



{Photograph: Linda Nguyen }

*"Human beings are compelled to live within a lie, but they can be compelled to do so only because they are in fact capable of living in this way. Therefore not only does the system alienate humanity, but at the same time alienated humanity supports this system as its own involuntary master plan, as a degenerate image of its own degeneration, as a record of people's own failure as individuals."*

{ Vaclav Havel 1936, Czech President, Playwright }

## **Letter From the Editors. Opposites That Attract: An E-Mail Exchange**

by Eve Ekman and Sachi Fujimori

Social work and journalism hold different core values, from ethics to the role of activism. Still, we set out to show that our professions can team up to better reveal the "un-scene" - the situations that are not part of the usual San Francisco media scene and the people who usually remain invisible unless their stories become sensational. Our interdisciplinary magazine combines art, journalism and first-person narratives to tell tales of that invisible city (and one story about the countryside) through two very different professional perspectives.

## **Chinatown: A Journalist and Social Worker See It Differently**

by Christabel Cheung

Vanessa Hua, a San Francisco Chronicle staff writer, covered the slum-like conditions of Chinatown's SRO hotels. Cheung, a social work graduate student with strong ties to Chinatown, raises some issues with the reporter about her reporting.

## **Miss Meth: She Will Play You**

by Eve Ekman

She travels with aliases – Tina, crank, ice, glass, speed – and straddles subcultures ranging from poor and rural basements to locked bathroom stalls inside gay dance clubs. We've heard a lot about sex on speed, but less about "substance-induced psychosis" – until now. Miss Meth laid bare.

## **Segregation and Sensitivity: Why San Francisco Provides "Culturally Focused" Psychiatric Care**

by Arwen Curry

"When black men are loud, angry or upset, white health care workers may overmedicate." Part of the problem is fear-based cultural bias. At San Francisco General Hospital, psychiatric units are divided into African American, Latino, Lesbian/Gay/ Transsexual/Bisexual, Asian and Women. What are the benefits of segregated mental health care?

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by Allison Reid-Cunningham, Bethany Cagen and Victoria Fleming

She expressed a concrete plan to harm her son on her release date from jail – which happened to coincide with his ballet recital. Her lawyers and social workers couldn't agree on how to handle it.

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by Vanessa Gregory

In encampments near Bakersfield, Calif., homeless people live invisibly on the fringes of society. A junior newspaper reporter set out to tell their story. But along the way, she faced obstacles from local newspaper editors and a social worker. At last, in this publication, the obstacles are overcome.

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## **"Tell Yourself": Juvenile Offenders Find Their Words**

by Kate Golden

David Incocencio left social work to publish a magazine of the art, poetry and stories of juvenile offenders. The Beat Within provides a media space for these kids to reflect on and express their experiences of crime and life in "the system."

To read a digital version of Ethsix go to: [www.socialwelfare.berkely.edu](http://www.socialwelfare.berkely.edu)

## **Cover illustration: David D'Andrea**

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### **Extra Special Thanks:**

Our fearless and fantastic advisors:

Deirdre English, MSW has a degree in social welfare and a background in journalism. She is a former editor-in-chief of Mother Jones Magazine, and currently directs the Editing Workshops Program at the Journalism School. Her brilliance and vision (as well as her chocolate and caffeine stash) propelled us throughout the creation of Ehsix. Her dedication to this project went way beyond the call of duty of an advisor and professor, stretching over afternoons, evenings, weekends, with edits, encouragement, and incisive criticism.

Susan Stone, Ph.D. is an assistant professor in the School of Social Welfare at Berkeley. Her research focus is on intersections between the social welfare and education systems. Stone has been an enthusiastic supporter of the project from its inception. She has been a grounded sounding board and trenchant in bringing the core issues and dilemmas of the social welfare system to the table for examination.

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# LETTER FROM THE EDITORS

*opposites that attract: an email exchange*



*Eve:*

Greetings Sachi! Last week I visited a juvenile holding facility with my field placement. One jaded guard stated he had been there 10 years and nothing he did or said would ever stop these kids from returning. I was sickened to the core when he grabbed one small, young teenager to illustrate his point. In front of the child's bowed head, he said "see this little one, he'll get out soon, but he'll keep coming back until he is 17, six feet tall and 300 pounds. It won't be another way." This guard said that these acrid cells walls were the safest place these kids have ever known. Herein lies the frustration and complexity of "the invisible city."

This magazine shows that there is plenty of real drama, trauma and outrage in the scenes witnessed daily by front line social workers. Their clients' stories remain invisible unless they become sensational, much to the chagrin of those in my field.

Our different approaches to this project, coming from me, as a student at U.C. Berkeley's School of Social Welfare, and you, at Berkeley's Graduate School of Journalism, are at times like two sides of a magnet, pushing the other away the closer we come. The question is: do we, can we, have a vision in common?

*Sachi:*

The tension you describe is what attracted me to this project from the beginning. At the roundtable meeting we held with graduate students at the School of Social Welfare, I squirmed uncomfortably as your colleagues charged that journalists are doing a poor job of covering their field.

I realized that social workers are in a unique position to give a human face to many critical social issues, such as Federal budget cuts, shrinking child care programs, declining schools and healthcare---if they will share their compelling

## "Congress shall make no law... abridging the freedom of the press"

stories. This is no easy task. Social workers can be difficult sources to work with. They're reluctant to share the vivid details that are crucial to good storytelling, and don't like to provide names.

Despite our differences though, journalists can, in fact, identify with the Social Work Sixth Code of Ethic. The press embraces its own advocacy role as the "Fourth Estate", in which we are the watchdogs exposing wrong-doing in society. Sometimes I think journalists get a bad rap as being perpetual cynics and critics. Beneath it we have a hidden conviction: the belief that ignorance is unacceptable.

*Eve:*

To take responsibility on behalf of social workers I will say that the prevalent mistrust of journalists is deleterious. How can we expect issues to be addressed more comprehensively in the media if we are not willing to talk honestly about them? It's like the cliché of a protective mother who will complain about the disobedience of her children endlessly, but turns in rage to anyone else who criticizes her child's behavior. Protectiveness of the lives and confidences of our clients is often warranted, however, there may also be an underlying fear that any criticism will identify the weakness of the entire social service system; question the ability of the parenting if you will.

Social workers go into the field to serve the underserved; however it soon becomes clear that no issue exists simply at a micro level. The metaphor of the band-aid is often used in the field to describe the superficial care possible for clients whose lives are eclipsed by overshadowing forces from socioeconomic inequality, prejudice, criminalization, to inadequate community resources and on and on. The feeling of powerlessness against the deluge of social troubles can feel like Sisyphus.

I turn to artistic expression for an entirely fresh outlet for some of the most confounding issues. The art we are including in Ethsix adds some breathing room

to the heavy issues we explore. There is beauty in San Francisco's people- and cityscapes, reflecting another side of the social settings we are covering in our stories. This reflection can hold a page open, unencumbered by maintaining objectivity. Do you feel stifled by your journalistic concept of objectivity? Doesn't it often lead to reinforcing the status-quo, by "balancing" elements until there is no right or wrong?

*Sachi:*

Journalism's commitment to objectivity and balance is what gives us credibility with our readers. The day we give up on these ideals, is the day the profession loses its purpose. I do believe, though, that there is room for a wider spectrum of types of storytelling, from hard news to first-person narratives told from distinct viewpoints. As long as the writer is up front about their vantage point, the readers can form their own opinions.

I view Ethsix as a journalistic experiment. As a student project, we do not need to answer the demands of advertisers. What we have produced is a partnership between reporters, social workers, professors, and artists, and the final product sheds light not only on the invisible side of the city but also what we learned about the idealism, and the complications, of work in the social welfare system.

*Eve:*

I have embarked upon this project, and my career, with a firm belief that if the public sees our clients as we do from the frontlines they will be understood and will not continue to languish invisibly. Idealism? Yes, it is even a utopian thought: that if we aim for the opening of awareness to one another, it could be a revolution of consciousness.



A Journalist and a Social Worker See it Differently

# CHINATOWN

"the truth is enough to change people"

Between the years 2000 and 2030 the Asian and Pacific Islander population aged 65 and older is projected to increase by 302 percent, a startling figure when compared with the AARP's projection of only a 77 percent increase in the white non-Hispanic elder population for the same time period. According to the American Association of Retired Persons (AARP).

{ Photographs: Nicole Hill }

{ Words: Christabel Cheung }

Behind the shops and restaurants of Chinatown's Grant Street corridor lies another Chinatown – what locals consider the real Chinatown. If you venture down an alleyway and follow the roar of mahjong tiles or the fragrant pull of homemade jook simmering on a stovetop, you'll find large numbers of Chinese seniors. Many of them live in single-room occupancy units (SROs), some alone, some in couples. They get by with the support of friends and neighbors.

"There is this whole other world that I feel privileged to be able to get a peek into," says Vanessa Hua, a staff writer for the San Francisco Chronicle, who began covering Asian American issues two years ago. In September 2005, she reported on the startling health and fire code violations in many Chinatown SROs, which she learned of through a neighborhood survey compiled by a community organization. She opened with the shocking report of an elderly woman who had caught 39 rats in her SRO over the preceding six months.

As a Chinese American social worker, I was deeply affected by Hua's coverage of this issue. The deplorable living conditions within Chinatown SROs that Hua detailed in her article horrified me. Yet I was gravely concerned by the inference that all Chinatown SROs are rat-infested slums. This assumption is damaging both to social workers and to affordable-housing advocates. So I spoke with Hua about how social workers and journalists could work collaboratively to bring the issue to mainstream audiences, beyond sensational storytelling, and to remedy the problems of SRO housing.

In theory, the truth-seeking goals of journalism seem complementary to the justice-seeking objectives of social work. But in practice, conflicts often arise when these two professions converge on the front lines. For example, when Hua asked social workers to help her gain access to Chinatown residents, the social workers sat in during her interviews with residents and sometimes interjected to limit the residents' responses. And although she appreciates social workers who facilitate her role as journalist, Hua feels they sometimes are too protective of residents, by advising them they don't have to answer certain questions. Nevertheless, she says, she continues to press for answers because she believes that news stories can help

bring about change. "The truth is enough to change people," says Hua.

Also, social workers sometimes tell clients it's OK to use a fictitious name when talking to a reporter. Here, social workers misunderstand that reporters have strict standards of integrity for their readers. In these cases, Hua keeps looking until she finds sources who agree to use their real name.

From a social welfare perspective, however, there is an inherent responsibility to protect clients' privacy. Social workers who work with elderly immigrant cultures are challenged by their clients' deep-rooted distrust of social services agencies and government intervention. Any mishandling of the delicate relationship can pose a threat to hard-won trust.

Through my ongoing volunteer work at the Chinatown Community Development Center, I've learned that SROs can't be labeled as simply good or bad. They are an irreplaceable part of the complex Chinatown social fabric. In fact, they comprise 60 percent of all housing in San Francisco Chinatown.

These tiny rooms, stacked together in dense blocks, comprise a community that low-income Chinese American elders have created for themselves, one in which they share resources and access to more formal social services, especially health care.

Such social networks are so critical that these elders have been known to remain in their Chinatown SRO even when presented with the option of joining their adult children in better housing in the suburbs. According to a 1986 study by Chalsa Loo, a psychology professor and former director of the Chinatown Research Center, San Francisco Chinatown residents say the benefits of convenience (access to food, transportation and services) and shared ethnicity and language outweigh the more negative aspects of their



neighborhoods, namely, that compared with other San Francisco neighborhoods, Chinatown is noisy, unclean and overcrowded.

The problems of Chinatown SROs cannot be separated from the larger affordable-housing crisis in San Francisco, where many middle- and low-income

tenants are being displaced, priced out of neighborhoods by gentrification. Put bluntly, low-income residents need cheap rent. If these units were improved and rents raised, higher-income tenants would move in and the elders would be left homeless.

