VOICES

:ON DIFFERENCE

A student-led journal focusing on issues of social justice

Graduate Social Work Department
West Chester University

EDITORS' NOTE

This edition of VOICES explores issues of social justice through both an analytical lens as well as personal reflection. The articles unearth less overt practices and beliefs that influence the undercurrents of our political structures, and subsequently, how our health systems and legal practices respond to social challenges. The 'voices' highlighted in this year's journal marry the concepts of personal impact and systemic change. The articles, when viewed collectively, speak to concepts on the micro and macro level that influence bureaucratic realities and community sentiment.

Our cover photographs this year depict Philadelphians' response to national events that expose the racial prejudice woven into the fabric of our social systems. Simultaneously, these photographs illustrate the civil liberties we social workers need to value and take full advantage of – the right to challenge laws and systems in an effort to fulfill Constitutional ideals. The protests in the pictures come thirty years after Philadelphia's infamous story of racially-charged violence: the MOVE bombing of 1985. The photos and articles that follow represent social justice as a living concept, pulsating with the tension of call and response. This journal seeks to give 'voice' to the ideas, stories, and beliefs that live in that balance.

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Front and back cover photo credit: Casey Henninger, MSW Candidate '15

TABLE OF CONTENTS ⸺

WHAT HAPPENS IN PRISON STAYS IN PRISON —————

TAR!

Is prison like the shows *Orange Is the New Black* or *Oz?* I am asked this question when I tell someone I spent seven years of my life in prison. I have come to realize that people do not care if prison is oppressive and creates a cycle of violence, they are more eager to hear all the violent, sexual, and gruesome stories I have to offer. I understand why people are curious about prison life, which is wrongly glamorized by Hollywood. However, as a gay man in prison there is no TV show that could capture the raw experience of being incarcerated in America.

The first thing I always tell people is that there are only five things an inmate can do in prison: read, play cards, watch TV, exercise, and engage in lots of sex. I will never forget the first time I had sex in prison. It was intense, rough, violent, and amazing. There was something extremely erotic about having sex in captivity. I never understood why I was so sexually charged behind bars; maybe it was the open showers, the sweaty gym, and no pressures of a serious relationship. Sex in prison was living a fantasy in a nightmare. But for some inmates, having sex in prison came at a bigger cost: becoming HIV-positive.

Why should anyone care about who becomes HIV-positive in correctional institutions? Only 11% of the total prison population are serving life sentences (The Sentencing Project, 2015). This means prisoners, at some point in their lives, will return to their partners, families, and communities. As a result, unprotected sex in prison becomes an issue of public health. Many prison officials hate talking about HIV because of their own countertransference with sexual orientation and gender identity. I have learned that one cannot have an honest discussion about HIV without talking about sexual orientation. However, if we as social workers in correction institutions continue to ignore this public health

> **"...as a gay man in prison there is no TV show that could capture the raw experience of being incarcerated in America."**

concern, what does this say about us in the profession?

It was during my time in prison that I had the opportunity to reflect on "What is gay?" Most of the men I had sex with behind bars were not gay or didn't identify as having serious attraction to the same gender. People scratch their heads when I say this, but I explain that men in prison don't have a choice about the gender of their partner if they crave sexual pleasure. Most men who are incarcerated are in their 20s and early 30s, which is the sexual peak of their lives. Of course, there is going to be lots of sexual activity. Nathan McCall writes about how young heterosexual men resort to having homoerotic experiences while being incarcerated in his 1994 book *Makes Me Want to Holler*. McCall describes how the young men he was locked up with experienced "mirages." This mirage is when an incarcerated man is in his sexual prime and has visions of a gay male as a woman. McCall and his friend are on the prison yard and McCall is questioning what is happening with his friend's sexuality in the following passage:

> "Look a' that guy. He looks just like Wanda Malone," said Feetball.
> I looked at the inmate, and looked again.
> I thought Wanda is a girl. Seeing no resemblance to Wanda, I turned to Feetball and said, "Man, get outta here! That guy don't look like Wanda!"
> "Yes, he do. Look at his face. He got the same complexion and everything" (McCall, 1994, p. 193).

In this brief scene, McCall gives the reader a clear example of the homoeroticism that occurs when young men are incarcerated for long periods of time. In my own experience, I had plenty of men tell me I reminded them of a girl they had a previous relationship with outside the prison walls. These men were so desperate to be

touched they were willing to a have homoerotic experience to fulfill their sexual urges.

