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INTRODUCTION

You may have gathered by now that the human services field is quite complex. Complete agreement regarding philosophies, methods, goals, services, funding, or anything else just does not exist nor, from our point of view, should it. There are times when controversies and differences are stimulating, healthy, and valid and lead to creative solutions. At other times, they are repetitious, meaningless, and destructive. Too frequently they consume time, energy, and resources that might better be used providing needed services. To this end, we highly recommend that students become familiar with the books in the Opposing Viewpoints series, published by the Greenhaven Press, that deal with issues of concern to human services workers.

The purpose of this chapter is to present a sampling of basic controversies and issues in the field of human services that have not yet been resolved and may never be resolved to everyone’s satisfaction. The questions raised in this chapter influence all human services workers. Some issues affect the human services worker more directly than others, but they all impact on the worker and the services provided. Prior knowledge of these and other controversies helps workers know what they might expect from colleagues, politicians, consumers of human services, and the general public. This knowledge can be instrumental in helping the worker provide more effective services.

We do not attempt to resolve these issues here. Our views are often implied by the way we present issues. Furthermore, we do not expect you to come to any specific conclusions or agree with any particular point of view. Whereas issues change, conditions change, and people change, many old issues reemerge that give the appearance of new issues. These so-called new issues have in all probability been with us in one way or another, to one degree or another, for as long as the human services profession has existed. Some examples are discussed in this chapter. The idea is to examine them and understand their significance to human services workers and to the provision of human services, for they very frequently raise questions regarding one’s personal and professional values and ethics.

THE CLASH OF VALUES IN SOCIAL POLICIES

At the outset, it is worth repeating that complete agreement about social policies in the human services rarely occurs. Social policies are supposedly based on morals and values; however, there is no consensus about what is morally right. Jansson (1988) identifies five moral issues involved with social welfare policies. In discussing them, it will become quite clear that they are all closely related and overlap each other in many ways. Following are the issues and some of the questions they raise.
1. **Morality of social services.** Who shall receive services and on what terms? (p. 5)

   **Questions:** Shall services be given to only those who are unable to work? What about (a) those who cannot find work or (b) those who cannot earn enough to stay above the poverty line? Should those who receive benefits be required to work in the community? Should those on welfare not receive increased benefits for additional children?

2. **Nature of social obligations.** For what needs and problems is society responsible and which shall receive priority? (p. 5)

   **Questions:** Are we our brothers' keepers? Is society responsible for providing for all who cannot care for themselves? Should society provide for only food, shelter, clothing, and medical care? What about education, cultural enrichment, and economic needs?

3. **Preferred interventions.** What kind of policy remedies should be chosen to address specific social problems? (p. 5)

   **Questions:** Should drug abusers be jailed, or should drugs be legalized? Should society emphasize treatment and prevention of drug abuse, or should the focus primarily be on keeping drugs from entering the country and on enforcement of antidrug laws? Should society prohibit abortions or continue to allow them, and on what terms? Should there be gun control, and on what terms? Should society force the homeless into shelters or hospitals, or jail them if they refuse to go to either?

4. **Compensatory strategies.** Should society give preferential assistance or treatment to members of specific groups that lag behind the rest of the population in economic and other conditions? (p. 5)

   **Questions:** Does not society do this through welfare, and other programs? The real question is, to what extent and when does society provide assistance and treatment? Should society guarantee basic health care for those who cannot afford such care? Should affirmative action programs, which seek to guarantee jobs, education placements, and contract work to members of minorities, take precedence over equal opportunity programs?

5. **Magnitude of federal policy roles.** What policy powers should federal authorities possess, and what should be the magnitude of federal social spending? (p. 5)

   **Questions:** Is the federal government too large? Are state and local governments better able to know and understand the needs of their people? Should the federal government step in to meet the needs of its citizens if state and local governments cannot? Does the federal government, through its policies and funding power, wield too much influence on state and local policies and practices? Should federal social spending be limited to maintaining a balanced budget or until additional taxes are needed?