Can social workers and journalists ally to expose and address this stubborn and long-standing problem? To start, broad civic engagement is needed to support standards of decency in affordable housing for low-income Chinatown elders, who often, because of cultural and language barriers, do not complain about living conditions, such as rat and insect infestations, lack of adequate kitchen and bath facilities, and high noise levels.

A journalist can act as the catalyst for change. Hua's Chinatown SRO coverage resulted in a call from the Department of Building Inspections, which oversees code enforcement in San Francisco, to discuss the violations she reported. Social workers well appreciate that a newspaper story or television spot is an invaluable way to provoke immediate results. Hua suggests, "If activists and CBOs [community-based organizations] spend time cultivating relationships with reporters, it will result in much more nuanced and sophisticated coverage. Reporters, too, should spend time in the community, beyond covering the latest

report or protest." Hua adds that social services agencies sometimes need journalists to turn the lens on them.

Like many other Chinese, I was raised by an elder woman, within a cultural value of intergenerational caregiving and respect for older adults. I see my amah, or nanny, in the crinkled smile of the elder Chinese woman who shoves sweets into my pockets and waves me over to rest on the single stool in her SRO room. Hua recalls a similar moment that occurred when she was covering stories in China in 2004. "I was in this little village," says Hua. "This tiny woman stepped out, buttoning up her sweater, and I remember thinking, 'This could be my grandma.'" This indelible influence of a Chinese elder may serve as the common ground upon which Chinese American professionals can work from differing points of view to improve the well-being of the aged within their own community.





# *Miss Meth*

## *She will play you*

{ Words: Eve Ekman }

Miss Meth is so misunderstood, yet so popular, so accessible. To know her is to be transformed quite literally, into another person. She travels under aliases—Tina, crank, ice, glass, speed—and straddles disparate subcultures from poor and rural basements, to locked bathroom stalls inside gay dance clubs. She is cheap and easy to get your hands on, but her influence is long lasting, if not irrevocable. Were she a business, her stock would be hotly traded; were she a starlet, her appeal proclaimed as broad. She has long been on the scene, but she remained underground as she moved from coast to coast. In the past few years I have watched her corrode her lovers, from the psych wards where I work to my own friends. She is ripe for public exposure.

In the last year she has been profiled by the local and national press, the New York Times, The New Yorker, and The S.F. Chronicle but the paparazzi press have converged voyeuristically on her lascivious qualities, like superhuman sexual stamina and the banishment of inhibitions. These traits manifest most visibly among male perma-partyers, unencumbered by sexual selectivity, and the headlines have oozed with scandal and fear, warning of a reemerging HIV pandemic resulting from the proliferation of Miss Meth among those in “the scene.” The news has brought back fear and blame of gay men as though it were still the 1980s.

A longtime closefriend of mine from my college dorm fits the media profile to a T: young, gay, promiscuous party-boy caught up with Miss Meth in the past year. He simultaneously became immune system-compromised, but he still can’t quit her. With her, he says, every sexual sensation is heightened “10, maybe 100,” and affairs can escalate endlessly throughout an evening; without her, sex is a letdown. But she also brings other, more lasting party favors, and these he does not enjoy. It’s not merely the incidental contraction of a terminal virus; it’s also the drug’s damage to his cognitive functioning and the persistent alteration of his brain chemistry. He is a sliver of his former self: his long torso has narrowed, his cheeks have hollowed and his presence is muted, like some grainy black-and-white version of a full-color print. While in her grip he was a tangle, a jumbled, jerky mass of energy, chewing those hollowing cheeks, legs crossed, foot slipped under the calf like a human pretzel, mindlessly twirling a strand of hair, talking and talking and laughing, distracted easily and crashing hard—real hard. Zombie hard. After 30 days sober he is withdrawn and blunted, but at least free from paranoid auditory hallucinations: “I haven’t heard

rats eating through the walls recently.” If he can keep clean he has a chance to regain his mind: the existent research states that the cognitive deterioration provoked by Miss Meth can become irreversible after a five-year relationship.

Working in an acute inpatient psychiatric lockup last year, I heard often of rats gnawing and worse. And I saw too much of Miss Meth. I saw her as a predator, altogether different from her party-animal image. The lingering, if not permanent, behavioral alterations she brings on can mimic those of patients who are in the throes

**"Miss Meth had him hearing voices:  
'they' told him a hara-kiri thrust was  
the only way to protect his two children from his demons."**

of paranoid psychosis.

I saw the heavyset, boyish, thirty-eight-year-old man who had plunged an eight-inch kitchen knife into his own abdomen just the night before. Miss Meth had him hearing voices from sinister characters haunting him. “They” told him this hara-kiri thrust was the only way to protect his two children, both under eight, and so he had left them alone at home to flee these demons. In the locked ward where he sobered up, he sat blubbering, tears streaming over his crimson cheeks and soaking his dark short beard in response to my news that he would likely lose custody of his children over this last date with Miss Meth. He cried for an hour, his hands laced over his bandaged belly to brace against his heaving sobs. Miss Meth can be especially addictive due to the immense depression she leaves in her wake—not that losing your children isn’t reason enough for such sorrow.

I saw the woman brought to our lockup, far from her rural Northern California home. Middle-aged, with concave cheeks and a thick bristle of graying brown hair, she had known Miss Meth for decades. In rural California, methamphetamine is commonly brewed in basements and shacks, a chemical moonshine. The woman’s meth-loving husband was prone to fits of abusive anger. They were rapt in mounting delusions toward one another, real and hallucinated threats swirling to paranoid proportions. She was picked up sporting a black eye and shuffling through the main street of a nearby town, murmuring nonsense and approaching a cop car. The cops



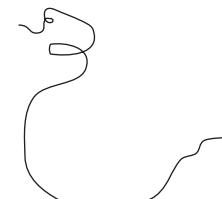
booked her for grave disability and an inability to be accountable to care for herself. They brought her to San Francisco, the psychiatric unit near her home being unwilling to take another hack at her case. I would estimate that 10-20 percent of our caseload was people who were intimate with this drug.

To cut her some slack, Miss Meth does not necessarily create the miseries of her suitors: she is where they look to escape the suffering of depression, alienation, failure, and disillusionment. Like her brother alcohol, she ameliorates with oblivion.

I know full well that prolonged use of alcohol, marijuana, or heroin will bring on medical complications and cripple your social functioning. But I have seen the long-term brain-bending that Miss Meth gives as her final gift, even after you quit her. That is her unique dominion. As far back as 1983, studies cited the persistence of psychoses in individuals even after abstinence from the drug. And in 2000, the American Academy of Neurology provided evidence of long-term neuronal damage in abstinent methamphetamine users.

A recent PBS documentary expanded the drug's circle to include the poor, the rural, and the female, but it only glossed over the cognitive damage and psychosis that come with her company. The time is now for Miss Meth to have her full ugliness laid bare: she is poison.

{ "Pretty - High" photograph: Christopher Graham }





{Photograph: Linda Nguyen }

*People who treat other people as less than human must not be surprised when the bread they have cast on the waters comes floating back to them, poisoned.*

{ James Baldwin 1924-1987, American Author }



{ Photograph: Ted Pushinsky }

*Where love rules, there is no will to power; where power predominates, there love is lacking.  
The one is the shadow of the other.*

{ Carl Jung 1875 - 1961, psychiatrist and founder of Analytical Psychology }

# Segregation & Sensitivity

## Why San Francisco Provides 'Culturally Focused' Psychiatric Care

{ Words: Arwen Curry }

Byron's eyes were dark and cloudy; his gaze lingered on his plate. The two poached eggs and an English muffin I had bought him in exchange for an interview weren't nearly enough for a man his size, and we both knew it. He gracefully turned down another helping and started talking, looking at a fixed place over my left shoulder, out onto Twenty-fourth Street.

Byron is outside now, but he is typical of the men who crowd the jails, homeless shelters, and mental health wards of the area. A drug user since he was very young—he's 45 now—he has been tangled in the system for more than three decades. Every time he got out of jail, it seemed he would get picked up and put in the hospital. He'd get out of the hospital and end up back on the street.

The sixth floor of San Francisco General Hospital contains the locked wards—mental health care units for patients committed against their will. Byron was living there—not for the first time—when a young African-American man came to find him. That man was Damon Eaves, a licensed clinical social worker and the director of a new program that's trying to beat the odds that are stacked against African-American men in the mental health care system. African-American men make up only 7 percent of San Francisco's population, but 28 percent of locked-ward patients. Eaves says that when black men are loud, angry, or upset, white health care workers tend to overmedicate them.

Where a white man might be diagnosed with an affective disorder, Eaves points out, a black man is more likely to be diagnosed as schizophrenic—even when his symptoms don't fit the pattern outlined in the DSM-IV—and given antipsychotic medications.

*It is a peculiar sensation, this double-consciousness, this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity.*

{ W. E. B. Du Bois }

"They end up in psychiatric care because of behavior," he said. That was the case with Byron, who was diagnosed as a paranoid schizophrenic when he was abusing drugs as a teenager, although he wasn't experiencing hallucinations.

"When Damon came to get me, he said he knew about my story," Byron said. "He said there were black people there (in the program), and there's black people trying to get you out." Plains spoken with an easy laugh and just the slightest tiredness in his voice, Eaves studies the case histories of black men who are committed and, when appropriate, works to get them out of the system and keep them out. From an unassuming Mission Street office, he has helped design the Alternatives Program, which includes discussions of black history, regular visits by a minister, and an informal, nonhierarchical treatment style.

The program aims to improve the outcomes for African-American men who are discharged from locked facilities and to develop a treatment model that works for them. Begun with a two-year state grant, the Alternatives Program now has funding from the city of San Francisco, and an analysis by an independent consultant concluded that the program is more cost-effective than other mental health projects.

Standardized diagnostic tools such as the DSM-IV have not served African-American patients well, says Eaves, in part because they have not been properly used and

in part because one has to look at patients as individuals, with individual histories, in order to understand their illnesses. Cultural factors—dysfunctional families, low income, and lack of support structure or access to mental health services—also affect outcomes. Byron has essentially no family support. In the past, when he's been locked up, he has been released with only a week's notice. Without the resources that more privileged patients have at their disposal, he has repeatedly ended up on the street.

Of course, it's not only men who suffer the effects of racial inequality. Amal Elanouari, a social work graduate student at UC Berkeley, works with African-American women outpatients and their children at an Oakland clinic. Her patients, unlike the intakes at SF General, come of their own volition, when the pressures of single motherhood, unemployment, and abusive relationships become overwhelming.

Like Eaves, Elanouari thinks that the diagnostic material fails to serve her patients, many of whom have histories of abuse and neglect. For example, to reach a diagnosis of major depression, a doctor must see evidence of severely decreased activity for a period of two weeks. The women who come to Elanouari's clinic can't slow down for that long, no matter how terrible they feel. They don't tend to look inward for the source of their emotional trouble, Elanouari said, because they just can't afford to. As a result, they are less likely to match the criteria established for depression and anxiety disorders. And because no cultural model exists in the diagnostic material, these women often don't get the care they need.

For patients like Byron, the situation is no less drastic, but is more visible. They are picked up sleeping on sidewalks, huddling in the stairways of single-room occupancy hotels, and wandering into traffic. They are brought in after arrests, suicide attempts, acts of violence, or displays of aggression. They come to the psychiatric wards with diagnoses of bipolar disorder, schizophrenia, major depression, substance abuse, and combinations of these. On any given day, a dozen or more will be waiting for a bed.

If, like Byron, they're labeled 5150—defined as a danger to self, a danger to others, or gravely disabled—they're in for a minimum of 72 hours, more often 10 days. Sometimes they stay much longer, but more often they are released, only to return, unless, like Byron, they find an outpatient program that works.

Mily Trabing, who directs SF General's Psychiatric Social Work (PSW), agrees with Eaves and Elanouari that there's a need to take cultural factors into account. And in fact, for nearly 20 years, SF General's psychiatric wards have been divided into five groups. Four are cultural focus units; the fifth is for patients in police custody. There's no guarantee that patients will be put in the appropriate unit—Latinos in the Latino unit, for example. The 97 beds are full at all times, so patients end up where there's room. But the women's unit is staffed entirely by women, at the moment, and all of the

doctors in the African-American unit are black.