With social work colleagues, I often have to remind them of the Kinsey Scale of Sexual Orientation. According to Alfred Kinsey, we are not simply heterosexual and homosexual; many of us are in between. The Kinsey Scale ranges from exclusively heterosexual (zero) to homosexual (six) and a person can fall into any of the other categories in-between (Kinsey Institute, 2015). When I would witness prison relationships and intimacy between men, I accepted that these men were only looking to take care of their innate need to be touched. As my prison case manager would say, "The men at Forrest City Correctional Institution are gay for the stay." However, given the enormous and lethal health risks at stake, it is imperative for social workers and case managers who work in correctional institutions to explore the dynamics of sexual orientation. A more informed – and realistic – understanding of what is really happening will allow social workers to advocate, urgently, for better public health standards within the system.

Men in prison are yearning for affection and intimacy and inmates viewed me as a way of receiving sexual pleasure. Being young, gay, and sexy I was more than happy to oblige. However, I would always say to myself, "I wish I could get condoms." Everyone in the prison knew that there was plenty of sex going on. In addition, plenty of inmates had sexually transmitted infections but no one addressed this issue. This made me a bit paranoid, and every time I engaged in sexual activity I gave my partner a physical exam.

One day I decided to explore why prisons do not give condoms to inmates. During a meeting with my prison social worker, she told me, "You should not be having sex in the first place, TAR!, it's illegal in prison. And if we gave out condoms

> **"…I heard a nurse tell a prison official, 'We just let the fags fuck themselves to death.'"**

this gives y'all permission to have sex." I simply responded "ok" yet I was thinking to myself, "That does not make any sense." There are inmates who are HIV-positive and sexually active and no one says anything.

The fact that condoms are not given out in prison is a direct reflection of America's blatant homophobia. Correctional institutions all over the country appear to embody Hannah Arendt's concept of "the banality of evil" (Arendt, 1963) regarding gay men and their sexual partners. Arendt's term identifies the catastrophic consequences of the everyday refusal to think from the viewpoint and experience of others. As one telling example, I heard a nurse tell a prison official, "We just let the fags fuck themselves to death." Giving out condoms in prison does not give someone permission to have sex, it empowers them to protect themselves and the partners they will return to in society. I have witnessed several heterosexual men come to prison HIV-negative and leave HIV-positive. I often wondered whether the men who are released tell their wives or girlfriends about their new HIV status or do they simply think of prison like Vegas, "What happens in prison stays in prison."

Condoms in prison are an issue of public health and social justice that would allow inmates who choose to be sexually active to safeguard themselves. In our society we want people to have good sexual health, however, when it comes to the prison population we want to be ambivalent. Public health policies like this are unacceptable because people's lives are at stake and there is a simple, straightforward way to address the issue. Communities of color should know that it is our population that is at the highest risk. As a society, it is imperative that we protect the health of one of our most vulnerable populations, prisoners.

References

McCall, N. (1994). *Makes me wanna holler: A young black man in America:* New York: Random House.

Kinsey Institute. (2015). *Kinsey's heterosexual-homosexual rating scale*. Retrieved from http://www.kinseyinstitute.org/research/ak-hkscale.html

Arendt, H. (1963). *Eichmann in Jerusalem: A report on the banality of evil*. New York: Penguin Books.

The Sentencing Project. (2015). *Trends in U.S. corrections*. Retrieved from http://sentencingproject.org/doc/publications/inc_Trends_in_Corrections_Fact_sheet.pdf

THE "STOP SNITCHING" PHENOMENON: VIOLENCE, JUSTICE, AND POLICY IMPLICATIONS

Maggie Hegney

Thirty-eight year old Stacey Torrance is serving the sentence of a killer: life in prison with no possibility of parole. He has been serving this sentence at the State Correctional Institution at Graterford for twenty-four years. This means that at age fourteen, Torrance was immutably consigned to an existence inside Pennsylvania's prison system for taking part in a felony during which a homicide occurred. Torrance was involved in a burglary-turned-murder in North Philadelphia with two of his older relatives, each of whom are more than ten years his senior. Under pressure from the police, both men implicated Torrance as a co-defendant in the case, despite the fact that the teenager's only role was to drive the getaway car. Because of the older men's testimony, Torrance will spend the remainder of his life behind bars (Stroud, 2009).

In many ways, the "stop snitching" phenomenon is a response to circumstances like these. Concurrently a "criminal code of the street" and a manifestation of community-wide mistrust of police, the "stop snitching" discourse is a product of criminal justice policy that increasingly relies on policing through informants ("Derrion Albert," 2009). The resonance of the "don't talk to the cops" motto reflects the experiences of people like Stacey Torrance who identify the increased use of "snitches" as a site of growing structural inequality. Understood this way, the "stop snitching" phenomenon is a response to an official practice that threatens people with distinct harms.

