Katrina had blown through Gulfport, Mississippi, three months ago. Yet the downtown area was still deserted. Piles of debris were everywhere. I tried to drive south beyond the railroad tracks but was stopped by razor wire and a military checkpoint. I did not belong south of the tracks; that area belonged to the residents who had lost everything.

I was in Gulfport because more than 20,000 Navy service members and their families had been displaced by Hurricanes Katrina and Rita. The chief of naval operations had responded by creating Task Force Navy Family, a group of volunteers from around the country who were charged with contacting everyone affected, identifying their needs, and tracking their progress. I was one of many who had volunteered.

So there I was on a bright Sunday morning in November 2005, trying to find my way to the Gulfport Inn at the Naval Construction Battalion Center. Eventually I found my way without benefit of street signs—they had been torn down by the force of the hurricanes. The base was free of debris and looking good. Aside from the missing street signs, only the smell of tar and the sight of men on rooftops signaled that something out of the ordinary had happened. The base, along with the entire Gulf Coast, was devastated.

When I arrived just before 7 a.m., the director of the Navy’s Fleet and Family Support Center (FFSC) was waiting for me. She gave me a big welcome, saying, “Thank you, thank you, thank you.” I wondered why I was being thanked so much when I hadn’t done anything. The answer would come soon enough. My two weeks at the center began with introductions and orientation briefings. Everyone was glad to see me and eager for me to understand the situation.

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From the Chair

“It was the best of times, it was the worst of times….” Dickens wrote in the opening line of A Tale of Two Cities, referring to an era of great struggle for liberty, social justice, and economic equality in the late 1700s. The same words could be used to describe the current era in the United States and throughout the world. Our profession finds itself in the midst of another of those “times.”

Globally, we are experiencing war, growing economic disparity, exploitation of natural resources, and catastrophic natural disasters—with no end in sight. Certainly, these occurrences reflect the worst of times, and some are symptoms of a greater societal ill: a severe deficiency in the practice of justice for all human beings.

Peace cannot exist without justice, and justice occurs only when society protects the individual’s dignity and capacity to grow in a community. Each person, in turn, must meet his or her responsibility for the common good of others, of our families, of our country, and of the global spectrum. The needs of the poor and vulnerable must be a priority, and all must participate at every level of society. The economy must serve the people, not the reverse. Just as people must be protected, so must the environment on which we and future generations will depend. Those we elect to government need to promote human dignity, protect human rights, and build the common good. And they must be held accountable when they fail to do so.

Justice and peace were the goals of our founding fathers, but they have not always been practiced. This country’s economy was built on land seized during the eradication of native people and through the enslavement and indentured servitude of Africans and others. Social justice, economic justice, and peace require work to achieve and maintain and must not be taken for granted. This has never been truer than now.

Mary Anne Nulty, ACSW, LCSW, DAPA

Ms. Nulty left the Cheyenne River (Lakota) Sioux Reservation in South Dakota last June and is now employed at the Southwestern State Mental Health Institute in Marion, Virginia. She can be reached at manulty77@netva.com
The Situation
At first glance, the center appeared to have weathered the storm. A closer look revealed several windows boarded up, men working on the roof, and sections of the drop ceiling missing. The people inside the building also appeared to have weathered the storm in good shape. But in closer encounters, their grief, losses, and attempts at rebuilding their lives were exposed. Seemingly, no one had been spared by Katrina.

Initial conversations all had one thing in common: Everyone asked whether I’d been south of the tracks. Just listening wasn’t going to be enough. I had to understand, and to understand I had to see what they were talking about. I asked to be shown what I needed to see and was given a 30-minute tour, which made it clear that “south of the tracks” meant total destruction. I got the message but could not really comprehend the devastation, because I did not live there.

The Stories
A good listener begins by not knowing and by asking questions of the subject matter experts—those who have gone through the disaster. I asked one of the counselors what had happened. He described the ordeal of being driven from his home and finding refuge at a shelter. He spent the first hours after the storm surviving in ways he had learned years earlier in the Army. He found what he needed to survive and then went to work. Having obtained food, shelter, and a flashlight, he was then able to reach out to others. He engaged people in conversation. He was a first responder. Everyone was a first responder.

Now, three months after Katrina, he was rebuilding his life. He talked about returning each day to “the swamp” (formerly his house). The storm surge went through his house, mixing the contents in a saltwater soup. He described his progress in sorting out items that could be saved from items that were unsalvageable. I asked whether I could help. He had had many offers to help, but he said he had to do it himself. Each of his possessions had to be picked up, held, and remembered. Then he could decide whether an item was salvageable or headed for the debris pile. Rebuilding a life is a very personal process. Everyone touched by Katrina had to rebuild in his or her own way. My job was to be the person they needed at a particular moment—even if that meant just being there and watching.

