

# Article 25 Changed my Life: How the Universal Declaration of Human Rights Reframed my Social Work Practice

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**Abstract:** This reflection recounts how working with survivors of human trafficking led one social worker to discover the Universal Declaration of Human Rights (UDHR), and how that discovery catalyzed a process of personal and professional discovery that continues to this day. According to Article 25 of the UDHR, an “adequate” standard of living is a human right – as are food, clothing, housing, medical care, and even necessary social services. Learning to see her clients – who were universally living in rural poverty – through a rights-based lens set this writer on a course to reframe social work practice as human rights work.

**Keywords:** social work, human rights

I went to work in rural north Florida in 2007. The area is lovely in a formerly prosperous, rural, southern, north-Florida sort of way. Pre-civil war plantation houses still stand, and descendants of slaves still till the soil – now alongside Central American migrants. Barns once used to dry shade tobacco have been abandoned and devoured by kudzu vine. The monumental county courthouse is surrounded on all sides by half-hearted businesses: there is a re-sale shop featuring hats for church ladies, an art gallery, a new Hindu Temple, some county social services, and a restaurant that frequently changes hands.

I didn't go there for hats or shade tobacco. I was hired by the County Health Department to provide mental health, parenting, and child development assistance to pregnant women and mothers of young children, especially those who were at risk of poor outcomes. I knew the area because, as a social worker specializing in parental bereavement, I'd been there before, spending time with families whose sweet babies had died before birth or shortly afterward. With its high rate of infant mortality – disproportionately high among African American babies – it was the kind of place where my grim expertise could come in handy.

As a Health Department social worker, the heart of my job was to provide support for unprepared or overburdened mothers. As a matter of course, women seeking pregnancy testing or prenatal care were screened for depression. They were asked to evaluate their feelings over the prior week, and to assign points to their feelings of distress. Specifically, they were asked if they'd been able to laugh; if they were looking forward to things; if they'd felt anxious, overwhelmed, scared or sad; if

they'd had difficulty sleeping; and if they were considering harming themselves. If they scored high enough, they might well be referred to me. Rural north Florida is large and poor, so my caseload of moms who admitted to feeling anxious, sad, miserable, or simply overwhelmed, spiraled out from the Health Department in all directions. And it was my job – and also my honor – to visit them in their homes. Visiting my clients, I navigated hundreds of miles and many communities. In the area's small urban centers, I would sit with moms on rented sofas in stuffy public housing units; in the county's rural zones, I might visit a family living in a creek side trailer or sit outside under a shade tree near a field of ripening tomatoes. I might accept a glass of sweet tea in one old house, and then eat pozole in a trailer home later that same day.

It's hard to generalize my clients, though it's certainly true that they were all living in poverty. Many of the women I got to know never had a decent teacher, never lived in a safe place, and never held a decent job. Without transportation, a woman couldn't get a job; without a job, there was no way to buy a car or even a ride. Without transportation or money, there was no way to buy groceries or baby formula. It was possible, we would hear at the Health Department, for young mothers to swap sex for diapers or needed rides. Many of my clients seemed heroic to me in their perseverance.

As we visited with these women in their homes, my colleagues and I wondered about the value of our work. In this county – as in many counties across the rural United States – the public school bus comes for school-age children and takes them off every weekday to see friends and experience a bit of the larger world. Very often, their mothers – stranded – spend their days at home with their younger children or with neighbors

and family members who've been similarly left behind. Some of the value in my visits was simply a bit of novelty or entertainment, but I wanted – and the Health Department expected – the value of my work to be more profound. My goal was to help young women overcome the barriers between themselves and a life they would feel good about; my goal was to help women connect with their children in ways that would provide those kids with the resilience they would need when confronted with barriers of their own.

Many of my clients spent hours and hours every day in dark houses with televisions booming, so I felt good when I could get a woman outside. I felt great when I could get a baby into a stroller and take her mom for a walk and a longer, more ambling talk; I loved bringing art supplies and getting moms and toddlers messy with paints in the yard; I felt useful when I could take a Spanish-speaking mother to her child's public school and translate for a parent-teacher conference.

But I felt ridiculous when my teachings were demonstrably out of touch with reality. On one humbling afternoon, I looked through the floorboards of my client's bedroom into the accessible dirt below. She was patient with me as she explained that, no, she could not put her baby to sleep in a crib (which she didn't have) or even a dresser drawer (which she did) because if she didn't sleep with her child, she worried that the baby would wake up welting with insect bites or worse. This mother was reasonably afraid that a baby left on her own might encounter a snake, a spider, or even a rat. My Health Department notions of "safe sleep" did not address the very real dangers that her baby might face when sleeping alone.

I worried about the medication management piece of my job: As an LCSW I worked alongside our psychiatric nurse in dispensing anti-depressant, anti-psychotic, and anti-anxiety medication to new mothers. I wondered about all this medicating of their anger and distress. In school, social workers learn that anger turned inward can lead to depression, and we know that women may be more vulnerable to these "internalizing" disorders (Freud, 1922; Herman, 1992). I wondered if it might be better for them to harness that anger and use it as fuel for changing their lives and their communities.

