September 11, 2001: Implications for Social Work Practice and Education

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September 11, 2001: Implications for Social Work Practice and Education

Joshua Miller, PhD

Introduction

The events of September 11, 2001 are familiar to all readers of this journal and do not need repeating. We are still trying to comprehend the meaning of what happened and the implications for our future, both personally and professionally. Unlike most disasters, no one stood outside of these events; all Americans and most world citizens were affected. The magnitude and scale of the attacks were unprecedented in this nation, and the ensuing disaster, unique in the history of this country. Unlike our worst floods, earthquakes, and hurricanes, this was a human induced act of terrorism. It raised profound questions about why it happened, as well as what should be done to respond.

Suddenly, and without warning, there were seismic shifts in foreign and domestic policy; the United States was soon at war in Afghanistan, the concept of "homeland security" was born, and everyday benign, quotidian acts, ranging from opening mail to flying in airplanes, became fraught with apprehension and fear. There were thousands of victims, survivors, widows, widowers, and orphans in need of immediate and often long-term services. Hundreds of people were rounded up and secretly held in American prisons. New regulations allowing government eavesdropping on lawyer/client conversations were promulgated, and secret military tribunals were established to try non-citizen terrorism suspects (Purdy, 2001). A common refrain in the public discourse was, "Our world will never be the same."

It can be challenging and unwise to speculate about the implications of such a complex and stunning series of occurrences when we are embedded in their aftermath. Yet, in order to respond to a disaster, rapid responses are called for. The needs of victims and survivors are severe and immediate, and it is incumbent upon the human services professions to assess their capacities and limitations and reassess their visions in the wake of September 11th's tremors.

This article will raise some questions about implications for social work and social work education in response to September 11th, and will offer some proposals for immediate attention and action. There are pressing ramifications for continuing social work education, as it will take schools of social work time to revamp curricula. Additionally, many practitioners, already in the field, are in positions to have an impact on direct services as well as shape social policy. In this discussion, I hope to strike a balance between the need for careful assessment and consideration and the imperative to respond rapidly and creatively.

The sources of information for this article are twofold: media accounts of the disaster and its aftermath and my own experience providing disaster mental health interventions in late September and early October of 2001. For a two-week period, I lived in Tribeca, just north of "ground zero," and offered counseling services to the surviving employees of a firm, which had been relocated from its World Trade Center (WTC) offices to a temporary lower Manhattan site. I also offered a number of debriefings for people living in Massachusetts. I have described the New York experiences elsewhere (Miller, In-press).

The Immediate Need for Crisis Intervention and Relief

It was daunting to respond to a disaster of this scale. There were countless casualties and many people in need of comprehensive and intensive services. People lost loved ones, jobs, their offices, possessions, and in some instances, could not return to their apartments. Economic insecurity reverberated past those directly implicated by the disaster to other economic sectors, such as limousine drivers and restaurant workers in Chinatown,

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Little Italy, and the surrounding region. In October, a month when employment rates usually rise, New York City alone lost 79,000 jobs, and it is estimated that 80,000 to 100,000 New York City workers may eventually lose their jobs as a result of the attacks (The Century Foundation, 2001).

Social workers were particularly active in offering crisis intervention and other mental health services (O'Neill, 2001). In the greater New York area, there were many different groups of people requiring immediate disaster mental health services: family and close friends of victims, colleagues of victims, people who directly survived the attacks, police and firefighters engaged in rescue and recovery work, police and firefighters who lost comrades in the WTC, and recovery workers. People throughout the New York area, the nation, and the world were stunned and in shock as debriefings and other crisis responses were offered. As with any disaster, the traumatic impact was mediated by a number of factors: age, prior history, social and community support, personal assets, strengths, coping mechanisms, and overall resiliency. Mental health workers offering relief often needed debriefings to assist with their own grief reactions.

Media coverage kept the events and their aftermath in the forefront of the public consciousness. In New York City, there were constant reminders of what had occurred: security zones, closed bridges and tunnels, diverted traffic, massive police presence in lower Manhattan, impromptu and makeshift shrines and installations with pictures of the missing, messages from loved ones, yellow ribbons, flowers, poems, and other works of art. Fire stations were draped in black and had pictures of fallen colleagues and collection sites for charity and other forms of relief. Depending on the direction of the wind, people in various parts of the city could smell the smoldering remains of "ground zero."