This one man’s story was representative of many. He would like to have been able to plan ahead, but he couldn’t because he didn’t have enough information. The information he did have changed weekly. Decisions by the Federal Emergency Management Agency (FEMA), insurance companies, mortgage lenders, and the new-but-unreleased zoning regulations all stood in the way of rebuilding and creating a “new normal.” His need to rebuild his life was frustrated by forces beyond his control.

“A good listener begins by not knowing and by asking questions of the subject matter experts—those who have gone through the disaster...”
Everyone was doing a job while at the same
time dealing with his or her own “swamp.”
Critical Incident Stress Management (CISM)
briefings were provided to Navy units in the
area. Clients were receiving counseling, and
the regular business of the FFSC was being
conducted. All the while, individual stories
were unfolding and the emerging issues for
the staff and the population they served were
ever-changing. This was no normal
disaster, and it wasn’t going to go away any time
soon. There was no escaping it—everyone
was living with the reality of the destruction
of their homes and the chaos created by not
being able to plan ahead.

The destruction caused by Katrina was
everywhere. It was at the concrete level—
visible in the debris piles and moldy houses.
It was along every roadside, where freezers
and refrigerators waited to be hauled away.
It was in the traffic jams that didn’t exist be-
fore Katrina, when the bridges on Highway
90 were destroyed. The destruction was also
at the invisible levels of mind and soul. It
gnawed at everyone because they could not
fix it. They could not move on because other
forces were in control.

The Lessons
Begin disaster relief work with a philosophy
of not knowing and having no expectations.
Expectations lead to needs, and the last thing
anyone rebuilding from a disaster wants is
another needy person. Not knowing is vital
because it opens the mind and allows for
listening. Knowing can actually prevent
listening.

Be willing to sit on the bench, ready to come
into the game on a moment’s notice. Be
ready and willing to play any position, from
receptionist to crisis manager, from teacher
to ticket-taker. The more adaptable you are,
the better for everyone. More important than
anything else is to listen and be encouraging.

Talking is not as important as being under-
stood. Helpers are those who convey understand-
while realizing that they don’t really
understand. No one can really understand
anyone else. The best we can do is to care.
We have to remain calm while in a wind-
storm. We can be in a disaster zone but not
emotionally attached to it. We must be okay
so that the person across from us can feel
okay, too. Yes, bring all your professional
knowledge and skill with you, but keep
these tools in a toolbox, ready to be used
if necessary. Keep the focus on creating an
encouraging atmosphere rather than on
doing something.

Supporting and helping those who need a
break, even for just an hour or two, is more
important than we can know. That is why I
was thanked so much before I did anything.
I showed up. I listened. I encouraged. That’s
really what they needed.

James C. Bryant, MSW, LCSW, spent his last 10
years of public service as a therapist in the Arlington
County Detention Facility in Virginia. He is currently
in private practice and recently completed a book, Coming
Together: Healing Body, Mind, and Spirit. He can be
reached at megjim@aol.com

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THE AIDS COMMUNITY’S RESPONSE TO HURRICANE KATRINA

NASW PARTICIPATED IN AD HOC ALLIANCE TO ENSURE RESOURCES FOR PEOPLE WITH HIV/AIDS

John Gatto, MSW, LICSW

More than 21,000 people with HIV/AIDS resided in the Gulf Coast region directly affected by Hurricane Katrina. About 8,000 of them were left homeless after the hurricane and flooding last August, according to a report by the Kaiser Family Foundation (2005).

In the days and weeks following Katrina, many Gulf Coast residents with HIV/AIDS were unable to secure an adequate supply of medication. Further complicating the problem, the network of medical and social service providers that supports people with HIV/AIDS was in disarray due to the chaos following the hurricane and flooding.

The management of HIV disease and its treatments is difficult under the best of circumstances, and the challenges are even greater during a crisis such as the catastrophic circumstances after Katrina. A study conducted in New York City following the September 11 terrorist attacks found a significant decrease in medication adherence in a group of gay and bisexual men (Halkitis et al., 2003). Results of the study confirmed the increased challenges of managing life with HIV/AIDS in the context of a national crisis and broader life-changing events. So when Hurricane Katrina struck the Gulf Coast region, the immediate and targeted response of the AIDS community was crucial in determining potential outcomes for people with HIV/AIDS.