In my own caseload of medicated moms, I can definitely think of a few medicated women who became more engaged with their worlds; others seemed to evaporate into the rural landscape.

So this is the context in which the discovery of human rights blew my mind, altered my social work practice, and changed my life. The story I want to tell here isn't about the individual women I worked with. It's about their collective situation and how I learned to see them as women whose human rights were being violated with every breath they took.

### **One Summer Day**

One summer day, I received a referral from a Health Department colleague working in the Special Supplemental Nutrition Program for Women Infants and Children (WIC). They were worried about a very young Central American woman who was pregnant with her second child. We can call her Silvia. Like many of our clients, Silvia came to this country illegally, and she was well known at the Health Department, as she'd received our WIC and prenatal services with her first pregnancy as well. The WIC ladies were worried about her. They found Silvia hard to reach. She didn't smile at them or chat, but also she seemed uninterested in the baby in her arms, and similarly unconcerned about the new one who would shortly join her family. My colleague, Susan, came to get me in my office, and we went together to meet Silvia. Susan introduced me, and then I had the chance to sit down with Silvia for a few moments before she told me that her ride needed to take her home.

As I looked at Silvia, I saw a strong, 17-year-old girl. She was clean and neat, well-dressed, and the baby was cutely turned out. I cooed at the baby, of course, but Silvia didn't join in. She accepted my interest in her and the baby, but she didn't lighten up and soak up the attention as many mothers do. She didn't mirror or join in my babbling, nor did she choose to show me more about her baby or tell me any stories. In my first visit with Silvia, I agreed with WIC that Silvia should be assessed for depression, and that she and her baby might benefit from intervention to support and strengthen their bond.

I made a plan to see her when she came in for her next WIC check. When she didn't keep her appointment, the WIC ladies asked me to go to her house. I stopped

by the house several times before I was permitted entry. Silvia, her boyfriend, and their baby were living in the insulated garage of his family's home. The day she let me in, she was home alone with her daughter. She said quickly that she didn't like to have visits when her boyfriend was at home, but she offered few other words. The room where the family was staying was small and the one small window was heavily draped. There was a bed, a crib, a dresser, a television, and one chair. We stood together awkwardly. She did not ask me to sit down, and her eyes mostly avoided mine. I was more than twice her age, but in her presence, I felt young and unsure. I expect that she was wondering why I was there and what she could do to bring our visit to a quick and polite close. She knew I'd been sent by WIC; she knew she wanted to continue WIC benefits; and she'd been willing to open the door, but she certainly didn't seem like she wanted to talk. The baby was strapped in her car seat on the floor.

Our conversation opened up when I suggested we take a walk. Silvia allowed me to change the baby and put her in the stroller. I used my moments with the infant to check her reflexes and get a sense of her development. At just 6 months old, the baby looked healthy, but she was not yet able to sit up on her own. Silvia allowed that she was feeling exhausted by the demands of the baby and not really looking forward to the next one. I hoped that Silvia might let me get down on the ground and play with her and her daughter. I wanted to connect Silvia with the experience of baby joy and help her find some motherly delight and skill, but on this particular day, I didn't want to push much besides the baby stroller. Our connection felt so fragile. On our walk, however, she did open up a bit. When I asked her what sort of help she might need, she told me that she needed to go to Tallahassee and didn't know how to get there. When I asked why, she told me that she needed to see her lawyer.

That was surprising to me. There was nothing in her chart about juvenile detention or a pending case. Probing gently for details, I learned that she had been the victim of a crime, not the perpetrator. She told me that her lawyer was located at the university's Human Rights Law Center, and that she was trying to get her permanent US visa. I didn't ask for more details right away. I wanted to spend some time building trust and relationship with Silvia, so I

offered to bring her to Tallahassee myself.

A few days after that first home visit, I returned to Silvia's house and picked her up along with the baby and car seat. We all strapped in for the hour's drive. Silvia was grateful for the ride, but I imagine that she and I were both uneasy about the hours of forced togetherness. I let her pick the radio station. Beyond the radio, the drive was pretty quiet as we made our way to her lawyer's office.

Once there, at the suggestion of her lawyer, Silvia signed a release of information that allowed me to know the details of her case. That's when I learned that she'd been brought to Florida from her native country when she was just a kid, perhaps 8 or so. A family friend had promised to put her in school. Instead, Silvia was put to work taking care of children even younger than herself. She was not allowed to leave the house where she worked; she was never paid; she was not allowed to go to school; indeed, she was a slave. As a victim of human trafficking who was collaborating in the prosecution of her traffickers, she was eligible for a special "T" visa and therefore permanent legal residence in the United States. I agreed to help Silvia prepare her statement for court, the whole story of how she came to this country; what her family in El Salvador had expected when they allowed her to leave for the US; her very different experience of being imprisoned in her workplace; her eventual rescue; and the contributions she would bring as a citizen of the US.

