and race-gender oppression through entangled processes of affect, action, and the building of new relations. A theory of deviant care geographies departs from previous research on care by building from the work of Black feminist theory and queer theory. Inherent to this approach is a race-gender-sexuality analysis (thinking through people having multiple identities that have different relations to power/subjugation) which avoids seeking to build a society based off condensing people into one category (thus suggesting that a good society can be created by ignoring intersections). Deviant care geographies do not suggest that we live in a world devoid of care and that the good society one in which care is practiced among all. Rather it acknowledges that 'good' care has historically been made available to some, in particular, white households and 'carceral' care has been made available to others. Furthermore, in looking specifically at individuals and communities attempting to practice care (versus governments), a deviant care geographies framework suggests that even these practices are capable of reinforcing violence, and thus, any framework of care should *always* explicitly focus on how care is practiced for populations marked as 'deviant' (because

unless 'outlaw'/'deviant'/'normative'/'lawful' categories have been deconstructed, carceral/controlling care may be applied as comparatively better, therefore 'good', care).

I have identified five threads within the literature of deviance: (1) deviance is an ontological intervention which presences the everyday subversive practices of individuals who are cast as 'deviant', (2) deviance, while also associated with behaviors, is always tethered to Black people, (3) care is often reserved for citizens, a status given to white persons, and 'care' (*carceral administrations*) is tenuous for Black people, who are subjects undeserving of care or quasi-citizen-subjects only accessing care because of their ability to convince the state of their redeemability, assimilability, and aspirations to only-ever participate in normative behaviors, (4) deviancy is inherently spatial, with persons who are deviant intentionally creating deviant places *and* with place identities being ascribed based on assumptions of deviant behavior/status, and lastly (5) deviant care practices are life-affirming via new relations.

If spatial bounds figure prominently in deviance and Blackness and care, it also figures prominently in practices of deviant care. Subversion of dominant logics of subjection/racialization comprise "radical spatial act[s]" (McKittrick, 2007: 100). Deviant care geographies are productions of space/place which resist Black subjection and Black death by emotionally, materially, and ontologically attending to the survival of 'deviant' persons through deviant actions. Within these spaces, Black life loses its governability. It refuses the set of practices that infiltrate all spaces when logics of debt, criminality, pathology, correction are weaponized to extract from or dispose of persons. A deviant care geography framework allows for place-specific investigations of interventions that subvert power and traditional state allocations of care or violence. To care deviantly, requires the centering of Black people as a population made synonymous with deviance. It moves away from care as a tenuous institution or as a merit-based allocation, and it is necessarily a spatial-relational act.

I propose a spatial analysis based upon deviant care geographies that focuses on the following areas:

1. **Centering Black People.** Black people, who are necessarily deviant, should be centered throughout the phases of caring.
2. **Refusing to Construct the Self-Possessed, 'Productive', Independent Individual.** Deviant care does not seek to reform individuals to a version of Man that suggests peak 'Man' is the self-possessed, productive, independent individual. Deviance calls for acknowledging that the archetype for the 'productive' non-white person in society is one linked with precarity and exploitation, and it does not grant that person the status of 'Man' or 'citizen'. While not practicing methods of social control, deviant care models should foster interdependence and collectivity.
3. **Moving towards Long-Term Infrastructures of Care.** Care should not be tenuous or short-term. Instead, care should be seen as an intervention that recognizes interdependency and survival in the long term.
4. **Refusing Care as a merit-based allocation.** Deviant persons should not be transfigured into subjects wherein they receive "inferior, inadequate, and stigmatizing relief" or must endure regimes of social control to access resources that help them survive. Instead, they are members of a collective for whom there is a shared responsibility to meet their needs.
5. **Practicing Deviant Care as a Spatial-Relational Act.** Deviant care happens in places, and it connects places and people. New norms are created within a place through caring for, for, and being cared for by deviant populations. This expands beyond just a dyadic care relationship. It means that individuals involved within a place (whether they are considered 'deviant' or not by the state) are responsible and are committed to practicing care that is subversive to the state and affirms the lives of Black and otherwise deviant populations.

**Proposed Framework for Deviant Care Geographies (Combining Tronto’s Care Theory with Deviant Care Geography Theory)**

<b><i>Deviant Care Geographies Framework</i></b>	<b><i>Phases of Caring</i></b>	<b><i>Key Questions</i></b>
Centering Black People	Caring About	How do people recognize/ assess the needs of Black people?
	Taking Care of	What is the process for assuming responsibility for Black people?  How are these processes different for persons of different social-political categories?  <i>How does race factor into imagined responses to the assessed need(s)?</i>
	Care-Taking	<i>What types of care-taking is done for Black people?</i>  <i>How does race factor into the provision of care?</i>  <i>When Black people are the subjects or Black places are the sites of care, how is care done?</i>
	Care-Receiving	What mechanisms are in place for multi-directional feedback when care recipients are Black?
Refusing Liberal, Individualist, ‘Productive’ visions of society members	Caring About	<i>Against what standards are needs assessed?</i>
	Taking Care of	<i>What type of individuals assume responsibility?</i>  <i>Is assumption of responsibility something that is/can be taken on by persons who are not “self-possessed, ‘productive’, independent”?</i>

<b><i>Deviant Care Geographies Framework</i></b>	<b><i>Phases of Caring</i></b>	<b><i>Key Questions</i></b>
	Care-Taking	<p>Is care-taking something that is/can be taken on by persons who are not “self-possessed, ‘productive’, independent”?</p> <p>Does care-taking refuse logics that move care recipients towards being “self-possessed, ‘productive’, independent”? If so, how?</p>
	Care-Receiving	How do care recipients contextualize what care allows them to do/be?
Constructing Long-term Care Infrastructures	Caring About	<p>How is need contextualized with regards to time? (long-term need? short-term need?)</p> <p>What temporal framework do people apply in assessing whether the need should be/can be met?</p>
	Taking Care of	With regards to time, how do persons view their own capacity and responsibility to meet the needs of others?
	Care-Taking	<p>Is care recurring? (can people rely on the resources provided repeatedly?) and do individuals who provide care understand their work as permanent or temporary?</p> <p>Is there sustained care-taking on behalf of individuals providing care?</p>
	Care-Receiving	What feedback, if any, has been recorded on the tenure of care?

<b><i>Deviant Care Geographies Framework</i></b>	<b><i>Phases of Caring</i></b>	<b><i>Key Questions</i></b>
Refusing Merit-Based Allocations of Care	Caring About	<p>Are there any recurring archetypes used to categorize individuals in need?</p> <p>Are there instances where people make delineations in deciding who to care about?</p>
	Taking Care of	Are there any recurring archetypes used to categorize which individuals people take responsibility for or can't take responsibility for?
	Care-Taking	<p>What, if any, eligibility requirements are used to classify who receives care?</p> <p>What, if any, eligibility requirements are used to classify who gives care?</p>
	Care-Receiving	What feedback, if any, have been recorded on how merit/worthiness factors into how care is received and/or how care recipients assume they are selected to receive care?
Practicing Deviant Care as a Spatial-Relational Act	Caring About	What place-people histories factor into how individuals assess needs?
	Taking Care of	With regards to place, how do persons view their own capacity and responsibility to meet the needs of others?

<b><i>Deviant Care Geographies Framework</i></b>	<b><i>Phases of Caring</i></b>	<b><i>Key Questions</i></b>
	Care-Taking	<p>Where is care-taking happening? What persons are being brought into contact in the place of care?</p> <p>How are places changed by care-taking?</p> <p>Are any places produced by care-taking?</p> <p>Are any new people-place relations produced by care-taking?</p> <p>What relationship do people who care-take have with the site of care?</p> <p>How, if at all, is the site conducive to care-taking?</p>
	Care-Receiving	<p>What relationship do persons who receive care have with the site of care?</p> <p>Where, if any, are the sites where persons receiving care can respond to care?</p> <p>What sites are produced by care-recipients in response to care-taking?</p>

### 3

## **Case Study: Deviant Care Geographies and COVID-19 Neighborhood Mutual Aid Group Practices in Bedford-Stuyvesant, Brooklyn, New York**

### Introduction

Mutual aid is “a form of political participation in which people take responsibility for caring for one another and changing political conditions, not just through symbolic acts or putting pressure on their representatives in government but by actually building new social relations that are more survivable” (Spade, 2020a: 136). Scholars and practitioners suggest that mutual aid is a work of care that moves people and places towards survival. Specifically in Black communities, ‘mutual aid’ practices date back to collective maroonage, which spatially articulated a “total refusal of the enslaved condition” (Bledsoe, 2017; Diouf, 2014), to the formation of benevolent societies (Harris, 1979; Du Bois, 2007), to the work of churches (Lindsay, 1956; Norman, 1977), and to the work of other social organizations (Beito, 1990).

In the 1960s-1970s, mutual aid projects became integral to liberation movements of Black and other non-white, racialized groups. One of the most prominent examples are the Black Panther Party Survival Programs. Programs such as those providing free meals, housing maintenance, and clothing responded to state abandonment with needed community services (Hillard, 2008). Additionally, these programs organized Black and other oppressed persons, against governance structures which kept them unfree. These groups emerged within specific geographic boundaries. For the Black Panther Party, their programs were tied to Oakland, Philadelphia, and other “black ghetto[s]” wherein Black people were enclosed by social, political, and legal constructs which considered them disposable (Abu-Jamal, 2004: 59).

This thesis’ use of “COVID-19 neighborhood mutual aid groups”, then, recalls the ways that mutual aid practices are tied to places, especially residential places, and were formulated within



the context of the COVID-19 pandemic.<sup>5</sup> Furthermore, mutual aid is often organized and carved onto micro-territories that condense care-taking, especially, to a scale that is legible to participants within a care network. Within many of these spaces, particularly those experiencing gentrification-displacement-racial banishment, there is an ever-present tension that undermines the ability for neighborhood mutual aid groups to move Black residents toward survival.

The purpose of this thesis is to situate neighborhood mutual aid practices within the context of Black survival. Not only have urban neighborhoods been shaped by the contours of racial capitalism (*past tense*), but they are also *actively undergoing these transformations*. Devaluation of Black life—in the form of police violence, incarceration, gender-based harassment, expropriation-gentrification-displacement-racial banishment—is a continuous process. That neighborhood mutual aid groups like Bed-Stuy Strong have emerged during the pandemic to work towards the survival of local residents should not undermine the reality that deviant care geographies are being attempted in places forged by violence. The structures that members of Bed-Stuy Strong recognize as in need of fixing are the same structures which bolster them; they are the same structures and forces that have brought them to this place, to this neighborhood.

