



LETTERS TO THE EDITOR

Responses to "Do The Right Thing"
and accompanying commentaries
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Dear Editor.

I have just finished reading "Do the Right Thing" and the invited commentaries on this narrative in the Summer issue *Reflections*. I believe that Ms. Houston did the right thing, and am surprised by the controversy which has surrounded its publication. I come to this decision based on a series of questions which I posed to myself and the answers I arrived at.

Q: Was there sex going on in the prison when Ms. Houston arrived for her field placement?

A: Yes, and the fact that this rule was broken was the precondition which set up Ms. Houston's dilemma. Had this rule not been broken, there would have been no need for Ms. Houston to take any action regarding the provision of contraband items.

Q: Did Ms. Houston in any way encourage sexual behavior in this setting?

A: No, unless one believes that providing protective devices further encourages sexual behavior, which I do not believe to be the case. Sexual behavior was occurring, and would continue to occur, prior to the provision of dams.

Q: Should Ms. Houston attempted to stop the sexual behavior which was going on, either formally or informally?

A: While one might argue that this might have been a way for Ms. Houston to have avoided her ethical dilemma, and thus to avoid needing "to engage in rule violation," it would have seriously harmed, if not destroyed, her ability to form relationships with both inmates and staff who were "looking the other way." Without this trust, she could not be an effective social worker within this agency environment. As she states "the informal structure really ran the facility."

Q: Did Ms. Houston break the law by providing the dams and therefore commit a clear violation of her professional ethics?

A: As Samuel Richmond notes: "Possession and transfer of dams is not inherently illegal; it is illegal only in prison." And it is illegal, not due to any "law," but due to an administrative regulation which many social workers would find unacceptable. Is there anyone who has practiced social work who has not broken a bureaucratic regulation when they thought it was in the best interest of our client?

Q: Given that sexual activities were occurring, did Ms. Houston have an ethical obligation to stop the spread of HIV/AIDS?

A: Yes. HIV infection usually leads to death within a decade. And despite recent advances in the medical treatment of HIV infection, marginalized populations are the least able to access either medications to treat the disease or social services to ameliorate its psychosocial impact.

Q: Did provision of barrier dams in any way undermine the goals of the social service program in which Ms. Houston was placed as a student?

A: No. Provision of these "contraband" devices, which were neither destructive or harmful to her clients, helped her gain her client's trust without undermining the programs purposes. If this program was the "ultimate in family preservation treatment," and Ms. Houston was expected to "advocate for the [prisoners] with foster parents and extended families where their children had been placed" then provision of the dams only furthered the purposes of the program. There can be no family preservation if a mother is incapacitated from or dies of AIDS; there can be no "bonding benefit" at all if the person to whom the infant bonds is dead.

Q: Could the provision of barrier dams further the treatment goals with the client?

A: If one believes in strengths-based treatment then the answer to this question is yes. If Tyrae (the client) was, in fact, "future oriented," and she "wanted to succeed as a mother, lover and daughter," she could only do so if she was healthy and alive. Her concern with safe sex, which led her to approach Ms. Houston about the dams, demonstrates this future orientation, and the provision of the dams may have reinforced this orientation. It certainly reinforced the importance of responsibility in sexual conduct to Tyrae. I believe, in Richmond's words, that the provision of the barrier dams led to the advancement of "human life, human health, and human personality."

Q: Does the "system's failure to act appropriately in enforcing policies... provide license for a social work professional to engage in rule violation?"

A: On this point, I disagree strongly with Gelman's remarks. If the system had enforced its rules about sexual conduct, then the student would not have faced the ethical dilemma she did. However, since the system was not enforcing a rule which led to the ethical dilemma, the student had the obligation to act in the best interest of her client — in this case a life or death interest. I believe that Jiminez is correct when she notes, "when prison officials implicitly allowed sexual contact to occur between inmates, inmates should have the power to protect themselves from life-threatening diseases." In opposition to Reamer, I believe that civil disobedience was warranted in this case, since, in my opinion, the student had "no reasonable alternative" which could have been implemented in a timely manner.

Q: Should Ms. Houston have consulted with appropriate school personnel before pursuing her course of action given the institutional consequences which her actions might have had?

A: There is no question that this should have been the course of action that the student should have pursued. And, we do not know if she did — the narrative, for whatever reason, is silent on this point. One can assume, however, that the student might have pursued such a course since she acknowledges a professor for "guiding [her] through this narrative and [her] own professional career." But even if she had not, or had she been told not to pursue the course of action she did based on institutional considerations, I believe that on ethical grounds the student's actions would have been upheld by a reasonable faculty or field instruction staff.

HIV infection and AIDS are preventable. It is a social worker's obligation to preserve the public health, alleviate potential suffering, and foster the human potential in all of our clients, even if we are hindered by the actions of our government and its agencies. Some, particularly those who have instituted needle exchange programs, have been particularly courageous and broken the law in pursuit of these principles. Others, like Ms. Houston, have broken agency regulations. Still others in our profession work tirelessly to combat the spread of this disease and work compassionately and professionally to tend those afflicted with it. To criticize such efforts as unethical, even if bureaucratic rules are broken or institutional relationships are jeopardized, is to give comfort and ammunition to those who believe that this disease is the just dessert of IV drug users, the poor, people of color, and gay men in our society.

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