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Deserving thanks is due the scholars who contributed their work to compile this second national submission issue of *Perspectives on Social Work*. Their effort, energy, and scholarship have increased the learning and academic endeavors of all readers and sponsors of the journal. Without the contributing authors, *PSW* would not be possible.

From The Editors
Amy Russell, LMSW

Perhaps the most personal substance a doctoral student can share is their writing. Such disclosure makes us vulnerable. Written manuscripts and intellectual work are our life-force in the academic world of publish or perish. When we are told that we should not take it personally when our manuscript is rejected, it is still a most difficult challenge. This is also distressing on the other side as an editor. I wish there was enough space and time to include all student submissions in *PSW,* since enhancing student writing skills and exposure to the publication process are the ultimate goals of the journal. This humanity of writing and editing, however formidable, I believe makes us better social workers. We learn to digest rejection as a growing process, review through a strengths-based perspective, and use our power to provide feedback as an affirming, non-hierarchical collaboration.

Apprehension behind our vulnerabilities reveals the expectation to be perfect. Brown (2004) describes vulnerability as related to expectations of ourselves and how we should be in the future. For doctoral students, this vision is of our tenured, respected, and expert selves. These expectations are also manifested in observing faculty. I think this is where we forget about process, discovery, and the learning curve. To best remind us about this process, we must seek out those faculty members who support, collaborate, respect, and critique us in the manner that feels safe; this requires building relationship and connection where we can comfortably share ideas in their formal form as writing. Even while it may be personal, acknowledging this vulnerability is essential. Without vulnerability created by scholarly critique with the mentors that we have chosen, we would not have the essential opportunity to grow, learn, and find our academic voice (C.B. Brown, personal communication, August 10, 2006; Belenky, Clinchy, Goldberger, & Tarule, 1997). And thus is the beauty of social work: relationship!

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The CV Builder

University of Houston, Graduate College of Social Work
Perspectives on Social Work congratulates the following doctoral students on their
accomplishments for spring and summer 2006

Dana Smith, LMSW, MPA graduated from the Johnson and Johnson Health Care Executive
Program at the Anderson Graduate School of Management at the University of California, Los
Angeles in July, 2006. Dana was one of 40 health care executives nationwide who received a
full scholarship to participate in the June 2006 program which brought together professionals in
agencies vital to the health care safety net. At the close of the program, she was one of seven
students chosen to give a formal presentation of her work to her peers, representatives from their
boards of directors, sponsors from Johnson and Johnson, and sponsors from the Health
Resources Services Administration of the U.S. Department of Health and Human Services.

Eusebius Small presented at the National Welfare Action Alliance (SWAA) conference in June
2006 on "Critical Race Theory". He was also awarded a Minority Fellowship from the Council
on Social Work Education.

Peter A. Kindle presented "Serving the unbanked: Credit and financial services in America's
fringe economy" with Howard Karger at the Building Communities Conference in Washington,
DC; "The myth of neglect: Evidence of gay and lesbian issues in leading social work journals"
with Gary Norman at the 86th Annual Meeting of the Southwestern Social Science Association;
"Do social work researchers discriminate against gay and lesbian people?" with Gary Norman,
"The problems with guest worker programs" with Kacie Campbell-Liput, and "The high cost of
poverty: Credit and financial services in America's fringe economy" with Howard Karger at the
21st National Meeting and Conference of the Social Welfare Action Alliance. His publications
included book reviews in *Social Work and Christianity* on *God's politics: Why the right gets it
wrong and the left doesn't get it* and *The kingdom is always but coming: A life of Walter
Rauschenbusch* as well as a review of *Immigrants and social work: Thinking beyond the borders
of the U.S.* published in the *National Organization of Forensic Social Work Newsletter.*

Amy Russell presented at the CSWE conference February 2006 on "Daily Marijuana Use among
Mexican American Non-Injecting Heroin Users", and also at NASW/TX Houston branch
meeting July 2006 on "Getting Out the Vote: Political Activism Training". She also continues to
be politically active on NASW/TX's political action committee, TPACE.

Jack Griffin-Garcia presented at the 2nd International Conference on Youth Empowerment
(ICOYE) in Hong Kong in June 2006 on 'Empowering Youth in Higher Education'. Jack was
also awarded a Graduate Fellowship from the Center for Mexican American Studies at the
University of Houston.

Perspectives on Social Work **wishes to invite a scholarly dialogue addressing the following article "Answering the Critics: The Inherent Value of Social Work". These point/counterpoint discussions will be included in the spring issue of** *PSW***. We encourage doctoral students interested in this dialogue to please submit their counterpoint by the submission deadline December 31, 2006. The topic presented by the author Peter Kindle addresses the current issues and debates about social work's viability and relevance, issues important to all of us.**

Answering the Critics: The Inherent Value of Social Work
Peter Kindle, MA, MDiv

Birthed in the squalor and hardship of the late 19th century ethnic slums of Chicago and New York, social work has struggled since its inception. This struggle has been on two fronts: first, social work has struggled to make a difference in the lives of the destitute; and secondly, social work has struggled to develop a self-confident professional identity. Nearly a century since Abraham Flexner's denial (1915) of professional status to social work, these struggles have yet to be clearly resolved.

The struggle to make a difference in the lives of the destitute often conflicts with the struggle to develop a professional identity. Critics of the profession (Specht & Courtney, 1994; Wagner, 1990) argue that the professional status of social work has been closely tied to the exaltation of psychotherapy at the expense of a focus on social justice. As this tendency has become normative, it has become more difficult for the profession to defend itself against the charge that social work has become the mechanism for social control of the destitute (Piven & Cloward, 1971). Epstein (2006) summarizes that "social work may have survived precisely because of its weakness of intellect and purpose, performing in social roles as a public works project that provides easy status positions" (p. 239).

More contemporary critics question the sustainability of the profession. Stoesz (2002) calls social work education "over-organized, under-whelming in its expectations, and inferior in product" (p. 21), based on an industrial model ill-equipped to deal with the pace of change in the 21st century or to compete effectively with nascent alternative human service professions. In like fashion, Kreuger (1997) proclaims that new computer technologies undermine the information and referral functions of traditional casework; the collapse of Marxist and Freudian meta-narratives disrupts the profession's self-concept and unity of purpose; and the impending

totalizing of corporate forces threatens federal and state funding for social services. Kreuger contends that these changes presage the end of the profession.

Even those more optimistic about the profession's future note substantial challenges. Daley (2005) emphasizes that new skills are required for social work to effectively engage the increases in need, multiculturalism and globalization, implementation of evidence-based practices, competition from other human service professionals, and the pace of social change. To Reisch and Jarman-Rohde (2000), these challenges facing social work can only be met if the profession is willing and able to embrace change. It is the profession's capacity to change by borrowing theory and technique from other disciplines that gives hope for the profession's future.