Unlike many disasters that have a clear beginning and end and a known cause, this disaster left a collective sense of fragility and uncertainty. There were initial questions about who the perpetrators were and would there be further disasters. What would be the impact of the United States going to war? Once the Anthrax terrorism unfolded, there were further fears fueling a national sense of vulnerability. There were added fears and pressures for Arabs, Arab-Americans, Muslims, and other groups of people of color. There were reports of ethnically based assaults and even murders in response to the attacks of September 11. Non-citizens often felt uneasy or ambivalent about their safety and security in the United States.

Service Delivery Problems

I have tried to convey a sense of the scale and the complexity of the need for services as a consequence of September 11th. There were many heroic efforts to respond to these exigencies in New York by volunteers and professionals across the country. However, the magnitude and immediacy of the need inevitably led to some problems. Notable areas of concern were barriers in reaching people in need of services, how services were provided and organized, the adequacy and quality of services, and the need for ongoing follow-up.

There were various systems in place to reach many of the groups described in the previous sections. The American Red Cross offered disaster relief services to individuals and families directly impacted by the disaster as well as to rescue and recovery workers. Local and national crisis response organizations supported police and firefighters. Large companies contracted with managed care corporations to have on-site mental health counselors. Non-profit and volunteer organizations across the country offered debriefings.

What is less clear is who was not reached, and it is important to speculate about this service delivery gap. For example, it is now emerging that families of WTC security guards, who died in the disaster are receiving $8,000 to $20,000, while families of deceased firefighters are likely to receive $1 million (Greenhouse, 2001). Larger companies have human resource departments that helped to organ-

ize crisis response efforts, and also have the budgets to pay for emergency services. Were employees of smaller businesses, located in and around the World Trade Center, and workers at local restaurants, many of whom witnessed the disaster, offered crisis services? For those who did receive services, were they timely and adequate? One of the difficulties in providing crisis intervention services after a disaster is that it is not clear, in the initial stages, who is experiencing normative, acute trauma reactions, which are likely to subside, and who is exhibiting the early symptoms of Post-Traumatic Stress Disorder (PTSD), which is likely to become entrenched (Deahl, 2000; Everly & Mitchell, 2000).

In the weeks immediately following September 11th, there was an outpouring of volunteers available to offer crisis intervention services. However, will there be sufficient resources to serve people who do develop PTSD or those who required more than one debriefing or crisis counseling session? Will those who lose their jobs or do not have health insurance be able to afford a comprehensive continuum of services? It will be difficult to sustain the level of response that was mustered after the attacks on an ongoing basis, and yet the needs may increase, as the long-term effects of the psychological, social, and economic fissures expand and deepen.

The scale of the disaster was so huge that despite an inspiring response by social workers and other human service professionals and volunteers to the disaster, systemic problems that predated the disaster were exposed. The American Red Cross (ARC) is the preeminent nationwide charity that provides post-disaster human services, and the National Association of Social Workers has an agreement with ARC to channel social workers, interested in doing disaster relief work, through them (Brill, 2001). After September 11th, many social workers rushed to volunteer to provide mental health services through ARC's network, but were unable to serve if they had not received ARC's in-house disaster mental health training. This

included social workers who had already been trained to provide such services by other organizations. ARC also disburses mental health responders through local chapters that have received requests from ARC staff serving the affected area. There were instances where some local chapters had experienced, trained volunteers who were not called out to New York, while other chapters were sending people who had to be trained on the spot.

Other national organizations mobilizing mental health responders would also only utilize those who had received critical incident response training from a particular organization utilizing a specific crisis response model. At the same time, managed care companies were recruiting social work clinicians to provide crisis intervention services to employees of certain companies, even though some of those clinicians had not had disaster training or work experience.

The culmination of these various response efforts was a patchwork of responders, some with the necessary qualifications and experience, others learning as they went, while in some communities, experienced responders were not called out. It is understandable that these mismatches occurred under such sudden and trying circumstances. However, as we face an uncertain future, there are implications for policy and training that can improve our capacity to respond to future disasters, which I will consider in the sections below.

