Voices from the Frontlines: Social Workers Confront the COVID-19 Pandemic
Laura S. Abrams and Alan J. Dettlaff

In late March 2020, U.S. citizens grappled with unprecedented changes to their daily lives as transmission of the novel coronavirus (COVID-19) began to spike and mandatory “shelter-in-place” orders were implemented in all but eight states. “Essential services” were largely exempted from shelter-in-place orders, including a range of health and social service agencies. Within these essential services, many social workers are putting themselves, and their loved ones, at risk of infection as they continue to perform their work with clients and organizations. Yet compared with coverage of other helping professionals, the media has reported almost no information about social workers’ risk, access to personal protective equipment (PPE), or professional responses to the pandemic. We believe that social work is more vital than ever, and as such, social workers’ experiences on the frontlines of the pandemic warrant deep attention.

We write this commentary to inform the field—and the public—about what social workers are doing, how they are coping with their own risks, and how social work as a profession is anticipating the needs of communities who will be left particularly vulnerable as a result of the COVID-19 pandemic. As leaders of two public social work programs, we shared a sense of urgency and responsibility to gather social workers’ lived experiences. We also believed that in shining a light on what social workers are doing and seeing during a time of crisis, we might uncover ideas for what a more equitable future might look like. The stories that form this commentary are based on 16 videotaped interviews with MSW alumni of the University of California, Los Angeles, and the University of Houston, conducted between late March and mid-April 2020. We recognize that these interviews do not constitute a traditional qualitative research study. Nevertheless, we sought to interview alumni in a variety of settings and involved in direct services, organizations, and policy work during the height of the pandemic.

DIRECT PRACTICE: “WE ARE BUILDING THE BRIDGE AS WE CROSS IT”

Direct service practitioners are bearing witness to the struggles of the most vulnerable and isolated in our society. In hospitals, as family and friends are not allowed to visit their loved ones, social workers are handling the emotional fabric of grief and loss—both related and unrelated to COVID-19. One palliative care social worker spoke of the emotional toll of coordinating video visits between patients and their loved ones. She is striving to connect families via new technology while knowing that people are still suffering and dying alone.

Social workers also are aware that they will see their clients get infected, lack access to quality health care, and die without recognition. This is the case for the social worker conducting psychiatric street outreach for homeless people in LA’s notorious “Skid Row.” This social worker has prepared her team for the reality that they may be the last people to witness and honor their clients’ core humanity. She stated that due to the unprecedented nature of the pandemic, social workers are “building the bridge as they are crossing it.” Social workers are also aware of other serious harms that vulnerable clients are now at greater risk of experiencing. For example, one Houston street outreach worker was concerned that vulnerable people who are substance users will be at greater risk of HIV and hepatitis-C infection if agencies are no longer able to disseminate clean syringes.

Social workers are making moment-by-moment decisions about how to exercise the core ethical principles of the profession. One social...
worker discussed her decision to either wear her PPE or frighten her three-year-old client in foster care; in the end, she decided that her duty to her client took priority and took off her mask. They are also ethically challenged to provide continuity of care even while their larger organizations are failing their clients. A social worker in a county jail knows that her clients do not have access to soap and cannot possibly adhere to social distancing guidelines. Yet she still endeavors to provide mental health services to those who are imprisoned, aware that the larger organization is not following the recommended guidelines to stop the spread of COVID-19. A child welfare worker knows that courts are barring families from physical visitation and although she disagrees with the policy, she continues to connect these families via video. Despite these challenges, social workers still choose to serve and advocate for change within these oppressive contexts.

MACRO SOCIAL WORK: “WE’RE NOT JUST SEEING CRACKS, WE’RE SEEING MASSIVE FISSURES”

Social service organizations are affected by the pandemic in surprising and often contradictory ways. On one hand, social service institutions are taxed with demand; on the other hand, some are lacking referrals and sitting empty, waiting out the calm before the storm. Social workers are seeing the larger ramifications of the services they provide and, while in the midst of crisis, fear for the future of their clients and organizations.

Some essential services, such as those dealing with doling out food, sheltering the homeless, or handling hospital cases are indeed overrun and overtaxed by demand. This makes sense—given that so many people lack access to food and employment, services for basic needs will be at or above capacity (Kulish, 2020). An administrator at the Houston Food Bank shared that although they were prepared for another disaster such as what they experienced during Hurricane Harvey, they had not anticipated they would need to serve as many people as they are serving now, and in the way they are having to serve them. Furthermore, the number of volunteers has decreased significantly, which led to the need to quickly find new funding to hire temporary staff. As she said, “If you don’t have the volunteers to sort and pack the food, the food can’t get out the door.”

What is less well known is that services that rely on referrals or mandated reporting are actually lacking clients. According to a rape crisis social worker, they have received many fewer calls as people are afraid to go to the hospital due to risk of infection; crisis visits and calls regarding rape or domestic violence are dramatically down. According to another social worker, the census of clients at the youth transition shelter where she works are lower than she has ever witnessed. She fears that this is not due to youths being safely housed, but rather lack of referral sources. Social workers are bracing themselves for when the stay-at-home orders are lifted and they will have to contend with a massive influx of clients who are silently suffering.