To meet the needs of the poor in early 20th century Chicago, the profession borrowed theory and techniques from sociology. Mary Richmond's diagnostic was more than a veneer of professionalism; these techniques paved the way for social work to use psychological theory to help reconstruct damaged lives. Even the radicalism of the 1960's that is so cherished in the macro literature (Netting, 2005; Wagner, 1990) can be seen as a loan from political science. Perhaps even today's evidence-based practice (Cournoyer, 2005) can best be understood as yet one more case of social work borrowing to attain dual goals: professional stature and client assistance.

Contrary to Kreuger's (1997) lament that meta-narratives have fallen and Stoesz's (2002) critique that the profession has "retreated to postmodernist relativism" (p. 22), the profession's capacity to reconstruct itself by borrowing from other disciplines is its strength. At heart, social work is not a theoretical exercise, but an applied practice. Any theoretical perspective and any methodological approach that enhances the social worker's capacity to effect positive change on behalf of the client will find a constituency within the profession. Fence-straddling may be academically uncomfortable, but this trans-discipline and trans-methodological reach (Kindle, 2004) is what sustains the profession's capacity to adapt.

Ginsberg (2005) notes that the number of practitioners has never been larger and continues to increase with more than 750,000 currently employed in human services. Of course, all are not trained social workers, and even those who have earned social work degrees may not have the skills required to deal with 21st century challenges (Daley, 2005; Kreuger, 1997; Stoesz, 2002); however, to conclude that social work does not retain the capacity for reflective renewal is to deny both the profession's history and core values. To a profession such as social work, that is, to a profession that purports to find its sense of identity in a cluster of idealized values (Reamer, 2005) rather than in specific techniques, skills, or knowledge, change is inevitable.

A reason to hope in the profession's future is not always easy to find. One recent volume purporting to guide graduate students in social work through their education does not even mention social justice (Sowers & Thyer, 2006); the institutional obstacles to change are formidable (Stoesz, 2002); the quality of incoming students continues to decline as measured by GRE scores (Karger & Stoesz, 2003); and competition for human service funding continues to escalate (Stoesz). Nonetheless, Beck's (1981) summation in an early consideration of social work's future is as timely today as it was when first written:

> The flame of social reform that is such a proud part of social work's history and that somehow continues to flicker in its professional organization and in its schools is probably a more precious contribution to the well-being of the people than the skills and knowledge social workers can sell in the marketplace to assist society in dealing with problems of social function and social stability (pp. 371-372).

It is this flicker that gives the profession of social work a reason to exist. It is the promise of flaming once again that motivates the profession to continue to adapt to new social realities. If social work has anything to offer other professions, it is the passion this flicker promises.

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Living with Dying: Chronic Illness through an Existential Lens
Michael N. Humble, LCSW

I am in limbo, my life a compromise between side effects and an HIV regimen that seems to be keeping me alive; a process of sustaining a body that will never be well, but may very well be.
  Richard Goldman (2001, p. 5)

Chronic Illness

  Chronic illness and disease (CID) is an umbrella term that encompasses illnesses which do not go away easily, may go on indefinitely, and usually will not be successfully cured (Catlan, & Green, 2001). The medical world views such illnesses as diabetes, cancer, depression, lupus, Human Immunodeficiency Virus (HIV) as diagnoses that fall under the definition of CID. Although most of these diseases may eventually lead to death, the road there can sometimes take

a lifetime. That same road can be fraught with psychological and emotional distress if the chronic illness is not emotionally processed. Bishop (2005) stated that for most the onset of CID begins, "lifelong process of adapting to significant physical, psychological, social, and environmental changes" (p. 219).

Livneh and Antonak (2005) related that 54 million Americans are living with an illness that impedes physical, sensory, psychiatric and cognitive functioning. Further, they go on to state that 80% of the deaths in America are the end result of a chronic illness. These numbers are evidence that CID will most likely affect everyone in their lifetime, directly or indirectly.

Social work has always been invested in working with the disenfranchised and underrepresented. Essentially, social workers attempt to give a voice to those who have been silenced or who have lost their own. This is best exemplified in the work we do with the chronically ill. Not only does CID affect someone on a personal level, but it also extends to the family and eventually permeates the community. The micro, macro, and mezzo systems are all impacted by this beast we call chronic illness. For example, it is not just one person who will be diagnosed with pancreatic cancer, it is also someone's father, brother, husband, and friend.

If social workers were trained to look at CID from a theoretical perspective, which theory would best describe all of the parts that make up chronic illness and disease? One post-modern theory that may be useful is existential theory. This patchwork of philosophy, psychology, and spirituality makes up a lens which perhaps best captures all the dynamics of CID.

Existential Theory

Existentialism first came to be noticed as a cultural movement in the mid 20th century. Although the roots of this philosophical phenomenon began with the nineteenth century philosophers Kierkegaard and Nietzche, the word existentialism began to take on a life of its own post World War II. Essentially existentialism views human behavior as far outside the realm of natural science. Victor Frankl, who many would consider the father of existential theory within the psychotherapeutic realm, addressed existentialism as a general way of finding meaning in life. At its core, existentialism is anti-establishment in that it does not seek to find reason in everything, but is content with the fact that the search for reason is never ending (Cromwell, 2004).

Existentialism describes a *meaning vacuum* that is present in all of us. The power in this vacuum is increased whenever we are confronted with trauma, such as CID. The object of therapy from an existential point of view is to find meaning within this vacuum. Instead of viewing life as empty, existentialism views it as fraught with meaning for those who investigate such angst.

Existential psychology is the psychology of human existence, including all of its complexities and paradoxes (Wong, 2004). How then do we incorporate this non-way of knowing into the concrete practice of social work? How do social workers assisting families dealing with death in the journey to find meaning?

Review of Literature

Multiple studies have been conducted in the realm of existentialism and chronic illness. First, Laubmeier, Zkowski, and Bair (2004) investigated the role of spirituality in psychological adjustment to cancer. By basing their study on two different theoretical models, Frankl's existential and Paloutizian and Ellison's conceptualization of spirituality, they examined whether

or not spirituality and emotional well-being are moderated by degree of perceived life threat (PLT). This study attempted to explore spirituality, PLT, and psychological adjustment in patients diagnosed with cancer.

The authors stated that cancer is the second leading cause of death in the United States (Laubmeier et al, 2004). They cited treatments as well as the illness itself provide patients with high levels of stress and anxiety. These researchers felt as though few studies have examined the relationship between spirituality and stress and coping. In fact, their study was relevant in that few, "have examined both existential and religious components of spirituality by using standardized measures within a theoretical framework" (p. 54).

One interesting facet of this study was that based on existential theory, "cancer may be viewed as a temporal constraint and a catalyst for finding meaning" (Laubmeier et al., 2004, p. 49). The authors continue to state that although this view can be rewarding, it can also be challenging and can result in a state of *noogenic neurosis*. This *noogenic neurosis* is described as, "a state of distress that arises from existential or spiritual problems such as a lack of meaning and purpose in life" (p. 49).

Secondly, Lantz and Gregoire (2000) also utilized existential theory in their dealings with couples coping with breast cancer. This qualitative research followed 27 couples for 20 years to explore the dynamics that breast cancer played in the couples' relationships. Recognizing that existential theory lends itself well to those facing CID, the authors believed that meaning could be found in something as devastating as breast cancer.