The various interest groups continue to disagree in their answers to these and many other questions. A brief look, however, at just two specific issues dealing with welfare, life, and death will further exemplify the problem.
Welfare

The proposals being considered by states to deny benefits to single mothers on welfare who then have additional children raise many moral issues. Conservatives feel that such benefits reward welfare mothers for having more children and so provide an incentive for them to become welfare dependent. They believe that it is basically irresponsible to bring children into the world if one cannot adequately provide for them. Should society support this perceived irresponsible behavior? Liberals argue that society has an obligation to take care of those in need and that children should not be punished for the behavior of their parents. They also question the assertion that denial of benefits for additional children is an effective way to help the mothers become more independent. They question whether the proposed cuts would really discourage these women from having additional children. Could not society find better ways of helping welfare mothers become independent of the welfare system? Better yet, cannot society find a way to end poverty?

Euthanasia

The issue of euthanasia was revived suddenly and sharply when a doctor helped a woman suffering with Alzheimer’s disease commit suicide. The doctor was charged with murder, but the case was dismissed because there was no state law that prohibited assisted suicides. The same doctor, through the use of devices he developed, assisted two other women to commit suicide (“Two Doctor-Assisted Suicides,” 1991). In both instances, the doctor provided the means and the women committed the act. There was no doubt that the women wanted to die; however, several disturbing ethical questions remain. Should assisted suicides be allowed? If so, other questions need answering. Who is to assist, and under what circumstances? Should these decisions be made by the patient, family, doctor, community, all, or a combination of some of these? What criteria should be used to justify active (assisted) or even passive (unassisted) euthanasia? Should the criteria be age, finances, quality of life, life expectancy, health, or any other condition? Should euthanasia be legalized? Should the federal government attempt to override the decision of the voters of a state to legalize euthanasia? The Hemlock Society, a group that supports suicide and assisted suicide for the dying, strongly endorses the right to die and the legalization of euthanasia (Humphry, 1991).

Let us take a closer look at how the clash of values creates problems that directly affect human services workers, consumers, and people in general. In presidential campaigns and budget or legislative battles, past and present, one constantly heard contestants speak of American values or what is right. Are the American values of conservatives more valid than those of liberals? Who decides what values are American values? Do liberals know more about what is right than do conservatives? What about individuals, schools, churches and synagogues, or any other institutional perceptions of American values or of what is right or moral? How one resolves these questions is essential, for it is
their attempted resolution that allows us to struggle somewhat successfully as a democratic society. Some issues that highlight this struggle, which were touched upon in previous chapters, follow.

For example, is it an American value or morally right both to perpetuate corporate welfare and significantly limit welfare to the poor? Some claim that each is an American value and morally right because it helps the poor get off welfare and helps the economy and the effort to balance the budget. Others claim that corporate welfare should be cut because it is too costly and helps corporations and businesses rather than the individuals in need. Is it an American value or morally right to maintain a minimum wage that does not provide enough income to raise individuals and families above the poverty level? Some still claim that to raise the minimum wage any higher will create inflation and cause the loss of jobs; therefore, it is better not to increase it. Completing the exercise “Ranking American Values” at the end of this chapter might help clarify the many differences and issues regarding the use and frequent overuse, most often by political candidates and their supporters, of the concept of American values.

Aside from these being significant moral issues and sources of controversy in our society, they are perfect examples of how social policies are influenced through the interpretation of policies and laws (discussed in Chapter 7).

**GOVERNMENT: HOW MUCH SUPPORT FOR THE NEEDY?**

In recent years, the annual struggle over the federal budget has highlighted a major controversy affecting human services workers and programs. The Reagan and Bush administrations and Congress have significantly reduced funding for some programs that provide a safety net to help the truly needy. Even in the 1960s, at the height of President Johnson’s Great Society when the Democrats were in the majority in both houses, there was tremendous pressure to reduce domestic spending (Califano, 1994). The pressure was focused primarily on programs serving those in need. According to many liberals, there seems to be a pattern of primarily reducing domestic spending for the needy over defense or other needs whenever there is pressure to reduce spending. One needs only to look at the proposed and actual cuts in budgets over the years to see how direct support and indirect support for those most in need are targeted for reduced aid.