In this paper, I will explore the presence or absence of deviant care practices in neighborhood mutual aid groups. Many communities in which these groups were formed are heterogenous in residential tenure, racial demographics, income, and employment status. While many of the neighborhood mutual aid groups developed an anti-statist, socialist, radical politics, in urban areas especially, these groups were largely comprised of young, white, able-bodied, gentrifiers whose mutual aid groups ‘cared for’ older (both in age or in residential tenure status), income insecure, disabled, and Black/Brown residents. Utilizing the framework proposed in Chapter 2, this thesis

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<sup>5</sup> Mutual Aid during the pandemic has also been used by local and federal governments to describe a unique governance of monetary/resource relief during emergencies. In NYS, for example, the Intrastate Mutual Aid Program “provides for mutual assistance among the participating local governments in the prevention of, response to, and recovery from, any disaster that results in a formal declaration of an emergency by a participating local government”. <http://www.dhses.ny.gov/oem/imap/>

will explore how the structure and activity of one high profile mutual aid group located in Bedford-Stuyvesant, Brooklyn, New York City further or foreclose deviant care geographies.

Case Study: Bed-Stuy Strong, Bedford-Stuyvesant, New York City, New York

Bedford-Stuyvesant, affectionately and colloquially known as Bed-Stuy, is comprised of two previously distinct neighborhoods—Bedford and Stuyvesant Heights. They conjoin along Throop Avenue to form Bedford-Stuyvesant, a neighborhood bound by Fulton, Broadway, Classon, Saratoga, and Heyward Streets. Although Bed-Stuy is known today as a historically Black neighborhood (and for being a majority Black neighborhood in the present), it, like many other Northern metropolitan areas *became* Black through regimes of racial violence via housing segregation and other processes of massive state and societal disinvestment and abandonment.

Bed-Stuy has been home to a significant Black population since the early 20<sup>th</sup> century, driven by three migrations: the Great Migration (South to Northern US), migration from the Caribbean to the Northern US, and inter-borough migration from Harlem to Central Brooklyn (Botein, 2013). The latter, was abetted by massive federal and state investments into a government-owned transit system for New York City (IND) (English, 2021:835) that connected Harlem residents to Central Brooklyn. The increasing Black population was fast-tracked to disinvestment as a result of New Deal era federal and local housing policies. As Wilder (2000:196) notes, as Black residents moved in, municipal services shifted from North and Central Brooklyn into newly developed areas in South Brooklyn. In 1937, during a time when the majority of the community was still white, the Homeowners Loan Corporation (HOLC) rated Bedford-Stuyvesant as a “D”, citing “obsolescence and poor upkeep. Infiltration of Negroes” (Nelson et al., n.d.).

During the early years of Black migration into Bedford-Stuyvesant, Black residence was contested with documented instances of racial terror. White supremacist groups, like the Midtown Civic League, organized to keep Bed-Stuy a white and “high class residential area”. News coverage of

the neighborhood emphasized the delinquency and violence unfolding as a result of the new residents. Black residents and their dwellings were considered “crime and disease breeders” and “crime[s] against the community” (The Brooklyn Daily Eagle, 1938). By the mid-20<sup>th</sup> century, however, Black migration was met by a large white exodus. Between 1930 and 1950, the percentage of residents in Bedford-Stuyvesant who were black increased from 12% to 51% (Wilder, 2000: 206). White households left many central New York City homes for newly developed suburbs in Long Island, Queens, Canarsie, Flatbush, as well as Nassau and Westchester Counties (NY), nearby counties in New Jersey and Connecticut. This trend continued throughout the 20<sup>th</sup> century. Between 1950 and 1990, Bedford-Stuyvesant’s white population decreased by 57% (Wilder, 2000: 178).

By the late 1930s, Black life was concentrated, if not bound, by street names which have now become synonymous with Black Brooklyn: Atlantic, Lafayette, Stuyvesant, Grand, Jefferson, Nostrand, Bedford, Ralph, Fulton. These areas described as “solid Negro” and “Little Harlem” were at the heart of Bed-Stuy’s emerging future as a Black place. As suburban development and federally-backed mortgages remained exclusively available for white Americans, central cities and neighborhoods, like Bedford-Stuyvesant, were concretized as places where Black life unfolded.

Since the 1990s, however, ‘Black’ places have become increasingly reclaimed by a white populous. Bedford-Stuyvesant has faced increased gentrification and white in-migration since the 1990s. According to 2020 census data, between 1990 and 2020, all census tracts in Bedford-Stuyvesant have experienced increases in white populations and decreases in Black populations (Rabinowitz et al., 2021).<sup>6</sup> As Hackworth (2002) notes, firm- and developer-driven investment, as

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<sup>6</sup> A notable exception to this trend exists in Bedford-Stuyvesant’s NE section. In the NE census tracts comprised of NYCHA/public housing units (255, 259.02, 285.02), the change in white population is marginal (<100 white people in the census tract in 2020; 0-1% change in share of residents who are white between 1990 and 2020). The only Bed-Stuy census tract where the Black population increased is Tract 257, which is bordered on the left and right by NYCHA/public housing units (+5% change in Black residents between 1990 and 2020).

well as local and federal public policy, collaborated to re-develop the central city for a new public (a wealthier, whiter public). Corresponding with the increase in white population in Bed-Stuy is a decrease in the neighborhood's Black population, and an income inequality gap between long-term and newer residents (Office of the New York State Comptroller, 2017).

To provide further context to the neighborhood changes, In the past 20 years, the neighborhood has seen a decrease in households earning less than \$20,000; decreasing from 35.2% of households in 2000 to 21.9% in 2019. However, the poverty rate of BS (23%) is still higher than both Brooklyn (17.7%) and NYC as a whole (16%) (Bedford Stuyvesant Neighborhood Profile, n.d.). In 2019, 45% of households were making under the minimum living wage estimate for a single person with 0 children in the Kings County Area (US Census Bureau, 2019e).<sup>7</sup> The median income for the census tracts within Bed-Stuy amounted to \$53,742 (US Census Bureau, 2019d). The median household income for renters in these same census tracts totaled \$42,535 (US Census Bureau, 2019f).

The cost of renting in Bed-Stuy has increased from around \$960 in 2007 to just under \$1500 (US Census Bureau, 2019b). 49.9% of renter households were considered to be rent burdened (US Census Bureau, 2019g). An estimated 77.4% (42,177) of housing units in Bedford-Stuyvesant are renter occupied (US Census Bureau, 2019a). In terms of the rent-burden these households face, for households with salary ranges below \$75,000, an overwhelming proportion of households in each salary range are rent burdened, paying 30% or more of their income on rent. Of the roughly 11,000 households earning less than \$20,000, 82% are rent burdened. For households earning over \$75,000, the majority spend less than 20% of their monthly income on housing (US Census Bureau, 2019c).

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<sup>7</sup> Minimum Living Wage estimated based on the MIT Living Wage Calculator for Kings County Area (\$45,258).

All of this is to say that Bedford-Stuyvesant is a neighborhood with a strong history of being a Black community, but also a community extremely disinvested and abandoned, such that for much of its history as a Black community it was, like Harlem and Black communities before it, a racial enclosure. The history of Bedford-Stuyvesant is yet another spatial example of the way that investment follows whiteness—leaving Black residents in racial capitalism’s destructive wake. Streets once familiar as Black loci transform into historically Black places or sometimes as places with no history new residents can recall, or occasionally, Blackness is aestheticized, contrasted against the sterility of the white suburb and packaged to white people looking to move away from the suburbs, back into the city. Bedford-Stuyvesant has undergone and is undergoing a racial shuffle, in which Black people are constantly cast aside to be shuffled from enclosure to enclosure at the whim of whiteness.

In March 2020, Bed-Stuy Strong (BSS) was created in direct response to the COVID-19 pandemic. Sarah Thankam Mathews notes that she started BSS with the thought “*Nobody may come to help us in time; we are all we’ve got. We need to organize, quickly, online, and geographically*” (Thankam Mathews, 2020). The group’s goals are multifold, including caring “for each other as a community” and serving as a “grassroots COVID-19 food security operation” (Bed Stuy Strong, n.d.). As will be discussed later, the group’s primary functions were related to meeting Bed-Stuy residents’ food needs, particularly the needs of residents who identify as immunocompromised, elderly, and/or disabled. The group, approaching its 1.5-year mark, has grown to around 3,000 members (some active, some inactive) and has collected and distributed \$1.2 million to meet residents’ needs (primarily food and PPE). While no demographic data has been pulled for the group’s active and/or total members, the group’s social media presence reflect a young, majority white membership base.

## Methods

The Brooklyn Public Library's oral history series and permanent collection *Our Streets, Our Stories: Covid-19 Oral History Project* provides the qualitative data for this thesis. In particular, this thesis looks at six interviews, completed between April and June 2020, which are oriented around the practicing of mutual aid within the Bedford-Stuyvesant neighborhood. Interviewees were all young (ages 26-33) individuals who resided in Bed-Stuy for all or part of the months covered and were involved in Bed-Stuy Strong. Additionally, 5 of 6 members mentioned becoming active members of Bed-Stuy Strong in March 2020, the first month of the neighborhood mutual aid group's functioning. Interview lengths ranged from 12 to 24 minutes. All interviewees consented to the interviews being recorded and catalogued by the Brooklyn Public Library. Interviewees also consented for the public to "freely copy, modify, and share these items for noncommercial purposes under the same terms", with proper citations<sup>8</sup>. Although these interviews are publicly available and the interviewees are properly cited in the bibliography, within the analysis, only interviewees' initials are used.<sup>9</sup> For this thesis, interviews were listened to, transcribed, and open-coded for themes related to mutual aid practices and experiences that fall under the phases of care discussed in chapter 1 (caring about, taking care of, care-taking, and care receiving), with attention to the deviant care framework discussed in chapter 2 (centering Black people, refusing constructions of the self-possessed, productive, independent individual, moving away from tenuous care infrastructure, moving away from merit based allocations of care, practicing care as a spatial-relational act). Additionally, although these interviews are publicly

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<sup>8</sup> The full Interview Release Form can be found at <https://www.bklynlibrary.org/sites/default/files/documents/Interview%20Release%20-%20Our%20Streets%2C%20Our%20Stories%20.pdf>.