Implications for Social Work Practice and Continuing Education

The terrorism of September 11th did not occur in a vacuum and there were prior acts of terrorism and mass murder, such as attacks on American embassies and ships, the Oklahoma City and Columbine High School tragedies, and even a prior attack against the World Trade Center. It is also unlikely that terrorism in the United States, whether domestic or international, has ended and it has certainly been a daily occurrence in many parts of the world. The conditions that foster such vio-

lence—including domestic and international inequalities in wealth, racism and racial tension, American imperviousness and global isolationism, religious fundamentalism and religious conflict, intractable global conflicts, and the innumerable casualties of unfettered capitalism—have not changed either. Therefore, I believe that it is critical that we begin to consider the following implications for social work practice and continuing education, in response to the events of September 11th:

- All social work practice occurs in a global context.
- Responses to further mass violence and terrorism must be anticipated.
- A patchwork system of response is inadequate.
- The civil rights of immigrants and other groups with less privilege (based on race, culture, gender, sexual orientation, etc.) need to be strengthened.
- States of emergency can lead to ultra-patriotism, perpetuating an "us" and "them" mode of thinking, as well as a truncated, reductionist public discourse that can be harmful to many people.
- A universal safety net must be established for all people.

All Social Work Occurs in a Global Context

Despite tendencies towards isolationism, the United States is part of the world community, and indeed, the vast majority of citizens in this country emigrated from other countries or descended from immigrants. Since the Immigration Reform Act of 1965, the numbers of immigrants from Asia, South America, and Africa has expanded dramatically in proportion to those emigrating from Europe, increasing our ethnic and racial diversity (Feagin & Feagin, 1999). Not only are many of us from other countries and other cultures, but the events that transpire in one part of the world will invariably impact our lives here in America. The rise and fall of Asian economies affects the U.S. economy. Global treaties (and the U.S. response to them) on

climate warming, biological warfare, war, and human rights affect the U.S. domestically. Illnesses originating in other countries can spread to the U.S. as well. Political unrest in areas as seemingly remote from the U.S. as Afghanistan or the Middle East can have immediate and dramatic domestic consequences. Globally connected economies, the ease of international travel, massive patterns of emigration, and globalized telecommunications have made it imperative that we move beyond nation-based social work practice.

The implications of our increasingly global community for continuing social work education demand a greater emphasis on globalization and international social work. Most social workers in this country were trained in schools where they learned about the history and structure of American social welfare policy, but not about the social welfare policies of other nations. Most social workers in this country have learned how to practice in American agencies, but are ill-prepared for the exigencies of international social work. Many, if not most, social workers in this country speak only English.

Continuing social work education can focus on social welfare policies and practice in other countries. There can be a greater emphasis on cross-national programs and exchanges. There is much that American social workers can learn from social workers and other human service professionals practicing in the Middle East, Bosnia, Northern Ireland, and in other parts of the world, where conflict and terrorism have been extreme and consistent. International databases can be developed and shared. The majority of social work journals are either exclusively or predominantly dedicated to domestic issues; therefore, social work research, scholarship, and publication should assume a more international impetus.

Mass Violence and Terrorism Should be Anticipated

Ethnic, religious, political, ideological, and nationalistic conflict has been part of the world

scene for a long time. The United States has its own history of slavery, genocidal policies towards Native Americans, racial and ethnic exclusion, repression, slaughter, and even a bloody civil war. However, the U.S. has not experienced terrorism on its soil until recently. I fervently hope that we prepare for the eventuality of more such acts, and that they do not reoccur. It would be rash, however, to think that the U.S. can inure itself from this worldwide plague and its own domestic versions of it. Although we can never completely anticipate future events, we can be better prepared than we were for September 11th.

One site for prevention activities is in the schools. Sadly, an increasingly frequent location of acts of multiple violence has been the schools. Schools are embedded in communities and social workers, who already have a systemic framework of intervention, can work to holistically strengthen this partnership. This intervention can range from psycho-educational groups for vulnerable and high-risk students, to helping teachers learn how to de-escalate situations, to forming community/school partnerships with major social work investment and participation (Miller, Rodriguez Martin, & Schamess, In press; Schamess, Miller, & Rodriguez Martin, 2001). Unfortunately, the trend for the past 20 years has been to eliminate or eviscerate prevention programs in schools and communities, and to increasingly use incarceration as social policy. This reactionist stance further frays the fabric of community life by removing adults from the community, and fosters resentment and suspicion of law enforcement and the criminal justice system.