The proposed cuts and reduced rate in spending for social programs starting in 1995 in an effort to achieve a balanced budget in 2002 were successful. That there will be reductions in the rate of domestic spending is a certainty; however, what specifically will be cut and by how much are examples of a clash of values between conservatives and liberals. The question raised in the title of this section (that is, how much support for the needy?) provokes further discord regarding values and morality. One might say that there is never
enough support as long as over 39 million people live in poverty, over 40 million have no health insurance, and so on. Other conservatives and liberals point out that we cannot afford to help everyone. Although there is agreement in this regard, there is little agreement on how much we can afford, who should be helped, and by what means. We do know, however, that too many need health care, jobs, nutrition, shelter, vaccines, treatment for mental illness, and welfare, among many other necessities.

The changes in the budgets of social programs raise key questions regarding the role of government in providing services. Who has the major and/or ultimate responsibility for the welfare of those in need? Is it the local, state, or federal government? Does government have responsibility for the welfare of only those who are poor? These and other questions will always be raised as long as there are people in need, funds are limited, and those in power make decisions that reflect their values and philosophies. A look at some of those who seek support and the issues they face will help identify the problems one must deal with as a human services worker.

**TARGET POPULATIONS: THE STRUGGLE FOR SUPPORT**

The struggle for support takes place on two major fronts. One is the struggle to gain the moral support of the public, the media, and professionals. That generally involves convincing others that your goals are just and good. The second front, closely related to the first, is the struggle to gain financial support.

Throughout the late 1990s, three populations have frequently made the headlines: welfare recipients, AIDS patients, and the homeless. The reason they are so often in the news is that we as a society are desperately trying to provide additional and more effective programs to help and to cope with these people. One major problem in trying to develop more successful programs for these groups is how they are perceived by others. Much of the public, much of the media, and many politicians, legislators, officials, and, yes, human services workers have a negative attitude toward these people (Dye, 1987; Marin, 1987). Richardson (1998) reports that frustration and fear of AIDS have given rise to the passage of a series of laws intended to protect the public from people infected with HIV. For the homeless and welfare recipients, the myths about these populations contribute to the public’s negative attitudes. These issues will be discussed further later in the chapter.

Although many others have very positive attitudes and do whatever they can to help these groups, effective programs are difficult to develop without significant public, media, and professional support. A second major problem that makes the development of more successful programs very difficult is the diversity of values and points of view regarding the most effective ways of dealing with these groups. These two factors lead to the third problem, namely...
that of funding programs for these and other needy populations. The variety
of possible solutions given by the professionals involved with developing pro-
gress, as well as those offered by the public and the media, reflects the dif-
ferent and often conflicting philosophies and values that create problems in
shaping effective policies and programs. The first group to be considered here
will be people with AIDS.

The AIDS Epidemic

The question of priorities in the funding of treatment and research programs
of various social and medical problems has become quite controversial.
Because a limited amount of funds is provided for these programs, if funds are
increased for one program, must they be reduced in another program? Such a
conflict over delegation of funds has now become quite heated in the fight
against AIDS. The powerful AIDS lobby has been fighting for and demanding
significant increases in funding for treatment and research for their con-
stituents. However, significant controversy persists about the level of funding
that should be supplied for various diseases. According to Califano (1994), the
federal government reported that under 800,000 deaths were due to heart
disease and over 500,000 were due to cancer in 1993, but 25,000 people died
of AIDS.

Over the years, funding of approximately $1–1.5 billion or more was pro-
vided for the fight against each of these diseases. In spite of the difference in
the number of fatalities, which has been fairly consistent in recent years,
Edmondson (1990) urges that the fight against AIDS should be funded at a
much higher level than before for two reasons. First, two-thirds of those who
die of cancer are over 65 years of age, and over half of those who die of heart
disease are over 75 years of age. By comparison, most people who die of AIDS
are under 40 years old. Therefore, the lives of AIDS patients were cut short
often before their real contributions to society could be made. Those who died
at later ages had made their contribution and had lived fuller lives. The second
reason given by Edmondson for increased funding for the fight against AIDS
was that AIDS is infectious. What would you decide if it were in your power
and you had to make such a decision?