Our national government’s response to Hurricane Katrina triggered a global debate. Images of evacuees languishing on rooftops haunted us in the days following the hurricane. These images poignantly portrayed the shortcomings of our nation’s emergency response system. Yet, at the same time, grassroots efforts swept the country to create and implement plans to address the immediate needs of displaced people living with HIV/AIDS.

Medication adherence, a vital concern of people living with HIV/AIDS, is commonly affected by a variety of psychosocial issues, including homelessness, mental health, substance use, and the availability of social supports (NCH, 2005). Hurricane Katrina and the subsequent flooding left many people struggling to deal with these issues. For Gulf Coast residents living with HIV/AIDS, the needs were even more complex: Going without medication could result in their immune systems building up a resistance to the medication (Crawford, 2003). Adherence rates of 95 percent or higher are needed in order for it to be successful. Furthermore, patients’ failure to adhere to medication regimens can cause the virus to multiply rapidly and become drug resistant (Crawford, 2003).

The advent of highly active antiretroviral therapies, commonly known as HAART, has brought new hope in recent years to people living with HIV/AIDS. While these therapies offer no long-term cure for HIV disease, they have allowed many people to achieve improved health status and quality of life. To reap the benefits of these medical advances, however, adherence to one’s medical regime is

See AIDS Community’s Response, Page 6
paramount. The catastrophic events that occurred after Hurricane Katrina made adherence very difficult for many, but the response of the AIDS community was outstanding.

Social workers and allied professionals in governmental and nongovernmental organizations worked collectively to minimize disruptions in treatment and services to people with HIV/AIDS as they were dispersed across the country. At the national level, a diverse group of service providers and advocates came together quickly to discuss the need for a national response. Through a collaborative effort of national and regional service providers, guidelines were quickly created for non-HIV providers who would inevitably find themselves caring for displaced persons with HIV/AIDS.

The guidelines, which provided step-by-step instructions for assessing the needs of HIV-positive clients, were distributed nationally by the American Academy of HIV Medicine (2005) and linked through the NASW consumer Web site, HelpStartsHere.com, for provider access. The guidelines emphasized the importance of maintaining antiretroviral medications to avoid treatment interruptions. If, for example, clients could not obtain their medications, providers were instructed to talk with clients about the option of stopping all antiretroviral treatments rather than continuing a partial medication regime that could result in drug resistance at a later point. Additionally, the National Institute of Allergy and Infectious Diseases offered 24-hour medical consultation for health care providers, participants enrolled in clinical trials, and any persons undergoing treatment.

To help local community-based agencies that faced increased demands on service capacity, the National AIDS Fund administered emergency funds to allow agencies to ensure the delivery of essential services such as food, water, housing, medical care, case management, and mental health services for people with HIV/AIDS.

Like many service delivery systems, AIDS-related services have experienced an increase in bureaucracy over the years. In the Katrina crisis, federal officials quickly agreed to waive documentation requirements that typically must be met to determine eligibility for services such as housing, case management, nutrition, and medication assistance. The U.S. Department of Housing and Urban Development (HUD) waived its requirement that applicants produce proof of HIV status and income to qualify for HUD-sponsored housing programs. Organizations were granted permission to prioritize Katrina evacuees on their waiting lists for AIDS housing programs.

During the weeks immediately following Katrina, the provider community responded by holding “AIDS Community Planning Calls” to help identify prevention methods, testing, treatment, and other services necessary to address the medical and psychosocial needs of people with HIV/AIDS. This ad hoc alliance facilitated resource sharing, service linkages, and open communication between nonprofit groups and federal agencies. For example, NASW participated in calls with the administrator of the HIV/AIDS Bureau of the Health Resources and Service Administration (HRSA). Ultimately, the collaborative effort resulted in HRSA issuing national guidelines that encouraged local agencies to use maximum flexibility in determining evacuees’ eligibility for services. HRSA offered reassurance that providers would re-
ceive reimbursement for services delivered to evacuees if Katrina prevented patients from being able to produce proof of eligibility.

At the state level, agencies that administer federal funds under the Ryan White Care Act (RWCA) assumed a leadership role in compiling resource directories for local health and social service providers encountering displaced persons. For instance, Boston’s Public Health Commission provided daily updates to RWCA-funded programs regarding service eligibility requirements and local resources targeting Katrina evacuees. This timely information allowed providers to quickly identify resources for housing, food, medical care, and other essential needs. The commission also tracked data regarding the number of evacuees presenting for care in local agencies.