<sup>9</sup> Although there is no formal ethical dilemma posed by using interviewees names (due to the consent attained by the BPL), because I have granted MIT the right to make this thesis public, I have taken an additional precaution to remove their names from the textual analysis. For persons interested in listening to the interviews, the initials of each interviewee corresponds to the citations in the bibliography for Chapter 3.

available and interviewees are properly cited in the bibliography, their names have been removed from the in-text citations.

With such a limited number of interviews (six), the intention of this thesis is not to generalize *all* actions and sentiments of *all* members within Bed-Stuy Strong. Nor does this this thesis intend to generalize all mutual aid practices. Additionally, it is not the intention of this thesis to evaluate whether neighborhood mutual aid groups, or Bed-Stuy Strong, meet the criteria of being “mutual aid” or doing “community care”. The use of interviews for this thesis is to glean *some* functions of neighborhood mutual aid groups and to understand how *some* persons who are/were involved with neighborhood mutual aid groups made sense of mutual aid as a practice, neighborhood need(s), and themselves as participants in a care network. The interviewees, in discussing their own participation in BSS, reveal how care happens—how one transitions from caring about to taking care of to care-taking—within a mutual aid group. By highlighting their perceptions of self, place, ‘other’, and what mutual aid groups are struggling against, this chapter investigates how deviant care geographies are attempted, produced, or foreclosed.

## Analysis

### **Centering Black People**

The experience of gentrification, expropriation, displacement, and racial banishment brings together persons who are notably different in relation to how power functions for them. Within neighborhoods, this often transpires within sites that have experienced place annihilation, or the intentional “destruction of urban infrastructure” (McKittrick, 2011: 952). Black residents within these places experience erasure and dislocation/placelessness (Paperson, 2010; Reese, 2020; McKittrick, 2011). The interviews with Bed-Stuy Strong members reveal that Bed-Stuy is a neighborhood contoured by racial capitalism (devaluation of Black persons, hyper-valuation of white persons, speculative investment, expropriation) and by the erasure of Black residents.

Furthermore, despite their function attempting “community care”, Bed-Stuy Strong members do not seem to depart from this history of erasing Black residents. Asked to recall their interactions with individuals in the community before they engaged with Bed-Stuy Strong, many members struggled towards an answer.

One interviewee stated:

“Yeah, I actually was [involved]...I had been working for a real estate developer who was on the cusp of starting to build two projects in Bed-Stuy and the nature of my work has always been really rooted in community building and so for them I was in part responsible—or really gave myself the task of getting to know various, longstanding members and stakeholders of the Bed-Stuy community to understand what their personal history is in relationship to the neighborhood so that with the developments I was part of we could give something to the neighborhood that was of value to it the way they perceived value. And so that—I guess that entailed me meeting various members of my community I probably wouldn’t have otherwise encountered and becoming really hyperaware of various dynamics and issues that I suppose that a white gentrifier like myself wouldn’t typically engage directly with. But I’ve never been, you know, directly involved in organizing or advocacy work on a neighborhood level before this.” (SG)

What is noteworthy here is how in the absence of actual interactions with Black residents (i.e. in the presence of erasure), members fabricate a Black community. In the interviewee’s construction of community, she refers to “longstanding members and stakeholders”, creating an archetype of older Black residents who contain all knowledge of Bedford-Stuyvesant’s history. Additionally, in raising the point about different “perceived value” of real estate development, capital investments and transformations of the city are centered as normal, while contestations of said development are dismissed. By transforming Black understandings of development into “perceived value”, rather than being “*of value*”, Black residents are positioned as out of touch with current urban transformations (urban infrastructure value system) and not knowledgeable enough to decide their futures autonomously. Here, the “racial contours of modernity” situate Black residents outside of modernity (McKittrick, 2011: 949) where they only know enough to participate in



conversations that will subdue any protest of speculative development or other processes of racial capitalism unfolding within their neighborhood. Despite the interviewee's work with Black residents in contemporary times, Black residents are suggested to be a *historical* body and only able to speak to the past.

One of the results of this framework is that members do not assess the needs of Black residents; they assume them.<sup>10</sup> The assumptions overlook what Black residents need to survive and to live well. The question of survival (what is needed to *live* here) likely yields different results than what is needed to not *die*. In thinking through the Black Panther Party's Survival Programs, for example, we see that what might be needed to *live in place* (pest control, maintenance, learning centers) is different than the services that meet a person's immediate needs that could render them dead (food programs, ambulance service, etc.). The absence of a project that reimagines Black life is made particularly apparent in the way "Black" is erased from the lexicon of the mutual aid organization. "Black" is never used as an adjective for Bed-Stuy residents. On the Bed-Stuy Strong website, the only reference to "Black" in relation to the neighborhood is to "the Black communities that have historically called Bed-Stuy home." Again, Black residents are constructed as a historical presence. Furthermore, Black becomes less a descriptor of the residential makeup of Bed-Stuy or the persons whose needs are being met, and more a descriptor of the neighborhood's aesthetics (i.e., as emerging into a new future *from* a Black past) (Summers, 2019).

In terms of describing the persons served by Bed-Stuy Strong, descriptors of "elderly, disabled, [and] immunocompromised folks" (Greuskin & King, 2020) were utilized by interviewees *and* the

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<sup>10</sup> An obvious caveat to this statement is that residents with needs *submitted* their grocery requests/needs to BSS' Slack page or Intake Line. However, it is not clear that grocery/food needs were decided upon by Black residents (or for that matter residents who were a part of the initially targeted categories of elderly, immunocompromised, and/or disabled).

organization itself, with no context surrounding racial identities of members.<sup>11</sup> It is worth noting, though, that media imagery utilized by BSS on social media routinely cast care recipients as Black and/or Brown. Nevertheless, persons who are “elderly, disabled, [and] immunocompromised”, in the mind of the prospective BSS member, are capable of having their needs met. Taking responsibility during the pandemic within BSS translated to participation in high-risk activities on another’s behalf: grocery shopping, meeting with strangers, and being in public, broadly. As such, it appears as though able-bodied BSS members two most important factors for being able to participate within the organization, especially as ‘care-taker’. The focus on care for ‘elderly, disabled, and immunocompromised’ people makes the care task more legible to white, young, able-bodied gentrifiers, particularly those dealing with guilt. That *Black* is never used to describe residents experiencing food insecurity despite race and gentrification serving as a tension throughout the interviews suggests that taking responsibility with regards to racial inequity is a task that members either are not able to do or not encouraged to do. Caring about Black ‘neighbors’ on the other hand, would require BSS members to interrogate their complicity in the racial capitalist structures that have created the conditions for Black death in the first place. Regardless of reasoning, which is not made clear in the interviews, members of BSS, while they meet some needs of Black neighbors (by happenstance that the imagined need is also the actual need), they actively practice a refusal of *taking responsibility for* Black neighbors’ needs.

As they fabricate archetypal, historical [Black] residents in Bed-Stuy and erase Black persons from the subject of care, interviewees also re-construct themselves. In the first excerpt in this section, SG points out that she is “a white gentrifier”. While multiple interviewees attend to their position as gentrifiers, they also make moves to redeem themselves or present themselves as redeemed after their encounters with “community”. This construction of the good gentrifier, the

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<sup>11</sup> For example, on the group’s Facebook page, the only two photos of grocery delivery shows BSS members fist-bumping Brown and Black residents. On the group’s ioby (fundraising) page, one image taken during grocery delivery shows a Black family as the care recipient.

knowledgeable gentrifier that SG presents also appears in other interviews. Responding to the question of involvement in Bed-Stuy before the creation of BSS, one interviewee states:

“You know, I do other kind of volunteer, you know, initiatives. But I think my main- the main thing that I would say is my connection to the community was going to the Bed Stuy Y[MCA] almost every day. One of my favorite places.” (DS)

In this response, the interviewee does not claim to have had deep, or any, involvement in Bed-Stuy but they are equally unable to relinquish their position as the good gentrifier. Their claim to have volunteered in the past helps them assert that they have experience doing something for someone, but we have no understanding of what those needs were and whose needs were met. The interviewee’s noteworthy interaction with the Bed-Stuy community is through a historic institution which he visits regularly. It is noteworthy in part because it is the only interaction mentioned which emphasizes ways in which BSS-involved neighbors encounter residents who are not BSS-involved. However, as Donnelly (2018) explores in her research on narrative strategies used to justify and explain the behaviors of gentrifiers in Bed-Stuy, the referencing of the overly mundane to liken “superficial relationships with neighbors”, such as going to the gym, to meaningful exchanges with local residents is an oft-used strategy in constructing the “good gentrifier”. By defending their own position in the neighborhood, the ‘good’ gentrifier constitutes themselves, and processes of racial capitalism, as a permanent fixture. In the city undergoing racial banishment-gentrification-displacement, the transformation of the gentrifier into ‘good’ or redeemed/redeemable suggests that their presence will be continuous. This suggests, too, that *caring about* is a phase that is made possible by the gentrifier’s own attachment to guilt over benefiting from/supporting systems of Black expropriation and their own need to affirm their legitimacy.

## Refusing Liberal, Individualist, ‘Productive’ Visions of Society

The phases of caring were complicated by the shared experience of the COVID-19 pandemic and varied experiences of abandonment by federal and local government. Throughout the interviews, the COVID-19 pandemic figured prominently as both the catalyst for the neighborhood mutual aid group and the catalyst for interviewees’ involvement. They mention being motivated to join because of their understanding of the pandemic’s potential effects, assuming that the lack of care infrastructure in the United States, particularly for non-white, precariously employed, and disabled folks, would move these populations toward death.

Whether it emerged from their own experience of lay-offs, firings, or other experiences of the shutdown, all of the interviewees universalized the need for stability and support. One thread suggests that ‘need’ arose in response to unemployment and in the presence of employment, need would dissipate, centering the ‘productive’ laborer as care recipient. One member states:

“what we’re all sort of anticipating is just an even more dramatic loss of jobs. I really worry about—I heard this statistic yesterday that something like 76% of our frontline workers are Black and Latino folks and 60% of those folks are women and most of those people are paid very low wages and I really wonder, you know, with just how little preparation the government has done—how little they’re willing to provide— how many life cycles of these spikes and recessions of, you know, this pandemic before those people don’t exist anymore” (DS)

Here, the interviewee connects the life expectancy of oppressed persons (Black, Latinx, women) to their role as laborers. While he does not suggest that if they do not work, they are not worthy of care, he implies that the genre of oppressed persons who *should* be cared for are those who were previously productive laborers; in the absence of labor, these persons specifically need to have their needs met. Using this framing, the interviewee suggests that needs must be met in anticipation of a returning job market. With this framework, the reason for supporting others is rooted in restoring them to the lifestyles they had when they were working (low-wage jobs).