There are two additional controversial practices regarding the AIDS issue,
both aimed at reducing the spread of the virus: (a) exchanging dirty needles for
clean ones for drug users and (b) distributing condoms to high school students.
There was no guarantee, according to the critics, that the exchanged needles
would not be shared among users. The feeling was that such a program also
encouraged drug use. Meanwhile, the New Haven program of exchange,
authorized by the Connecticut state legislature, provided evidence that such
programs could be successful.

The distribution of condoms in high schools under specific conditions has
been approved in Philadelphia, San Francisco, Los Angeles, and New York
City, among other jurisdictions. The approval in each case was not attained
without controversy and struggle. In New York City, for example, it was approved only after a long—and still continuing—struggle against the program by many parents, religious organizations, and others. Opponents of the program claim that none of the demonstration programs were actually proven effective and there was no guarantee that the condoms provided would actually be used. Such programs, it was felt, encouraged young people to engage in sexual intercourse.

These issues regarding funding and how best to develop programs to prevent the spread of AIDS have led to a great deal of frustration and struggle. The attempt by some infected individuals to purposely infect others has created additional fears. These problems have given rise to a series of laws to protect the public. Some of them overrule previous privacy protection. Some require notification of partners of an infected individual. Others demand testing of segments of the population, and many states make it a crime to purposely and knowingly infect someone (Richardson, 1998).

What else can one, should one, do to help prevent the spread of AIDS?

• Isolate victims from the uninfected population?
• Prohibit children infected with the AIDS virus from attending regular school or day care centers?
• Distribute free hypodermic needles to drug addicts to prevent the sharing of needles and thus the spread of the virus?
• Teach contraceptive methods in elementary and secondary schools as a form of prevention of the spread of AIDS?
• Mandate testing for the virus and specify who shall be tested?
• Make the names of those who test positive available to the public?

The Homeless

When one looks at the problems of the homeless, one finds many different attitudes and approaches to solving them. A conservative candidate in the 1992 presidential race recommended that the homeless be forcibly taken to shelters or jailed if they resisted and tried to sleep on the streets. Other candidates did not appear to feel that homelessness was an election-year issue, even though the problem seemed to be increasing. Advocates for the homeless, however, strongly urge an increase in low-income subsidized housing. Others believe that deinstitutionalization is a major cause of homelessness and that mental patients make up the majority of the homeless. Mental illness, however, is not a major cause of homelessness. According to the National Law Center on Homelessness and Poverty, about 25% of the homeless are mentally ill. Truly major causes of homelessness are unemployment, underemployment and the lack of affordable rental housing. A survey by the U.S. Conference of Mayors, 1998, found that about 27% of the homeless population work and are still without a home. Nevertheless, in some jurisdictions the mentally ill become a political football. If, for example, most of
the homeless are considered mentally ill, they become a state problem; if they are not, they are a local problem. Kozol (1988) and Johnson (1990) both make the point that poverty, not mental illness, is the major cause of homelessness, even though some homeless people do need psychological treatment. Income and subsidized housing, they believe, would resolve the issue.

For the homeless, should we and can we:

- Allow them to sleep in public places and on the streets?
- Allow them to use and sleep in abandoned buildings?
- Allow them in any business or residential neighborhood they choose?
- Allow them to forage in garbage for food or anything else of value to them?
- Force them off the streets and into shelters or hospitals against their will?
- Provide subsidized housing?