This article will analyze the dissemination of the "stop snitching" discourse as a social movement that resists this maltreatment. Theorizing the criminal justice system's use of "snitches" as a social policy that negatively impacts individuals, families, and social networks, this analysis sets out to examine how the "stop snitching" phenomenon challenges notions of egalitarianism in urban, high-crime neighborhoods. Specifically, it will consider how "stop snitching" is part of a larger dialogue on the meaning of violence and the limits of justice in inner city black communities. This article will pinpoint three thresholds in the construction of this phenomenon: "stop snitching" as a criminal code of the street, "stop snitching" as a manifestation of community-wide mistrust of police, and "stop snitching" as a call for social policy change.

> ### "Stop Snitching" as a Criminal Code of the Street
> *It was born of prosecutors granting immunity and informant fees to criminals in exchange for their testimony only to see these same criminals leave prison and resume a life of crime in the 'hood...It was born of prosecutors striking deals with 30 year old triggermen who've murdered in exchange for their testimony against their 16 year old co-defendants...It was born of prosecutors striking deals with jailhouse informants who come forward time and time again claiming a prisoner 'confessed' their guilt in a casual conversation on the yard...This gave birth to the 'Stop Snitching' phenomenon.*
> Holbrook, 2005, p. 16

The "stop snitching" phenomenon generated national media attention in 2004 with the release of the low-budget, straight-to-DVD documentary called Stop Snitching, Vol. I (Brown, 2007, p.169). As the DVD's producer Rodney Bethea made clear, *Stop Snitching* was not directed at neighbors watching out their windows or uninvolved passers-by calling 911. Bethea explains: "When we refer to snitches, we are referring to a person engaging in and profiting from illegal activities. And when they get arrested, to save themselves, they tell on everyone else they know" (Natapoff, 2009, p. 125). For Bethea and others involved in the phenomenon, "It's not snitching if you're someone who hasn't committed to the game" (Natapoff, 2009, p. 125). In this way, *Stop Snitching* advocates a particular code of the street: those who engage in "the game" should not be able to evade the

consequences of their lifestyle choice by implicating their affiliates.

What the DVD implies is the intense bureaucratic pressure that accused criminals are under to indict others in order to escape imprisonment (Natapoff, 2009, p. 108). In this way, it draws attention to the increasingly invasive and punitory tendencies of criminal law enforcement. For those who subscribe to the "stop snitching" discourse, this criminal code of the street cites the "politics of domination" that characterize the relationships black communities have with structures of government, or "white supremacist, capitalist patriarchy" (hooks, 2004, p. 14). Their experience with the policy of using "snitches" generates a specific knowledge that shapes their politics.

These politics are useful in understanding the ways that black communities as a whole have understood the use of criminal informants. Although the "stop snitching" phenomenon originated as a criminal code of the street, it takes on relevance in society's law-abiding sectors as well. The next section will explore how "snitching" affects not only those involved in the illegal labor market, but also the community as a whole.

"Stop Snitching" as a Manifestation of Community-Wide Mistrust of the Police

I wonder if because it is blacks getting shot down, because it is blacks who are going to jail in massive numbers, whether we- the total we, black and white- care as much? If we started to put white America in jail at the same rate that we're putting black America in jail, I wonder whether our collective feelings would be the same, or would we be putting pressure on the president and our elected officials not to lock up America, but to save America?

Mauer, 1999, p. 118

"Within this broader context of inequality, community members are averse to relying on a system that is understood as apathetic to or antagonistic towards the needs of the black community. Pervasive communal mistrust of police flows from practices like 'snitching' that closely link race, crime, and social policy."

At the core of the "stop snitching" standpoint is an enduring issue in impoverished, black neighborhoods -- police mistrust. As Natapoff notes, "The history of policing in black neighborhoods has been famously fraught with official violence, racism, and the tolerance of "black-on-black" crime (2009, p. 126). Within this broader context of inequality, community members are averse to relying on a system that is understood as apathetic to or antagonistic towards the needs of the black community. Pervasive communal mistrust of police flows from practices like "snitching" that closely link race, crime, and social policy.

"....policies surrounding the use of 'snitches' constitute a structural source of ongoing violence, and are therefore a necessary site for change."

Theodore Caplow, a sociologist, and Jonathon Simon, professor of law, note that starting in the 1980s, our government shifted ideologically towards a social conservative approach to poverty and criminality (Caplow, 1999; Blau and Abramovitz, 2004). What this means is that as funding for social services for vulnerable populations was cut, "tough on crime" laws and the private prison industry quickly expanded. In this context, the policy of pressuring suspects to "snitch" has special implications.