The need for advocacy and collaborative efforts is ongoing. According to Noel Twilbeck, executive director of the New Orleans AIDS Task Force, it may be premature for Katrina evacuees with HIV/AIDS to return home. The service infrastructure was decimated and communication technology remains limited, so service capacity is still compromised. In addition, information that was distributed to providers across the country could not be communicated to providers and people with HIV/AIDS in New Orleans. If evacuees with HIV/AIDS have found primary care and housing in other locations, it may be in their best interest to remain in those settings until New Orleans has restored its services.

For social workers and other professionals who worked in the AIDS epidemic in its early days, the situation since Katrina bears a strong resemblance to the early 1980s. At that time, no formal systems were in place, and workers created a patchwork of services to keep people alive on a day-to-day basis. Exhausting as it was, the work was about ensuring that basic human needs were met. It required quick problem-solving skills and creativity, and ignited powerful advocacy efforts.

In September 2005, those same skills were required to protect the dignity and well-being of people living with HIV/AIDS in the Katrina crisis. While much work remains to be done to restore services and care for people with HIV/AIDS, the AIDS community, sadly, is skilled at responding to immense needs with few resources.

John Gatto, MSW, LICSW, is executive director of Cambridge Cares About AIDS in Cambridge, Massachusetts. He is a member of the Health Specialty Practice Section Committee and can be reached at jgatto@ccaa.org

References


I sat outside the American Red Cross station at Liberty State Park in New Jersey on a November 2001 morning, gazing across the Upper New York Bay at what had once been the World Trade Center. I was serving as a mental health technician following the terrorist attacks of September 11.

“How could this have happened?” was the question in my mind. I was glad that no one was around as I wept. Even now, four years later, the faces of the survivors and family members of the victims come streaming back to me.

Since that experience, I have an even greater appreciation for the social workers who provide critical services. Disasters never hit at a time that is convenient for social workers to respond. Hurricane Katrina was particularly inconvenient for me. I could not volunteer myself, so I opted to provide as many debriefings as I could with social workers returning from their volunteer work at disaster sites throughout the Gulf Coast region.

Having provided both disaster response and debriefing services, I know the importance of self care for social workers. If social work interventions have merit, we should practice them ourselves.

So how do we improve our self care? First, we need to give ourselves permission to be human. Theodore Millon (1990) wrote about the polarities of pain/pleasure, passive/active, and self/others. He suggested that achieving balance in each of these areas allows for better management of emotions.

We care, and thus we are affected by others’ pain, grief, and loss. We need to feel this pain as we see or experience it. In some situations, it may not be therapeutic to do so at that time. Additionally, our professional role may require a delay in our personal response.

Disasters often challenge Millon’s second area of balance, between active and passive. Providing disaster services is difficult because of the short term nature of the interaction. Though our work with them is for only a brief time, the service recipients are often in our thoughts forever. We have the challenge of opening up issues in that brief period that need to be followed up on. Yet, we are rarely sure that follow-up occurs.

Finally, the third challenge in Millon’s model is balance between self and others. Disasters often require social workers to render services under adverse circumstances, for long hours, and with few resources. It is very easy to stretch ourselves too thin.

In high school physics, I learned about the point of elasticity, as illustrated by a door spring. On one side of the point of elasticity, the spring will return to its original un-stretched position. If it is pulled beyond the point of elasticity, however, the spring will not return to its original position: It has been stretched too far. The emotional and physical well-being of a social worker sometimes parallels this spring. As difficult as it is, we must restrain ourselves from crossing the emotional and physical point of elasticity.

We do so by joining—or rejoining—the human race. Social workers have emotions, too. We have to manage those emotions without causing any “secondary wounding” of our service recipients. We need to take advantage of debriefing efforts that occur while we are on assignment and after we return home. The rules for recipients of our services also
apply to us: Watch alcohol consumption, get rest, practice stress management techniques, and apply any of the host of other therapeutic interventions.

I am an advocate of returning to disaster sites. It was healing for me to return to New York City in recent years to see the efforts the city has made to heal itself and to remember my work there.

It is also valuable for us to work on reentry issues as we resume normal family and occupational functioning. It was difficult for me to help people address issues that seem minor and trivial after working with those who had survived the attack on the World Trade Center. At times I wanted to shout, “Do you realize that you have a safe and secure workplace? What more do you want?”

I resolved those issues with some wisdom from my grandmother. “Never compare yourself to anyone else,” she would say. It helps to recognize that each set of problems—regardless of the degree of severity we place on them—are important to those who are enduring them.