Welfare Recipients

The third group, welfare recipients, is also of major concern to society. Many taxpayers resent having to pay taxes to support welfare recipients who are all too frequently stigmatized and stereotyped as being lazy, cheats, and welfare-dependent. However, few of these very same taxpayers and others realize how many people receive benefits from government in one way or another (Abramovitz, 1983). For example, tobacco, sugar, and dairy farmers, among others, are paid billions of tax dollars each year to limit production and to maintain price levels that assure profits. Are they the truly needy? What about all those who are able to take deductions on income taxes for health costs, interest on mortgages, entertainment for business, and other items? Although the government does not actually pay cash to these more affluent people, it is, in effect, telling them that they can keep the money they would have to pay were the deductions not allowed. These deductions total billions each year. Actually, it turns out that the more money one makes, the more benefits one may get through increased deductions (Abramovitz, 1991). What about community and state college students who obtain federal and state aid? Tax monies are supporting them in obtaining an education even if they are paying the full tuition. Do they and all the others mentioned really see themselves as “welfare recipients”? Clearly, we taxpayers have less problem with government aid dispensed to “us” rather than to “them,” especially when the “others” are poor and in need of food, clothing, and shelter. The question really is, why are these benefits acceptable and those for the truly needy less so?

For welfare recipients, is it moral to:

- Mandate that they take whatever jobs are available, including dead-end jobs?
- Mandate that they take jobs even if the wages would be less than their welfare benefits?
- Mandate that they take part in job-training programs?
• Mandate that they accept community work, if jobs are not available, in exchange for some of their benefits?
• Reduce additional benefits for additional children?
• Mandate that all students in community and state colleges (they are all subsidized by state and local tax monies) pay the actual cost of their education?

The many questions raised with each group are controversial enough in their own right. Additional questions arise that may be of particular concern to human services workers. One question has to do with the problem of individual rights versus rights of the public. Another question has to do with the apparent effort to control these target populations in some fashion. Are we not really attempting to devise behavioral and social controls for people who for the most part are victims of situations beyond their control, and who for the most part have not broken any laws? Other controversies in the human services center around the effects of a conservative government and/or a recession on social programs. The basic question is, whose benefits shall be cut?

Regardless of who has control of the purse strings, be they liberals or conservatives, there will always be a limited amount of funds made available for social programs. This is clearly a political decision. The general trend has been that in times of prosperity and/or when liberals are in power, social programs are funded more generously. When conservatives are in power, support for social programs is usually significantly reduced. The major questions then become: Which programs shall be reduced or eliminated? Shall it be programs serving the elderly, or school lunch programs, or programs for people with disabilities? What about programs for the homeless, the mentally ill and retarded, or the poor? Who shall make the decisions? What criteria would you use in making these choices? These kinds of questions and their answers create all kinds of tensions in the human services field. Peirce (1982) perhaps answered some of these questions when discussing budget cuts made by the local, state, and federal government. He points out that “the stark fact is that the budget cuts it makes are far deeper in subsidized housing, in job training, in welfare and education programs of primary benefit to poor people than to programs the middle class utilizes most—social security, Medicare, civil service, and military pension levels” (p. 14).

Although it is generally acknowledged that all of the groups receiving support have a legitimate claim to that support, it becomes clear that some programs will lose funding. Several things happen in situations like this. First, the agencies serving the different target populations, and the members of those populations, start competing strenuously with one another for available funds. The most articulate and organized of the various target populations, the ones with the most political influence, generally are more successful in gaining support and funds. As an example, the outcry some time ago by the recipients of social security about the threat of reduced benefits tempered efforts in benefit reduction.
When funds are cut and staff reductions occur, caseloads tend to increase. This then requires a screening process that assures that those in most need get service, while others are turned away. The increased caseload puts additional pressure on the workers, and services to the needy often suffer. Competition and struggle for existence shift the focus, energies, and resources away from a unified effort by target populations and the human services field to increase overall funding for social programs. This kind of competition seems to demand that the strong shall survive and the weak shall perish.

PROFESSIONALISM IN THE HUMAN SERVICES

Two major and muted struggles have developed among human services workers in the last two decades. Both struggles involve money, status, and levels of responsibility. One conflict occurs between generalist human services workers and traditional professional human services workers. The other conflict occurs among traditional professional human services workers. Fortunately, these quarrels have not had significant ill effects on the direct services provided by the human services workers themselves. It is nonetheless important to know and understand the different points of view of the various contestants, as well as to recognize that all is not sweetness and light in the helping professions. A brief description of the issues follows.