Additionally, the archetype for care produced is the former employee, tragically laid off during the pandemic, or the Black or Latinx worker employed in low-wage, essential worker roles *during* the pandemic.

Other BSS members, who do see themselves as having been affected economically by the pandemic, do not construct the subject of care in this way. Speaking to the advent of mutual aid groups, one interviewee stated:

“I don’t think anyone was ready for just the magnitude of what it would mean for an entire city to—to shut down. Like, nobody was ready for a pandemic but even before a pandemic [inaudible] out there’s still those—those structural reasons why people are, you know, are already so close to catastrophe on a daily basis. So I think that it just kind of exacerbated the need that was already present and there—and I think mutual aid groups were in a better position to kind of immediately respond to that need just because of the lack of bureaucracy in a lot of ways. Just being a lot more, to borrow a word that’s been thrown around, just a lot more nimble and able to respond like very very quickly” (HW)

HW, a Black person, a longtime resident, and a frontline worker who left their job in March 2020, contextualizes the pandemic as not only a shared experience, but as a shared crisis that had as its precedent, many of the inequalities/insecurities many are only now acknowledging. *“People are so close to catastrophe on a daily basis”*. HW’s understanding of the pandemic suggests that caring (especially caring about/understanding the needs of others) can refuse liberal/individualist constructions of valuable members in society by contextualizing the crisis as ongoing. Thus, instead of looking towards employment or referencing gainful employment as a salve, ‘catastrophe’ is presented as a condition that no one escapes on their own accord.

### **Constructing Long-Term Care Infrastructure**

The long-term care infrastructure within Bed-Stuy is a focus of BSS. Interviewees indicated that early in its functioning, BSS has focused significant energy on scaling in order to meet community needs. Similar to many other mutual aid groups, Bed-Stuy Strong began with Google Sheets and

Slack to collect neighbors' needs and coordinate with those who had the capacity to attend to those needs. These sites, which emphasized transparency of need/support networks, served as a virtual 'commons' for residents interested in helping each other survive. Within weeks, the group began integrating additional features from Google Suite (specifically Voice and Gmail), as well as AirTable, Twillo, and Zapier to speed up the intake process for neighbors (Artsy Open Source, 2020). AD, who joined the first week of BSS's founding immediately concentrated efforts on leveraging technology to increase the scale of impact:

"We were put into working groups dependent on what our interests was and so one of the interests [inaudible] was 'how are we going to scale our system?' because we can already tell there's going to be a ton of need but we can also see that we have lot of resources here so 'how can we best, sort of, direct all of the good will that we have towards helping as many people as we can?'" (AD)

On the one hand, thinking through scale early-on allowed Bed-Stuy Strong to meet more people's food/grocery needs for during the pandemic/stay-at-home orders. Developing a model for fund-raising, for example, allowed BSS to raise over \$1.2 million in donations which have been redistributed to residents to meet their needs. While money is not synonymous with care or mutual aid, it is a vital tool that allows people to participate in others' survival in legal ways (i.e. paying for food rather than stealing food, which is another option). None of the interviewees indicated whether scaling has meant that individuals can rely upon Bed-Stuy Strong *repeatedly* to help them meet their needs, only that scaling is centered upon ensuring that the group can function in a way that meets the needs of *many* residents.

On the other hand, scaling has meant changes to how BSS members engage with residents' needs. One member notes how her mother, another volunteer, navigates meeting residents' needs:

"She still takes on things like ginormous—she done like 14 member households, a couple of 10 member family households, *by herself* might I add, she's just like phenomenal. Like

she— she’s done so much and I see her and I see like the toll that it takes on her, you know, working so much and doing it, and she’s just so exhausted after some somedays...she’s really dedicated to fulfilling the backlog of people who have been waiting for food for so long. She really wants to just like feed them already. You know she’s like ‘Why are they still waiting? let me just feed them.’ and I think she wants—she takes on that responsibility of, like, wanting to complete the backlog and it’s just, honestly, too much for one person” (SW)

Another volunteer notes:

“So we recently, like, decided to freeze our inbound line because we were taking like 16 days to call people back. It was taking us, like, an incredible amount of time and an unreasonable amount of time to be able to fill needs because we were getting so many requests. ...and so the thing that I’ve worked on most recently is pivoting our systems so we could shut down the phone lines, really mobilize our volunteer force to build up the funds that we needed, and the delivery volunteers that we needed to try to meet as many of those requests as we could and now sort of helping steer the system toward whatever new model we go toward next because the—one of the sustainability issues we’re running into is, you know, how long can we keep up this operation where we’re doing this pretty heavy lift to do custom groceries for people when we’re just seeing continuous need and potentially more efficient ways of getting food...so that’s like a new evolution on the food access model” (AD)

While some members are working to fill in the gaps (and meet people’s needs according to the original model), others are attempting the ‘new evolution’. It is worth noting that scaling reduces consent in the care process. Scaling is condensed into fundraising, mobilizing existing volunteers, and moving away from custom shopping lists towards regimented lists that, again, would assume the needs of Bed-Stuy residents. Scaling risks this care infrastructure becoming *carceral* by determining for others what their needs are/must be limited to, reducing autonomy and agency, and reinforcing a hierarchy which places mostly-white community members in a position of power over the bodies/livelihoods of Black people. Additionally, although feedback factored into the use of new technologies or new ‘evolutions’ of mutual aid (Grueskin & Dizon, 2020), these changes

were mostly endogenous to BSS. Members did not recall any instances in which residents who utilized the intake line provided feedback. Thus, while the need for food security is recognized as great within Bed-Stuy, there are conflicting visions for how people's needs get met in the long term.

Interviews also revealed that not all BSS members are on the same page regarding the long-term sufficiency of COVID-19 neighborhood mutual aid groups. For starters, this is because locating crisis prior to the pandemic warrants a different understanding of what needs must be met and what needs have always been difficult to meet:

One interviewee notes,

“nobody was ready for a pandemic but even before a pandemic [inaudible] out there's still those—those structural reasons why people are, you know, are already so close to catastrophe on a daily basis. So I think that it just kind of exacerbated the need that was already present and there—and I think mutual aid groups were in a better position to kind of immediately respond to that need just because of the lack of bureaucracy in a lot of ways. Just being a lot more, to borrow a word that's been thrown around, just a lot more nimble and able to respond like very very quickly” (HW)

HW, a Black, longtime resident of Brooklyn, and a frontline worker who left their job in March 2020, understands the pandemic to be a crisis with its precedent in the deeply rooted inequalities that rendered people “close to catastrophe on a daily basis”. Instead, because people were also precarious in pre-pandemic times, meeting some needs via COVID-19 neighborhood mutual aid groups is possible, but not meeting *all* needs. She continues:

“We really are talking about more than just feeding people now. As the weeks go on, as, you know, like, the city reopens, if or when there's the 2<sup>nd</sup> wave of the—of the spreading of the virus that's supposed to come at the end of this year, that's not going to change the fact that a lot of people who are out of work, who might not get to go back to work immediately or when they do it might happen all over again in Fall. So there's—not only is there insecurity now, financially and in terms of food and resources, that— it *is* going to



continue...there has to be, not a pivot, but an expansion of focus to the social and political things that need to happen to make sure that when the 2<sup>nd</sup> wave hits and during the recovery process that there are a lot more official ways for people to receive support...and that means a lot of different things...it basically does mean political involvement, political action. It's an election year. Voting, getting people into office who really care about those issues and really care about how it affects real working-class people" (HW)

Here, HW suggests that in order for needs to be met, there must be a transformation of institutions, specifically legal-political institutions, to effect long-term change for Bed-Stuy residents. As HW sees it, instead of care being only an *everyday-everybody* practice, care should be the job of elected officials because individuals do not have the capacity to fill in the gaps created by "official" practices of abandonment and place annihilation. HW is not completely alone in this thought. For the Black Panther Party, their programs were meant to secure survival *pending revolution*. HW likely sees the *pending revolution* part of mutual aid work as missing from BSS (and COVID-19 neighborhood mutual aid groups more broadly). While these groups meet daily needs of neighbors who request resources, continuing to fill the same need without attempting to change the conditions that bring about that need in the first place risks transforming mutual aid from liberatory to carceral. Instead of challenging the political and social conditions which render Black life unsurvivable, the forever-existing mutual aid group becomes a stop-gap which allows for a sustained state violence. This transformation transforms care in the form of mutual aid into "a complementary structure to harmful systems" instead of creating permanent society-wide care infrastructure (Spade, 2020a:142). This is in part avoided with the group's decision to cease providing food for neighbors. However, the unresolved tension in providing 'good' community care and scaling to meet community need in the long-run seems to lend way to a pattern that bounces between a scenario in which some residents' needs are met by neighbors and another in which some residents' needs are left unmet by neighbors (and persons must rely on state or non-profit infrastructure).

## Refusing Merit Based Allocations of Care

Regarding how care transpired, merit-based allocations could be identified in both describing the subject-site of care *and* in determining how persons involved in the care network, as BSS members, were involved. One constructed archetype that relied upon merit based allocations of care is the 'neighbor'. The term simultaneously functions to note residential proximity *and* indicate relation, implying emotional closeness and intimacy. However, as has been already acknowledged most of the members interviewed had tenuous or no relationships with the community prior to the pandemic. Thus, it is interesting that individuals who live in Bed-Stuy are referred to as neighbors rather than dwellers or residents or visitors or renters or any other term that may suggest their spatial ties to the neighborhood. Indeed the entry point into Bed-Stuy Strong for many mutual aid members was a flyer that stated "as things get hard, we show up for our neighbors. <3".

According to Lee et al.'s (1991) study of racially-differentiated neighboring practices, neighboring behaviors (for example, having long conversations, routinely assisting neighbors, watching each other's' homes, helping in minor emergencies, etc.) are more frequently done by Black residents, in comparison to their white peers. Thus, the term 'neighbor' creates the desirable care subject in mutual aid: someone who is involved, someone who interviewees can say they are in community with, and someone who can take on responsibility in the future. As it is used here, the term 'neighbor' applies a particular spatial-relational intimacy that is mediated by crisis and by short-term action, and creates a 'good care subject' that reifies the work of BSS for its members. While interviewees don't suggest that persons who receive care also join the group, the concept of 'show[ing] up for our neighbors' suggests that a process of consent has happened between BSS members and residents. It precludes any thought about what caring may look like for (or how the function of COVID-19 neighborhood mutual aid groups are frustrated by) people who want gentrifiers and white people out of the neighborhood/'their' community?