According to Natapoff, the widespread use of "snitches" affects what she calls "tension in the 'hood" in three ways (2009, p. 114). First, "it erodes the appearance of fairness because it represents the open toleration of crime by the very people charged with enforcing it" (2009, p. 115). When community members witness "snitches" immediately return to the streets after providing the police with names of other offenders, public perception of and confidence in the law deteriorates. Second, "Snitching...teaches a destructive lesson in civics: the law is for sale" (2009, p. 115). When the government exchanges culpability for information, it signifies that one doesn't have to play by the rules if they know the game. Finally, Natapoff highlights how the use of "snitches" "make[s] the legal process secret and unpredictable, governed by personal relationships between police and criminals rather than public rules" (2009, p. 117). In neighborhoods where law enforcement is often the only kind "governance" these communities experience, this sends an acute message that it is power that structures relationships between individuals and government (Natapoff, 2009, p. 117; Mauer, 1999, p. 125). Understood this way, policies surrounding the use of "snitches" constitute a structural source of ongoing violence, and are therefore a necessary site for change. The next section will explore this concept.

> **"Stop Snitching" as a Call for Social Policy Change**
> *Sometimes it is beneficial, in a democracy, not to cooperate with the police. One of the values of the antisnitching movement is that it reminds us that not all law enforcement is in the best interest of communities. Many African Americans are suspicious of snitches because snitches have been used to thwart civil rights movements - everything from the Denmark Vesey slave rebellion to Martin Luther King Jr.'s civil rights organizations. When the law is selectively applied, or doesn't serve to make communities safer, providing information about lawbreakers is not a virtue.*
> Butler, 2009, p.99

The use of "snitches" draws attention to persistent biases in the functioning of our criminal justice system. Natapoff quotes law professor David Cole, who explains that there are two divergent frameworks of the American penal process: "one for the more privileged and educated, the other for poor and less educated...[P]olice officers routinely use methods of investigation and interrogation

against members of racial minorities and the poor that would be deemed unacceptable if applied to more privileged members of the community" (2009, p. 206).

Snitching underscores this discriminatory arrangement. Natapoff points out that "… informant practices in poor and minority neighborhoods are more intrusive, less regulated, and tolerate more risk and crime than practices used against offenders who tend to be wealthier, whiter, better educated, and better represented" (2009, p. 206). Although informant protocol officially corresponds in these different sectors, there are pronounced differences the in ways law enforcement makes use of their power (Natapoff, 2009, p. 206). As noted by Paul Butler, the criminal justice system is not always equipped or oriented to serve and protect the black community (2009, p. 99). Instead, many residents of crime-ridden neighborhoods understand the law as singling out people of color while simultaneously denying them safety and security in their own communities (Mauer, 1999, p. 120).

"When the law allows offenders to continue to engage in illegal activities in reciprocation for 'playing the game,' the existential wholeness of communities is eroded . . . "

Legal scholar Randall Kennedy explains this analysis. Fourteen years ago, he controversially argued that "the principal injury suffered by African Americans in relation to criminal matters is not overenforcement but underenforcement of the law" (quoted in Natapoff, 2009, p. 207). What Kennedy means is that even as black Americans are specifically targeted for castigation by the legal system, crimes where black men and women are the victims are frequently neglected or ignored (Natapoff, 2009, p. 207).

"Snitching" is a key component of this "underenforcement" problem. When the law allows offenders to continue to engage in illegal activities in reciprocation for "playing the game," the existential wholeness of communities is eroded in two critical ways. First, according to Natapoff, is that "residents suffer from additional crime" (2009, p. 207). By swapping information for freedom, the criminal justice system effectually permits more incidences of criminality. Natapoff also notes that community members suffer in a second way from "the indignity of the official decision to permit such crimes to occur" (2009, p. 207). From their vulnerable position in society, neighborhood residents are unable to avoid the indignities and violence that circumscribe them. In Natapoff's words, "When public institutions charged with maintaining law and order conclude that some individuals or communities are not entitled to full protection, it dilutes the deepest promises of democratic governance" (2009, p. 207).

For these reasons, using "snitches" in poor urban areas -- an official practice "that exacerbates racial and economic inequality" -- constitutes a challenge for policymakers to do better (Natapoff, 2009, p. 207). The utilization of criminal informants cannot be dissociated from its context, which is crucial to understanding how governmental reliance on "snitching" is a structural source of ongoing injustice. From a social outlook, the means through which "snitching" is implemented are just as important as its consequences.

Conclusion

The "stop snitching" phenomenon and the responses associated with it are best understood as modes of resistance to the biases embedded in American criminal justice policy. However, this opposition has not developed as a singular brand of activism. Rather, "stop snitching" is a mutable and instinctive discourse that can be utilized to address the harms urban black communities face that go largely unaddressed in social policy frameworks. When analyzed as a social text, the "stop snitching" phenomenon shows how issues of violence and justice function in urban, minority neighborhoods in ways that are not articulated in politics. In this way, "not snitching" can be understood as a crucial part of the systemic struggle as a whole. By understanding responses to "snitching," we can recognize important truths about how our legal system functions - and for whom.

References

Blau, J. & Abramovitz, M. (2004). *The dynamics of social welfare policy*. Oxford: Oxford University Press.