Since the introduction of indigenous community leaders as paraprofessionals in the War on Poverty of the 1960s, the number of workers in the human services has grown steadily and rapidly. In addition, the responsibilities, knowledge, training, and competence of generalist human services workers have, from their point of view, increased to a level comparable to that of traditional professional human services workers. Furthermore, large numbers of generalist human services workers and some traditional professional human services workers believe strongly that many generalists outperform traditional professional workers. A trainer of generalist human services workers cited by Sobey (1970) states that such workers are often superior to traditional professionals. These convictions on the part of generalist human services workers are the basis for strong feelings about the differences in pay, status, responsibilities, and opportunities for advancement between generalists and traditional professional human services workers.

Many educators believe that graduates of recognized undergraduate human services programs should be considered professionals. Generalist human services workers assert that, although they do not have graduate degrees, the combination of their life experiences and limited formal education are “credentials” equal to those obtained through advanced formal education.

Many human services educators are convinced that human services is a profession (Clubok, 1984) and that graduates of recognized college human services programs should be considered professionals. In addition, some feel that human services is an evolving profession (Feringer & Jacobs, 1987).
These and other human services educators assert that most criteria needed for the establishment of the traditional human services professions have been met in regard to the human services. These criteria include, among others, a professional membership organization, regional and nationwide annual professional conferences, journals, standards for approval of college human services curricula, and an organization to approve college programs (for example, the Council for Standards in Human Services Education). Furthermore, according to other human services workers and educators, the growth of graduate degree programs in human services is further proof of professionalism in the human services. On the other hand, human services workers with advanced degrees feel that their advanced intensive training provides them with greater knowledge and skill in providing specific services and enables them to function at a significantly higher level than can generalist human services workers. Professionalism, they assert, is based on the attainment of a specific body of knowledge unique to that field and gained only through traditional professional schools. Much of the knowledge and skill referred to by traditional professionals deals with clinical functions in addition to supervisory and educational responsibilities directly related to their specific profession. These professions might include psychology, occupational therapy, social work, and others described in Chapter 6.

In addition, these professionals feel strongly that until college human services programs are accredited by an organization sanctioned by the Council on Post Secondary Accreditation the human services is not yet a profession. The council is the only organization sanctioned by the U.S. Department of Education to allow specific groups to provide recognized accreditation. These people also believe that until human services is recognized and incorporated into the Civil Service Systems as a profession, it is not to be considered a profession. The struggle goes on, and you will be faced with this issue in one way or another, to one degree or another, as a human services worker.

Generalist human services workers’ efforts to gain recognition and parity with traditional professionals are duplicated among the traditional professionals themselves. The issue centers around which traditional professionals shall be eligible for third-party payment without the need of being supervised by those with higher standing or credentials. Third-party payment is payment to the traditional professional by an insurance company, such as Blue Cross or Medicare, for services provided to the client. Third-party payment permits many more individuals to obtain help that they otherwise could not afford. Third-party payment also significantly increases the amount of income for agencies and traditional professionals who provide services to the needy.

Who, then, among the traditional professionals is eligible to receive these third-party payments? Most traditional human services professionals, particularly those in private practice, are eager to be included in these programs. Medical doctors and psychiatrists are included in all such programs. In some jurisdictions psychologists are included, and in others they are not. Social workers and other traditional human services professionals are also not
included everywhere. In certain situations, some traditional professionals are included in these programs only if they are supervised by a traditional professional of another discipline. For example, a psychiatrist might supervise a psychologist or social worker. It goes without saying that professionals in one discipline object strenuously to being supervised by those in other disciplines. A more recent issue centers on the armed forces’ permitting psychologists to prescribe psychotropic medication. Should this practice be permitted for all trained psychologists? Will other professions seek the same or other privileges? Is the practice helpful to clients? These and other questions arise as competition between and among human services workers exists.

Competition for jobs has increased in recent years as a result of the growing number of professionals and cuts in programs and services. Unfortunately, little if any positive changes have occurred regarding these professional issues to date.

Acceptance into these insurance programs is achieved for the most part through legislative action at local, state, or national levels. Therefore, the professional organizations representing the different disciplines lobby to have their members included in these programs. Professional groups already included in the plans often oppose the inclusion of new groups, claiming that they are only trying to protect the public. Some think that there is enough to go around for everyone and that the constant competition for high status, recognition, and control does little for the image and dignity of human services workers.