The other thread of merit-based allocations of care is in the distribution of taking care of and care-taking. Similar to other COVID-19 neighborhood mutual aid groups, BSS faces the challenge of engaging and mobilizing all of its 'members'. Even though mutual aid groups provide the opportunity to "feel the power of doing important, bold survival work together", people do not always feel as though *they* can take responsibility in the group (Spade, 2020b). Within the interviews, two types of responsibility taking emerged: one based on a person's ability to do something they were 'skilled' in and another based on interests/availability.

Some interviewees' responses indicate that BSS members adopted roles that allowed them to utilize skills cultivated in their professional lives. Interviewees with administrative, logistical, technical, or managerial experience(s) took on similar roles within the neighborhood mutual aid group.

One member says of their early experience within the group:

"...Sarah and some of the first initial organizers put together an all-hands call. And it was a zoom call and everyone got on and then we were put into working groups dependent on what our interests was and so one of the interests [inaudible] was 'how are we going to scale our system?' because we can already tell there's going to be a ton of need but we can also see that we have lot of resources here so 'how can we best, sort of, direct all of the good will that we have towards helping as many people as we can?' and thinking about systems is important to me...thinking about technology and the infrastructure needed to scale systems is something that I do for a living and so I was like 'oh! I guess that's how I can be helpful...'" (AD)

Another member relays a similar experience:

"It was just very natural to me to get very very deeply involved from the beginning and help build it out where I could and had no expectation of, you know, sort of like taking on a lead role within the group but was kind of offered up an opportunity to step up and think about our community relations and our internal communication, which are, like, two things that I kind of do in my professional life. So, you know, [I] have become deeply involved as a volunteer and in helping to build our capacities in those areas." (SG)

Both interviewees express that they were able to respond to the needs identified by Bed-Stuy Strong by utilizing the skills they acquired at their places of employment. These sentiments reflect a notion that the ability to respond to need is tied to a high level of technical skill, expertise, or education level. This reliance on expertise *understates* the reality that ‘skills’ are not needed as a prerequisite to meet the needs of others, especially because many of these skills can be taught. Perhaps most importantly, while these skills emerge from a white supremacist, heteropatriarchal, classist society, Bed-Stuy Strong members maintain that they are valuable in mutual aid practices. Indeed, both interviewees ignore how their lines of work are contradictory to the very goals of Bed-Stuy Strong, and to the survival of their Black neighbors. AD, who works for Google Sidewalk Labs, and SG, who works for an unnamed real estate developer in Bedford-Stuyvesant, engage in work that actively encourages spatial investments that reproduce a necropolitical landscape. They employ a dangerous logic to position themselves as suited to take responsibility *because they are experts*, which nullifies the spatial-relational violence they perpetuate, necessitating mutual aid in the first place.

Second, BSS members’ took on responsibility based on their availability and their interests. One member, who started with BSS when the organization only had a few hundred members, recalls light-hearted engagements that matched her interests:

“I just through being one of the earlier folks, uh, started seeing different opportunities that I could make myself helpful in addition to delivering groceries to elderly, disabled, immunocompromised folks. And because I am a social person, because I am an extrovert that was starting to organize some livestream events and one of first things that I did is that I was noticing in some of the [Slack] channels that some people were asking for sourdough starter and SCOBYS and people were finding each other in, like, the isolation baking realm to swap those things and I looked at that system of 1:1 swaps and I was like ‘that—that seems like it could be centralized’. So I spent a weekend—I worked out everyone who had starter and everyone who had SCOBYS and I walked around and I did socially distanced pickups of everyone’s fermented yeast-y goodness and then I took them

back to my house, like, sanitized everything, left them for a couple of days, and then had other folks who wanted one of those things come by my stoop and pick them up...I organized some skill shares so that folks could learn what to do with their starter and their SCOBY and not kill both of them and that was an example of something that was more, um, frivolous." (GK)

GK's experience reiterates both the joy and the community possible in mutual aid work. In their articulation, everyone is a recipient of care within a care network, and mutual aid is a collaborative project that builds new relations.

Similarly, more free time due to unemployment or remote work arrangements allowed some interviewees to take on responsibility. One member who left their job as a frontline, restaurant worker at the start of the pandemic described their trajectory through BSS from organizing mutual aid for undocumented workers and people in the restaurant industry to later using their time to identify a financial system for BSS. Another member notes how their new normal is simply "doing as much deliveries" as they are able to within time. In a humorous tone, they continue:

"it's funny whenever there's a day I'm not doing delivery it feels really weird. on those days I'm at home like 'why aren't you out delivering? like, what are you doing? what's going on?'" (SW)

It is not simply that these individuals *use* their free time to participate, it's that their self-assessment of *what they have to offer* reflects a re-evaluation of what makes a person useful and capable of supporting others' survival.

### **Practicing Deviant Care as a Spatial Relational Act**

Similar to many other US-based, COVID-19 neighborhood mutual aid groups that arose in early 2020, providing groceries was the group's largest and most publicized function. This decision is in line with a long tradition survival work directly addressing everyday needs, and specifically addressing hunger/starvation. For example, the Black Panther Party ran two programs that specifically addressed food insecurity in Oakland: the Free Breakfast for Schoolchildren Program

and the Free Food Program (Hillard, 2008). The goal of both programs was to meet Oakland residents' daily needs *and* in doing so, organize the community around a conscious understanding of the ways that racism, capitalism, imperialism, and militarism converge to create un-survivable conditions for Black people.

Bedford-Stuyvesant is nestled within a narrative of racial violence and food insecurity. Bed-Stuy residents are disproportionately food insecure, with 25.7% of households indicating food insecurity compared to 15.4% of households in the NYC metro area (NYC DOHMH, 2018). Additionally, Bed-Stuy's food landscape is marked by an absence of grocery stores (although there is a presence of bodegas), especially when compared to other food-rich neighborhoods in Central Brooklyn.

Commenting on the decision of mutual aid groups to focus their efforts on food security, one interviewee states:

“People must have just realized that, like, people are not working anymore. You know, there's—a lot of people aren't working. There's no income and people have to eat, right? Like, food is like a basic necessity. We must eat. So I think it must have probably been like a natural response to be like ‘Let's try to get people food. Let's try to feed neighbors and not have anyone be hungry.’ And also kids are home from school and they're eating so much more. It's like, so much has changed. There's so many factors. But I don't know I would think that's why they might have decided to start feeding people” (SW)

For SW, food is an exigent need. Noteworthy in SW's response is her use of the word “feeding”/“feed”. The use of the word feed[ing] recalls the *intimacy* inherent to eating and exchanging food: the selection and preparation of foods for another to put into their body, the hand-off of the plate, or the physical closeness when one is feeding another. Outside of Black interviewees, only one interviewee used the word *feed* or *feeding*. The majority of interviewees articulate the caretaking activity done by BSS as “grocery delivery”, “delivering groceries”, helping people “afford groceries”, and participating in “food access initiatives”.

One member describes the function as follows:

“...our, sort of, main effort as a group is this grocery delivery model where neighbors give us a call and we have a huge queue of phone calls, and we then call those people back, and get their list of groceries that they need and learn more about their situation. Like, how many people in their home? Are they immuno-compromise? Are they elderly? Etcetera. We get all of that data in the system, um, and then we actually dispatch those requests to delivery volunteers” (AD)

AD description, especially contrasted against William’s, is devoid of all intimacy. There seems to be no recognition in AD’s response of the vulnerability required by neighbors who expose that they need help from persons who are practically strangers. While *feeding* as mutual aid seems to have a more radical history, the same may not be true of grocery delivery. Rarely did interviewees use language which would speak to the intimate act of exchanging food, of gaining full access to another’s need through their shopping list, or coming into contact with other individuals whose lives have been disrupted by processes of racial capitalism.

Regarding encounters and how they were brought up by interviewees, there was no mention of the geographic differences between where BSS members live and where food requests come from. The majority of households served by BSS are located in “two Eastern zones of Bed-Stuy” (Artsy Open Source, 2020). The majority of white, younger residents in Bed-Stuy are concentrated in the West, towards Clinton Hill, Brooklyn, NYC; the Eastern portions of Bed-Stuy have a larger 65+ aged population and more census tracts have fewer white people than those on the West. All of the BSS members interviewed were residents of West Bed-Stuy or other adjacent neighborhoods (Crown Heights and Clinton Hill). Care-taking in the form of food provision brings into contact residents from Western and Eastern Bedford-Stuyvesant, and, likely, younger and older residents, Black and non-Black residents, and disabled and able-bodied residents.

Describing virtual and in-person interactions, SW describes interactions as follows:

“It starts with the call, right? So I would make the call and say ‘Good Morning’ or ‘Good Afternoon, my name is [interviewee’s name], I’m calling from Bed Stuy Strong (inaudible) grocery delivery, are you available today?’ And sometimes their response is just like “Oh my god, yes, I thought you guys forgot about me’ or just the excitement in their voice that they’re gonna get the food it’s like—oh my god, it’s so great. And then, when I deliver the groceries people are just like—oh my God, this man yesterday in particular where we dropped off the food he was just so happy. He was just, you know, talking to himself smiling. He was so happy. It’s just been so great to be able to help my neighbors it’s an amazing feeling. Like, you see it and you hear it, so it’s it’s— I think I—I—that’s like the best part. I get to see it so it’s really been amazing” (SW)

In terms of the creation of *site* of care-taking, interviewees do reflect on the transformations of *places* as a result of their participation in mutual aid work.

GK notes:

“I know a lot of people on my street now that I did not use to know. I think that another— an interesting part about this, generally, maybe not with mutual aid specifically but with BS everyone lives on—not everyone, a lot of people live on blocks that have stoops. And normally, in New York, when the weather gets nice we all head out to parks and we head out bars, and we head out to these communal places to congregate. But now when the weather is nice, everyone is just hanging out on their stoop. And that’s something that I used to do but now it’s the only option of a thing, really, to do. And when you have a bunch of stoops next to each other and everyone else is met with that option, um, I knew the people who were my direct couple of houses to my left. I would say hi if we were on the stairwell together or taking out the trash together. But now I’ve formed these amazing relationships with them because we’re just always out on our stoops together talking. And then through doing grocery deliveries and through this Slack group, I’m also suddenly aware of where other people live who are close by to me as well now. Whether that is just through conversations that we had that I found out that someone lives a block and a half from me to people picking up PPE to my house because I’m one of the distribution points to make sure that we keep all our delivery folks safe. Uh, and so now when everyone taking their, you know, basically government sanctioned walk of the day, if they’re walking past my house and I’m on my stoop, I get to say hi to everyone.” (GK)



While stoop culture has far preceded mutual aid and the pandemic, specifically in Black neighborhoods, GK identifies the stoop as a new site of encounter with her neighbors. Her stoop triples as a PPE distribution site for BSS delivery volunteers, an extension of her home, and as a site where she builds deeper connections with her neighbors.