Brown, E. (2007). *Snitch: Informants, cooperators, & the corruption of justice*. New York: PublicAffairs.

Butler, P. (2009). *Let's get free: A hip-hop theory of justice*. New York: The New Press.

Caplow, T. & Simon, J. (1999). Understanding prison policy and population trends, *Crime & Justice*, 26, 63-119.

Cole, D. (1997). *No equal justice: Race and class in the American criminal justice system. New York: The New Press.*

Holbrook, R. S. (2005). To snitch or not to snitch: The view from the other side. *Shots ring out: Letters to youth from people in prison.*

hooks, bell. (2004). *We real cool: Black men and masculinity*. New York: Routledge.

Mauer, M. (1999). *Race to incarcerate*. New York: The New Press.

Natapoff, A. (2009). *Snitching: Criminal informants and the erosion of American Justice*. New York: New York University Press.

Snitching.org. (2009, October 1). Derrion Albert's death, 'stop snitching,' and people's reluctance to talk to police. *Snitching Blog*. Retrieved from http://www.snitching.org/2009/10/derrion_alberts_death_stop_sni.html

Stroud, M. (2009, August 4). "Little kid, life sentence." *Philadelphia City Paper*.
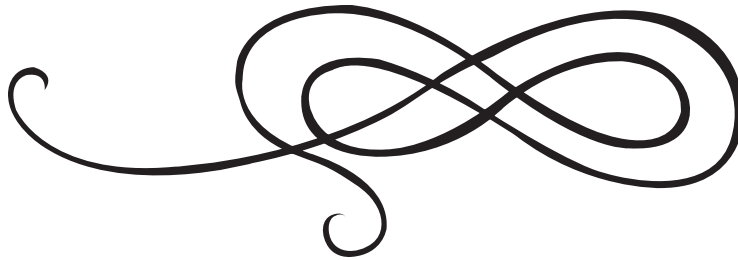
YOU ARE WHAT YOU EAT...

Casey Henninger

Anxiety? Take a pill. High blood pressure? Try this tablet. Depressed? There's a pill for that. Overweight? Take medication, you'll lose weight. Can't sleep? Pop a pill. Sleeping too much? Take this pill. Heart problems? A pill will help. Pain? There's definitely a pill for that.

It seems like there is a medication for everything these days. Pharmaceuticals are taking over the healthcare industry and healthcare costs are increasing drastically. According to the Organization for Economic Co-operation and Development (OECD), spending on prescription medicines and over-the-counter drugs in the United States in 2012 averaged $885 per person (OECD, 2012b). The average yearly cost of health care per person in the United States is around $8,000, while in other developed countries it is only $3,000 per person (OECD, 2012a). But is all this expenditure getting us results? Although we are spending $2.7 trillion dollars on healthcare annually, our overall health outcomes are very poor compared to other nations (OECD, 2012a). With this much spending on healthcare services and pharmaceuticals, the health of our nation should be in good condition; however, life expectancy in the United States is going down (Olshansky et al., 2005; Escape Fire, 2012). For some people, medications are a necessary part of maintaining health and wellness, but the United States' dependence on pharmaceuticals and "the quick fix" is problematic.

The quick fix of a pill that promises to be an all-healing elixir is difficult to resist, but how many of these pills are truly necessary? The public's trust in pharmaceutical companies is overwhelmingly strong, partially because pharmaceutical companies are permitted to advertise in the United States (Mackey & Liang, 2015). The United States and New Zealand are the only two countries in the world that allow Direct-To-Consumer-Advertising (DTCA) of pharmaceutical drugs (Mackey & Liang, 2015). Drug advertising allows the pharmaceutical industry to become a business that depends on consumer buy-in. The media and the pharmaceutical industry are making the American people believe they are sick by inundating them with commercials for drugs that will take away "problems" they did not know existed.

The drugs produced may also be causing more harm than good. A major public health concern related to pharmaceuticals is antibiotic resistance. Eighty percent of all antibiotics produced in the United States are being fed to food-producing poultry, beef, and pork (Kessler, 2013). Many people take antibiotics to fight off infections, but may be unaware that they are also ingesting them in the meat they consume. This overexposure to antibiotics lessens their effectiveness and, with growing antibiotic resistance, superbugs are developing and disease is spreading more easily (Kessler, 2013).

Perhaps these medications are simply providing a partial or ineffective remedy for the larger causes of poor health in the United States. Health and access to healthy food (or lack thereof) may be more connected than many people would like to think. In fact, many issues can be linked

to environmental and social determinants of health (World Health Organization, 2015). Fixing negative health outcomes caused by an unhealthy diet cannot happen through medication alone. Instead of remedying the real issues behind our poor health, we are oversimplifying them by advertising and promoting drugs that may be making us sicker.