Lantz and Gregoire recognized that a diagnosis of breast cancer could easily throw a couple's search for meaning in life into a tailspin. They believed that once this search for meaning was disrupted, symptoms such as anxiety and depression could materialize. In order to prepare a couple for such a challenge, the authors attempted to help the couples recognize and honor the meanings and meaning potentials of everyday family life, in spite of and in accordance with the diagnosis of breast cancer. Throughout this process, the authors stressed that the therapist, "empathetic availability allows the therapist to be 'touched' by the couple's difficulties and pain" (p. 320). This highlighted the ongoing theme within existential theory of the joining that happens between therapist and client. When dealing with a difficult issue such as life-threatening cancer, this joining would seem instrumental in finding meaning.

Treatment themes found while treating the 27 couples included the couples finding more appreciation of marital life. The compromise to this new-found meaning was a loss of control. Many couples exerted endless amounts of energy into the area of controlling the situation while others were able to use such exercises as guided imagery and meditation to come to the conclusion that cancer was the responsible party for the loss of control and not themselves. Everyone involved in the study reported some disruption in communication. At the same time all 27 couples relayed that couples' counseling had helped them sort out such communication problems (Lantz & Gregoire, 2000).

Thirdly, existential theory also played a role in Furman and Bender's (2003) work in the area of depression. These authors used four theoretical frameworks for exploring depression, a condition so prevalent it was referred to as the *common cold* (Turnbull, 1991). The authors identified the epidemic nature of depression in the sheer volume of self-help books that have been recently published to help those cope with depression. Further, they reported that approximately 10% of men and 22% of women would be affected by depression at some point in their lives.

Currently, the medical model is the model being used most often to treat and understand depression (Furman & Bender, 2003). This model combines medication with scant psychotherapy to help those who are dealing with depression. Although this model is somewhat useful, especially where costs are concerned, the authors questioned what it would be like to treat depression primarily with psychotherapy from four psychodynamic therapies, including existential theory. Furman and Bender investigated about the core roots of existentialism, including the search for meaning that is born out of a state of nothingness. They related that depression has many parallels to this search for meaning in that from depression, which can seem like a state of nothingness, can arise a search for meaning to alleviate the feelings that come along with this state of nothingness.

Furman and Bender (2003) also explored the same loss of control that those with breast cancer felt. This loss of control seemed to be an underlying theme in those who were dealing with depression. Wondering if those who were experiencing this external loss of control were less likely to take responsibility for their behavior, they explored the correlation between depression and loss of control. Further they emphasized that if this loss of control could be explored, perhaps it could be reined in, thereby relieving the symptoms of depression.

Lastly, Havens and Ghaemi (2005) studied the importance of the therapeutic alliance in working with patients with bipolar disorder. They stressed that work could be done very effectively if the alliance was developed through existential and interpersonal methods. Further this alliance could even be mood stabilizing, enhancing the effects of psychotropics. This attitude displays the strong influence that the existential lens can have while working with patients who are experiencing a bipolar mood shift. The authors stressed that, "in this work, the therapist must struggle to avoid theorizing or judging, but rather should seek simply to think, feel, and experience what is happening as the patient is thinking, feeling, and experiencing it" (Havens & Ghaemi, p. 138).

The above research displays an ongoing theme that threads its way through CID, that thread being most people seek to make meaning out of situations that on the surface appear meaningless. Something as horrific as a diagnosis of cancer can in fact have a positive impact on one's life. Cancer can strengthen relationships with significant others as well as family members. It can also facilitate inner growth in the area of spirituality. CID can be a catalyst for finding inner strength and resolve if viewed in a certain manner.

Existentialism attempts to make sense of the mundane as well as the magnificent, and everything in between. While using glasses coated with an existential tint, one has the power to turn tragedy into opportunities for growth. This growth can lead to an enhanced life experience that would have been hindered if not for the existential theory.

The above research exemplifies the fact that those in the helping profession, including social work, see a positive link between existentialism and CID. Through the review of relevant research one can see that existentialism did in fact alleviate negative symptoms of CID. Not only did it relieve negative symptoms, but it also brought about the opportunity to replace those negative symptoms with positive ones.

Existential theory provides an interesting framework for helping those dealing with issues around CID. In fact, the very gray nature of existential theory bodes well with the uncertainty that most face with CID. It would seem this broad and ambiguous theory mirrors the broad and ambiguous nature of CID. This mirroring seems to be an effective way to explore issues around chronic illness and disease. If effectively utilized this mirroring can produce positive meanings in life.

Although other theories may provide more concrete ways to deal with CID, what they do not provide for is the experiences of growth that existentialism does. Existentialism is unique in that it comes from a place of not being afraid of everything that this society is afraid of, namely death. Instead of fearing this inevitable part of life, existentialism teaches us that we can come away from illness with many gifts, both for ourselves and for those around us. These gifts are not without their price. But for those willing to take the chance, these gifts can be priceless.

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Whither Palliative Home Care Interventions for Alzheimer's Disease?
William D. Cabin, J.D., MSW

Alzheimer's disease is a major and increasing cause of illness and death in the United States, imposing significant social, economic, and psychological burdens on patients and their caregivers (Federal Interagency Forum on Aging Related Statistics, 2004; Sadick & Wilcock, 2003). Alzheimer's disease progresses with the aging process. Symptoms include a gradual and steady decline in being oriented, a decrease in memory and ability to participate in everyday activities, and personality changes. In the twentieth century, Alzheimer's disease became the most frequently identified type of dementia in the United States and Western society (Cohen, 1998; Whitehouse, 2001).

Approximately 4 million Americans age 65 years and older had Alzheimer's disease in 2000, with prevalence increasing beyond age 65 (Sadick & Wilcock, 2003; Wimo, Winbald, Aguero-Torres, & von Strauss, 2003). This equates to 12.5% of the American aged 65 and older population in 2000, with projections at 14 million or 16.5% by 2050 (Federal Interagency Forum on Aging Related Statistics, 2004; Sadick & Wilcock, 2003). Alzheimer's disease is the fourth leading cause of death for Americans aged 65 and older, exceeded only by cardiovascular

disease, cerebrovascular disease, and cancer, and is the third most costly disease in the United States with an estimated annual cost of $100 billion (Centers for Disease Control and Prevention, 2006; McConnell, 2004; Rice, et al., 2001; Sadick & Wilcock, 2003).

Managing the symptoms of Alzheimer's imposes significant patient and caregiver burdens. Alzheimer's disease patients display a combination of cognitive, behavioral, and functional symptoms. The symptoms vary by individual, disease stage, and over time (Small, et al., 1997). Cognitive symptoms include memory impairment, speech and language comprehension problems, and impaired judgment. Behavioral symptoms may include personality changes, irritability, anxiety, depression, delusions, hallucinations, aggression, and wandering. Functional symptoms include difficulty with eating, dressing, bathing, toileting, walking, grooming, getting in/out of bed, meal preparation, shopping, moving within and outside the house, money management, and using the telephone or computer.