Additionally, HW notes her new understanding of gentrification:

“[Bed-Stuy Strong] complicated my ideas of what gentrification is and I was really happy to see that—I mean, there’s gonna be criticism no matter what because gentrification is inherently, like, a violent, displacing mechanism in communities. You see it time and time again. It’s—There’s just no taking away from that. But the fact that there are so many people who are, you know, ‘New Bed-Stuy’ residents who are employed now still giving whatever it is that they have now that they have a platform to be kind of involved and to help.”

Bed-Stuy Strong, for HW, bridged together ‘New Bed-Stuy’ with old Bed-Stuy through their participation in survival work for older, longer tenure residents. Although their participation did not alter HW’s perspective on gentrification as a “violent displacing mechanism”, it did suggest a new people-place relationship in which the persons who gentrify *owe* and *contribute* to the communities they are a part of, instead of viewing their neighborhoods as just “a place where I can afford a nice place to live...while I go out in Williamsburg or Manhattan” (Greuskin & Wade, 2020). While these places are not physically produced (i.e. built with materials), interviewees indicate that for them, the *place* of Bedford-Stuyvesant, even amidst processes of displacement-racial banishment-gentrification, has produced new encounters or potentials for encounter as a result of their participation in mutual aid groups.

## Conclusion

Interviewees' responses indicated that while neighborhood mutual aid groups are a radical approach to addressing community needs and building new social-spatial relations, many practices and ideologies that are part of neighborhood mutual aid groups are not aligned with the creation of deviant care geographies that work towards Black survival. Neighborhood mutual aid groups are working through many questions about scale, positionality, and meeting need in the absence of state support. Based upon the six interviews analyzed in this thesis, there are reasonable conclusions that can be drawn. The first is that COVID-19 neighborhood mutual aid groups, while attempting to meet community needs and do "community care", struggle to practice deviant care in the neighborhoods in which they are located. Despite the radical origins of mutual aid groups (and contemporary examples), neighborhood mutual aid groups are not able to escape the messy tension that arises when non-Black gentrifiers who are part of displacement-racial banishment processes attempt to further the survival of Black people whose lives are disrupted by their presence and actions. From the interviews, COVID-19 neighborhood mutual aid groups *are* attempting creating new social-spatial relations, however, the way members are mobilized to take responsibility for other residents' needs, the way that needs and new directions are identified, and the ways that archetypes that fabricate Blackness or refuse to name it, indicate that within Bed-Stuy Strong, there are many practices that preclude the formation of deviant care geographies.

With that said, COVID-19 neighborhood mutual aid groups are collectives of individuals with different sets of thoughts and values toward deviancy (intra-group differences) and thoughts on deviancy will differ from place to place (inter-group differences). Therefore, the conclusion here *may* be found in other places, but the mechanisms/evidence to support how deviant care geographies are foreclosed will likely differ depending on the local dynamics related to gentrification-racial banishment-displacement and race, more broadly. Furthermore, related to the

inter-group differences, the conclusions would likely have been different if the interviewees were, like HW and SW, Black residents who were raised in/around Bedford-Stuyvesant. The small number of interviews analyzed reflects a convenience sample rather than a true representation of the entire group's active members. However, based on this sample, it is a reasonable conclusion that the way Black members articulated the function/goals of the mutual aid group shares more alignment with the production of a deviant care geography, as responses often acknowledged the need for long term care infrastructure, the need for social-spatial relations to practice intimacy (centering Black residents who request care/are vulnerable with other residents regarding their needs), and refuse to fabricate Black subjects (likely because they know them or *are* them).

## 4

### Conclusion

The purpose of this thesis was twofold: to develop a new framework that is centered on spatialized practices that work towards Black survival and to explore the presence or absence of these practices in neighborhood mutual aid groups. Building off the work of scholars of care and deviance (Joan Tronto, Dorothy Roberts, Ren Yo Hwang, and Cathy Cohen), I propose a theory of deviant care geographies, which I define as "productions of space/place which resist Black subjection and Black death by emotionally, materially, and ontologically attending to the survival of 'deviant' persons."

The conceptual starting point for Chapter 1 of this thesis is Joan Tronto's (1993) foundational work providing structure to the oft-used and nebulous term 'care'. In *Moral Boundaries*, Tronto introduces a 4-phase model of care that includes: caring about, taking care of, care taking, and care receiving. Tronto's intervention disrupts essentialist conceptions of care that condense care to actions carried out by the role of the woman-mother. Furthermore, by providing a model of care, Tronto offers an understanding of what should be considered in care practice to create a better society. Research following Tronto's intervention has provided more information on care scholarship, primarily where care is practiced, who is involved in caring, the political and social context of caring, and how the COVID-19 pandemic has impacted how care is distributed and how care is thought about as a society.

While these studies are vital for building a conceptual and empirical understanding of care, they have significant limitations. First, care scholarship centers whiteness. In addition to care theorists being primarily white scholars, the central subject of analysis in many studies is white people and often white middle-class women and their families.

Second, while Tronto's theorizations towards a 'good society', in which care is a social-political-moral foundation, is admirable, it undermines the history of care in the United States. Indeed, within the US, Black people have received carceral forms of care that preserve violence and subjugation, while what one might consider good/quality care has been extended to white people. Building off these two points, the glaring shortcoming of care theory is that it does not lead to a better understanding of how Black people are involved in care, how care is practiced by and for Black people, and how experiments in caring that may attempt to create new worlds (especially worlds built upon Black survival) are to be evaluated.

The proposal of deviant care geographies attends to these shortcomings of care theory scholarship. This thesis fills a conceptual gap within care scholarship (and Black studies scholarship that does not engage with care theory) by producing a framework that utilizes both Tronto's phases of care (that provides a better understanding of what care is) and theories of worldbuilding via 'deviance' found in Black studies/Black feminist/Black queer feminist scholarship. Studying deviance as a position allows us to identify how the white supremacist, racial capitalist organizations of the state and its citizenry have fabricated communities as 'wrong' and in need of fixing in order to further its own goals and solidify its power. Furthermore, aligning with deviance allows us to be accomplices in a world-build project. A theory of deviant care geographies attends to the methodical production of space to counter logics of white supremacy and race-gender oppression through entangled processes of affect, action, and the building of new relationalities.

Five threads emerged within the literature on deviance. First, deviance is an ontological intervention that presences the everyday subversive practices of individuals cast as

'deviant'. Second, Black people are always bound to the status of 'deviant'. Third, 'good' care, as provided by institutions and the state, is reserved for citizens, a status granted to white people. In contrast, *carceral administrations of care are reserved for Black people* who are viewed as 'subjects' undeserving of care or as quasi-citizen-subjects whose access to particular forms of care is mediated by their ability to convince the state of their redeemability, assimilability, and aspirations to only-ever participate in normative behaviors. Fourth, deviancy is inherently spatial, with deviant persons intentionally creating deviant places *and* with place-identities being ascribed based on assumptions of deviant behavior/status. Lastly, deviant care practices are life-affirming via the creation of new relations. Based upon these threads, I argue that a framework of deviant care must:

1. Center Black people
2. Refuse constructions of the self-possessed, 'productive', independent individual
3. Move towards long-term infrastructures of care
4. Refuse care as a merit-based allocation
5. Be a spatial-relational act

The final chapter of this thesis explores the presence or absence of deviant care practices in neighborhood mutual aid groups through the analysis of Bed-Stuy Strong, a Central Brooklyn-based COVID19-neighborhood mutual aid group. Interviewees' responses indicated that while neighborhood mutual aid groups are a radical approach to addressing community needs and building new social-spatial relations, many practices and ideologies that are part of neighborhood mutual aid groups are not aligned with the creation of deviant care geographies that work towards Black survival. Neighborhood mutual aid groups are working through many questions about scale, positionality, and meeting needs in the absence of state support.

The primary takeaway from the analysis is that COVID-19 neighborhood mutual aid groups, although attempting to meet community needs and do "community care", struggle to practice deviant care in the neighborhoods in which they are located. Despite the radical origins of mutual aid groups (and contemporary examples), neighborhood mutual aid groups are not able to escape the messy tension that arises when non-Black gentrifiers who are part of displacement-racial banishment processes attempt to further the survival of Black people whose lives are disrupted by their presence and actions. Ultimately, while COVID-19 neighborhood mutual aid groups do attempt to create new socio-spatial relations within neighborhoods, it is inhibited by members' (1) fabrications of Black residents and assumptions of community need, (2) focus on their own positionality (as non-Black, gentrifier) in the neighborhoods they reside in (rather than centering others' needs) (3) struggle to navigate meeting needs that have been exacerbated, but not created, by the pandemic (4) struggle to navigate how to resist neoliberal cooptation via professionalization of care within mutual aid groups, and (5) struggle to create intimate relations with care recipients.

Regarding the care provided by COVID-19 neighborhood mutual aid groups, lingering questions include: How do recipients of care understand/view this infrastructure? How are their needs met/unmet by these groups? How were deviant populations centered (or not centered) in the formation of COVID-19 neighborhood mutual aid groups and in the determination of 'community' needs? Additionally, a more comprehensive project with conclusions that address the potential for deviant care geographies to build new worlds and deviant socio-spatial relations necessitates interviews with more members from COVID-19 neighborhood mutual aid groups, and from mutual aid groups that were

founded prior to the pandemic. Furthermore, and perhaps most importantly, there is ample room to think about 'deviant' populations' visions of long-term care infrastructure and how these visions align with deviant care geography frameworks or produce something else entirely.



## **BIBLIOGRAPHY**

### **INTRODUCTION**

Cohen, C. J. (2004). Deviance as resistance: A new research agenda for the study of black politics. *Du Bois Review: Social Science Research on Race*, 1(1), 27-45.

Roberts, D. E. (1994). Deviance, resistance, and love. *Utah L. Rev.*, 179.