References

Escape Fire: The Fight to Rescue American Healthcare [Motion picture on DVD]. (2012). Aisle C Productions & Our Time Projects.

Kessler, D. (2013, March 27). Antibiotics and the meat we eat. *The New York Times*. Retrieved from http://www.nytimes.com/2013/03/28/opinion/antibiotics-and-the-meat-we-eat.html

Mackey, T., & Liang, B. (2015). It's time to shine the light on direct-to-consumer-advertising. *Annals of Family Medicine*, 13(1), 82-85.

Organization for Economic Cooperation and Development (OECD). (2012a), Health spending (indicator). doi: 10.1787/8643de7e-en (Accessed on 26 March 2015)

————. (2012b), Pharmaceutical spending (indicator). doi: 10.1787/998febf6-en (Accessed on 26 March 2015).

Olshansky, S., Passaro, D., Hershow, R., Layden, J., Carnes, B., Brody, J., Ludwig, D. (2005). A potential decline in life expectancy in the United States in the 21st century. *The New England Journal of Medicine,* 352, 1138-1145.

World Health Organization. (2015). *Social determinants of health*. Retrieved from http://www.who.int/social_determinants/en/

WILL YOU BELIEVE IN ME?
Devaron Palmer

Who I am:
  I am a wife, sister, daughter and aunt
  I am the first in my family to attain a college degree
  I am the first in my family to have pursued a Master's degree
  I am a social worker

Who I was told I was:
  I was a very lost and broken girl
  I was told growing up that I would never amount to anything
  I was told I was not book smart but more street smart
  I was told I should aspire to be more like my older sister who was both beautiful and intelligent
  I was told I would end up dating a local drug dealer and end up pregnant
  I was told I was different
  I was told I was not good enough

Who I thought I was:
  I believed I was not smart enough
  I believed college was not for me
  I believed I would become everything everyone said I would
  I believed I had no real future

Then I met my stepmother who decided to see past what others had seen in me and led me to meet my potential...to meet myself

Who I was told I was by my stepmother:
  She told me I was smart
  She told me the world could be mine
  She told me I was the only person who could write my future
  She told me my hard work would pay off
  She told me "I believe in you"

Who I became:
   I started to take pride in my school work
   I started to believe my future could be anything I wanted it to be as long as I put in the work
   I started trusting in myself
   I started to have hope
   I started to gain self confidence
   I became who I always was meant to be….me

Who I am:
   I am a social worker who understands the power one person has to change things
   I am living proof that words are powerful
   I am the evidence that people matter
   I am who I am today because someone decided to believe in me
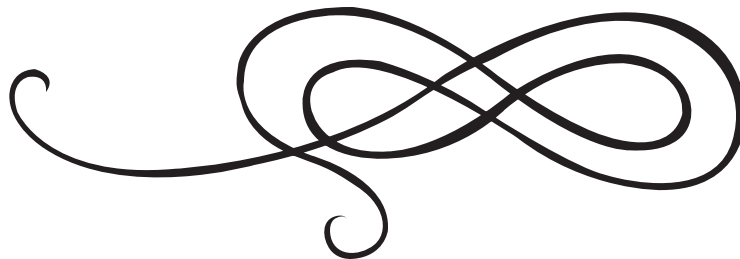   I have moved through adversity
   I am me
   I am a social worker

And in saying all of this I leave you with one question: who will you believe in?

IT'S AN ALL-PEOPLE THING

Olivia Varney

Today, the effectiveness of HIV medical treatments has transformed HIV in the U.S. from a death sentence to a chronic illness with long term survival (Gerbert et al., 2004). Once an individual is diagnosed as HIV-positive and put on an effective HIV treatment regimen, their viral load can become undetectable within weeks. An undetectable viral load leads to improved health and minimized risk of transmitting the virus. However, despite these advancements, according to the Centers for Disease Control and Prevention (CDC), the number of people living with HIV in the U.S. continues to increase, with the highest rates of new infections among 13-24 year olds and those 55 years and older (CDC, 2014, CDC 2015). Furthermore, research has revealed that 16-25% of the HIV-positive population in the U.S. is unaware of their status, and that this group contributes to almost 50% of all new HIV cases (CDC, 2008; The Henry J. Kaiser Family Foundation [Kaiser], 2014).

As a means to reduce the incidence of HIV in the U.S. and eradicate this epidemic, in 2006, the CDC began recommending a transition from targeted HIV testing to universal testing of all individuals 13-64 years of age on an annual basis (Kaiser, 2014). They recommend that this testing be provided on an opt-out basis in all health care settings, in which individuals must request not to be tested, as opposed to opt-in, in which they must request to be tested. In 2007, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) recommended these same testing regulations (Kaiser, 2014). Then, in April 2013, further progress toward an ideology of universal testing was made when the U.S. Preventive Services Task Force (USPSTF) gave an "A" rating to the CDC's recommendation for mandated HIV testing (Kaiser, 2014). This "A" rating has major implications for policy implementation in the U.S., as many insurers cover only preventive services with an "A" USPSTF certified rating (Kaiser, 2014).