Caregiver burden is also a major issue (Kennet, Burgio, & Schulz, 2000; Levine, 2000, 2003; O'Brien, 2004; Robert Wood Johnson Foundation, 2001). An estimated 70% of Alzheimer's patients live at home, where approximately 75% of care is provided by family members and significant others (McConnell & Riggs, 1999). Most caregivers report increased financial burden supporting the household and paying out-of-pocket health care costs. Caregivers' informal care reflects the dominance of personal and family responsibility in Alzheimer's care. Employers, government, and private insurers provide limited coverage to assist patients and caregivers dealing with the burdens of home-based care (McConnell, 2004; McConnell & Riggs, 1999; Society for Human Resource Management, 2003).

Caregivers often experience increased stress, depression, substance abuse, loss of sleep, health and mental health problems, and increased personal isolation (National Alliance for Caregiving, 2004; Sadick & Wilcock, 2003). Caregiver burnout may result in the patient's placement in an institution, though placement may not significantly reduce caregiver burden (Mittelman, Roth, Haley, & Zarit, 2004).

Alzheimer's disease is frustrating and burdensome because there is no known effective medical or pharmacological cure or treatment. Despite significant medical research on Alzheimer's disease (Albert, 2001; Santaguida, et al. 2004), there has been limited progress in effective medical and pharmacological diagnosis and treatment of Alzheimer's disease. Studies indicate no medical cure (Gauthier, 2002; Whitehouse, 2001) and little effective medical and pharmacological treatment (Evans, Wilcock, & Birks, 2004; Santaguida, et al., 2004). However, research indicates there are effective **non-pharmacological** interventions for improving both patient and caregiver symptom management , quality of life, and potentially financial burdens (Cohen-Mansfield, 2001; Mittelman, 2004; Schulz, et al., 2003).

Non-pharmacological and social interventions have varying effectiveness of improving patient and caregiver quality of life and symptom management (Cohen-Mansfield, 2001; Schulz, et al., 2003; Sloane, et al., 2002). Support groups, counseling services, and environmental assessment and modification services generate the most evidence of positive outcomes for both patients and caregivers, though there is evidence of benefits from recreational therapies, respite care, and other therapies (Cohen-Mansfield, 2001, 2004; Gitlin, Liebman, & Winter, 2003; Gitlin, Winter, Dennis, Corcoran, Schinfeld, & Hauck, 2006; Mittelman, 2002, 2004; Schulz, et al., 2003). Evidence supports that social and non-pharmacological interventions may reduce both caregiver and patient costs of medically-based home, community, or institutional care (Brumley, Enguidanos, & Cherin, 2003; Gage, et al., 2000;Newcomer, Miller, Clay, & Fox, 1999). A recent longitudinal study extends research further, asserting that social networks actually provide a

protective effect on cognition as pathology increases in Alzheimer's disease (Bennett, Schneider, Tang, Arnold, & Wilson, 2006).

Despite the empirical support for the benefits of home and community-based social services, the Medicare home health program does not cover such interventions (Fried, 2004; McConnell & Riggs, 1999). The Medicare home health benefit is the major home benefit in America's *medical model* health care policy. American health care policy relies on personal responsibility and employment-based health coverage, except for government coverage of the poor and elderly through Medicaid and Medicare (Hacker, 1997, 2002; Starr, 1984, 2004; Vladeck, 1997). The *medical model assumes* patient conditions are acute and can be treated and cured using medical technology, treatments, and drugs (Conrad, 1997; Dubos, 1959). The *medical model* dominates research on the definition, diagnosis, cause, prevention, treatment, and cure of Alzheimer's, focusing primarily on pharmacological interventions (Cohen, 1998; Gubrium, 2000; Whitehouse, 2001). Some literature refers to the *medical model* as the *biomedical model.*

Medicare provides a limited home health benefit based on the medical model. The result for Alzheimer's disease patients and caregivers is that the Benefit addresses only specific acute medical problems of the patients (i.e., diabetes, wound care, cardiovascular problems). Management of patient psychological symptoms, which may cause and exacerbate medical problems, is not covered by the Benefit. Caregiver symptom management, which may limit caregiver ability to provide in-home care and support, also is not covered.

The Benefit is based on pre-requisite medical needs for homebound patients and was created to decrease hospital and nursing home costs (Mottram, Pitkala, & Lees, 2002; Vladeck, 1997). Eligibility requires patients be homebound; in need of skilled, part-time or intermittent nursing or physical therapy; have a condition with a finite and definite end point; and a physician-certified plan of care (Health Care Financing Administration, 1999). If the requirements are met, the patient may receive additional skilled nursing, physical therapy, speech therapy, occupational therapy, home health aides, or social work services. Physical therapy and skilled nursing represent an estimated 72% national home health visits (Medicare Payment Advisory Commission, 2003, 2004). Social work historically represents 2% or less of home health visits (Medicare Payment Advisory Commission, 2003, 2004).

Non-covered services include case management; in-home companion, homemaker, live-in, and other personal care services; respite care; support groups and counseling; personal assistive devices; home and environmental assessments, modifications, and training; and other non-pharmacological interventions and therapies (Cherry, 1999; Greene & Feinberg, 1999; Lee & Cameron, 2004; McConnell & Riggs, 1999).

Ironically, palliative home care is covered for end-stage Alzheimer's disease and dementia patients and caregivers through the Hospice Medicare Benefit (HMB). In effect if you are dying from Alzheimer's disease you and your caregiver may receive palliative home care, but if you have early-mid stage Alzheimer's disease such care is not available. HMB, unlike the home health benefit, assumes treatment is not curative, and focuses on patient, caregiver, and family psychosocial and spiritual needs, symptom management, and quality of life (National Hospice and Palliative Care Organization, 2004a). Coverage includes respite care, pastoral care, and volunteer services as well as the six Medicare Home Health Benefit services. Social work is more extensive in hospice care, representing an estimated 10% of all hospice visits compared to approximately 2% of all Medicare home health visits (National Hospice and Palliative Care Organization, 2003b; National Association for Home Care, 2003).

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Research Implications

There are three separate but related significant research gaps. *First* is that much of the research is based in institutional settings, such as nursing homes and residential care and assisted living facilities, where patients have moderate or severe dementia (Cohen-Mansfield, 2001; Zimmerman, et al., 2003), and adult day and medical day care facilities. This is despite the fact 75% of all persons suffering from Alzheimer's disease reside at home with early to moderate stage dementia (Zimmerman, et al., 2005). There are no studies of the quality of life and cost-effectiveness impact of palliative home care interventions with Alzheimer's disease patients and caregivers receiving Medicare home health care.

