



Solidarity: Mutual Care and Accountability Under COVID-19

By Sarah Shourd and Harriet Beinfield April 4, 2020

Managing Our New Social Reality

This is not just a *novel* virus, it's a novel social reality, with evolving demands. As we shelter in place and maintain physical distance from each other, our need for solidarity grows. The less physical contact we have with people and surfaces outside our homes, the less the virus will spread. The more we can agree on how to manage these new challenges together, the stronger and safer we will be.

Clear, accountable communication matters. Conversations can draw us closer or they can drive us apart, making us feel more imperiled and isolated. Friends and roommates want to maintain the connection that sustains them. Figuring out where you stand, how you feel and how to make requests without harming your relationships matters.

Let's Assume We're All Contagious

Many people with COVID-19 have no symptoms, but are still contagious. They are *silent spreaders*. In a perfect world, everyone is able to practice strict shelter in place and physical distancing. Our world is far from perfect, and adhering to strict rules is not always doable.

Social Solidarity = Stay Home + Physical Distancing + Communication

Identify your **Mutual-Care and Accountability Pod**, a group with whom you agree to be transparent and accountable to during this time. The behavior of every person in your pod affects the health and safety of everyone else in your and their concentric circles.

We vary. For some, risk is an unavoidable necessity. For those with a fragile immune system, risk is not an option. A person in a house with many people may benefit from explicit agreements. The **Solidarity Chart** helps you determine what's best for you based on your needs, limitations and the greatest good for public health and safety.

Solidarity Chart: Fill out your answers

1. **Name:**
2. **Use these questions to guide your conversations with the people in your pod.** Come as calm and resourced as you can, and begin by listening. Take notes to fill out the chart.
 1. How have you been taking care to protect yourself and others from the virus?
 2. What problems and obstacles have you encountered in attempting to stay safe and live your life?
 3. What public spaces have you been in? Where and when? What precautions did you take?
 4. Who are the people with whom you've been in close physical proximity or contact?
 5. Are your practical or emotional needs being met? What are they?
 6. Are you open to me sharing my unmet needs and obstacles with you?
 7. Do you have ideas or requests about how we can support each other?
 8. Do you have a plan if you or they become sick? Will you check in with them, and make a plan?
 9. **Fill out the Solidarity Chart** with the names of the people in your pod; the people with whom they are closest; and the needs and concerns that surfaced during your conversation. (Examples of needs: *groceries, childcare, problem-solving support, phone calls, sharing media*).

Put a heart next to those at **higher risk due to a chronic underlying medical condition.

Put a star next to those whom you need to **check in with one on one.

Decide on the best **degree of physical distancing based on your and their needs and put a number by the person's name: 1. Online and phone communication. (lowest risk) 2. Dropping off groceries and other supplies. 3. Meeting outside w/distance 4. Physically distanced outdoor walks. 5. Being in a shared space (indoor visits, car travel). 6. Physical touch (most risk).

Your People, Your Pod	Their People	Your Needs	Their Needs	Concerns
<i>Ex: Bobby</i>	<i>Roommate Leila</i>	<i>More safety practices</i>	<i>Physically distanced one-on-one time</i>	<i>Safety & communication needs</i>

Check your symptom score on this app <https://www.screencovid.org/> Your score:

Talking Through Differences During Unsafe, Unpredictable Times

This extraordinary situation challenges our ordinary habits. We're unprepared for the new demands we must make on one another. **Everyone who you've been in contact with has their own circle, making their contacts risky to you.**

Normally we do what we want. All of a sudden, there's a conflict between safety and freedom, individual and group, me and you. For example, instead of just you deciding to see your lover, your roommates and your ex (because you share the kids) want to weigh in on it.

Setup: Things to Consider.

Some feel vulnerable. Some feel invincible. Some feel averse to deprivation. Some are unable to control their contacts out of necessity, not choice. Some will be unwilling to restrict their contacts. Risk tolerance varies. Circumstances vary. Coping strategies differ.

What's within one person's tolerance zone is not for someone else to decide. Consequences can be serious. People respond differently to the same infection. When we feel helpless and powerless, the urge to control others gets stronger. Know that no one feels comfortable with this. It is threatening.

Strategies: Things to Try.

- Respectful listening is a no-blame, no-shame approach. Suspend judgment and criticism. Don't interrupt; remain aware of internal thoughts and reactions.
- Accusations and name-calling resonate badly, whether it's saying that someone is overreacting, fearmongering, paranoid and uptight, or ignorant, reckless, selfish and a danger to others.
- Being in community is a challenge. Stay motivated to make it work.

Questions to Ask Yourself:

1. How do my choices affect those in my circle?
2. Should I be responsible for someone else's needs, or only for my own?
3. Who needs to separate from me because I want a freedom that jeopardizes their sense of safety? Should I leave, or should they?
4. Should the person in my pod with the lowest risk tolerance set the standard?

Questions to Discuss:

1. When there are disagreements about what's safe, how are decisions made?
2. Are you open to negotiating your individual rights, habits, wishes about who and what is essential?
3. Are financial impacts shared if someone leaves home due to differences about risk tolerance?
4. What happens if someone in the household gets sick? Is there a plan?
5. Does the person who is sick leave? Where do they go? Do others leave?
6. Who will make sure that the person who is sick has what they need?

Conversation Tips for Best Outcomes

(ex: template from *non-violent communication*)

Making "I" statements rather than "you" statements:

- "When you ..." (describe an objective behavior without emotional tone).
- "I feel ..." (this is the time to express emotions with "feeling" words — sad, angry, upset, scared — but avoid "I feel that ..." or "I feel like ..." because that is giving an opinion, not expressing a feeling).
- "Because I ..." (make sure that this is about YOURSELF, i.e., what in YOU is giving rise to the feeling; this is not about the other person).
- "Would you consider ...?" or "Would you be willing to ...?" makes a request and asks for a behavior.
- "Yes" or "No" may be the answer from the other person, or "Yes" or "No" under certain conditions.