However, despite the progress of recommendations from numerous organizations, including the CDC, American Medical Association (AMA), Institute of Medicine (IOM), USPSTF, WHO, and UNAIDS, this policy is not effectively implemented. Currently, HIV testing in the U.S. still operates from an exceptionalism perspective, in which it is only mandatory for certain groups, including blood and organ donors, military applicants, and, in some states, prison inmates and newborns (Bayer & Fairchild, 2006; Kaiser, 2014). Yet, for the public health of our nation, it is both ethically and morally necessary to begin fully implementing universal HIV testing policies in all health care settings now. From this perspective, everyone, regardless of identity, would be tested for HIV, because *everyone* is at risk (Bayer & Fairchild, 2006; Kaiser, 2014).

Through the implementation of universal HIV testing, we could begin to decrease the stigma associated with the virus, the very stigma that functions as the leading barrier to getting tested and receiving medical care (Kaiser, 2014). This stigma is so deep-rooted that it not only prevents individuals from seeking life-saving treatment, it also prevents countless individuals who believe they are not at-risk from increasing their understanding of this virus (Center for American Progress, 2012). As a society, we need to begin to recognize that HIV is not just something that the "promiscuous" or "addicts" or "gays" contract; this is an *all-people* thing. No one is immune to becoming infected or affected. If we can realize that prevention, education, and treatment of HIV is relevant to all of us, we

> **"....it is both ethically and morally necessary to begin fully implementing universal HIV testing policies in all health care settings now."**

can certainly harness the power and resources to come together as a community to prevent all new infections (Kaiser, 2014).

Beyond ethical and moral obligations to implement universal testing, economic considerations also support the implementation of this policy. Studies reveal that once individuals know their HIV-positive status they reduce their risky behaviors and increase their protective practices by almost half (Kaiser, 2014). In this way, mandatory testing serves to prevent further transmission of this virus (Mechoulan, 2004). The prevention of new infections through mandated testing would cost thousands of dollars less than the cost for lifetime medical treatment for new cases. Specifically, the CDC estimates that about $400,000 is saved for each HIV infection that is averted (CDC, 2013). Finally, universal testing of all 13-64 year olds in the U.S. would help UNAIDS accomplish its important and necessary goal of getting to "zero new infections, zero AIDS-related deaths, and zero discrimination" (Joint UN Programme, 2010; Kaiser, 2014).

As social workers, I believe it is our duty to advocate for the implementation of this recommended policy of universal HIV testing. It is our responsibility to fight to decrease the deeply ingrained stigma associated with this virus, so that asking for an HIV test is no different than asking for a Strep test. It is our obligation to educate ourselves and others about this societal issue, remembering that it is currently impacting our friends, our brothers, our grandparents. In this way, HIV may one day transform from a disease that suggests fault and discrimination to a diagnosis that is at once met with genuine support, love, and treatment.

References

Bayer, R., & Fairchild, A. L. (2006). Changing the paradigm for HIV testing—the end of exceptionalism. *New England Journal of Medicine*, 355(7), 647-649.

Center for American Progress Action Fund. (2012, November 20). *HIV testing will now be covered under Obamacare*. Retrieved from http://thinkprogress.org/health/2012/11/20/1219481/hiv-testing-covered-obamacare/

Centers of Disease Control and Prevention. (2008, August). *CDC Fact Sheet*. Retrieved from http://www.cdc.gov/nchhstp/newsroom/docs/fact-sheet-on-hiv-estimates.pdf

————. (2013, April 16). *HIV cost effectiveness*. Retrieved from http://www.cdc.gov/hiv/prevention/ongoing/costeffectiveness/

————. (2014, October 13). *Who's at risk for HIV?*. Retrieved from http://www.cdc.gov/hiv/risk/index.html

————. (2015, March 12). *HIV in the United States: At a glance*. Retrieved from http://www.cdc.gov/hiv/statistics/basics/ataglance.html

Gerbert, B., Caspers, N., Moe, J., Clanon, K., Abercrombie, P., & Herzig, K. (2004). The mysteries and demands of HIV care: Qualitative analysis of HIV specialists' views on their expertise. *AIDS Care*, 16(3), 363-376.

Joint United Nations Programme on HIV/AIDS. (2010). *UNAIDS 2011-2015 strategy: Getting to zero* [Pamphlet]. Geneva, Switzerland: Author.

Mechoulan, S. (2004). HIV testing: A trojan horse? *Topics in Economic Analysis & Policy*, 4(1).