Second is that government-sponsored policy research has not tested the potential positive quality of life and cost reduction benefits for patients and caregivers and cost benefits for Medicare which are embedded in the research on palliative home care for the Alzheimer's disease population. Such research existed for palliative home care and end-of-life care in the 1970s. The research prompted Congress and the National Cancer Institute to fund demonstration projects to test whether hospice palliative care models could simultaneously reduce Medicare end-of-life care costs and improve patient and caregiver quality of life outcomes. The demonstrative results were positive, leading to passage of the Hospice Medicare benefit and positive results have continued (Gage, et al., 2000; Mor & Kidder, 1985; National Hospice and Palliative Care Organization, 2004b, 2004c).

Third is that research has not examined practitioner perspectives on home-based care for Alzheimer's disease or any type of dementia , particularly home care nurses who control most care decisions in Medicare home health settings. Research indicates no studies of factors which influence key practice stakeholders (i.e., physicians; nurses; social workers; home health aides; & physical, speech, and occupational therapists) decisions regarding care of Alzheimer's disease patients in the home health setting. Research also reveals no studies of practice stakeholders opinions on whether and how Medicare home health policy, practice should be changed for the care of Alzheimer's patients and their caregivers.

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Environmental Equity and Environmental Racism
Terry V. Shaw, MSW

Introduction

Social welfare developed to meet the needs of an industrializing society. During this time of rapid growth, social workers helped to establish many safe guards we take for granted in our society including: employment (workers compensation, unemployment insurance, and Social Security), child welfare (prevention of child abuse and neglect), mental illness (humane treatment of individuals with mental illness), and poverty (Medicaid and Medicare programs). Though social welfare has a history of working with vulnerable populations this history has generally not extended to issues relating to the natural environment. Some social welfare scholars have begun to address environmental issues (Berger and Kelly, 1993; Besthorn, 1997; Cahill, 1994;Coates, 2003; Fitzpatrick, 1998; Hoff, 1994; Hoff and McNutt, 2000; Hoff and Polack, 1993; Pandey, 1998; Park, 1994; Rogge, 1993, 1996, 2000) but much more needs to be done to infuse social welfare with an understanding of the interplay between human society and the environment.

Two concepts related to this intersection that have received a great amount of attention in fields outside of social welfare, but not in social welfare, are environmental equity and environmental racism. These concepts are complex and highly polarizing. Environmental equity is a broad concept that describes the disproportionate burden of environmental effects and the lack of equal opportunities in society faced by racial or ethnic minorities and people who are

socioeconomically disadvantaged. Debate surrounding issues of environmental equity can be difficult and emotionally charged. This paper is an attempt to frame the important concepts underlying the issue of environmental equity and more specifically, environmental racism, and to describe the importance of these concepts to the field of social welfare.

Reverend Ben Chavis, Director of the United Church of Christ's Commission for Racial Justice, coined the term environmental racism in 1982 after events in Warren County Virginia, led him to believe that race was the predominate issue in the decision to place a toxic waste storage facility in the area. Reverend Chavis believed the decision to place the facility in a socioeconomically depressed, predominately minority community was a form of institutionalized racism. The Coalition Against Environmental Racism defines environmental racism as "racial discrimination in environmental policy-making, enforcement of regulations and laws, and targeting of communities of color for toxic waste disposal and siting of polluting industries" (Coalition, 2000). This definition suggests that environmental racism takes form in the realm of policy-making, regulation and laws, and seems to suggest that there needs to be an intention of racism for there to be environmental racism. Another definition of environmental racism given by a prominent environmental justice advocate is: "…any environmental policy, practice or directive that differentially affects or disadvantages (whether intended or unintended) individuals, groups or communities based on race or color" (Bullard & Johnson, 2000: p559). Bullard's definition points to the fact that policies might not be intentionally detrimental to one group, but might still lead to a situation where environmental racism can occur. Environmental racism occurs in many different ways: (a) the siting and operation of hazardous waste facilities or other locally undesirable land uses (LULUs) in or near poor, minority areas; (b) the lack of representation faced by people of color in local, regional, and national decision making processes; and (c) as a part of the very foundation our society through the lens of white privilege.

Environmental Justice and Environmental Equity

The modern environmental justice movement began in 1982 with civil disobedience activities in Warren County, Virginia. Residents and environmentalists united in an attempt to block the construction of a toxic waste disposal facility in Warren County, a predominantly poor, black community. Several hundred people were arrested during the failed attempt to protect the community, including Congressman Walter Fauntroy (Mohai and Bryant, 1992). Congressman Fauntroy, backed by community outrage, petitioned the United States General Accounting Office (GAO) to study the effects of race on the placement of landfills in the South. The GAO study was followed closely by other studies and the environmental justice movement was born. This is not to say that environmental justice work did not exist prior to the GAO study and the civil disobedience in Warren County. Prior to the events in Warren County there were several studies looking at race effects from environmental hazards. The turning point for the environmental justice movement, and the significance of Warren County, was the coming together of the Environmentalist and the Civil Rights networks (Sierra Club, 1993).

Building on the foundations laid down by the GAO study and the energy created through the process of merging two entities into a single movement, a series of seventeen principles of Environmental Justice were developed in 1991 by the First National People of Color Environmental Leadership Summit. These principles were developed and put forward in an effort to focus the Environmental Justice movement.   The Principles of Environmental Justice offer a broad overview of the environmental justice movement and the vision the Leadership Summit has for the future. Included in the principles are guidelines on environmental equity,

steps needed to overcome racism and environmental racism, a description of the sacredness of the natural environment, and a description of humanity's place within the natural environment (First National People of Color Environmental Leadership Summit Report, 1991).

There are many terms wrapped within the concept of environmental justice that are easily confused and can lead to misunderstanding in further discussions. It is important that a common definition be understood before other areas are discussed. Though common threads exist in the literature, there are no agreed upon definitions of environmental justice. The environmental justice movement has applied (practical) and theoretical (abstract) goals and, therefore, needs a definition that links both. The definition of environmental justice created by the Coalition Against Environmental Racism (2000) does a good job of incorporating both practical and abstract aspects of environmental justice.

> The right to a safe, healthy, productive, and sustainable environment for all, where 'environment' is considered in its totality to include the ecological (biological), physical (natural and built), social, political, aesthetic, and economic environments. Environmental justice refers to the conditions in which such a right can be freely exercised, whereby individual and group identities, needs, and dignities are preserved, fulfilled, and respected in a way that provides for self-actualization and personal and community empowerment. This term acknowledges environmental 'injustice' as the past and present state of affairs and expresses the socio-political objectives needed to address them (p.1).

In this definition environmental justice is a broad concept covering personal, community, ecological issues and the inherent right of humanity to a clean and safe environment. This definition is in harmony with the Principles of Environmental Justice discussed earlier.

Within the concept of environmental justice, as noted above, is the notion that everyone is entitled to a clean and safe environment. The reality, however, is that there are inequities in the system which cause certain sections of our population to disproportionately live in areas that are neither clean nor safe. The right to equitable treatment and protection for all groups is a major concept within the environmental justice movement, this concept is known as environmental equity. The Coalition Against Environmental Racism (2000) developed the following definition of environmental equity.

> …an ideal of equal treatment and protection for various racial, ethnic, and income groups under environmental statutes, regulations, and practices applied in a manner that yields no substantial differential impacts relative to the dominant group--and the conditions so-created (p.1).