People from different backgrounds need different types of treatment, Trabing says. Asians generally don't need as much medication as other racial or ethnic groups—in part because of their physical size and in part because their bodies metabolize drugs differently. "If you didn't know that, you could easily overmedicate," said Trabing.

The Asian/Asian-American unit was the first cultural focus unit at SF General. Established in 1980, it was also the first inpatient psychiatric program of its kind in the country, and it became the model for other minority-focus programs. In the ward today, the staff speaks 14 different languages. The role of language is critical. Unlike, say, orthopedics, the treatment of mental illness depends on the ability to communicate what a patient is feeling

There are other touches: A Chinese newspaper is delivered. Rice is served. "That may not seem like a huge deal," Trabing said. "But if you're Asian, and you have to go to the hospital against your will, and you can't read the paper and you have to eat peanut butter and jelly—it's going to make you far more anxious."

In PSW, social workers working with inpatient populations are part of a multidisciplinary team that includes psychiatrists, occupational therapists, psychologists, and nurses. Case managers work with community providers to meet the needs of patients like Byron after they leave the hospital.

As we sit in the café, I ask Byron about the special focus units, and he tells me how—at the time—he was opposed to being there. Now, with the help of Eaves and the other social workers at the Alternatives Program, Byron receives regular SSI payments and has a place to live in the Tenderloin. He lives in fear that the payments will stop and he won't be able to afford his room or his medication. But at least he knows that this time, he has allies.

"My plan is to stay out of the system, out of the hospital—that's the main thing," Byron said, cradling his cup of coffee. "If they had more programs like this one, it would be easier for most of the people who have it pretty bad out here."

[ Arwen Curry is a student at the UC Berkeley Graduate School of Journalism. ]



{ Photo: Adam Wier }

J

*The life of our city is rich in poetic and marvelous subjects.  
We are enveloped and steeped as though in an atmosphere of the marvelous;  
but we do not notice it .*

{ Charles Baudelaire 1821-1867, French Poet }



{ Photo: Eve Ekman }

# Clashing Ethics: LAWYERS

{ Words: Allison Reid-Cunningham/Bethany Cagen/Victoria Fleming }

When we learned that a client planned to attack her son at his ballet recital, we knew we had to report the threat to the police. But our bosses wouldn't let us.

In the fall of 2004, we were three social work graduate students eager to put our clinical skills to use in an internship at the San Francisco Public Defender's Office. Little did we know that we were about to become embroiled in an ethics controversy between the fields of social work and law that would bring our internships to a sudden and unresolved end.

Our supervisor, the lone social worker in the Public Defender's

## What to do when your client says, "I'm going to harm my son."

Office, was hired to create the Children of Incarcerated Parents (CIP) program to help children maintain relationships with parents in prison. We visited clients in jails and advocated for them in court. As part of our training, we had weekly meetings with our supervisor in which she presented cases for group discussion.

At one of these meetings she told us about a woman who, like many of our clients, had a painful history of mental illness. This case was different because the woman had expressed a concrete plan to harm her son on her release date, which happened to coincide with the boy's ballet recital. She had assaulted him in the past, and a restraining order was in place for his protection. The mother was serving the last three weeks of her sentence in a San Francisco county jail after repeatedly violating the restraining order.

We agreed that the threat was credible, and our supervisor

informed her boss that she would report the threat to the police in order to protect the child. The information passed upward through the chain of command to Deputy Public Defender Teresa Caffese and Public Defender Jeff Adachi.

We were shocked when the public defender refused to allow us to report this threat to a child's life.

Social workers are "mandated reporters," which means we are required to report any abuse or potential harm of a child. Reporting harm of a child not only is mandated by our professional code of ethics, but also is enforced by law. Although social workers value confidentiality, when a person clearly intends to harm a child, the duty to report the threat trumps all other responsibilities.

Based on protection of the attorney-client privilege, the public defender refused to allow the report to be made. There is no doubt that confidentiality is crucial to the lawyer-client relationship – it enables lawyers to obtain accurate information and successfully represent their clients. Legal codes and codes of ethics state that a lawyer will not disclose information gathered in the course of an attorney-client relationship. But there is one caveat to attorney-client privilege: Lawyers may choose to disclose information if a person's life or bodily integrity is in danger. California law states that "there is no privilege" if a client reveals information to his or her lawyer that is "likely to result in death" or "substantial bodily harm."

Our supervisor suggested that the lawyers exercise their right to report an "identifiable victim in danger." We reminded them the woman had already posed a significant risk to her son. The Public

# AND SOCIAL WORKERS COLLIDE

Defender's Office understood the child was in jeopardy and even sympathized with us. But they were steadfast, and nothing we said swayed them.

Regardless of how the lawyers interpreted the law, we knew that as social workers we were required to report the threat. The Child Abuse and Neglect Reporting Act specifically states that a report must be made even if supervisors protest.

We thought our supervisor would make the report, but no action was taken during the holidays. When we returned from winter break, we found the danger had passed: The day before the client's scheduled release, she brawled with another inmate and her sentence was extended. The ballet recital passed without incident, and everyone at the Public Defender's Office breathed a collective sigh of relief.

The lawyers seemed to think the problem was solved. But we believed that the underlying problems needed to be solved in order for us to continue to work together, and we were determined to accomplish this. We suggested informing clients of the lawyers in the Public Defender's Office that their lawyers would maintain attorney-client privilege but that social workers have a duty to report. Clients could then give informed consent for social work services and disclose information as they see fit. The Public Defender's Office rejected this suggestion and would not allow us to inform clients of our role as mandated reporters, nor would they allow us to make reports. Meeting after meeting resulted in no progress.

The University of California at Berkeley School of Social Welfare encouraged us to leave the Public Defender's Office 10 weeks early. Two of us chose to stop the internship, not only because we were being placed in ethical jeopardy, but because our educational goals were not being met.

One of us chose to stay. I, Allison Reid-Cunningham, was working with clients who had no access to children and no history of violence. Also, I had a little secret. Earlier in the year (according to good social work practices),

I had explained my responsibilities as a mandated reporter to my clients, who had understood and agreed.

After the other interns left, I continued for six weeks. When I returned from spring break, I was informed by one of the lawyers that the CIP program had been disbanded. My social work supervisor was given two weeks' notice; the following day was to be her last. I packed my things and called the others to tell them the program had ended.

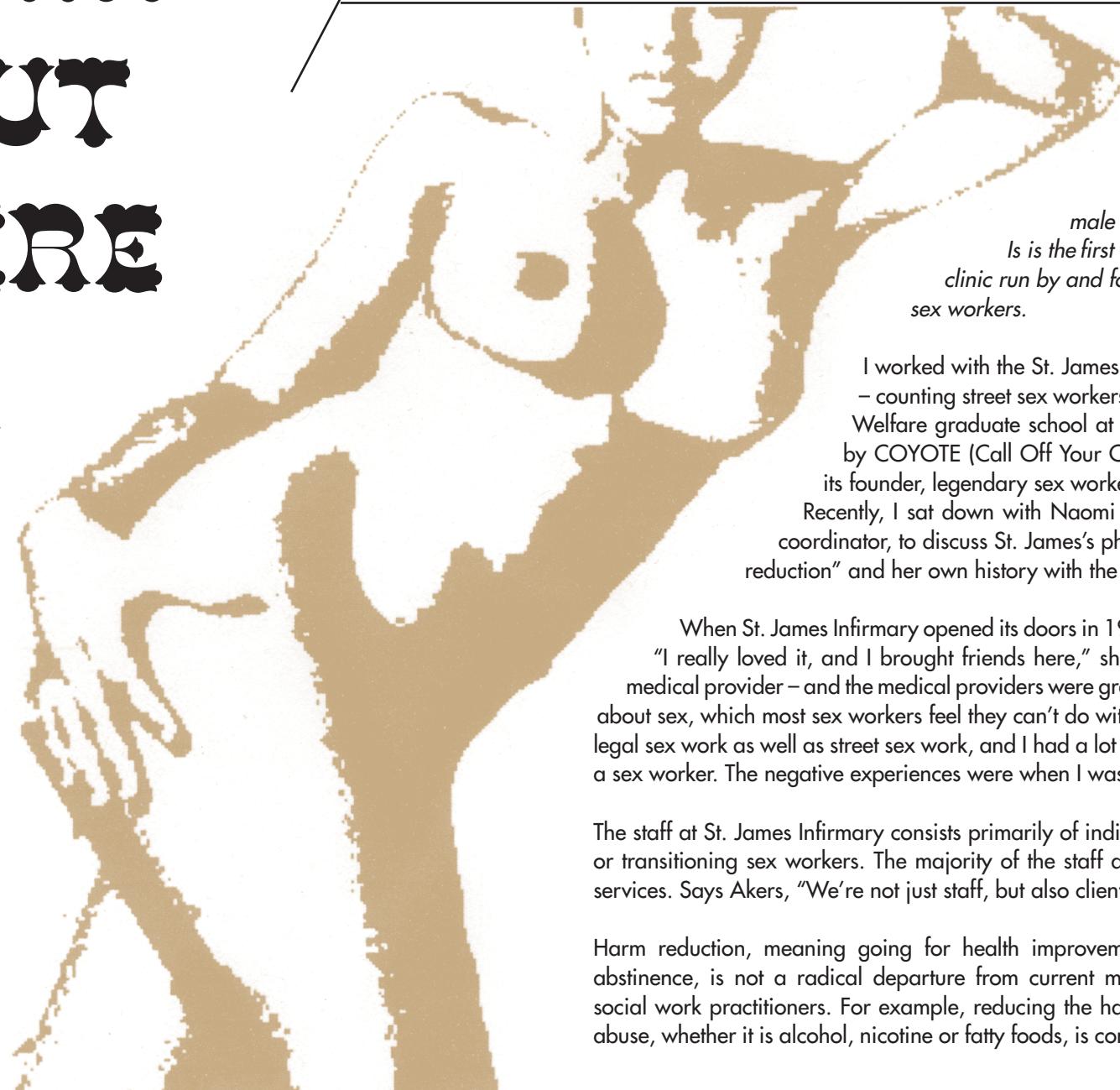
We were angry and astonished that intelligent and service-oriented social workers and lawyers could not manage to compromise and work together. One year later, feelings of frustration still linger. Successful collaborations between social workers and lawyers do exist: Ours was not an isolated experiment that happened to fail. Collaborating professionals must educate themselves about each other's goals and legal obligations and learn how to work together for the betterment of the clients.



# IT'S HARD OUT THERE FOR A HO

{ Jamie Ott }

{ Illustration: Eve Ekman }



A

conversation with Naomi Akers,  
Outreach Coordinator for St. James Infirmary

St. James Infirmary offers free, confidential, nonjudgmental medical and social services for female, transgendered and male sex workers in San Francisco. It is the first occupational safety and health clinic run by and for sex workers.

I worked with the St. James Infirmary on a research project – counting street sex workers – during my first year in Social Welfare graduate school at Berkeley. The clinic was started by COYOTE (Call Off Your Old Tired Ethics) and named for its founder, legendary sex worker and activist Margo St. James. Recently, I sat down with Naomi Akers, the infirmary's outreach coordinator, to discuss St. James's philosophy and practice of "harm reduction" and her own history with the clinic.

When St. James Infirmary opened its doors in 1999, Akers went for the services. "I really loved it, and I brought friends here," she says. "It was great to have a medical provider – and the medical providers were great. I could talk about everything about sex, which most sex workers feel they can't do with their doctors. I had worked in legal sex work as well as street sex work, and I had a lot of really positive experiences as a sex worker. The negative experiences were when I was subject to criminalization."

The staff at St. James Infirmary consists primarily of individuals who are current, former or transitioning sex workers. The majority of the staff are also recipients of the clinic's services. Says Akers, "We're not just staff, but also clients."