In summary, it is extremely important for social workers to provide disaster social work services. Let me emphasize that it is equally important to maintain self care.

Mark Smith, ACSW, LISW, is director of special projects at the Substance Abuse Treatment Unit of Central Iowa (SATUCI). He is a mental health professional who is in his third term in the Iowa House of Representatives and is the ranking member on the House Human Resources Committee.

Reference

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Advocacy and Argumentation in the Public Arena: A Guide for Social Workers

Abstract

Whether translating research findings for public consumption, or arguing for a policy position that reflects social work values, social workers engaged in cause advocacy need rhetorical skills. The author draws from the disciplines of linguistics, logic, and communications and provides a framework for making arguments in the public arena. The structure and components of arguments are analyzed, and strategies for choosing persuasive empirical evidence and using values to support an argument are described. The use and misuses of language are discussed. Excerpts from published op-ed pieces are used for illustration.

Social workers are exhorted by the *Code of Ethics* (NASW, 1999) to pursue social change and challenge social injustice. The code, however, does not specify the meaning of “social justice.” Advancing social justice can be a futile goal without first acquiring insight into the nature of social justice and social injustice. I have sketched here my understandings of social justice and social injustice on three related levels: interpersonal, institutional, and global (Gil, 2004).

Social justice in interpersonal relations means treating all people as autonomous subjects with equal rights and responsibilities. On the contrary, social injustice is evident in interpersonal relationships when people are treated as a means to others’ ends.

On an institutional level, social justice involves ways of life conducive to the unfolding of all people’s innate potential through fulfillment of their universal needs. Those needs typically include biological/material, social/psychological, productive/creative, security, self-actualization, and spiritual needs. In the presence of social justice, all people have equal rights and responsibilities concerning natural and human-created productive resources; work and production; distribution of material and symbolic goods and services, and civil and political rights; governance; and biological and cultural reproduction. Socially just institutions are shaped by values of equality, liberty, individuality, affirmation of community, and cooperation.

Socially unjust institutions, on the other hand, reflect values of inequality, domination and exploitation, selfishness, disregard for community, and competition. Unjust institutions tend to satisfy perceived needs of dominant groups while leaving universal needs of all people unfulfilled and, consequently, obstructing the health and development of others. In unjust institutions, people have unequal rights and responsibilities concerning productive resources and work; material and symbolic goods and services; civil and political rights; governance; and cultural and biological reproduction. People in unjust societies tend to be dominated and exploited.

Social justice on a global level means extending the conditions of interpersonal and institutional social justice to relations among all the world’s people, races, and nations. It depends on sharing the aggregate of natural and human-created resources, knowledge, skills, work, and opportunities among the entire population of the world on the basis of human equality. It implies a vision of over six billion people whose innate capacities are fully actualized and whose creativity and productivity enhance the quality of life for every person, community, and nation on earth. While this vision of global justice and sharing may seem utopian, it would be attainable if social movements worked consistently toward its gradual implementation. The vision is based on the realization that global wealth can expand when the productive potential of all people is liberated and used. It involves
a shift toward a “global family identity” rather than fragmented group identities. It also implies defining wealth not as the aggregate of privately controlled capital but as the aggregate of actualized human capacities.

Social injustice on a global level is the negation of the vision and terms of global justice. It is the global realities that now exist: massive inequalities in every dimension of life and exploitation of the people and natural resources of dominated countries of the developing world.

Social injustice of different degrees of severity on interpersonal, institutional, and global levels has come to permeate human relations within and among societies. Its manifestations have included pursuit of domination and exploitation, slavery, caste and class divisions, poverty and deprivation in the midst of concentrated material wealth, various types of discrimination and exclusion, conquests and colonialism, torture and genocide. Social injustice does not evolve voluntarily, through “democratic” choices. Rather, whenever and wherever social injustice emerges, it has been established and perpetuated coercively by various forms of “social-structural violence,” including domestic and foreign wars, physical coercion, socialization and ideological indoctrination, and diverse measures of social control and “criminal justice” (Gil, 1996).

Advancing toward social justice on the individual, institutional, and global levels depends on the elimination of all forms of injustice-perpetuating social-structural violence within and beyond societies, and on an absolute rejection of wars, whatever their rationalizations, as suitable means toward supposedly constructive ends. In turn, the elimination of social-structural violence and wars requires a transformation of consciousness conducive to cultural and institutional revolutions, pursued by nonviolent social movements whose growth should be supported by justice-oriented social workers.

**David G. Gil, DSW**, is a professor of social policy at Brandeis University. He can be contacted at gil@brandeis.edu

**References**


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