American students should also be exposed to learning about group identity and group conflict, so that they have a conceptual framework that can be used to deconstruct and understand domestic and international conflicts. This includes having a historical perspective on events, as well as learning non-violent skills of conflict resolution. Students need to be provided with the tools to question "the language and symbols that help frame how we understand

global events" (Rethinking Schools, 2001).

American isolationism, reinforced by a narrow nationalistic worldview as presented by most major media, disconnects Americans from an international context and often portrays complex social movements in stereotyped, personalized, and one-dimensional ways. This does not prepare citizens to understand and empathize with those who hold different worldviews, nor does it predispose them to elect politicians with the skills and experience to manage world affairs. The tendency of U.S. leaders to disengage from weapons treaties; to not pay United Nations' dues; and to not support international treaties on climate control, the banning of chemical weapons, and international courts of justice, aggravates a global sense of anti-Americanism (Naim, 2001).

Anticipating future disasters involves both greater integration of social workers into disaster relief organizations and increasing the capacity of social workers to offer crisis intervention services in their communities, workplaces, and through managed care corporations. This will require more continuing education in the area of critical incident stress management and response. A centerpiece of disaster mental health response is the critical incident stress debriefing, a structured group process that is predicated on aspects of crisis intervention, trauma theory, and grief counseling, with an emphasis on empowerment and social support (Miller, 2000). Although there are disagreements about the effectiveness of debriefings, they are widely used by disaster relief organizations, community teams, and mental health providers, and are consistent with the norms and values of current social work practice (Miller, In press-b).

Disaster mental health and crisis intervention theory and practice stresses immediate responses to consumers. Most clinical theory and practice emphasize ongoing treatment, albeit often time limited. When there is such a large-scale disaster as September 11th, the missing link becomes the transition from emergency services to ongoing treat-

ment. This is both a systemic issue and a question of professional orientation and skills. Many clients receive emergency services, but there is a lack of follow-up or networking to ensure that they receive further services that are sensitive to the middle stages of trauma response and grieving. Although everyone exposed to a disaster does not need further treatment and services, many do and unfortunately, large numbers will not make the normative transition. This is due to a variety of intervening factors: lack of knowledge of resources, inability to access resources (lack of health insurance, transportation problems, etc.), limited resources unable to meet extensive needs, the stigma attached to mental health services, pressure from employers to focus on work instead of grief reactions, and the immobilizing effect of the actual grief and trauma reactions. Continuing social work education can better prepare practitioners to assess and implement the transitions from crisis intervention to ongoing services on both the systemic and client levels.

Disaster relief and crisis intervention have become specialties within existing disciplines (e.g., social work, psychology, and nursing), and some would argue that they have become a specialty that transcends any single discipline. However, three substantial barriers confront the current system: 1) There is no universal credential for practitioners offering debriefings; 2) There is no system of professional licensing to safeguard standards of service provision; and 3) There is no system of accreditation for training entities. These challenges lead to competition between crisis response and debriefing organizations when cooperation is what is really needed. It can result in practitioners needing to be trained, often redundantly, by multiple organizations if they want to work with a number of programs, since no portable credential exists for the practitioner to carry. And there is a wide range in the level of skills and capacities among the many practitioners offering disaster mental health services, as there are no licensing standards nor accrediting bodies for training programs.

It is time for a unified system of crisis response to be implemented, which utilizes universal standards of disaster mental health practice. There should be either a governmental entity or an interdisciplinary professional body that promulgates and supervises these standards. Training programs should be accredited. Practitioners, who are trained by accredited programs, should take a licensing exam, and once licensed, should be able to practice with any number of organizations, regardless of where they were trained. Both the National Association of Social Workers and the Council on Social Work Education should work with other professional bodies to plan such a system, and to ensure that social workers are participants. In the meantime, schools of social work can form partnerships with the range of organizations that train people to provide disaster mental health services, as well as including in their own curriculum foundation principles and skills for critical incident stress response. Continuing education programs can also offer courses in crisis intervention and disaster mental health.