Whereas environmental justice speaks of the rights of all people to a safe and clean environment, environmental equity refers to the equal protection of all groups through legislation, regulation, or practice, so that these groups do not bear an increased burden of the negative effects of environmental or social policies. There are similarities between environmental justice and environmental equity that might lead people to assume they are the same, after all both seek to assure that all people have a safe and clean environment. Environmental equity however, functions more as a tool of environmental justice. Environmental equity helps to insure equitable treatment through legislation, regulation, and other means. In this manner all groups may be assured equal treatment. Basically, environmental equity means that no single group should pay a disproportionate price for the

nation's environmental hazards (Pinderhughes, 1996). The discussion of environmental equity revolves around the concepts of fairness and unfairness (i.e., what is a fair distribution of hazardous material a community can be expected to handle and at what level do the scales tip into unfairness) (Sexton, 1999). Obviously concepts such as fairness and unfairness are highly subjective and therefore discussions of these concepts are fraught with difficulty.

The concept of environmental racism springs from the definition of environmental equity and the issue of fairness relating specifically to racial minority populations. Environmental racism contends that racial minorities are paying a disproportionate price for the nation's environmental hazards (Pinderhughes, 1996) and that minorities are faced with fewer opportunities to improve their condition (Romm, 2002). Furthermore, the concept of environmental racism posits that the disproportionate burden on minority communities is unfair and brought about through racist policies.

Role of Social Work

The National Association of Social Workers (NASW) Code of Ethics (1999) calls for Social Workers to confront racism and inequity through our practices. The NASW Code of Ethics section 1.05, *Cultural Competence and Social Diversity*, and section 6.04, *Social and Political Action,* both make explicit references to race and class. Section 1.05, part C states "Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability." Section 6.04 part D states "Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability" (National Association of Social Workers).

Until recently there was not a similar statement related to social work and the environment. In 2003, the National Association of Social Work book of policies titled *Social Work Speaks*, incorporated an environmental policy. This policy states that "…social workers have a professional interest, beyond the personal vested interest everyone shares, in the viability of the natural environment, including the noxious effect of environmental degradation on people, especially oppressed individuals and communities, and they have a professional obligation to become knowledgeable and educated about the precarious position of the natural environment" (NASW, 2003). The statement on the environment is heartening and a good first step in moving toward the presence of mainstream social work as a participant in environmental discourse.

The delay in addressing the natural environment can be seen as an effect of the origins of the profession of social work and the values of the society it supports. As stated earlier, social work developed to meet the needs of an industrializing society. Since its inception social work has tried to meet the needs of vulnerable populations within the structure of society. Certainly, social work has been instrumental in bringing about changes in society that have lead to better working conditions, better health coverage and better civil rights, but this has all occurred within the confines of a political and economic system that requires continual growth and the exploitation of human and non-human resources. Social work has primarily been a reactive rather than a proactive profession with respect to overcoming inequities. In a recent essay on social work and the environment John Coates, a long time advocate for the integration of the natural environment into social work practice, stated that in order for social work to fully participate "…in the movement to bring about a sustainable and socially just society, the

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profession must move away from the narrowness of individualistic and anthropocentric thinking, critique its reactive and supportive role in modern society, and become proactive in introducing and advocating new values, practices and lifestyles which are supportive of a sustainable and socially just society" (Coates, 2001). As the profession of social work continues to grow it is imperative that we critically assess that path we are on, understanding the importance of environmental issues in social work is a first step towards developing new values and practices, much as Coates and others have outlined.

Social workers have a history of assisting vulnerable populations and a documented ethical responsibility to assist these communities in need. There are a number of areas that can be addressed by social work professionals. Community social workers are in a good position to help communities organize grass-roots resistance to perceived inequitable hazardous waste facility siting and to help advocate for these communities. Social work researchers need to continue to examine issues surrounding environmental justice and develop methods to address racial and socio-economic inequities.   By being aware of the effects that environmental issues have on our clients we, as a profession, are in a better position to help instigate positive personal and systematic changes.

<div align="center">References</div>

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The Texas Marriage Amendment: Policy Brief
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The essence of constitutional Bill of Rights is to reify constructs of civil and human rights into tangible privileges that can be upheld and defended. Such a purpose is evident in Texas' Bill of Rights: "the general, great and essential principles of liberty and free government may be recognized and established", the grounding for equality under the law (Texas Constitution, 1876, p.1). With this equality legally founded, many states are scurrying to arrest any chance that this equality extends to the lesbian, gay, bisexual, and transgender community through defense of marriage acts and constitutional amendments. When did this threatening rash of homosexual marriage occur to warrant such precautionary measures? Even if a separate, lesser form of marriage were provided for under such equality clauses, i.e., civil unions, there would be an insignificant rise in such from the gay community. If every self-identified homosexual sought civil unions to formalize and protect domestic partnerships, only 1.0 to 1.5 percent of the population would be rushing to the courthouse (Hertzog, 1996).

Outside of this apparent negation of civil rights, there is an underlying issue that portrays the mass' attitude toward different others. Many power holders, such as the Texas legislature, continue to deny science through overt measures to separate and refuse civil rights to homosexuals; their shameless resistance is antithetical to scientific founding that "homosexuality is not indicative of psychological disturbance" and to purport otherwise is in the "service of hatred and bigotry" (Gonsoriek, 1995, p.24). The religious right has cultivated the argument that homosexual-parented families are not stable, a scientifically unfounded statement; children raised in same-sex parent families are just as healthy, stable, and capable as children in heterosexual families (Appleby & Anastas, 1998). Religion and civics have been fused by supporters of the Texas Marriage Amendment, another violation against the establishment of religion clause in the nation's constitution.

On November 8, 2005, Texas voters, in a definitive 76% majority, voted to amend the state constitution by passing Proposition 2, The Texas Marriage Amendment (Bear, 2006). Marriage is defined as between a man and a woman only, now amended in the Bill of Rights, Article 1, Section 32, and reads: "(a) marriage in this state shall consist only of the union of one man and one woman"; and "(b) this state or a political subdivision of this state may not create or recognize any legal status identical or similar to marriage (Added Nov. 8, 2005)" (Texas Constitution, 2005, Section 32). Of note is that in 2003, the 78th Texas legislature had already adopted the Defense of Marriage Act (DOMA), which prohibits issuance of marriage licenses or civil union legitimization to same-sex couples, Section 6.204 Family Code Section 2.001 (b) (House Research Organization, 2005). This amendment is not based on research; it is based on moral ideology, which is now a winning catalyst for conservative and exclusionary policy.