Over the course of several months working together, I think I did earn Silvia's trust. We prepared her statements; we also did get down on the floor with the baby, who quickly learned skills as she was given more time out of her car seat. I was pleased to see Silvia begin to play. In the end, Silvia got her visa, and when the new baby boy arrived, she came to my office and we took lots of smiling pictures. That was the end of my relationship with Silvia, but just the beginning of my understanding of social work as human rights work.

### **Over the Next Year**

Over the next year, I had the opportunity to help additional survivors of human trafficking. Working alongside lawyers, I learned more about visas and about human rights. One lawyer colleague suggested

that I read the Universal Declaration of Human Rights (UDHR; United Nations, 1948). I was unfamiliar with the UDHR (it wasn't included in the MSW curriculum when I graduated in 1991) and I was initially hesitant, imagining that the declaration would be as impenetrable (and as deserving of avoidance) as small-print legal agreements usually are.

When I did read it, I was amazed by its simplicity. It was accessible – and beyond being merely understandable, I found it useful: it provided me with the lens I needed to really see my work in focus. Using the UDHR allowed me to see that all the mothers on my caseload – not just the survivors of human trafficking and violence – were victims (and survivors) of grave violations of their human rights.

Particularly, I found myself mulling over the words of Article 25. I had been a social worker for more than 20 years and had spent almost every day of my working life with women, men and children whose rights to an adequate standard of living – including food, housing, medical care and unemployment security – had been systematically and continually violated. In essence, Article 25 presented a brief inventory of the rights to which my north Florida clients were inadequately entitled.

#### Universal Declaration of Human Rights (UDHR) Article 25

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection. (United Nations, 1948)

I had long been uncomfortable with the dominance of the mental health framework as the way to understand our clients' realities. My fellow social workers and I regularly discussed our concern about

the focus on our clients' personal symptoms (e.g., obesity, depression) at the expense of the social problems which felt harder to address (e.g., unemployment, inadequate education). The UDHR clearly challenged us to embrace a different assessment framework. It wasn't only about the individual woman's sense of distress; it was about the deprivation she shared with so many of her neighbors: the lack of access to work, to safe housing, to sufficient healthy food, to quality education for her children, to nearby specialist healthcare, and more. It was also about the presence in these women's lives of violence and discrimination. The UDHR gave me new language to ground my clients' "symptoms" in injustice.

A mental health diagnosis has the power to define the bearer as defective. A human rights lens shifts the focus; it requires us to diagnose the environment, not just the woman (McPherson, Siebert, & Siebert, 2017). The human rights lens helped me understand my discomfort with Health Department food baskets and drives to provide families with Thanksgiving turkeys. Of course, I didn't want the families I was working with to go hungry, but I wanted them to have food every day, not just on holidays or during emergencies. Plus, I bristled against a system that required them to compete for assistance. No one is more deserving of food than another; all people deserve food because it is their human right.

#### Embracing the UDHR

I embraced the UDHR with the zeal of a convert. I printed copies and shared them with my clients and with co-workers at the Health Department. For some mothers, the laundry list of rights was just one more sheaf of papers. I imagine those women asking themselves how there could be even more hoops to jump through or new forms to fill out. With others, I had interesting conversations about rights. Some clients, who had not thought about housing or food as human rights before, were interested in engaging around these ideas. There was even a bit of hope: Was there someone from whom they could demand access to these newly discovered rights? Alas, I had to explain, the answer in the US is sadly no. Unlike our allies in Western Europe, Brazil, Japan, and beyond, the US is not party to the United Nations conventions – the Convention on Economic, Social and Cultural Rights, the Convention on the Elimination of All

Forms of Discrimination Against Women, or the Convention on the Rights of the Child – which might have guaranteed those rights.

Still, these rights exist. As US residents, we may currently have variable access to them, but the existence of social rights elsewhere offers us an opportunity for activism and change. Indeed, some US communities like Eugene, OR, Birmingham, AL, and Pittsburgh, PA, have moved ahead to assert those rights for their citizens (U.S. Human Rights Network, n.d.). I didn't see the women I worked with become political activists, but I did see that for some of my clients the existence of these rights – services to which they should be entitled – seemed to have a dignifying effect. If there is a right to a decent standard of living, the understanding of poverty can be transformed: "I am still poor, but the problem is injustice, not simply personal failure."

I encouraged my colleagues at the Health Department to take a look at the UDHR, too. I had hoped we could use the declaration as an alternative form of assessment, alongside the many other mandatory forms. That is, I suggested that we assess our clients in a comprehensive way that would include both individual and social problems, and look for solutions on the micro and macro levels. I wish I could say that introducing the UDHR transformed the Health Department.

Shortly after my discovery of the UDHR, I applied for admission to a doctoral program in social work. I spent the next six years completing my Ph.D. and working with colleagues around the country and around the world to evolve a human rights approach to social work practice (McPherson, 2015). That's what I teach now, what I write about, how I think, and how I see.

Now that I am part of the social work academy, I sometimes tell my students that if I were to get a tattoo, it would include words from Article 25. In truth, I don't need the words burned into my skin, because they are indelibly etched in my mind. Article 25 gave me the words and the framework to

understand the work I'd been doing for 20 years. It gave me the courage to reinvent myself, and – I hope – to help reinvent social work in the process.

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