Harm reduction, meaning going for health improvement, not necessarily "cure" or abstinence, is not a radical departure from current models of care for medical and social work practitioners. For example, reducing the harm from any kind of substance abuse, whether it is alcohol, nicotine or fatty foods, is considered a good goal. However,

controversy begins where legality ends, that is, for use of illegal drugs and for sex work.

### **"Many sex workers avoid hospitals fearing condescension by doctors and legal repercussions"**

"You have to start with what the goal of the client is," Akers states, adding that many of the harms associated with sex work are the result of culturally constructed ideas of sex as evil. She interprets harm reduction using religious analogies, such as "The jewel is in the heart of the lotus" and "You will find God within yourself." In other words, "We as individuals have the inner knowledge to heal ourselves, through our own process."

#### **ST JAMES INFIRMARY DEMOGRAPHIC STUDY 2001**

Gender 62% female, 25% male, 11% MTF TG, 2% FTM TG

Age Median 31 years (range 17-76)

Education 62% some college or more  
28% some high school or degree  
10% grade school

Overall illegal drug use 59%

Reaching clients Outreach 29%

53% past/current Occupational Violence

Disclosure to provider 60% never, 25% sometimes, 15% always

Reasons for not disclosing 36% afraid of disapproval,

54% didn't think relevant, 10% both reasons  
63% arrested for solicitation

Male clients had on average 109 non-intimate partners per year

Female clients had 80 non-intimate partners

Transgender had 60 non-intimate partners

Non-intimate partner  
29% no condom  
67% condom

Deborah Cohan, MD, Charles Cloniger, FNP, Johanna Breyer,  
MSW, Cynthia Cobaugh, Jeff Klausner, MD, MPH, UCSF Department  
of Obstetrics & Gynecology, San Francisco Department of Public Health,  
St. James Infirmary

"I am an addict in recovery and an artist. I wrote this poem the first time I was in rehab. I had been out of the pen for a year. At that point in my life I could not have any contact with my mom because she was still a heroin addict and I was trying hard to stay clean. I missed her. A couple years later I was walking around the city taking photographs, mostly of buildings, for a painting, and I happened upon this couple. Seeing them was like seeing an apparition- like a ghost of my own family. My mother is Hispanic and my father was black. My dad was killed, when I was a kid, during a robbery. When I first saw this couple I just saw him holding her, crying, and I took this first photograph without them knowing. Then I got this feeling that I had to take a shot of them together. I told them I would give them some money to take their portrait. This is the photo I put with the poem. The portrait, to me, shows the power of the camera. The image brought back their humanity for that moment; they were more than just dope fiends. But really, I love dope fiends, I understand their pain more than most things, more than math and arithmetic and politics. I understand the pain of the pain of a dope fiend. Art is a way of confronting my own past and I do not try to make pretty artwork. I take things that have an inner conflict and try to make sense of them."

Sham



On the way from my mommas house

My momma lived on the corner of east 17th and 10th.

Thats fukrtown you know?

On the way from my mommas house I saw my main man  
and he said. Whats wrong Sham?

I'm on the way from my mommas house and I miss her already

On the way from my mommas house you will see little kids  
playing topscotch, doubledutch, and tag

On the way from my mommas house you may see  
the slight of hand from dealer to dope friend

On the way from my mommas house you will see  
teenaged mothers bearing children from fathers  
not even men yet

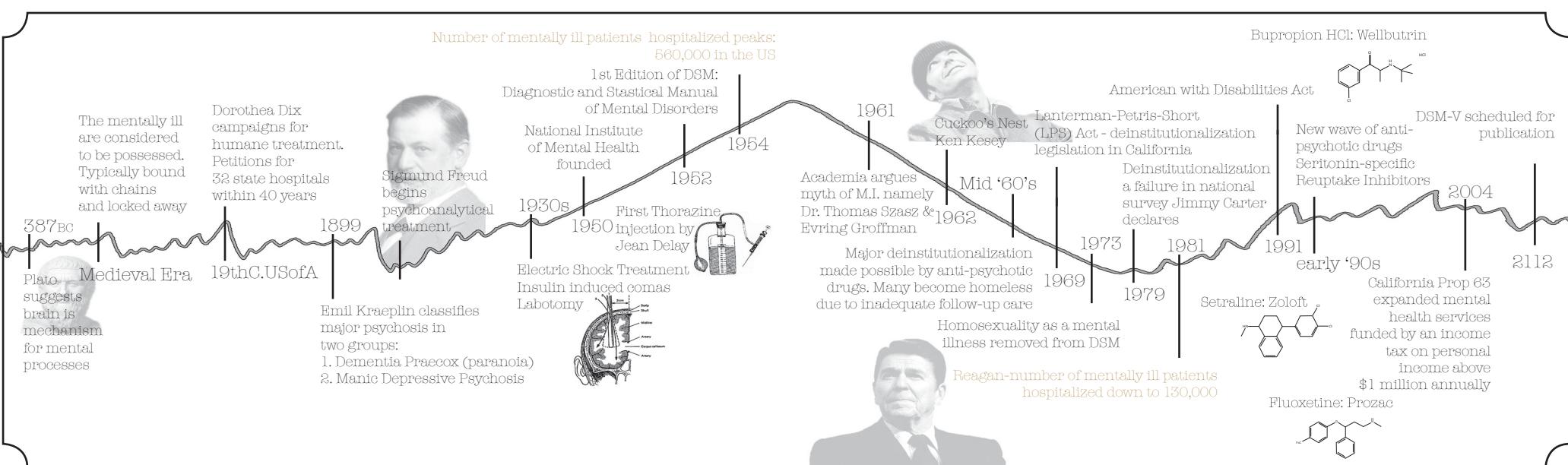
On the way from my mommas house if you see my momma  
buying top please tell me she said  
she stopped.



sham

# BEYOND THE CUCKOO'S NEST

## Illustrated Timeline of Mental Health Treatment



{ Brian Caraway }

Harold E. Shabo Supervising Judge,  
Mental Health Departments  
Superior Court of California, Los Angeles County  
November 3, 2001

"I have witnessed the phenomenon which I call the "criminalization" of persons with mental illness. Although the causes for this tragic occurrence are many and complex, we, as citizens and policy leaders, have the responsibility to understand..... the tragic consequences of criminalization. We have the duty to make right a situation which no civilized society ought allow to occur.

National studies over the last decade clearly establish that at least 15% of the local jail population nationally and 10% of our state prison populations comprise persons who are severely mentally ill. With a prison population of approximately 160,000 people, California's prisons have the dubious distinction of housing more than 21,000 inmates who suffer from severe and persistent mental illness.

The sad truth is that our prisons have replaced the mental institutions closed as a result of de-institutionalization in the late 1960s and 1970s."

The total population of the California Department of Corrections and Rehabilitation (CDCR) reached 301,181 on January 1, 2005.

Recidivism Rates for Felons Released on Parole from Prison for the First Time in 2002:

Number Paroled in 2002: 52,185

Returned to Prison Within:

One Year: 21,072

Percent of total paroled: 40.38%

Two Years: 27,569

Percent of total paroled: 52.83%

Recidivism Rates for Youths Released on Parole from Prison for the First Time in 2003:

Total Number: 54,877

Returned to Prison Within:

One year: 20,936 percent: 38.15%

Two years: 28,034 percent: 51.09%

In the 12 most populous counties in California (comprising 75% of the state's population) in 2000:

Black youth were 9% of the youth population, 43% of arrests and 35% of the California Youth Authority (CYA) population.

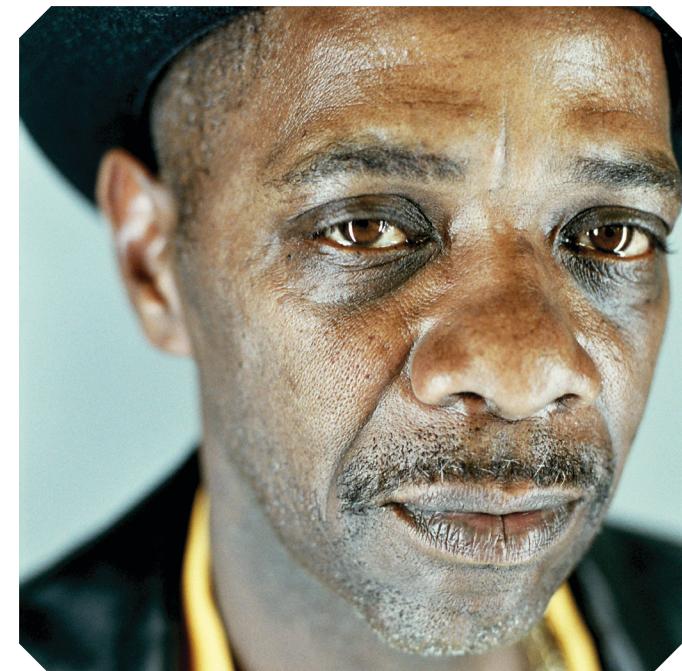
Hispanic youth were 43% of the youth population, 19% of youth arrests and 45% of the CYA population.

White youth were 35% of the youth population, 25% of youth arrests, and 15% of the CYA population.

Other youth of color were 13% of the youth population, 13% of youth arrests, and 5% of the CYA population.

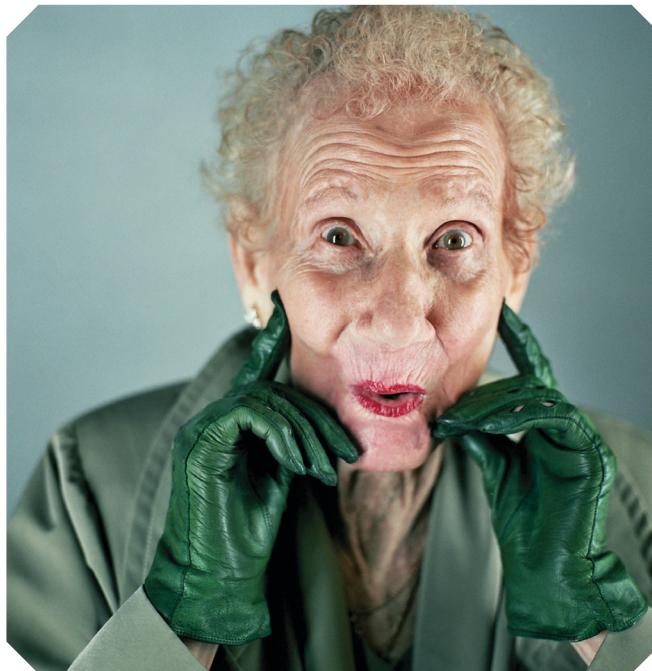
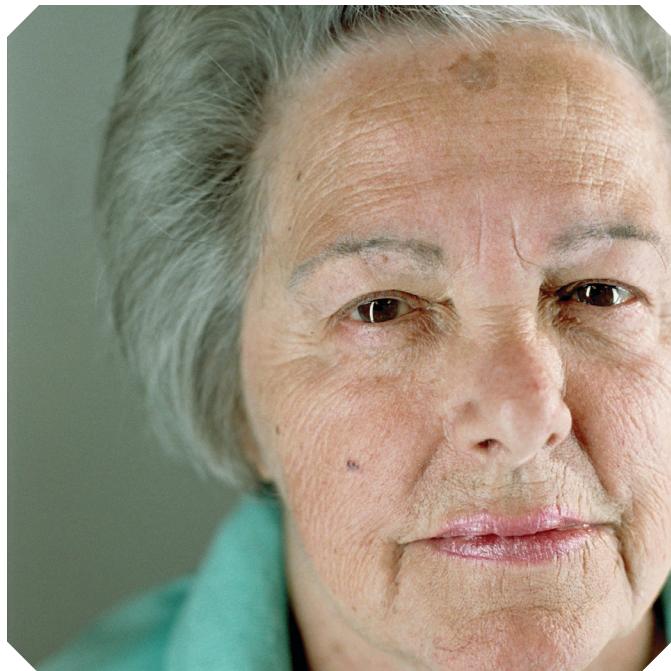


{ Illustration: Monica Canilao }



PHOTOS BY:

 Norma Cordova 



{ Photographed at Cesar Chavez Street Bingo / November 2 & 4, 2005 }

# HARM REDUCTION MAKES "THE LIFE" EASIER

{ Words: Eve Ekman }

Mary Howe is my hero. Seriously. A petite 5 feet, 2 inches, she is often seen in a black-hooded sweatshirt and jean jacket, jangling an impressive set of keys. There's almost always a half-sarcastic smile present; she's ready to bite with her dry, dirty wit, what doctors I've met in the emergency room call gallows humor – laughing instead of crying. As do all genuine heroes, she has bales and bales of courage. She is, and has been for the past six years, the director of the San Francisco Needle Exchange (SFNE) and youth drop-in center in the Haight. Even among frontliners in community clinics, her work – exchanging young runaways' used dirty needles for clean needles – earns serious stripes. Howe's program exists with only a temporary legal status: Frank Jordan in 1993 and all mayors since have renewed the program's "public health state of emergency status," allowing it to keep going.