The Henry J. Kaiser Family Foundation. (2014, May 2). HIV testing in the United States. Retrieved from http://kff.org/hivaids/fact-sheet/hiv-testing-in-the-united-states/

CONTRIBUTORS

SALLY EBERHARDT, MA, MSW Candidate '15, is a career changer graduating from the MSW program in May 2015. She received her BA in English and Philosophy at Fordham University and her MA in English (Literary History and Cultural Discourse) from the University of Sussex in the UK. Building on many years of professional experience in the field of international justice and human rights and activist work including anti-war campaigning, organizing with economic and social rights movements, and participation in Occupy Philadelphia, Sally looks forward to bringing her activist sensibility into work with her local community as a geriatric social worker in Philadelphia.

MAGGIE HEGNEY is a second-year, full-time Master of Social Work candidate at West Chester University set to graduate in May of 2015. She is interested in cultural theory, identity formation, and reflexivity and is committed to a career working to advance human rights and social justice. In her free time, Maggie enjoys hiking, painting, and traveling.

CASEY HENNINGER, MSW candidate '15, is in her final semester as a full-time MSW student at West Chester University. She received a Bachelor of Arts in Psychology and a Bachelor of Arts in Music in 2013 from Susquehanna University. Currently she is an intern at Jane Addams Place Homeless Shelter where she works to find housing and other resources for homeless women and children. She is looking forward to using her MSW degree in the future and is passionate about advocacy and social policy. Through her interest in photography, she hopes to be able to use this skill as a future social worker to raise awareness for social justice issues.

BRIDGET MCGOVERN graduated with a Masters of Social Work from West Chester University in December 2014. She currently works in the Quality Management Department at Community Behavioral Health (CBH) and partners with provider agencies in Philadelphia to ensure CBH members are afforded appropriate behavioral health treatment. Her role as social worker extends beyond her position at CBH as she is very involved with activities and organizations in her South Philadelphia community. She volunteers at the Aquinas Center where she coaches youth basketball, gives presentations on Philadelphia issues, and assists with efforts to empower the immigrant community.

DEVARON PALMER is a part-time MSW student who anticipates degree completion in August 2015. DeVaron's goal is to attain her LSW and LCSW and she hopes to work with the veteran population. DeVaron has plenty of life experiences that have shaped her into the person she is today. She is grateful for all of her experiences, whether positive or negative, because each experience has taught her a lesson and made her into the person she is today

TAR! is a first-year MSW student at West Chester University. After being released from prison in 2012 and receiving the Jonathan Lax Scholarship he was able to obtain his undergraduate degree from Peirce College. TAR! is an advocate for HIV prevention among young men of color in the Philadelphia area, and has done work with agencies such as the Attic Youth Center, Colours Inc., and the William Way Center. Currently, TAR! is a fitness coach and mentor to young men at the Body Challenge Gym in the North Philadelphia area.

OLIVIA VARNEY, a first-year MSW student at WCU, is passionate about holistic health and well-being and seeks to work with children and youth of diverse backgrounds. In her current internship, she works as a Medical Case Manager at Project ONE, serving individuals living with HIV/AIDS. Olivia will be completing her second year internship at the Children's Hospital of Philadelphia. She is deeply grateful for the opportunity to learn and grow as a 2015-2016 CHOP LEND Fellow, where she will further her commitment to community engagement and social justice.
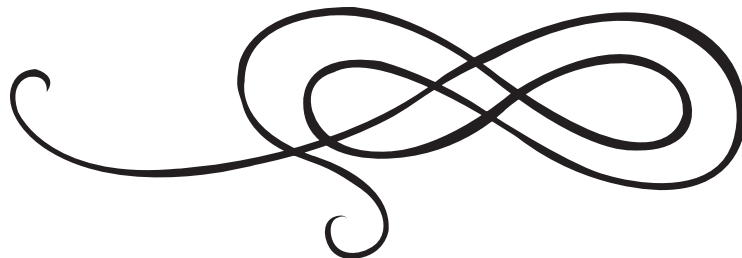
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Please join us in raising our individual and collective voices in the 5th issue of VOICES, the West Chester University MSW Program's student-led, peer-reviewed journal.

We are currently seeking personal perspectives on issues of social justice in written format, original art work, photography, and poetry for our Spring 2016 issue. All current and former WCU MSW students are invited to submit. Written submissions should be double-spaced, 12-pt font with 1-inch margins, APA style and include a cover page with contact information.

All submissions are "blind" reviewed by the Student Editors – your name is not attached in any way during the review process. If accepted for publication, you will be notified by the Faculty Advisor and then contacted by one of the Student Editors. All submissions are due (electronically) to the Faculty Advisor by a date TBD in Fall 2015/Winter 2016.

We hope you will become a part of this important and inspiring project about things that matter to us as social workers.

Faculty Advisor: Julie Tennille, MSW, PhD, jtennille@wcupa.edu