Another professional issue that is being raised among many social workers involves whom social workers serve. Specht and Courtney (1994) state the issue clearly: Today, a significant proportion of social workers are practicing psychotherapy, and doing so privately, with a primarily middle-class, professional, Caucasian clientele in the 20- to 40-year age group. The poor have not gone away; there are more of them now than at any time in recent memory. Certainly many professional social workers are still committed to the public social services, to helping poor people and dealing with social problems, but a large part of the profession is “adrift in the psychiatric seas” (p. x). They further claim that it is the former kinds of students and practitioners “that the profession needs if it is to realize its original mission” (p. x). Jacobson (2001) supports this view asserting that what has been destructive to this mission “. . . has been the encroachment of therapeutic practice on the field as a whole” pp. 51–61. There is little doubt from our point of view that we are in desperate need of such human services workers. Huff and Johnson (1993) recognized this issue when they wrote:

Since its birth, social work has been in the vanguard of many national reforms, often speaking on behalf of populations who are too beleaguered to forcefully represent themselves. Of late, too many social workers have abandoned the traditional mission as advocates for social justice. Social workers must re dedicate themselves to leading a new reform movement dedicated to a more equitable redistribution of America’s wealth. (p. 315)

We feel the same might be said regarding many other human services workers.
THE ROLE OF HUMAN SERVICES WORKERS

Is the role of the human services worker to help individuals solve their interpersonal problems? Is it to help them cope with the stress brought on by financial difficulties, physical disabilities, or other outside pressures? Or is it to try to help change those conditions that create the problems in the first place?

During the War on Poverty in the latter part of the 1960s, agencies were formed to fight poverty, racism, and crime, among other problems. Federal, state, and local governments, as well as some private foundations, funded these agencies. The workers in an agency located in a high poverty and crime area helped local residents learn their rights in the courts. The workers went to court with their clients to protest against police brutality when it occurred. They taught them how to organize and conduct rent strikes when the tenants were not getting service. They also defended people who were on welfare whenever they needed help (Krozney, 1966). The focus of human services workers during those years was mainly on helping people cope with injustice (Morales & Sheafor, 1980). The main concept was gaining and using power, and people did protest and fight against injustice. However, in one case, the protests and struggles aroused those who were threatened by these actions and who in turn brought pressure on those in power to curtail the funding for such projects. This, in effect, changed the nature of the role of the workers. No longer able to use government funds to fight “the Establishment”—government agencies and supporters—human services workers shifted their focus to helping clients adjust to their situation.

There are still many human services workers who feel that helping people adjust to their problems is not a very useful activity. To adjust to poverty, racism, crime, mental illness, and similar problems rather than to make every effort to combat or prevent these problems is seen by many as a losing battle. Poverty still exists, and the gap between the wealthy and the poor continues to grow. The number of people in need of mental health services has increased, even though mental hospitals have released large numbers of patients. Child abuse and wife abuse have increased. Treatment and living conditions of the elderly leave much to be desired. All this has occurred in spite of the efforts of human services programs to date.

What else, then, can a human services worker do? “Become more of an activist,” urge the activists. “But activists are seen as radicals by the public, government officials, and other human services workers” is often the reply. It is true that activists in the human services do not often win a lot of friends. The activist role usually stirs controversy and involves some risk. A worker some years ago prevented clients from entering an unlicensed nursing home and was reprimanded by his agency. The worker, with the help of his union, not only had the reprimand withdrawn but initiated action on a state level to change the rules regarding placing people in unlicensed nursing homes. The worker was successful in that instance. Activists, unfortunately, are not always successful; but if there is to be any chance for success in eliminating injustice, there must be activists. Today, however, the practice of advocacy is growing and accepted in the human services professions. (See Chapter 6 for details.)
WHOM DO HUMAN SERVICES WORKERS SERVE?