I met Howe while paying my own dues in the field as an outreach worker for the Women's Community Clinic. Three nights a week I would traverse dark narrow hallways in cramped single-residence occupancy units (SROs), knocking on doors to offer free supplies for safer sex and drug use. In these rooms I would find women in various stages of undress, beckoning me in to share their loquacious high as they combed through the prized makeup I gave away or, limp and despondent on the bed, asking me to leave the supplies by the door.

Every Thursday night I would join other employees from a number of local service agencies who get together for Ladies Night at the Mission Neighborhood Resource Center on Capp Street. This is a wonderful wild card of an evening where anywhere from 12 to 50 women come in from the streets and SROs, in various states of inebriation or withdrawal. The goals, usually achieved with hot food and slow jam music, are to provide clients and workers alike with a moment of relaxation and to enable visitors to get acquainted with community resources.

Howe always provided a needle exchange area, set up on a folding table covered with cardboard boxes full of different-sized needles for injecting drugs in various places. In front of the table she would put a large red biohazard container for the women to drop in used needles, rubber-banded into bunches or wadded thickly in plastic grocery bags. At these gatherings, Howe was also the all-around "handle the serious and often bloody, swollen, frantic or oozing issues" person, performing triage in the bathroom.

Because hypodermic needles are difficult to purchase, can be expensive, and obviously can indicate a drug user to a pharmacist or law enforcement, they are frequently reused and shared among addicts. With each reuse, the tip becomes duller and more prone to creating the irritations that often become serious abscesses. And, far worse, sharing can spread the HIV and hepatitis C viruses.

Howe's regular clients at the SFNE and youth drop-in center, which operate under the umbrella of Haight Ashbury Free Clinic, are drawn from street kids who still travel to San Francisco from all across the country. These runaways seemingly follow the vestiges of flower power to the Haight, but today's postmodern dropouts no longer dream of a utopia of love and peace. Instead they wear the signifiers of some violent, vigilante Mad Max dystopia, with layers of fraying punk-band patches on black leather vests worked with metal studs, combat boots, face piercings and multiple tattoos.

Howe does not try to reform these youth, nor does she encourage them to go back to the abusive parents they were so often fleeing from. The needle exchange is quintessential "harm reduction," and that means providing nonjudgmental care. Public health studies done at UCSF have corroborated that many users do not want to stop using and that requiring abstinence prevents social workers and medical caregivers from providing basic health services to drug users, services that can stop the spread of disease and save lives. However, helping drug abusers can be misinterpreted as promoting drug use, so the whiff of a juicy media diversion is always in the air.

"I don't talk to reporters," Howe stated flatly when we discussed the effect of media attention on her program. "They always have their own agendas and manage to confuse issues. The Chronicle got hold of a pamphlet we produced to teach safer smoking for crack users to prevent the spread of hepatitis C. We almost lost our lease and our whole program on that one. They did not even look for the real story. The Chronicle is notorious for that." Even though Howe agreed that public awareness of the existence and whereabouts of needle exchanges is a crucial element in her work, she stated, "No news is better than that kind of coverage." [Ed. note: Our research shows the Chronicle's coverage of the needle exchange issue has been mixed.]

For now, SFNE will try to fly under the media's radar, primarily counting on word of mouth in the street, along with some outreach efforts, like Ladies Night and occasional forays into SROs, to get the word out.

{ Photos: Dave Potes }



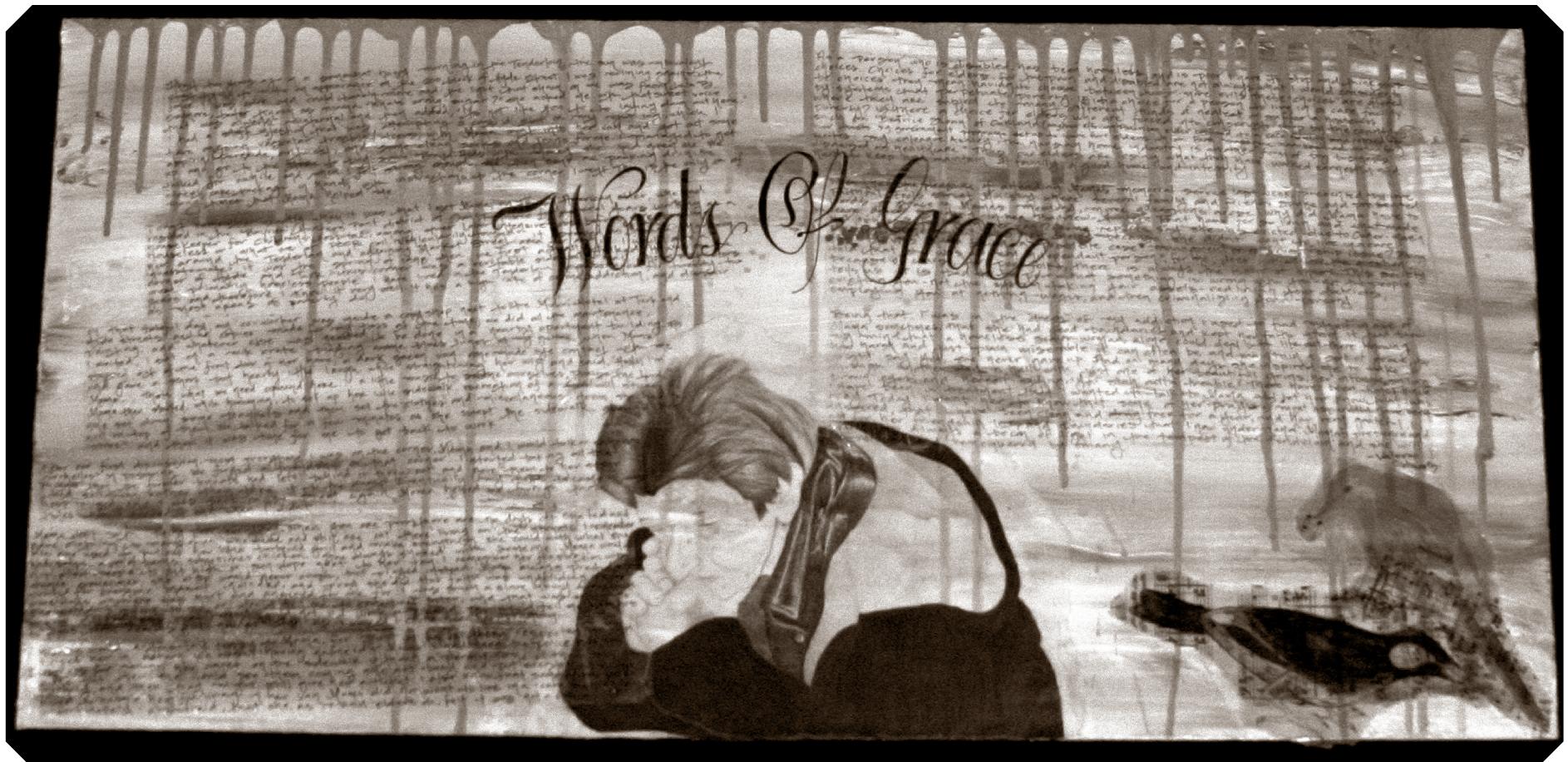
*There is only one way left to escape the alienation of present day society: to retreat ahead of it.*

{ Roland Barthes 1915-1980, French Semiologist }

# LIVIN' THE LIFE

*self-portrait of an addict*

{ Valerie Schwartz }



{ Painting: Portrait of Valerie Schwartz by Mary Howe }

I am a person who has made some poor decisions in my life. However, I have learned from how I have survived and recovered. I started using heroin when I was 13 years old – my first hit was the most incredible feeling I had ever had. I wasn't nervous or angry or sad any more. I was totally at peace, which is something I had never felt in my home. In later years, I could still sometimes feel that peace, but mostly it was just maintaining the habit, self-medinating emotionally or physically from how the life on the street wears your body down.

I am 52 now, and the longest time that I have ever been clean in the last four decades was from October 2000 until November 2003. I was locked up in county jail – thank God it wasn't state prison again – for selling dope. It was not that I couldn't cop [get drugs] while I was in. Hell, many women I know started drugs in prison and got AIDS there too. I stopped using because I found my voice. I realized that I can write and that I wanted to help other people. Teachers from the Medea project \* got me to write my own narrative. That's how I found myself. When I got out of county, a social worker helped me get housing at a residential treatment site, and I even had a job working as a peer counselor for the city. I eventually moved into an apartment. I was living the straight life then, but I still felt different from others in the straight life. I had clean clothes, took care of myself, even got some teeth to replace the

### **"Being on the streets, working some straight job – each has its own set of delusions, pain and loneliness."**

ones that had rotted out. But the "normal" people I had set out to be like had no room for me; they were caught up in their own lives and problems. They could not relate to me, and there were always the judgments and attitudes they displayed knowing I had been an addict. I felt it.

Then, in one month, I lost both my apartment and my job. My roommate, who had the lease, brought her sister in to take my room, and the city budget cuts forced me out of work. I could have gone back to the residential house, but the plain truth is that I did not want to. Being on the streets, working some straight job – each has its own set of delusions, pain and loneliness. I reverted back to my old set. Change is the most frightening thing for an addict. When you do not know where you are going, you will snuggle back into your rut.

The day before I wound up in the hospital at the beginning of this year, I had spent half of the evening lying on the sidewalk vomiting, feeling as though I

was burning up, then shivering and eventually having a couple of seizures. Both of my legs were red and swelling, and I had abscesses starting. The pain was off the Richter. I went to the homeless resource center to try to get my mind off the agony with a shower. I became totally overwhelmed and could not find the strength to stand. The staff called the ambulance. I had never been so aware of being so close to death. Society won't let you bleed to death on the street, but afterward, just when you need some compassion, you can suffer badly from the cold indifference of prejudice.

This addiction is an illness, but it is not dealt with in these terms. Most of the time when you are in the hospital, you are treated like a dope fiend, a scourge to society, throughout your stay. When you are struggling to recuperate, it is very important to be shown some compassion by the medical staff, even if they have a ton of paperwork and bureaucratic red tape. Staying compassionate and objective is not as hard as it might seem.

I was discharged to the respite floor of a Tenderloin shelter three weeks ago. I am on maintenance methadone and want to stay off the streets, but the life is waiting just outside. Dope fiends cop on the doorstep of the shelter and, I suspect, inside too. But at least here I have a place to bathe and sleep. When you are on the street, you can pick up staph, parasites or other bacteria. Not being able to take care of yourself takes a toll on your self-esteem, and I know in the past I would just give up.

This shelter respite has a computer, and I got a new email address. I am determined to write again. Even telling my story now feels like the next step.

\*The Medea Project, founded in 1989 by Rhodessa Jones, offers classes to incarcerated women.