Spade, D. (2020a). Solidarity not charity: Mutual aid for mobilization and survival. *Social Text*, 38(1), 131-151.

Spade, D. (2020b). *Mutual aid: Building solidarity during this crisis (and the next)*. Verso Books.

Tronto, J. C. (1993). *Moral boundaries: A political argument for an ethic of care*. Routledge.

### **CHAPTER 1**

Armstrong, P., & Armstrong, H. (2019). Thinking it through: Women, work and caring in the new millennium. In *Caring for/caring about* (pp. 5-44). University of Toronto Press.

Aslanian, T. K. (2020). Every rose has its thorns: Domesticity and care beyond the dyad in ECEC. *Global Studies of Childhood*, 10(4), 327-338.

Barnes, M. (2012). *Care in everyday life: An ethic of care in practice*. Policy Press.

Barnes, M. (2015). Beyond the dyad: exploring the multidimensionality of care. *Ethics of care: Critical advances in international perspective*, 31-43.

Binet, A. (2015). The practice and politics of care : social service organizations, community resilience and the redevelopment of Regent Park (thesis).

Bowlby, S., & McKie, L. (2019). Care and caring: An ecological framework. *Area*, 51(3), 532-539.

Brown, M. (2003). Hospice and the spatial paradoxes of terminal care. *Environment and planning A*, 35(5), 833-851.

Cantor, M. H., & Brennan, M. (2000). *Social care of the elderly: The effects of ethnicity, class and culture*. Springer Publishing Company.

Cantor, M. H., & Mayer, M. J. (1978). Factors in Differential Utilization of Urban Elderly. *Journal of Gerontological Social Work*, 1, 49-50.

Chang, G. (2016). *Disposable domestics: Immigrant women workers in the global economy*. Haymarket Books.

Chatzidakis, A., Hakim, J., Littler, J., Rottenberg, C., & Segal, L. (2020). From carewashing to radical care: the discursive explosions of care during Covid-19. *Feminist Media Studies*, 20(6), 889-895.

de La Bellacasa, M. P. (2017). *Matters of care: Speculative ethics in more than human worlds* (Vol. 41). U of Minnesota Press.

Dodson, L., & Zincavage, R. M. (2007). "It's like a family" caring labor, exploitation, and race in nursing homes. *Gender & Society*, 21(6), 905-928.

Duffy, M. (2005). Reproducing labor inequalities: Challenges for feminists conceptualizing care at the intersections of gender, race, and class. *Gender & Society*, 19(1), 66-82.

Duffy, M., Albelda, R., & Hammonds, C. (2013). Counting care work: The empirical and policy applications of care theory. *Social Problems*, 60(2), 145-167.

- England, K. (2010). Home, work and the shifting geographies of care. *Ethics, Place and Environment*, 13(2), 131-150.
- Fine, B., & Saad-Filho, A. (2017). Thirteen things you need to know about neoliberalism. *Critical Sociology*, 43(4-5), 685-706.
- Fisher, B., & Tronto, J. (1990). Toward a feminist theory of caring. *Circles of care: Work and identity in women's lives*, 35-62.
- Gary, M., & Berlinger, N. (2020). Interdependent Citizens: The Ethics of Care in Pandemic Recovery. *Hastings Center Report*, 50(3), 56-58.
- Glenn, E. N. (1992). From servitude to service work: Historical continuities in the racial division of paid reproductive labor. *Signs: Journal of women in culture and society*, 18(1), 1-43.
- Glenn, E. N. (2010). *Forced to care: Coercion and caregiving in America*. Harvard University Press.
- Green, M., & Lawson, V. (2011). Recentring care: interrogating the commodification of care. *Social & Cultural Geography*, 12(6), 639-654.
- Hall, S. M. (2019). Everyday austerity: Towards relational geographies of family, friendship and intimacy. *Progress in Human Geography*, 43(5), 769-789.
- Hobart, H. I. J. K., & Kneese, T. (2020). Radical care: Survival strategies for uncertain times. *Social Text*, 38(1), 1-16.
- Jon, I. (2020). A manifesto for planning after the coronavirus: Towards planning of care. *Planning Theory*, 19(3), 329-345.
- Lawson, V. (2007). Geographies of care and responsibility. *Annals of the Association of American Geographers*, 97(1), 1-11.
- McKie, L., Gregory, S., & Bowlby, S. (2002). Shadow times: the temporal and spatial frameworks and experiences of caring and working. *Sociology*, 36(4), 897-924.
- Miller, C.C. (2020, November 17). When Schools Closed, Americans Turned to Their Usual Backup Plan: Mothers. *The New York Times*. <https://www.nytimes.com/2020/11/17/upshot/schools-closing-mothers-leaving-jobs.html>.
- Miller, C.C. (2021, May 17). The Pandemic Created a Child-Care Crisis. Mothers Bore the Burden. *The New York Times*. <https://www.nytimes.com/interactive/2021/05/17/upshot/women-workforce-employment-covid.html>
- Milligan, C. (2000). 'Bearing the burden': towards a restructured geography of caring. *Area*, 32(1), 49-58.
- Milligan, C., & Wiles, J. (2010). Landscapes of care. *Progress in Human Geography*, 34(6), 736-754.
- Mingus, M., & Lakshmi Piepzna-Samarasinha, L. (2020). Pods and Pod-Mapping Worksheet. In E. Dixon (Ed.), *Beyond Survival: Strategies and Stories from the Transformative Justice Movement* (pp. 119–126). essay, AK Press.
- Nadasen, P. (2021). Rethinking Care Work:(Dis) Affection and the Politics of Caring. *Feminist Formations*, 33(1), 165-188.
- Noddings, N. (1984). *Caring: A relational approach to ethics and moral education*. Univ of California Press.
- Piepzna-Samarasinha, L. L. (2018). *Care work: Dreaming disability justice* (p. 30). Vancouver: arsenal pulp press.
- Power, A., & Bartlett, R. (2019). Ageing with a learning disability: Care and support in the context of austerity. *Social Science & Medicine*, 231, 55-61.

- Power, K. (2020). The COVID-19 pandemic has increased the care burden of women and families. *Sustainability: Science, Practice and Policy*, 16(1), 67-73.
- Roberts, D. E. (1997). Spiritual and menial housework. *Yale JL & Feminism*, 9, 51.
- Schwiter, K., Berndt, C., & Truong, J. (2018). Neoliberal austerity and the marketisation of elderly care. *Social & Cultural Geography*, 19(3), 379-399.
- Seiler, C. (2020). The origins of white care. *Social Text*, 38(1), 17-38.
- Sevenhuijsen, S. (2003). The place of care: The relevance of the feminist ethic of care for social policy. *Feminist theory*, 4(2), 179-197.
- Silk, J. (1998). Caring at a distance. *Ethics, Place and Environment*, 1(2), 165-182.
- Staeheli, L. A., & Brown, M. (2003). Where has welfare gone? Introductory remarks on the geographies of care and welfare.
- Stenning, A. (2020). Feeling the squeeze: Towards a psychosocial geography of austerity in low-to-middle income families. *Geoforum*, 110, 200-210.
- Till, K. E. (2012). Wounded cities: Memory-work and a place-based ethics of care. *Political Geography*, 31(1), 3-14.
- Tronto, J. C. (2010). Creating caring institutions: Politics, plurality, and purpose. *Ethics and social welfare*, 4(2), 158-171.
- Tronto, J. C. (1993). *Moral boundaries: A political argument for an ethic of care*. Routledge.
- Umamaheswar, J., & Tan, C. (2020). "Dad, Wash Your Hands": Gender, Care Work, and Attitudes toward Risk during the COVID-19 Pandemic. *Socius*, 6, 2378023120964376.
- Watson, N., McKie, L., Hughes, B., Hopkins, D., & Gregory, S. (2004). (Inter) dependence, needs and care: The potential for disability and feminist theorists to develop an emancipatory model. *Sociology*, 38(2), 331-350.
- Weheliye, A. G. (2014). *Habeas viscus*. Duke University Press.
- Zallman, L., Finnegan, K. E., Himmelstein, D. U., Touw, S., & Woolhandler, S. (2019). Care for America's elderly and disabled people relies on immigrant labor. *Health Affairs*, 38(6), 919-926.

## **CHAPTER 2**

- Burman, J. (2007). Deportable or Admissible. In K. McKittrick & C. Woods (Eds.), *Black Geographies and the Politics of Place* (pp. 177–189). essay, South End Press.
- Cohen, C. J. (2004). Deviance as resistance: A new research agenda for the study of black politics. *Du Bois Review: Social Science Research on Race*, 1(1), 27-45.
- Bois, D. (1935). *Black Reconstruction*.
- Du Bois, W. E. B. (2007). *The Philadelphia Negro*. Cosimo, Inc.
- Frazier, E. F. (1966). *The Negro Family in the United States*. The University of Chicago.
- Hartman, S. V. (1997). *Scenes of subjection: Terror, slavery, and self-making in nineteenth-century America*. Oxford University Press on Demand.
- Hartman, S. (2019). *Wayward lives, beautiful experiments: Intimate histories of riotous black girls, troublesome women, and queer radicals*. WW Norton & Company.

- Hwang, R. Y. (2019). Deviant care for deviant futures: QTBIPOC Radical relationalism as mutual aid against carceral care. *Transgender Studies Quarterly*, 6(4), 559-578.
- Jacobs, F. (2019). Black feminism and radical planning: New directions for disaster planning research. *Planning Theory*, 18(1), 24-39.
- Leu, L. (2014). Deviant geographies: Black spaces of cultural expression in early 20th-century Rio de Janeiro. *Latin American and Caribbean Ethnic Studies*, 9(2), 177-194.
- McKittrick, K. (2011). On plantations, prisons, and a black sense of place. *Social & Cultural Geography*, 12(8), 947-963.
- McKittrick, K. (2007). Freedom is a Secret. In K. McKittrick & C. Woods (Eds.), *Black Geographies and the Politics of Place* (pp. 97–111). essay, South End Press.
- Pulido, L. (2015). Geographies of race and ethnicity 1: White supremacy vs white privilege in environmental racism research. *Progress in Human Geography*, 39(6), 809-817.
- Roberts, D. (2011). *Fatal invention: How science, politics, and big business re-create race in the twenty-first century*. New Press/ORIM.
- Roberts, D. E. (1994). Deviance, resistance, and love. *Utah L. Rev.*, 179.
- Roberts, D. E. (1995). Welfare and the problem of black citizenship.
- Roberts, D. E. (2011). Prison, foster care, and the systemic punishment of black mothers. *Ucla L. Rev.*, 59, 1474.
- Shange, S. (2019). Black girl ordinary: Flesh, carcerality, and the refusal of ethnography. *Transforming Anthropology*, 27(1), 3-21.
- Sharpe, C. (2016). *In the wake: On blackness and being*. Duke University Press.
- Spencer, R. (1994). Contested terrain: The Mississippi flood of 1927 and the struggle to control black labor. *The Journal of Negro History*, 79(2), 170-181.
- Story, K. A. (2015). (Re) Presenting Shug Avery and Afrekete: The Search for a Black, Queer, and Feminist Pleasure Praxis. *The Black Scholar*, 45(4), 22-35.
- Tomlins, C. (2009). Transplants and timing: Passages in the creation of an Anglo-American law of slavery. *Theoretical Inquiries in Law*, 10(2), 389-421.
- Weheliye, A. G. (2014). *Habeas viscus*. Duke University Press.
- Wynter, S. (1971). Novel and history, plot and plantation. *Savacou*, 5(1971).