The answer to this question seems obvious and simple. In theory, it might be. However, in practice, significant issues arise. For example, suppose you are a human services worker in a mental hospital. The policy is to discharge patients as quickly as possible. One of your patients has been selected for discharge and you are asked to follow through, but you are convinced that the patient is not able to function outside the institution. He is generally stabilized in the institution, however, and has been there for over 6 months without creating trouble, so “get him out” is the word. What do you do? You are working for the hospital, and it is under pressure to discharge as many patients as possible in the shortest time possible. You are also responsible for the patient’s well-being. What happens if you do not discharge the patient? What happens if you do discharge the patient? This situation has actually occurred, not once but many times, in state institutions.

There are several possible answers to the question, “Whom do human services workers serve?” They include the client, the agency for which one works, the government, society in general, and themselves. Some workers would claim that it is possible to serve all of these but not at the same time or to the same degree. In any case, human services workers might soon be required to make difficult choices regarding whom they serve.

An even more complicated situation arises if and when workers who are paid by third parties such as insurance companies or Medicare must give detailed reports of service to the companies. These reports identify not only the individuals but also the nature of the problem and the course of treatment. In effect, this is a break of confidentiality and a way of influencing the treatment provided. The insurance companies and managed care organizations often may attempt to limit or control the course of treatment. Do you as a human services worker go along with this kind of program, thus serving yourself with regard to payment and future patients? Do you refuse such a program and patients enrolled in those programs? Do you work with the patient anyway, even though payment might be reduced? Whom do you really serve—yourself, the insurance company, the client, or all three?

What about the situation in which you might be serving the taxpayer? Such a situation came up when eligibility criteria for disability payments were revised and thousands of disabled persons were denied payments. The object here was to save the taxpayers money and to cut costs to help reduce the federal deficit. What do you do when asked to administer such a program? Where do your human services responsibilities lie? Do they override your fiscal or administrative responsibilities?

The last example involves a much broader issue. It raises the question of not only whom do we serve, but when do we serve them and at what cost. As stated previously, all the present efforts of human services have not been able to provide services for all those in need. Choices must be made. How do you, the human services worker, make them? Furthermore, if one chooses to become
an activist or to work in prevention programs, those in need of specific help are denied your services. These kinds of choices affect those in need, other human services workers, professional organizations, legislators, and the public in general.

Without further description or comment, many other controversial issues in the following list and those already described should provide you with more than enough material to ponder at this point.

- Illegal immigration
- Legal immigration
- Poverty
- Violence in the media
- Unemployment
- Alcoholism
- Gambling
- Sexual harassment
- Criminal justice
- Hunger
- Mental illness
- Health crisis

All this may be confusing, but it can also be stimulating and exciting to struggle with these issues and discover your own way as a competent human services worker.
A BASIC READING AND THINKING SKILL

Ranking American Values

This activity will give you an opportunity to discuss with classmates the values you and your classmates consider important and the values you believe are considered most important by the majority of Americans.

PART 1

Step 1. The class should break into groups of four to six students and discuss the meaning of the Hägar cartoon.

Step 2. Working individually within each group, each student should rank their values listed below, assigning the number 1 to the value he or she personally considers most important, the number 2 to the second most important value, and so on, until all the values have been ranked.

Step 3. Students should compare their rankings with others in the group, giving the reasons for their rankings.

_______ financial security _______ individual initiative
_______ freedom of speech _______ right to private property
_______ equality of opportunity _______ government by law and not people
_______ self-reliance _______ concern for the underdog
_______ loyalty to country _______ fair play
_______ tolerance of others _______ justice
_______ freedom of religion _______ order in society

PART 2

Step 1. Working in groups of four to six students, each group should rank the values listed in what the group considers the order of importance to the majority of Americans. Assign the number 1 to the value the group believes is most important to the majority of Americans, the number 2 to the second most important value, and so on until all the values have been ranked.

Step 2. Each group should compare its ranking with others in a classwide discussion.

Step 3. The entire class should discuss the following questions.

1. What noticeable differences do you see between the personal rankings in part 1 and the perceived rankings of the majority of Americans in part 2?
2. How would you explain these differences?
3. What conclusions would you draw about America’s future in light of your rankings in parts 1 and 2?

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References