# HOW MANY ROADS MUST A SOCIAL WORKER WALK DOWN



*Two Professors on the  
Maddening but Soul-Satisfying Work*

For this issue, ETHSIX Editors Eve Ekman and Sachi Fujimori interviewed Dina Redman, assistant professor in the School of Social Work at San Francisco State University, and Bart Grossman, adjunct professor and director of field education in the School of Social Welfare at UC Berkeley.

*ETHSIX: What is the state of the profession of social welfare today?*

Grossman: There have been positive images in the media as of late. Before that, into the 1980s, most of the images in the media really were of social workers as child-stealers, or some other dingbat image. Some of the negative has evaporated, but there is a cost associated with that: you are accepted because you have become mainstream. When you become mainstream, you become more focused on social control roles.

Redman: It's interesting what Bart is posing: What happens when social work moves into the mainstream? For social workers, there has always been a tension between helping people adapt to existing conditions and pushing for change, as an advocate.

Grossman: The government doesn't generally pay people to change the government.

The government supports social work because social workers deal with problems. They manage populations that are difficult and frightening. They control the behavior that the public disapproves of—and that's basically why social workers get paid.

Redman: There has been an erosion of the sense that people should be entitled to benefits by virtue of being citizens. I think we're at an interesting historical crossroads in terms of what that looks like.

Grossman: Social welfare is in turmoil, but I think it always has been. The United States doesn't have an inclusive system of social welfare. We have a variety of systems funded in a variety of ways. A lot of what social workers do is try to create a social welfare system client by client, marrying all these funding streams and services.

Compared to when you started your careers, is the system worse now in 2006?

Grossman: My career started at the end of the War on Poverty [the late 1960s], and it has been downhill ever since. We suffer as a society from our lack of long-range plans about the big social issues—homelessness, child abuse, drug addiction. As a country we lurch from one social strategy to another. Meanwhile, social workers try

to implement policies that are shifting underneath their feet. It's very distracting.

Redman: It's true that during the late '60s there was a greater sense of abundance and promise. Now there's a sort of hoarding mentality, digging our trenches and defending ourselves against the rest of the world—and that includes parts of our own citizenry. My opinion is that fear of the "other" is being exploited and permeates the realm of social welfare. We're going back to a morality framework: "People need to pull themselves up by their bootstraps."

Grossman: Although, interestingly, there were two views in social work in the '60s. There was a positive view of mass social change and the creation of services that would support people. But there was also an attack on direct service. The first people who criticized welfare dependency were really the people of the civil rights movement. At some point the right wing said, "This is a good argument." The critique was a double-edged sword, and I think it always will be.

Some of our stories in *Ethsix* touch on how burnout leaves social workers feeling as though they are unable to make change.

Grossman: Research states pretty clearly that people burn out when they feel that they can't make a difference. My expectation, when I went to visit the department of social services the first time, was to find a bunch of burnt-out people who were just going through the motions. There were people like that, but there were also people who held on and fought for every client. That second group really felt they were making a difference, and they were.

Redman: I think that sense of a larger purpose can be there even if one does not see immediate results. You look for the small daily successes, for the moments of

## **"We control behavior that the public disapproves of, and that's basically why social workers get paid."**

hope. One of the things that has been a real sign of hope to me and Bart has been a change in the mental services paradigm. Instead of looking so much for what is wrong with people—their pathology, the ways they don't fit the norm—it now is really looking at their gifts, at what people have to offer, at how to have people engage in community and use their strengths. All the things we social workers have been going on and on about for a long time—it's starting to be codified in a system.

What are the differences between San Francisco State and UC Berkeley?

Grossman: We have two frames of reference in social work education, the professional and the academic, and here, at Berkeley, the academic side has

always tried to demonstrate that social work is a valid discipline. I think students come out knowing a lot about what to do and maybe why to do it. But they don't know how to do it.

Redman: We haven't had the strong focus on research. We do have a strong consciousness of multiculturalism and the diverse community of the Bay Area.

### *Where can social workers do a better job?*

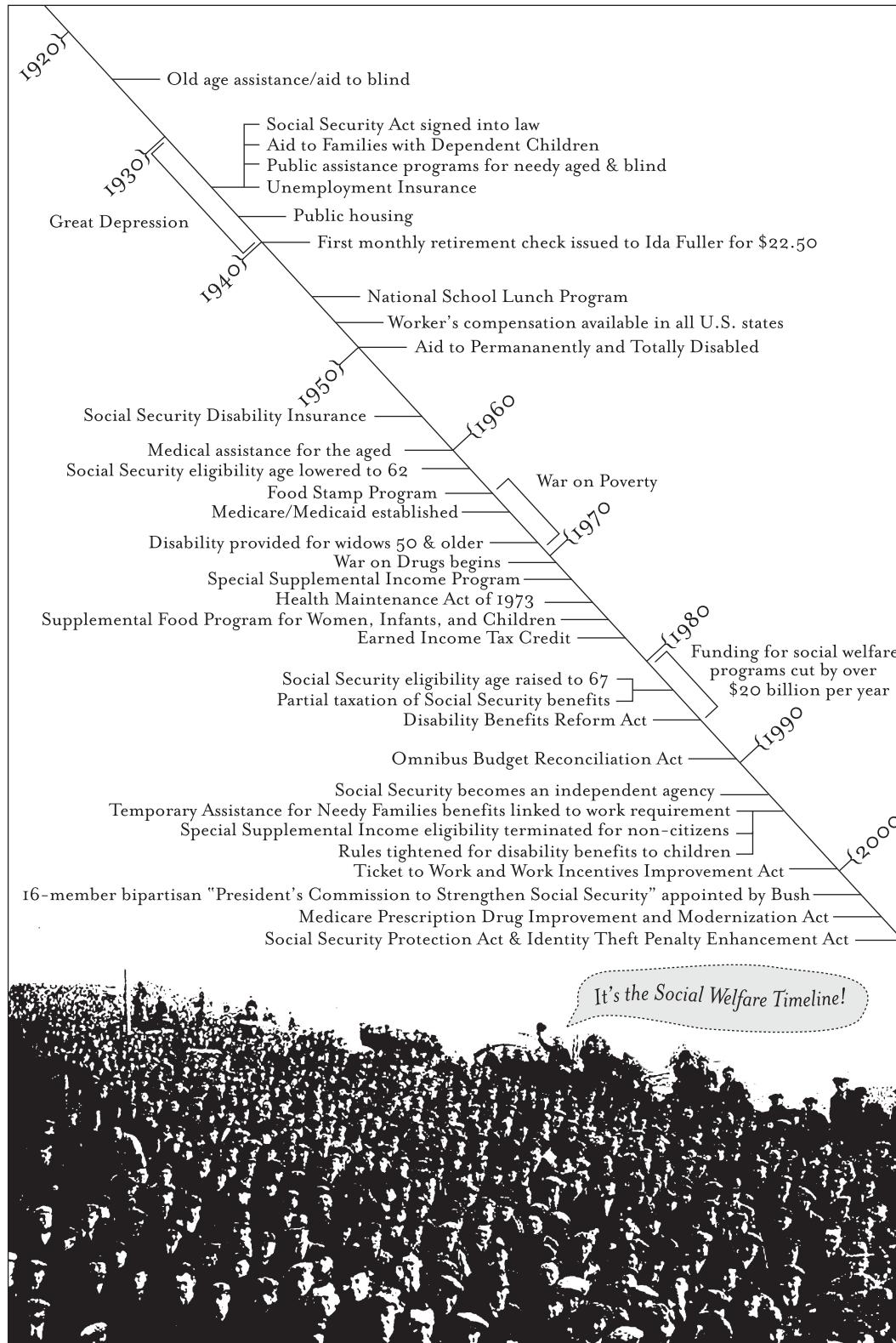
Grossman: Social work has been suspicious of some potential alliances. In welfare reform, for example, I thought organized social workers did a piss-poor job of responding to the system they've been criticizing for years. After social workers griped and pleaded that the welfare system really was not capable of serving those in need, the government finally focused on it and tried to open up to make change. The response from organized social workers was "You can't touch that." Well, there was a moment there when you could have said, "You know, you're right; this system isn't quite working. Let's change it or start over." But we basically took ourselves out of the discussion.

*What is it about social workers that they could not meet the government at the negotiating table?*

Grossman: Sometimes we have sort of a holier-than-thou attitude.

There have been a number of harsh depictions of social work by journalists.

Grossman: Journalists are critical of the system, but the face of the system is usually the worker. As a result, what usually happens is someone loses their job or everybody gets retrained. When in fact, the system is structured in such a way that even people who know what they are supposed to be doing can't do it. And on the given day that, hypothetically, a kid died in placement, that social worker had 50 cases instead of the 25 they were supposed to have. I see the media changing a little bit. I see a little bit more of sophistication about why things are the way they are. And it's going to take that to shift the blame to where it needs to be: the people who really have some influence. But I don't think we're entitled to a free pass. I think the criticism has generally been healthy—I wish it would be more sustained.



{ Graph: Shauna Steinbach }



{ Photos: Chris Cobb }

*"We all can do something for peace and justice and do it well. Some have chosen to work from within a system, even the military. I have worked at it from the outside, through resistance by civil disobedience, by agitating."*

{ Father Roy 1938, activist, priest, founder of Western Hemisphere Institute for Security Cooperation, WHINSEC  
to oppose the activities of the School of the Americas. }

# THE GRAPES OF INVISIBILITY:

OUTREACH IN SOUTHERN CALIFORNIA

*Men who can graft the trees and make the seed fertile and big can find no way to let the hungry people eat their produce. And the failure hangs over the State like a great sorrow.*

{ John Steinbeck, The Grapes of Wrath, 1939 }



Remnants of a homeless camp. Many homeless families squat in the forested areas outside of Bakersfield where police or city officials won't bother them. These family photos were left behind.

When I was on assignment as a junior reporter for The Bakersfield Californian, a photographer took me to see some old wooden buildings near the Central Valley town of Arvin. We were exploring the remnants of a camp that the government had built for Depression-era migrant workers. John Steinbeck immortalized the camp – and the poverty he witnessed there – in *The Grapes of Wrath*.

Today poverty is still rampant in the Central Valley: In Kern County, the poverty rate is 21 percent, according to the U.S. Census Bureau, compared with a rate of 14 percent for the rest of the state. But the causes of today's poverty are different.

"California and Kern County literally feed the world," boasts the Kern County Department of Agriculture website. Yet Kern County has one of California's worst food insecurity problems, according to a June 2005 report by the University of California at Los Angeles's Center for Health Policy Research. San Joaquin Valley is often compared with rural Appalachia for its high levels of welfare dependency and unemployment. But the region receives fewer federal dollars per capita than the national or state average, according to a study by the Congressional Research Service.

This is where Carolyn Wade-Southard, 55, works.

{ Words: Vanessa Gregory }

The fourth-generation Kern County native and unit supervisor at the county mental health department leads a team of social workers who reach out to the county's mentally ill homeless. Her team works in desert communities like Mojave, in the east, and farm towns near Bakersfield, in the 8,171 square mile county. The approach is fairly new; prior to 1998, the mental health department never served the indigent, Wade-Southard says. She now has federal funding for 11 outreach workers, but she is usually short-staffed. She is almost always in the field herself.

I met her in summer 2005, and she told me stories that would make Steinbeck's pen twitch. About an elderly, wheelchair-bound man with an oxygen tank left to care for an infant in the mountainous Kern River Valley. About a young, well-educated woman in the grip of schizophrenia found at a highway off-ramp, her unbuttoned shirt exposing her breasts and a pile of rotting grapes –her food – at her feet.

These stories, I thought, need to be publicized. I wanted to drive around with Wade-Southard and write about her work. But first, I had to convince a senior editor that The Bakersfield Californian readers might actually care about the issue. "I'm sympathetic," the editor told me, "but our readers are very conservative." I compromised by agreeing to focus on homeless veterans, a group the editor thought readers might empathize with. Then Wade-Southard and I reached an impasse. I could come along on her field work, but she would allow no photos and no names in the paper – not of her clients and not of her outreach workers.