### **CHAPTER 3**

- Abu-Jamal, M. (2004). *We want freedom: A life in the Black Panther Party*. South End Press.
- Artsy Open Source (2020). *System Automation: Lunch & Learn* [Video File]. YouTube <https://www.youtube.com/watch?v=1CvwtLVNh4c&t=949s>.
- Bed-Stuy Strong. (n.d.). <https://www.bedstuystrong.com/>.
- Bedford-Stuyvesant Neighborhood profile. NYU Furman Center. (n.d.). <https://furmancenter.org/neighborhoods/view/bedford-stuyvesant>.
- Beito, D. T. (2000). *From mutual aid to the welfare state: Fraternal societies and social services, 1890-1967*. Univ of North Carolina Press.

- Bledsoe, A. (2017). Marronage as a past and present geography in the Americas. *Southeastern Geographer*, 57(1), 30-50.
- Botein, H. (2013). From redlining to subprime lending: How neighborhood narratives mask financial distress in Bedford-Stuyvesant, Brooklyn. *Housing Policy Debate*, 23(4), 714-737.
- Donnelly, K. (2018). The Gentrifier's Dilemma: Narrative Strategies and Self-Justifications of Incoming Residents in Bedford-Stuyvesant, Brooklyn. *City & Community*, 17(2), 374-393.
- Diouf, S. A. (2014). 1. The Development of Marronage in the South. In *Slavery's Exiles* (pp. 17-38). New York University Press.
- Gruesskin, Z., & Dizon, A. (2020, May 29). Oral history interview with Alyssa Dizon conducted on 2020 May 29. *Brooklyn Public Library*. other. <https://www.bklynlibrary.org/digitalcollections/item/6b366034-d453-4485-ad59-4cf9794b2b8d>.
- Gruesskin, Z., & Wade, H. (2020, May 9). Oral history interview with Hadass Wade on 2020 May 9. *Brooklyn Public Library*. other. <https://www.bklynlibrary.org/digitalcollections/item/001f9b92-1fc4-497d-8f0d-6f63ceee2447>
- Gruesskin, Z., & Garfield, S. (2020, May 8). Oral history interview with Samantha Garfield on 2020 May 8. *Brooklyn Public Library*. other. <https://www.bklynlibrary.org/digitalcollections/item/765729ed-3762-40ce-a5cd-813ab59ca0a8>
- Gruesskin, Z., & King, G.F. (2020, April 27). Oral history interview with Georgia Frances King on 2020 April 27. *Brooklyn Public Library*. other. <https://www.bklynlibrary.org/digitalcollections/item/9cab1430-b669-48e8-8f6c-39abbfd8c32f>
- Gruesskin, Z., & Smith, D. (2020, May 7). Oral history interview with Derek Smith on 2020 May 7. *Brooklyn Public Library*. other. <https://www.bklynlibrary.org/digitalcollections/item/0284e105-1ca7-4dae-9baf-dfe2d763ab7e>
- Gruesskin, Z., & Williams, S. (2020, June 3). Oral history interview with Semoy Williams on 2020 June 3. *Brooklyn Public Library*. other. <https://www.bklynlibrary.org/digitalcollections/item/6d573e66-58d6-49f3-9a31-7284964ce329>
- Hackworth, J. (2002). Postrecession gentrification in New York city. *Urban Affairs Review*, 37(6), 815-843.
- Harris, R. L. (1979). Early black benevolent societies, 1780-1830. *The Massachusetts Review*, 20(3), 603-625.
- Hilliard, D. (Ed.). (2008). *The Black Panther*. Simon and Schuster.
- Lee, B. A., Campbell, K. E., & Miller, O. (1991, September). Racial differences in urban neighboring. In *Sociological Forum* (Vol. 6, No. 3, pp. 525-550). Kluwer Academic Publishers-Plenum Publishers.
- Lindsay, I. B. (1956). Some contributions of negroes to welfare services, 1865-1900. *The Journal of Negro Education*, 25(1), 15-24.
- Mathews, S.T. (2020, June 4). Bed-Stuy Strong: How to Start a 3,000-Member Neighborhood Mutual Aid Network. <https://www.autostraddle.com/bed-stuy-strong-how-to-start-a-3000-member-neighborhood-mutual-aid-network/> Bed-Stuy Strong: How to Start a 3,000-Member Neighborhood Mutual Aid Network.
- McKittrick, K. (2011). On plantations, prisons, and a black sense of place. *Social & Cultural Geography*, 12(8), 947-963.
- Nelson, R. K., Winling, L. D., Marciano, R., & Connolly, N. (n.d.). Mapping Inequality. Mapping Inequality. <https://dsl.richmond.edu/panorama/redlining/#loc=15/40.675/-73.946&city=brooklyn-ny&area=D8&adimage=3/73.702/-160.137>.
- Norman, A. J. (1977). Mutual aid: A key to survival for black Americans. *The Black Scholar*, 9(4), 44-49.

NYC Department of Health and Mental Hygiene, Bedford Stuyvesant: Community Health Profiles 2018 (2018). New York City, New York. <https://www1.nyc.gov/assets/doh/downloads/pdf/data/2018chp-bk3.pdf>.

Office of the New York State Comptroller, DiNapoli, T. P., & Bliewas, K. B., An Economic Snapshot of the Bedford-Stuyvesant Neighborhood (2017). <https://www.osc.state.ny.us/files/reports/osdc/pdf/report-5-2018.pdf>.

Paperson, L. (2010). The postcolonial ghetto: Seeing her shape and his hand. *Berkeley Review of Education*, 1(1).

Rabinowitz, K., Shapiro, L., Dormido, H., & Melnik, T. (2021, August 13). How the racial makeup of where you live has changed since 1990. The Washington Post. <https://www.washingtonpost.com/nation/interactive/2021/racial-makeup-census-diversity/?geoid=36047026700>.

Reese, A. M. (2020). "DC is mambo sauce": Black cultural production in a gentrifying city. *Human Geography*, 13(3), 253-262.

Spade, D. (2020a). Solidarity not charity: Mutual aid for mobilization and survival. *Social Text*, 38(1), 131-151.

Spade, D. (2020b). *Mutual aid: Building solidarity during this crisis (and the next)*. Verso Books.

Summers, B. T. (2019). *Black in place: The spatial aesthetics of race in a post-chocolate city*. UNC Press Books.

The Brooklyn Daily Eagle. (1938, June 12). Our Negro Neighbors. *The Brooklyn Daily Eagle*, p. 15. <https://bklyn.newspapers.com/image/52706035>

U.S. Census Bureau. (2019a). SE:A10060. Tenure (ACS 2019 5-Year Estimates). In SocialExplorer.com. Retrieved August, 1, 2021, from [https://www.socialexplorer.com/tables/ACS2019\\_5yr/R12866680](https://www.socialexplorer.com/tables/ACS2019_5yr/R12866680)

U.S. Census Bureau. (2019b). SE:A18005. Average Gross Rent (ACS 2019 5-Year Estimates). In SocialExplorer.com. Retrieved August, 1, 2021, from [https://www.socialexplorer.com/tables/ACS2019\\_5yr/R12866680](https://www.socialexplorer.com/tables/ACS2019_5yr/R12866680)

U.S. Census Bureau. (2019c). SE:A10026. Housing Units by Housing Costs as a Percentage of Household Income in the Past 12 Months (ACS 2019 5-Year Estimates). In SocialExplorer.com. Retrieved August, 1, 2021, from [https://www.socialexplorer.com/tables/ACS2019\\_5yr/R12866680](https://www.socialexplorer.com/tables/ACS2019_5yr/R12866680)

U.S. Census Bureau. (2019d). SE:A14006. Median Household Income (In 2019 Inflation Adjusted Dollars) (ACS 2019 5-Year Estimates). In SocialExplorer.com. Retrieved August, 1, 2021, from [https://www.socialexplorer.com/tables/ACS2019\\_5yr/R12866680](https://www.socialexplorer.com/tables/ACS2019_5yr/R12866680)

U.S. Census Bureau. (2019e). SE:A14001. Household Income (In 2019 Inflation Adjusted Dollars) (ACS 2019 5-Year Estimates). In SocialExplorer.com. Retrieved August, 1, 2021, from [https://www.socialexplorer.com/tables/ACS2019\\_5yr/R12866680](https://www.socialexplorer.com/tables/ACS2019_5yr/R12866680)

U.S. Census Bureau. (2019f). SE:A14016. Median Household Income the Past 12 Months (In 2019 Inflation-Adjusted Dollars) (Renter-Occupied Housing Units) (ACS 2019 5-Year Estimates). In SocialExplorer.com. Retrieved August, 1, 2021, from [https://www.socialexplorer.com/tables/ACS2019\\_5yr/R12866680](https://www.socialexplorer.com/tables/ACS2019_5yr/R12866680)

U.S. Census Bureau. (2019g). SE:A18011. Gross Rent as a Percentage of Household Income in the Past 12 Months (Dollars) - Cumulative (More) (ACS 2019 5-Year Estimates). In SocialExplorer.com. Retrieved August, 1, 2021, from [https://www.socialexplorer.com/tables/ACS2019\\_5yr/R12866680](https://www.socialexplorer.com/tables/ACS2019_5yr/R12866680)

Wilder, C. S. (2000). *A covenant with color: race and social power in Brooklyn 1636-1990*. Columbia University Press.