How It Happened

How did the "homosexual marriage menace" come to forefront? The Texas Marriage Amendment began as House Joint Resolution 6 (HJR 6), authored by the Pampa Republican Warren Chisum, an oil and gas producer and rancher, one of few legislators with no college education. Chisum's district is in the panhandle and is comprised of mostly Anglo, farming, ranching, and rural populations. HJR 6 was passed by the House by 101 yeas and 29 nays. The Senate passed HJR 6 with 21 yeas and 8 nays. The public majority vote passed the amendment at 76%, with 24% objecting, a one in five voter turn out (Bear, 2006). Travis County (Austin) was the only county where the amendment was not supported (Selby, 2005). The farther away from an urban area, the higher the proportion of votes cast for the amendment (Daily Kos, 2005). However, this does not explain the fact that all urban areas but Austin supported the amendment.

The Texas Marriage Amendment is an incontrovertible extension of the Defense of Marriage Act; a policy adopted only by the state legislature without public consent. The Texas Marriage Amendment is consequent of the initiation of a codification posturing between gay rights' activist and conservative pastors over fortifying the DOMA (Selby, 2005). Chisum and the conservative Texas legislature thus posed the route to cementing the definition of marriage between one man and one woman via a constitutional amendment that could not be altered through court judgments.

Fears of the Homosexual Marriage Menace

Texas is the 19th state to have voters approve of a marriage definition added to their state constitution (Selby, 2005). This legalistic anticipation represents the same issue originating in other states from lawsuits. The Texas DOMA and Marriage Amendment are safety measures to perceived threats from court action by homosexual citizens who challenge the state's definition of marriage. Major cases in other states directed the Texas Marriage Amendment. One of the first challenges to marriage laws occurred in Hawaii with *Baehr V. Miike* (House Research Organization, 2005). Legal representatives argued that Hawaii's marriage laws were unconstitutional because they did not align with equal protection laws in Hawaii's constitution. In 1997, voters supported an amendment to their constitution before the case was decided; the amendment defined marriage between a man and a woman (House Research Organization).

Vermont's Supreme Court ruled in favor of homosexual couples by determining they were worthy of the same marital privileges as were heterosexual couples in *Baker v. State* in *2000*. However, the legislature chose to legalize civil unions for homosexual couples and thus not afford the exact marriage system to any unions other than heterosexual (House Research Organization, 2005). Connecticut did the same as Vermont in 2005, affording civil unions but also securing marriage between man and woman before any process of litigation had occurred in the state. California's legislature proposed the antithesis to the Texas Marriage Amendment in 2005, defining marriage between two persons. However, the governor has promised to veto this bill (House Research Organization).

In 2003, *Goodridge v. Department of Public Health,* ruled on by the Massachusetts' Supreme Court, stated that civil unions were upheld by the constitution; however, the legislature then accepted a proposed amendment to define marriage between heterosexuals only and allow for homosexual partnerships as civil unions in a separate system (House Research Organization, 2005). This amendment was rejected in 2005 and now presently movements are pressing a ban on same-sex marriage, to be put to voters in 2008.

How the Amendment Works

Texas' response to external court cases asserts that the citizenry of the state should define the conceptualization and legal format of marriage, not the courts. The Texas DOMA secured the definition of marriage between a man and woman, and the marriage amendment ensured that this definition could not be challenged in courts. Exact wording in the analysis of the amendment: "As further litigation is filed in numerous states and in federal court, states have decided the best way to protect their DOMA laws is to pass constitutional amendments" (Texas Legislature Online, 2005a, para. 4). However, courts would have the authority to invalidate any contract or agreement that is not defined as marriage under DOMA and the amendment (House Research Organization, 2005).

The marriage amendment also prohibits the state from recognizing or creating anything of legal status similar to marriage. Marriage in Texas is for heterosexuals who have completed the formal nuptials; no one else and no other form of relationship is claim to the benefits of such a union, including common-law marriage between heterosexuals, and prohibits the creation of any system for civil unions. Also included in the language of HJR6 is:

> This state recognizes that through the designation of guardians, the appointment of agents, and the use of private contracts, persons may adequately and properly appoint guardians and arrange rights relating to hospital visitation, property, and the entitlement to proceeds of life insurance policies without the existence of any legal status identical or similar to marriage. (Texas Legislature Online, 2005b, para.5).

This language is not included in the amendment, which could legitimize other formal contracts and benefits between same-sex couples, including unmarried heterosexual couples (House Research Organization, 2005). Essentially, this amendment removes and prohibits any formal, legal, or beneficial recognition of domestic partnerships, thus denying homosexual and unmarried heterosexual unions the benefits and rights that are afforded to heterosexual married couples.

What It Means

The amendment is politically, economically, and administratively feasible since it is cast in the highest of policy realms, the constitution. Arguments supporting the amendment are that there should be no legal ramifications or challenges since the citizens, not the courts, have endorsed the amendment. There is a national trend toward marriage for heterosexuals only; some assume this pattern is due to backlash from minimal rights and visibility won by the gay community in recent years. All campaigns against homosexual civil unions have won by wide margins. The president has endorsed a similar federal measure (Texas Legislative Council, 2005). Supporters also decry that any other form of union other than man and woman is not sacred, that marriage upholds traditional families and their values, and that the sanctity of marriage is an essential element to the power of the state. Supporters say same-sex couples can continue their lifestyles, but they cannot have them formalized nor receive any benefits from such unions (Texas Legislative Council).

Opponents argue that amending the constitution is symbolic overkill since DOMA already exists in Texas. Only 40 years ago interracial marriage was banned; the definition of what constitutes a family is changing as evidenced in formerly prohibited marriages between interracial persons, the increase in single parents, and the commonality of remarriage (Texas Legislative Council, 2005). Opponents also contest that the policy language is so broad that it

could allow courts to nullify or prohibit common-law marriages, living wills, and other legal safety measures between unmarried persons. If the sanctity of marriage is really the issue, then a more appropriate means to this end would be through state laws addressing family violence, infidelity, and divorce occurring in heterosexual marriages, which are more damaging to the family and welfare of children than same-sex marriage (Texas Legislative Council). The only fair and corrective course in this overt process of discrimination is to allow for legal protection for homosexual couples' domestic partnerships, securing benefits for healthy families, just as heterosexual couples are awarded.

  Chisum stated after the election that the conservative victory "was won from the pulpits of the state of Texas" (Poe News, 2005, para.3). Civil rights are now being allocated or denied through religious condemnation. The denial of civil liberties is obvious in the majority ensuring that their means to legitimacy is theirs only and no other groups may reap the benefits of such legitimacy. Religion and civic life are melded and transformed into social reasoning. Why are followers of the religious right so adamant that the gay community not be allotted the same civil liberties that they have, since apparently no religious right follower is gay? Why the visceral and emotional reactions? When inquiring with fundamental religious persons as to why they voted for the amendment, the response was "my minister instructed me to do so" because it is interpreted as a biblical commandment that marriage is between a man and a woman only (non-profit institutions are mandated to follow narrow rules to lobbying their service recipients, and this includes churches). It is sometimes easier to be told what to do than to critically think how this action may hurt the homosexuals that the same person purports to love.