I knew the story was dead. Photos draw in readers. And I needed real people – pseudonyms and anonymous sources are a hard sell in a journalistic world worried about reader trust.

But here, for Ethsix, I get a second chance to tell the story. And the story includes photos because after the interview, Wade-Southard agreed to allow Nicole Hill, UC Berkely Journalism student, to photograph her clients.

*Vanessa Gregory: How do you find people that need help?*

Carolyn Wade-Southard: We're so well-known in certain places that when we approach encampments or parks or the shelters, we're surrounded by people begging for help. Our problem is that we can't get to all the calls.

*But some people must be hard to approach?*

We hand them a cigarette or hand them some food. Eventually our faces look familiar to them. Then maybe, if it's cold or something, they'll take a blanket, and eventually we can get a conversation going. We never come with the big net, and we're not threatening. So if they're sick or if, you know, they've got a big abscess on their leg or on their face, we'll ask them, "Don't you want to go in [for treatment]?" They'll accept those services from us and go in. A lot of these people also have a mental illness or an addiction or both. And when they say they want a mental health assessment, we'll stick with them.

*Tell me about the homeless census you just completed.*

The first census took place in 2003. Countywide, we came up with 1,500 to 1,600 people who were homeless or living in an emergency shelter. This year we only did Bakersfield. As of January 2006, we had 324 homeless in Bakersfield alone. A lot of them drift into Bakersfield because we have a couple of shelters here. But our women's and children's shelter is so full that there's a waiting list.

And the federal definition of "homelessness" has shrunk. We're allowed to count only people who are actually sleeping on the streets. So if you have three families packed in a garage with no toilets, they're no longer considered homeless.

There are a lot of people who are living in abandoned homes. So you have opportunities for really nefarious activities, and then, of course, for the really vulnerable people to get devoured.

*Last time we spoke, you mentioned that the chief of police in Taft said his town didn't have any homeless people.*

That's right! So, obviously, he didn't know about all the runaway teenagers who were sleeping in these abandoned houses – pregnant, doing drugs, getting money for sex in some of the parks.

*This summer, when I was a reporter at The Bakersfield Californian, you told me we couldn't take pictures of your clients or use their names or the names of your outreach workers. What were you worried about?*

We're not the story. Why should we get our picture in the paper? If the people we're dealing with want their picture in the paper, then, by God, they can speak for themselves. But I wouldn't want to spring that on them.

If they see the cameras pull up, we're going to lose people who might have spoken to us.

*How can the media ever cover the story?*

They have to go in and build trust. Media people want to distill everything to a sound bite so they can go in and get it to their seven minutes on 20/20. Or [print] journalists have their two columns and a photo.

Social workers become a little nauseous every Thanksgiving and Christmas when the news is busy saying, "Bring your warm blankets down to the Texaco." Because people are hungry year-round.

And policy matters to social workers. Why aren't the policies covered?

*Is there something complicated you want readers to know about?*

The combination of a disabling mental illness and an addiction is the double trouble that makes up a great part of today's homeless. We have failed – nationally, locally, strategically, medically – to address what happens to people after they become addicted. We need to step away from the old-fashioned approaches that implement shame and send people to prison. A lot of people can be helped before it goes that far.



**Homeless people who sleep under this Bakersfield Bridge are not seen by the world above. As in many rural areas, poverty is tucked away under bridges in abandoned buildings and empty fields.**



"Detroit" holds a poem in his hand that he wrote after hitchhiking across the country to attend his father's funeral. He was arrested on the way and was never able to say good bye to his father, he says. He wrote this poem from prison. Outreach workers say his abrasive mannerisms and loud speech, due to an undiagnosed mental illness, make it difficult for him to fit into society. Instead, he lives on the outskirts of town, picking oranges from a nearby orchard and doing odd jobs at the local truck stop. City officials let squatters live on a stretch of highway as long as they are unseen by the public. Consequently, many of the homeless are sleeping partly underground in tunnels, hidden by tumbleweeds.

THE SCREECH AND  
MECHANICAL UPROAR OF THE



PHOTO:

—  —

BIG CITY TURNS THE CITIFIED HEAD, FILLS CITIFIED EARS ~ AS THE SONG OF BIRDS, WIND IN THE TREES,  
ANIMAL CRIES, OR AS THE VOICES AND SONGS OF HIS LOVED ONES ONCE FILLED HIS HEART.  
HE IS SIDEWALK-HAPPY.



{ Frank Lloyd Wright 1869- 1959, Architect }

# Child Protection: A Day on the Impossible Job

{ Words: Bethany Cagen }

You see a lot of criticism of child protection services in the papers. But protecting neglected, abandoned and abused children from their own parents is an urgent undertaking. At the same time, it is so complex that it is often unclear what to do. For example, should I prevent a drug-addicted mother from seeing her baby or give her another six months to get clean, when in the meantime the infant is bonding with a foster caretaker who wants to adopt? I am a social work student doing my internship at Child Protective Services of Alameda County. I support the work of my supervisor. I am also getting a taste of what a Monday—or any day, for that matter—is like for a full-time social worker. Here is a sample of a day in the life of a social welfare worker who specializes in family reunification and family maintenance.

1. Check voice mail and listen to the 21 messages from the weekend. Prioritize the phone calls and return those that are urgent.

Urgent: A teen with a history of blowing up left an angry message asking for support because he got in trouble at his group home and had privileges taken away. He wants us to "talk to the group home staff because it isn't fair!"

Urgent: An older foster mother left a message, sounding like she's at the end of her rope. She informs us that one of the four foster children in her care, a 9-year-old girl whose parents are in jail, was caught stealing from the corner store over the weekend. The woman declares, "This child is out of control!"

An alcoholic father whose three children we recently removed from his care left an angry message, saying, "Your agency is incompetent. You come into our lives and mess everything up!"

A fellow social worker left a message informing us that the alleged father of a newborn boy who tested drug-positive at birth is in San Quentin Prison.

## One hour at desk

2. Walk down to another site in the building and take a seat on one side of a dark room equipped with one-way mirrors to observe a court-mandated supervised visit between a young mom and her 4-year-old daughter. The role of the social worker here is to ensure that the mother doesn't say or do

anything inappropriate. The interactions between child and parent provide insight into the nature of their relationship.

- |           |  |
|-----------|--|
| Mom:      | "Sweetie, your teeth are beginning to separate."                 |
| Daughter: | "Yeah, they're not a family anymore."                            |
| Mom:      | "What do you mean?"  |
| Daughter: | "Because they're not together anymore, so they're not a family." |
| Mom:      | "Does that mean that we're not a family anymore?"                |
| Daughter: | "No, we're not a family anymore because we're not together."     |
| Mom:      | "That's not true, sweetie. We'll always be a family for you."    |
| Daughter: | "But remember when you said those mean things to us?"            |

## One hour in observation room

3. Meet with a mother who has been using methamphetamines for about two years to discuss her noncompliance with court orders. She doesn't want to enter residential treatment for her drug addiction because, she states, she has stopped using methamphetamines. But she also states that she does not want to stop smoking marijuana. Furthermore, she says, one of the women at the rehab center "was hitting on my husband." She is informed that entering rehab is the best thing she can do to get her child back from foster care.

## 30 minutes in office

4. Call the therapist of a 7-year-old girl, who is the oldest of three siblings, all in foster care. Their mother is in a drug treatment program. The girl is in therapy for attachment issues and parentification (the all-too-common behavior of kids who take on the role and responsibilities of an absent adult before they are emotionally or developmentally ready). Talk to the therapist about the girl's progress. The therapist asks about the mother's progress.

MAY 15, 2006

### 30 minutes on phone

5. Work on final revisions of a 10-page report, "Family Reunification Six-Month Review," that concisely explains to the judge and attorneys why we are recommending that a mother should be offered six more months of reunification services. The report includes collateral endorsements from all other service providers and adults involved in the child's life, such as teachers, doctors, mentors, family members and so on.

### 30 minutes at desk

### 12 p.m.: Eat a very quick sandwich at desk

6. Drive the county car to court to testify at a contested court hearing about our filing for termination of reunification services for a parent of a 12-year-old girl who has been the victim of sexual abuse. Testify that the mother is not able to provide adequate protection from the perpetrator, the mother's boyfriend.

Travel time to and from court: one hour; testimony: 2 minutes

7. A foster mother wishes to take her child on a long weekend out of the county. To support her, a court document, called a 388 Petition, must be written and filed for approval by the juvenile court judge. This entails calling and getting verbal permission from the child's biological mother, the mother's attorney, the biological father's attorney and the child's attorney. The process is not finished until everyone returns calls back, which can take anywhere from two days to two weeks.

### Four phone calls, one form: one hour

8. Attend an IEP (Individualized Educational Plan) at a high school for a teenager. He was placed in a new school along with his placement in a group home. He is doing poorly academically because of skipping school to hang out with friends from his old school. Now he is at risk of not graduating.

### Travel time to and from school: one hour; meeting: 30 minutes

9. Receive a call from a child protective services agency in Florida, where we are trying to have a child placed with a relative. The action requires an ICPC (Interstate Compact on the Placement of Children), which is a very long and complicated form. Consult with a supervisor and an IT tech.

### 45 minutes at desk

10. Round out the day with an unannounced home visit on a family maintenance case. A 5-year-old boy had been placed back in his home after his mother had received services for 12 months. There are suspicions that the mother is using methamphetamines again, so regular unannounced visits are needed in order to be sure the child is safe.

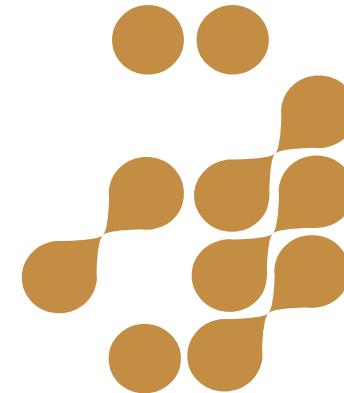
### Travel time to the house: 30 minutes; visit: 30 minutes; drive home: 15 minutes

I have to search hard for words to defend a system that is intrusive yet ultimately inadequate to address the severe and pervasive problems we deal with daily: poverty, drug addiction, domestic violence, mental illness, homelessness and racism. I will continue to work for Child Protective Services after getting my master's degree in social welfare because the funding of my degree depends on my working for the county for two years after graduation. But the required commitment is not the only reason I'll be back—despite the paperwork and the long days, I care deeply about protecting children from abusive and neglectful situations and supporting parents and caregivers so they can do their best in fulfilling their responsibilities for raising kids.



Each dot represents a child in San Francisco's Child Welfare System

- African American (1,680)
- White (213)
- Asian/Other (237)
- Latino (237)



# DILEMMA OF DISPROPORTION

Racial Disparity in the San Francisco  
Child Welfare System

{ Words: Nick Guroff }

{ Illustration: Shauna Steinbach }

As students at UC Berkeley's School of Social Welfare, Emilia Jones and Anna Ross have studied the dilemma of "overrepresented populations" in the children's social welfare system for a master's research project. As graduates this May, the two will enter a field that has been troubled by the fact that these numbers have not budged for decades.

Nationally, 15 percent of children are African-American, but African-American children make up 40 percent of the foster-care population, according to a 2003 analysis of census data by the Child Welfare League of America. In San Francisco the disparity is even more striking. In 2003, according to a report by the Center for Social Services Research at UC Berkeley, 71 percent of children in foster care were African-American though they make up only 11 percent of the city's children.

Jones and Ross say these figures raise more questions than they answer. They might imply that certain ethnic groups are more likely to need services, or to mistreat their children.

Raising these questions is difficult enough for professionals, let alone for students. The causes may well be elusive because they are multi-faceted. Economic stress is correlated with family breakdown in all ethnic groups, and larger percentages of African-American families are poor or have a single female head of household than Caucasian families. The Center's research shows that when comparing African-American children with other children who have the same socio-economic backgrounds, African-American children in California are in fact less likely to be maltreated than Caucasians. So the higher numbers of African-American children in foster care may be a direct result of greater poverty in that group.

