As I write this, I am entering week 3 of “shelter in place” in response to COVID-19. My university is closed, my town is closed, my state is closed. The word “unprecedented” has, at this point, become so overused as to lose all meaning. We are in uncharted waters, uncertain of which way we are going, and trying to keep as many people as possible from drowning.

By the time you read this, it will be July. I honestly cannot imagine what July will be like—will the heat have minimized the virus and returned life to some semblance of normalcy, or will this illness still be raging? No one can predict. Uncertainty is a constant companion now, and radical acceptance of the unknowable and indomitable hope are necessary skills.

Given that we are in a time that is like no other in our lifetimes, and that “normal” is not happening right now, this editorial will not be normal either. Unlike a typical scholarly editorial, I want to present some of my unvarnished thinking about the COVID-19 pandemic and what it might mean for us as social workers. I have thought about what I am learning or relearning, as well as questions and ideas for the future. I hope you will forgive the informal nature of these musings; it seems like a time for genuineness and vulnerability, rather than a time to distance behind an academic voice. I hope you will write to me and share your learnings, thoughts, and ideas as well.

WHAT ARE WE LEARNING OR RELEARNING?
In many ways, it seems to me that the COVID-19 pandemic is pulling back a curtain, revealing things we had forgotten, or suspected but had not seen with clarity, or suspected but had not wished to see. For me, these facts and reminders include issues about vulnerability, systems, and humanity. This pandemic shines a light on who the vulnerable are in our societies and just how vulnerable they really are. School closings have revealed that in a country with a touted “booming economy” over 50 percent of our children receive free or reduced-price lunches (National Center for Educational Statistics, 2017). COVID-19 underscores existing health disparities in our country. Although the Centers for Disease Control and Prevention does not break out COVID-19 deaths by race, early reports (Johnson & Buford, 2020) suggest that African Americans may be dying of COVID-19 at disproportionately higher rates. COVID-19 also illuminates the incredible financial vulnerability of many—not only those identified as living in poverty, but the millions who live paycheck to paycheck whose fragile stability is shattered by the pandemic. As social workers, we have always worked with vulnerable and oppressed populations. Now we have an obligation to partner with vulnerable communities to amplify their stories, and to shift the narrative from “us” and “them” to a vociferous understanding that there is only “us.”

The inadequacy and vulnerability of our systems are now overtly on show because of COVID-19. While we have been in conversation for a long time about health care affordability and accessibility, it is clear that in addition the capacity of our health care system is woefully inadequate. It has not been fiscally or politically expedient to prepare for a pandemic, and we were not ready. This is true even though physicians and others have been saying for years that we are at high risk of a global pandemic. To see an illuminating discussion of this, watch Bill Gates’ Ted Talk *The next outbreak? We’re not ready* (https://www.youtube.com/watch?v=6Af6b_wyiwl) filmed over five years ago. In addition to capacity, our systems are unable to coordinate so that information, shelter in place messages, medical supplies, and human resources can be distributed in equitable and just ways. With our commitment to social justice, social workers must play central roles in decision making and dissemination of all these resources, using our macro ad-
ministrative, advocacy, and policy skills to make our systems more just and effective. The response to COVID-19 has also illustrated the deep problems in our political system. Information is ignored or molded to fit expediency. Decisions are made to support political position and careers, not necessarily for the well-being of the population. All this underscores the importance of social work involvement in the political process—from efforts in voter registration to social workers running for office.

Finally, this pandemic has reminded me about the worst and the best in humanity. We are seeing how hatred, greed, and fear use every opportunity to plant themselves in human hearts. We see it in the rise in anti-Asian sentiment because of the geographic origins of the virus, and in those who exploit shortages and need for profits. However, we are also seeing some of the best of humanity. We see people using technology to maintain and strengthen their relationships during this time of shelter in place, demonstrating the foundational truth of the social work value of human relationships. We have seen countless acts of heroism, large and small. Our health care workers, including social workers, put their lives at risk every day, often under unimaginable conditions. So do many others. Our child welfare workers must still visit homes to ensure children’s safety. Law enforcement must continue to protect our neighborhoods. Grocery store clerks risk exposure to virus so that we have food to eat—they are deemed “essential workers” while making minimum wage. There are so many who are embodying our values—the importance of human relationships, of service, of competence, or of justice. As social workers, we must celebrate and amplify these demonstrations of strength and goodness.

WHAT ABOUT THE FUTURE?
In the midst of the uncertainty of the pandemic, one thing is sure. Things will never be the same again, and we will not go back to how things used to be. What we have experienced and learned, along with the ongoing existence of this virus, has changed things forever.

As social workers, what should we be doing to prepare for whatever the future will bring? No one knows for certain what the future holds. However, there are people, futurists, who bring disciplined strategy to thinking about the future, using skills like identifying patterns and signals, learning from history, and building a community, to have conversations about what the future might bring, what we might want it to bring, and how to move forward. In social work, Laura Nissen is a pioneering futurist. Her recent blog post considers social work and the COVID-19 pandemic:

Now is a time to embrace and consider futures thinking with a rigor that will feel new for many in our profession—but it exactly the skills of foresight (for example—considering the role of history in revealing patterns we are part of, building scenarios that reflect multiple pathways and the various courses of action we might take, building community to read and understand signals amid what may feel like chaos, and finding some clarity despite volatility, uncertainty, complexity and ambiguity) that help us navigate what is ahead. As social workers, I would add that we do all of this in a way that is conscious of equity, acknowledges the most vulnerable in our society, the human side of crisis, crisis response and recovery for whatever happens next. (Nissen, 2020, para. 4)

As I have been in conversation with colleagues, themes about a post-COVID-19 future seem to be arising including the following:

Technology: We have learned to teach, to communicate, to provide services, and to build relationships through technology because of the pandemic. It is likely we will not go back to how things used to be but will retain these technological tools. What does that mean for clinical social work, for community organizing, for higher education, for health care access and service?

Globalization: As we watched the virus move around the world, we realized just how small the globe is and how interconnected we are. This is true in spread of infection, in sharing of medical knowledge, and in economics. Will this heightened awareness of our connectedness increase our level of care and concern or our level of fear and xenophobia? What should social work’s role be in this smaller world?

Health care: The COVID-19 pandemic has highlighted just how weak, unjust, and poorly coordinated our health care system is. What will so-
cial workers do to address this, and what will the health care system of the future look like?

The economy: It seems that a pandemic-triggered recession is in progress. Supply chains are broken, and much manufacturing is stifled. What will the value of workers be in the future? What safety net will protect the vulnerable? Is there a way to build a more just economy, to create opportunities for those who are currently marginalized? How can social work catalyze these changes?

Space: After sheltering in place for months and connecting only via technology, the idea of having one’s own space may change, as may ideas of privacy, confidentiality, and environmental justice. What is social work’s voice in these conversations?

These are only some of the topics we should begin to consider and act on. The future is now, and as social workers, we have an ethical obligation to advocate for systems and processes that are just and that promote the well-being of all. It is time to be proactive and shape the future.

I hope that as you are reading this, you, your loved ones, and your community are safe and healthy. Be strong, be positive, be social workers. SW

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