Similarly, although day care centers and schools are closed and parents are caring for their children without assistance, frontline social workers report a dearth of hotline calls (Bravo, 2020). Without doctors, teachers, or coaches and therapists to report child abuse, the hotline is all but sitting silent. Social workers fear child abuse may now be occurring at greater rates than ever, but we cannot help the children or their families if they remain invisible. These “hidden problems”—domestic abuse, child abuse—mean that more people may suffer and lack access to essential services. They believe that the massive traumas that occur behind closed doors will most certainly pose a challenge to already highly strained public social service systems.

Social workers consistently discussed the larger societal inequities that this pandemic is exposing. As one social worker said, “We’re not just seeing cracks, we’re seeing massive fissures.” Income disparities have placed already vulnerable populations at increased vulnerability. Children who had access to meals at school now rely on overstretched food banks. Those working in the service industry and the gig economy are now largely without incomes (Conger, Satariano, & Isaac, 2020). Although evictions and utility cutoffs have occurred in some places across the country, this has not occurred everywhere and they are likely to be temporary (Collier & Schwartz, 2020; Rogers, 2020). Children and youths without access to the Internet are getting little to no schooling, while those with access are continuing their education (CBS News, 2020). Social workers are seeing significant racial disparities in all of these areas, including in their own settings; one social worker noted that whereas
staff at her hospital have access to PPE, those working across town, where people of color are served, do not have similar protections.

LOOKING FORWARD: ADDRESSING DISPARITIES BEYOND COVID-19

Although the societal inequities this crisis is exposing are not new, the pandemic is shining a sharper light on them. Does this crisis create an opportunity to perhaps think differently about how we address these deep disparities? One social worker views the pandemic as an opportunity to talk about wealth distribution and hierarchy, as those in higher administration are not who we are relying on for help now. Does this create an opportunity to talk about the essential value of the everyday worker? This same social worker said, “One of the big opportunities I see is there’s a lot of government assistance going on right now—and it doesn’t have to be assistance, it could just be the way that governments operate.”

Social workers also discussed the need to change our overall response to the homeless population to reduce their vulnerability. In some parts of the country, cities are leasing hotel space to safely house their homeless population (Har & Nguyen, 2020; KPRC2, 2020). If this can happen during a time of crisis, what prevents this from occurring on the other side of the pandemic? Social workers also discussed the need to protect the jail and prison population. Certain cities and states across the nation are taking bold action to protect this population by releasing those who are older, medically vulnerable, and imprisoned for nonviolent convictions (Broadwater, 2020; St. John, 2020). If these actions can occur during a time of crisis, can we safely decarcerate more people when the crisis abates?

Social workers also discussed what we value in society as human rights and human needs. Obviously, this crisis exposes the need for all to have access to health care. But is there more we can learn from the actions being taken during this pandemic? The pandemic has also exposed the basic need for all people to have access to clean water so they can engage in the simple task of washing their hands. As a result, many cities have suspended utility cutoffs to ensure that everyone continues to have access to water (Collier & Schwartz, 2020; Rogers, 2020). Does this create an opportunity to discuss the possibility of more universal benefits?

The pandemic has also shined a very bright light on racism and persistent health disparities that have severely harmed people of color, particularly the African American population (Reyes, Husain, Gutowski, St. Clair, & Pratt, 2020). Does this create an opportunity to discuss the consequences that decades of structural and institutional racism have on the health and well-being of communities of color? As Americans have displayed intensive anti-Asian bias and xenophobia (Haynes, 2020) as a response to the pandemic, are there opportunities to interrupt overt and covert racism when the crisis subsides?

Finally, one social worker discussed an area of hope that has arisen from our response to the pandemic. Recent cell phone data in Houston has revealed that people are largely staying home to prevent the spread of the virus (Moreno, 2020). This means that people are starting to think about the collective whole—about how our individual behavior and the choices we make—regardless of our exposure to the disease—affect each other. She said, “What an obvious metaphor for how we can be thinking about everyday life, whether it’s ‘I’m using these throwaway disposable plastics every day and it’s going to have this massive impact on everybody,’ or ‘I’m burning all this fuel when I could be carpooling or taking public transit,’ there’s just so many ways to look at what my everyday actions are doing and how the ripple effect is going to impact everybody else in the world.”

When we reach the other side of this pandemic, what kind of society could we be if this understanding of the collective whole continues, if we consistently think about the choices we make and how they affect the health and well-being of everyone around us? The COVID-19 pandemic is without question a defining moment in each of our lives. Who we choose to be when we emerge—as individuals and collectively as a profession—is up to us to decide.

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Laura S. Abrams, PhD, is chair and professor of social welfare, Luskin School of Public Affairs, University of California, Los Angeles, 3250 Public Affairs Building, Los Angeles, CA 90095-1656; e-mail: abrams@luskin.ucla.edu.

Alan J. Dettlaff, PhD, is dean and Maconda Brown O’Connor endowed dean’s chair, Graduate College of Social Work, University of Houston.