Safeguarding Civil Rights and Engaging in the Public Discourse

There have been numerous historical examples in this country of the loss of civil liberties based on race, ethnicity, culture, and religion. One of the most recent and egregious acts of discrimination based on group membership was the internment of Japanese-Americans during World War II (Feagin & Feagin, 1999; Takaki, 1993). It is too early to know what losses of civil rights may occur during the current national crisis and war mobilization effort, but the announced plans to create secret military tribunals, government eavesdropping on lawyer-client conversations, and rounding up people for detention without charging them or releasing their names (Purdy, 2001) does not bode well for civil liberties. There are pressing concerns about the ethnic profiling of Muslims, Arab-Americans, and Arabs living in the United States as well.

Social work, more than any major profession, has a code of ethics committing social workers to social justice, and forcefully challenging discrimination based on group membership (National Association of Social Workers, 2001). The events following the September 11th attacks are quintessential examples of times when the profession needs to be even more vigilant and active in pursuing this ethical obligation. This requires action at the individual, group, community, state, and national levels. At the individual level, social workers need to advocate for clients who may become the victims of government or vigilante targeting and oppression. At the group level, social workers can serve as mediators of group conflicts that may erupt. Social workers are already engaged in such activities, and there is a plethora of new research and practice literature that explicates how to facilitate such inter-group conversations and dialogues (Bargal & Bar, 1994; Becker, Chasin, Chasin, Herzig, & Roth, 1995; Chasin, Herzig, Roth, Chasin, Becker, & Stains, 1996; Miller & Donner, 2000; Norman, 1994; Study Circles Resource Center, 1998).

At the community level, social workers can work with local government and coalitions to prevent scapegoating and violence, and to foster communities of compassion and respect. And on the state and national level, social workers can lobby for laws and policies that protect the rights of all citizens and non-citizens, and they should strive to elect officials who stand for tolerance rather than divisiveness. It will also be important for social workers to form coalitions with other professionals, such as civil rights and immigration attorneys, and for social workers to be familiar with civil rights and immigration law.

All of these activities require skills that are familiar to the profession, but are not known by all social workers. Continuing education can focus on advocacy skills, group dialogue, conflict and resolution skills, coalition building, lobbying, and political action campaigns. Workshops that teach social workers about civil rights and immigration law will

be helpful. It is also important for social workers to engage in the public discourse and to work to create space for textured, nuanced dialogues that respect diverse groups of peoples, their histories, and their cultures. This can involve letters to newspapers, op-ed pieces, interviews on radio and television to provide background for reporters, as well as demonstrations and installations. There are many skills involved in these activities of dissemination, (e.g., writing, cultivating relationships with reporters, contributing to public radio and television discussions and reports, and organizing demonstrations), all of which can be the focus of continuing education.

Supporting a Social Safety Net

It is difficult to believe that in the presidential campaign of 1992, it was generally accepted that there would be some form of universal health insurance in the near future. While all presidential candidates had some version of a universal health insurance plan, there are still over 44 million uninsured people in the United States to date (Holahan & Brennan, 2000). At a time when it is estimated that in New York City alone, 80,000 to 100,000 people may lose their jobs due to the attacks (The Century Foundation, 2001), there will be many more people who will lose their health insurance. Not only do more people need coverage, but the depth of this coverage is often very shallow. Many people are suffering from acute trauma as a result of the events of September 11th, and a significant number will develop Post-Traumatic Stress Syndrome. Treatment of this condition usually takes longer than the five to ten sessions offered by many health care plans.

This is also the year for the review of the 1996 "Personal Responsibility and Work Opportunity Reconciliation Act." There are many studies that support or criticize the effects of denying categorical welfare assistance, but there seems to be little doubt that even those who are now working are not economically more sufficient than they were before the

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act was implemented (Greenberg, 2001; U.S. Dept. of Health and Human Services, 2001). The U.S. economy was already showing signs of weakness before September 11th, and the increase in the unemployment rate over the past 12 months is the largest in twenty years (Center on Budget and Policy Priorities, 2001). The negative effects of the acts of terrorism and the subsequent war could hasten the economy's demise. This could have negative consequences for those who have marginal or low paying jobs, or for people who are unemployed and due to lose their public assistance because they have exhausted their five-year time limits.