  The ideology of the Texas Marriage Amendment is clear; domestic partnerships between opposite-sex married couples are the only unions worthy of civil benefits and rights legally, socially, and morally. In Texas, you must be heterosexual to marry, and only marriages will be afforded benefits from the state. Texas has announced also that it will not tolerate any discussion otherwise, now or in the future, via the constitutional amendment negating court action. The denial of civil rights is obvious, as is the segregation again of a community of different persons into illegitimate spaces where partnerships are not recognized. The amendment is symbolic in that it was unnecessary (DOMA exists and is enforced in Texas) and ensures that there can be no argument otherwise, consequently negating any other forms of relationship other than heterosexual. This religiously-based argument is adversative to our nation's founding value of separation of church and state, created to avoid violation of minority-status groups. Also furthered are the obvious scientific falsities set forth by the legislature and their fundamentalist supporters in their attempt to pathologize homosexuality. Rights violations are the fruit of the Texas Marriage Amendment. The question remains then as to why so many people support these measures and what is so frightening to them about gay domestic partnerships. From the research gathered here, this question could not be answered, even by some of the supporters of The Texas Marriage Amendment.

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Bookworm's Corner

Book Review
Tice, C., & Perkins, K., (2002). *The Faces of Social Policy: A Strengths Perspective*. Pacific Grove, CA: Brooks/Cole. Reviewed by Donna R. Pittman, MSSW, LCSW

This paper reviews the social policy text, *The Faces of Social Policy: A Strengths Perspective,* by Tice and Perkins (2002). The authors introduce their text with the intention of telling history from the experience of marginalized people, particularly African Americans and women. Hoping to spark student interest in social policy by "putting a face" on the people who are being served by social work professionals, they include poetry, art, personal narratives, and the texts of historical documents. Tice and Perkins utilize historical analysis to show how modern social welfare policies are based on beliefs rooted in antiquity. The genesis of social work as a profession at the turn of the twentieth century is explored and social reform and social case work models of ameliorating social needs are compared. The authors discuss the dual nature of social work in light of these two models and assert that the dominance of one over the other has fluctuated over time. The authors take effort to exemplify the dangers of reducing social welfare needs to an individual model and warn that this frequently results in pathologizing and blaming the victim. This text is appropriate for BSW required policy courses or as a supplementary text in BSW diversity or history courses.

Tice and Perkins (2002) trace social welfare values and beliefs from antiquity to modern times. They suggest that the beliefs of ancient Rome and Greece linked charity to religious duty and defined recipients as worthy "poor" or unworthy "beggars." The authors show how these values were perpetuated in England's Elizabethan Poor Laws, and although government intervention was the last resort after family, community and church, the State's responsibility for the poor was formalized. These values are traced to early America.

Colonial Americans viewed success as a sign of hard work and high moral character (Tice & Perkins, 2002). Strenuous work was valued and "idleness was considered a sign of

Satan" (p. 37). This work ethic is an overarching principle in the settlement laws of Colonial America. Formalization of social welfare continued with The Revolutionary War Pension Act of 1818 which established precedent for government aid to the poor based on merit. Another milestone occurred toward the end of the Civil War when "Congress established the Bureau of Refugees, Freedmen, and Abandoned Lands, known as the Freedman's Bureau. This was the first federal welfare agency" (Trattner as cited in Tice & Perkins, 2002, p. 81). Social Work emerged as a profession in the early 1900s.

By the turn of the twentieth century social problems in the United States were seen as emanating from the moral defects of individuals. Institutions sought to purge these defects (Tice & Perkins, 2002). Two leading reform efforts marked the beginning of the social work profession. The Charity Organization Society (COS) and the settlement house movement. COS was influenced by Social Darwinism and Freudian psychology. The settlement house movement looked toward environmental factors as causes of social problems. Jane Addams, founder of Hull House in Chicago, felt the COS agents were "cold, unemotional, too impersonal, and stingy … she called the friendly visitors, 'benevolent meddlers,' and accused them of giving the poor nothing but advice" (p. 107). Mary Richmond, a COS leader, remained undaunted and responded that if they were benevolent meddlers, "why not interfere effectively" (p. 107). Tice and Perkins suggest that the social work profession has remained a combination of these two approaches to social welfare and the dominance of one over the other has fluctuated over time and in accordance with societal forces. They recommend a strengths perspective for either model but are pessimistic that casework alone can effectively respond to the poor and needy.

Tice and Perkins (2002) state directly that "the strengths perspective is represented by a collation of ideas and techniques rather than theory or a paradigm" (p. 11). They operationalize social policy from a strengths perspective by suggesting that it should be "infused into the traditional…process of policy development by emphasizing common human needs and barriers to meeting these needs…" (p. 12). They admonish social workers to be active participants in social change yet give little practical advice on how to achieve this goal. Admonitions for social action necessitate strategies for implementation. Nevertheless, their discussion of the Americans with Disabilities Act (ADA) of 1990 is an excellent example of how strengths based policies can positively affect the lives of targeted populations. According to the authors, prior legislation had emphasized the deficits of the individual while the ADA of 1990 mandated equal opportunity for people with disabilities in employment, public accommodation, transportation, state and local government services, and telecommunication (Croser as cited in Tice & Perkins, 2002, p. 277).

Because Tice and Perkins (2002) followed no particular theory, they use an historical timeline as an overarching framework. The enormity of this task lends itself to superficiality. For instance when covering the period from antiquity to the era of Colonial America they dismiss women's presence by saying that "women were confined to the home where their work went unnoticed…" (p. 20). No strengths perspective was addressed until the discussion of slavery in early America. In fact, Tice and Perkins state that "it is difficult to analyze Greek and Roman societies from a strengths perspective… as the ruling elite maintained a politic and economic structure of oppression" (p. 24). This seems incongruent. Surely the American era of slavery was a society where the ruling elite maintained a politic and economic structure of oppression, yet the authors recount numerous examples of strengths based initiatives by slaves, freedmen, and abolitionists.

The preponderance of history through the eyes of African Americans serves to highlight the scarcity of content regarding the experience of Mexican Americans, American Indians, and

other disenfranchised minorities. Social changes which occurred in the 1960s and 1970s are presented through the lens of the African American civil rights movement with scant inclusion of the effects of the anti-war movement and protests against materialism and capitalism. The feminist movement is discussed from a "White" perspective and the unique struggles of women of color are overlooked. *The Faces of Social Policy: A Strengths Perspective* contains numerous grammatical errors, spelling errors, and "cut and paste" errors which cause confusion and consternation.

Despite these criticisms, *The Faces of Social Policy: A Strengths Perspective* is an interesting and informative read. It is interesting to follow Tice and Perkins as they trace values passed through the centuries to the emergence of social work as a profession. Though falling somewhat short of addressing three features of the EPAS criteria for Social Welfare Policy and Services, the major themes were adequately explored. The EPAS standards that need attention are: "analyses of international issues in social policy…adequate exposure to methods that would influence and formulate policy consistent with social work values…and planning processes required to deliver social services" (CSWE-EPAS, 2001, 4.4). The poetry, art, personal narratives, and reproductions of historical documents successfully "put a face" on social policy and engage the reader. This text is recommended for BSW level social policy courses and as a supplementary text in BSW diversity or history courses.

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