Jones suggests that a significant part of the problem may also lie in the racial and ethnic backgrounds not of the clients, but of those who go into social work. "Is there bias here?" asks Jones. "Who refers these kids to foster care? Are antennas up more when looking at specific populations?"

The National Association of Social Workers reported that 87 percent of its members are white; only 5 percent are African-American. A 2003 study published in the Children and Youth Services Review found that California child welfare workers, after receiving a report of maltreatment, were more likely to remove African-American children from their caregivers than children of any other ethnic group.

"It's not to say that all things are cultural," says Ross. "But many are."

"It's not something you can prove," says Jones, arguing that it should be a

high priority to get more members of minority groups into the field: "I'm bicultural. I speak Spanish. I'm able to help Spanish-speaking families—and children—feel comfortable with me in a way that other workers aren't."

Jones works for the San Mateo County Department of Children and Family Services. One of the young African-American women she worked with had been raped at 14 by her mother's boyfriend. The mother protected the boyfriend from authorities, and the girl was removed from her custody and placed in a foster family.

Before foster children turn 18 and "graduate" from the system, the county offers them classes in independent living skills—how to rent an apartment and interview for a job, even how to balance a checkbook and pay taxes.

But as this young woman approached adulthood she struggled with drug use and now has a child of her own. She refused to attend classes in San Francisco, where she had been placed with a foster family. But she wouldn't tell her San Francisco caseworker why.

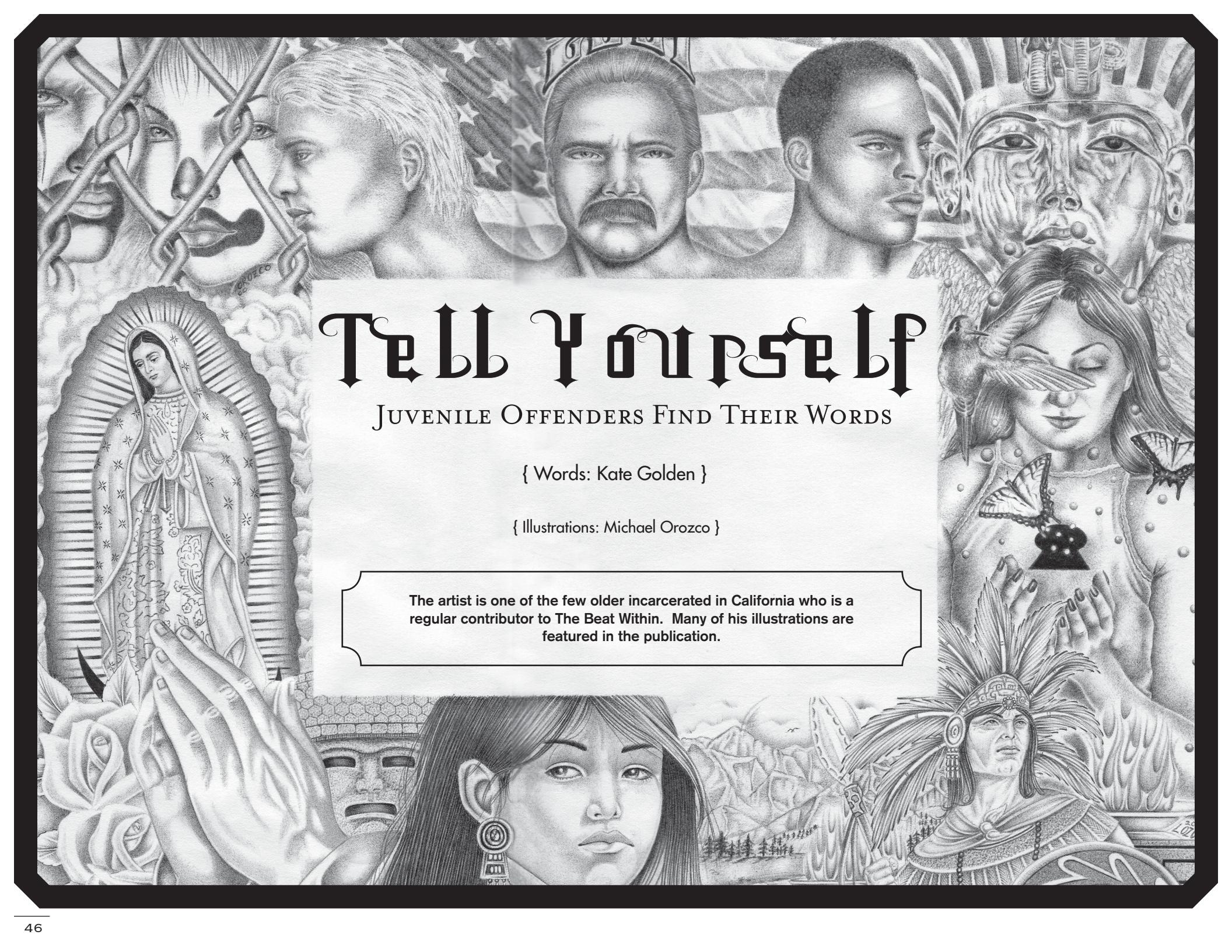
"She was a white lady. I thought she was square," she told Jones. The young woman explained her reasons to Jones, though: she was avoiding people she had once socialized with---youths who did drugs near where the classes were taught. She agreed to attend the classes as long as she could take them in a different neighborhood.

Ross, who works at the Santa Clara County Department of Child Support Services, says the shortcomings of the foster care system are personal. While she's not officially a foster mother, Ross currently cares for a friend's four-year-old daughter. "I've done this before for my friends," she says. "When I see somebody having a tough time, I don't want them to go down the road of having their child removed [and placed in foster care]."

The cases Ross works on all begin with a report from someone, like a teacher or doctor, people who are mandated to report suspected child abuse or neglect. Ross and Jones believe that who files reports—and why—should be scrutinized.

The reporting is confidential however, making it unlikely that the degree of racial bias will be studied anytime soon. As Jones and Ross take up their own places in child protective services, the reasons behind the "dilemma of disproportion" remain inconclusive, but the studies, read together, suggest the causes lie in a combination of higher poverty rates and an unknown amount of racial bias.

[ Nick Guroff is a student at the graduate school of Journalism, UC Berkeley ]



# Tell Yourself

JUVENILE OFFENDERS FIND THEIR WORDS

{ Words: Kate Golden }

{ Illustrations: Michael Orozco }

The artist is one of the few older incarcerated in California who is a regular contributor to *The Beat Within*. Many of his illustrations are featured in the publication.

At 14, Perry Jones was locked up in juvenile hall for one of the most serious charges in the book: conspiracy to commit first-degree murder. Although he didn't get the recommended death penalty, he got seven years, which turned into 10 because of "behavior issues." Ten years later, despite this rough start, Jones teaches a creative writing workshop much like the ones that helped him turn his life around, in a hall much like the one in which he spent his teen years imprisoned.

"I just speak my heart," he said over a table at his office at the Pacific News Service (PNS) in San Francisco. "I just be me."

Jones, 24, works for *The Beat Within*, a weekly magazine sponsored by the PNS. It features the writing and art of hundreds of juvenile offenders in 40-odd juvenile halls of the San Francisco Bay Area, plus a couple in Virginia and Arizona.

Stories like Jones's are why David Inocencio abandoned his career in commercial photography 15 years ago and why his visit to juvenile hall is the highlight of his week and has been for the last decade.

Inocencio was appalled by what he was reading in newspapers in the early 1990's, about how the system was failing inner-city youths. He went back to school and got a degree in social work. When he needed an internship, he knocked on the door of the San Francisco Public Defenders' Office. They just happened to need somebody to fetch paperwork, so they gave him a key to juvenile hall. Soon enough he got a job putting together sentencing proposals for youths that offered alternatives to prison time. It was as if all the doors opened at exactly the right time, he said. Four years later, the PNS hired Inocencio to teach incarcerated kids to express themselves. The San Francisco Examiner printed some of their stuff every now and then, calling it "Letters From Lockdown."

But it was Tupac Shakur who inspired the weekly Beat. His violent death fomented such an emotional response among the kids Inocencio worked with, provoked so much powerful writing, that Inocencio realized they needed their own paper. The Beat Within was born. Four pages grew quickly to 50.

A couple of hundred short pieces of writing fill the folded black-and-white rag (online at [www.thebeatwithin.org](http://www.thebeatwithin.org)). Each is attributed to a pen name, held in a separate box to honor it properly and laden with an inspirational (though often predictable) response from the author's workshop leader.

Hundreds contribute from a dozen workshops. Letters pour in each week from inside and outside the correctional system: teachers, students, former Beat contributors, a Texas death row prisoner.

To outsiders, the magazine looks dense and the pieces similar, like an advice

magazine where seekers ask their questions in verse. Drugs, alcohol, gangs, guns, abuse, rage, despair – and sometimes a ray of hope.

"It's the heavy Beat read," says Jones.

The content is dark because the teens are writing honestly from their lives. Some of the contributors were born and raised in San Francisco and have never seen the ocean. Some will never see freedom again. But any offender who isn't locked down on "room time" can participate.

In group sessions, the youths write on one of two weekly topics, such as "What do you think of Stanley 'Tookie' Williams's execution?" or "What would you do if you were released today?" All pieces appear in their original version unless there's no way to get them to a PG rating. Inocencio says he gets a lot of art involving lingerie.

Two weeks later, when the magazine is released, the kids read it cover to cover. In a juvenile hall cell, where posters and books aren't allowed because they might hide weapons, *The Beat* may be the only item that isn't bolted to the wall.

"When you're in the room," Jones explains, "you ain't got shit to do but read."

When Jones came in at 14, he was angry and antisocial. Inocencio challenged him to write. He got hooked on books, searched his soul, crawled out of depression, renounced his gang and served his term.

"I can't challenge them to change. I challenge them to listen to themselves," he says.

Jones and Inocencio are no writing coaches, though there are a couple of poets on staff. They don't constrain teens to sonnets or slap anyone with a grade. The expression's the thing.

"I try to keep it as raw as possible," Inocencio says.

The streets produce volatile kids, who cling to their rivalries in the soap opera of juvenile hall. But Inocencio says Beat writers cultivate a culture of respect. Those who can't write are instead interviewed. Nobody gets dogged. They vie to write the best and most earnest pieces. They critique and congratulate each other. They get inspired by the poetry.

"There are so many shoulder-scruggers in juvenile hall," Inocencio says. "You got to be tough. Writing brings softness out."

Take the cover of one recent edition, written by a teen named "Stasia" from "150 Crew": "Tell me, do you like it / in this jail? / If you don't, why do / you keep coming / back to this hell?" began Stasia's poem, which was laid out next to a drawing of a tough guy clutching the arms of an electric chair. Inside, more verses: "Tell me, when you're out there prostituting, is it worth it / when your doctor calls your phone and you've got / herpes?"

"Powerful writing, Stasia," said the response inside, which was written by her workshop leader. "The decisions that you make now will affect you the rest of your life. Tell yourself."

Beat workshop leaders are poets, social workers, ex-offenders like Jones and sometimes all three. They, like their students, come to wildly different fates. One left to attend law school, another to teach at Stanford. A couple of them have landed back in prison, only to send dispatches to the magazine. Jones hopes to keep working and become a counselor or a social worker. He plans to write a memoir.

[ Kate Golden is a student at UC Berkeley Graduate School of Journalism ].

\* This image is running uncensored only in Ethsix. The Beat Within will airbrush the woman out for publication.

### The Nameless Beat

The Beat Within isn't journalism, even though it's run by a news service. That's because it's intended first for the writers themselves, not outsider readers.

Technically, it isn't social work either. That is, there's no box to check on a Medi-Cal form to cover somebody's participation in a workshop. The distinction points to a fundamental gap between the public-policy, appropriations-committee definitions of social work and its true, but much more nebulous goal: to serve the underserved. Which is just what The Beat does.