The political climate for financially supporting poor people and offering basic health care for all people has been dismal for the past decade, if not the past twenty years. This rapid decline has been discouraging for social workers, and there has appeared to be little hope for social justice and compassion. Ironically, the events of September 11th, which have worsened the well-being of many people, may offer an opportunity for social workers to mount a challenge to the hegemonic, conservative, anti-government, anti-poor people discourse for two reasons. The first is that there has been a loosening of the long-standing political rigor mortis since the extraordinary events of September 11th. This has, for the moment, led to an even more rightward drift, but that direction is not inevitable. Crisis intervention theory postulates that the destabilization induced by a crisis can be a time of great reevaluation and personal growth. Perhaps this can be applied to the political situation. Social workers will lose nothing by attempting to use this societal crisis as an opening to advocate for the basic rights and needs of the poor and uninsured. And if the economy continues to worsen and more people are in need, then the potential for social unrest and political crisis increases, which in the past have been the times when the greatest social changes have

occurred (Cloward & Piven, 1999).

The second beacon of hope is that Americans may be becoming less mistrustful of government intervention. One of the most conservative governments in modern American history, with an ideological aversion to federal government programs, has already created a new government entity, the Office of Homeland Security. Although the programs promulgated thus far may not be the kind that are helpful to social work's consumers, and may prove to be harmful, it still noteworthy that the federal government has taken an activist, leadership role. Perhaps this can serve as an exemplar for further government action with programs that actually assist and support people.

Social workers should stress that it is an act of patriotism to support universal health care and an economic safety net.* There was a prevailing narrative of Americans coming together after September 11th, and of the entire nation supporting New Yorkers. Can the social work profession, along with other advocates for social justice, extend this narrative so that Americans continue to support and cherish one another, including the poor and uninsured? It has been argued that the historical conditions must be right for meaningful social change to occur, and that no amount of advocacy or organizing will make a difference in the absence of those conditions (Cloward & Piven, 1999). There have been significant changes in the political, economic, and social conditions of this country since September 11th, and while it is too soon to understand their long-term impact, it is worth using this opening to refocus and concentrate our efforts on the behalf of our most marginalized and dispossessed citizens.

Conclusion

September 11th was a day of infamy and a disaster of huge proportions. No one was immune from

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* One risk of this approach is that it will exclude non-citizens from regaining access to needed economic, health, and social benefits. Yet, if the level of human rights for citizens is raised, this will eventually carry over to non-citizen residents as well.

its effects, and many people had their confidence shaken and their sense of security weakened. The direct impact on thousands of survivors, families, and friends of victims, and relief and recovery workers was profound and catastrophic. This was a full-scale disaster with major political, international, economic, social, and psychological consequences.

While this tragedy killed, maimed, and scarred many, it also revealed the tremendous strength and resiliency of the human spirit. Individuals, organizations, communities, the nation, and the world offered condolences, commitments, and support for those in need. Those living in New York City exemplified the meaning of mutual aid.

The acts of terrorism and its consequences also highlighted flaws in the system of disaster relief that already existed, but were magnified by the scale of the critical events. Social workers played an important role in responding to those in need, and yet, as a profession, there is a great deal of planning and training needed that can further strengthen our capacity to respond. The ramifications of September 11th are still unfolding, and there are likely to be many people in need of long-term services and assistance. The lack of an economic and medical safety net in this county has increased the risks and consequences for those in need.

Social work occurs in a global context, and social workers should be trained to practice in this international frame of reference. Terrorism and other large-scale disasters are likely to occur in the United States in the future, and the profession should anticipate and prepare for this. In times of terrorism and war, the potential for racial, ethnic, and religious scapegoating increases, while respect for civil liberties decreases, and we are already witnessing these trends and tendencies. The social work profession must honor its commitment to actively confront widespread discrimination, and to foster civil rights, safety, and respect for all residents of the United States. Crisis intervention theory postulates that a crisis can serve as an opportunity for change. Can social workers utilize this moment as a time to advocate for basic human rights, peaceful means of conflict resolution, and social justice? Is there any other ethical choice?

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