

# LETTERS TO THE EDITOR

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## Dedication (1)

#1

In response to: [Dedication to Linda Grobman](#)

Dear JSWVE Board,

Thank you so much for the lovely clock and Steve's beautiful tribute to me in the latest edition of *The Journal of Social Work Values and Ethics*. This means so much to me.

Being involved in the inception of a social work ethics journal, which was so needed – and one of the first online social work journals – was an honor I will always cherish. Working with such a great people make it ever more of a pleasure.

Wishing the journal continued success!

With appreciation,  
Linda

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## Learning from the Pandemic (2-4)

#2

In response to: [Editorial](#)

Thank you for doing this! Today is my first day back from FMLA, and it was really nice to see this publication.

Elena Delavega, Ph.D., MSW  
University of Memphis

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#3

In response to: [Editorial](#)

To say that my work has been upended is an understatement. I'm a crisis mental health provider in an emergency department in the L.A. area and COVID has redefined every aspect of my work and that of my colleagues. COVID struck medical systems in a multitude of ways and my hospital was no exception. Lost revenue meant layoffs. Thus, my fellow LCSWs and I were tasked with absorbing the workflow of the former psychiatry

RNs who had been let go, just as we were trying to adapt to COVID's new normal. It has been a double whammy for us.

Our E.D. was hastily remodeled and so-called "Purple Zones" were the areas where patients with COVID were placed. LCSWs learned all too well how to "don" and "doff" PPE. We conduct suicide risk assessments and support terrified COVID+ patients all while dressed in protection from head to toe.

The 15-minute rule was enacted. To document risk, LCSWs were asked to note, among the litany of other items, how long we spent at the bedside of all patients (some patients test positive hours after we're with them). Anything over the 15-minute mark was deemed high risk for COVID exposure. We aren't forbidden to exceed that amount. It's our call to make and to the person, we have been guided by our patients' needs, our code of ethics and our dedication to our craft. Two LCSWs contracted COVID as did dozens of our colleagues across the campus. Three staff died.

As families waited outside our ambulance bay, often wailing in fear and anguish, we were with them. At the bedside we held the phone, the ipad and hands of their loved ones who suffered alone.

Over 21 years in my hospital and I have never actually clocked how much time I spend with a patient at bedside. Never factored in risk relative to exposure, distance, and time. I do now. Can we do the work we do in under 15 minutes? Usually not. So, there we were - and still are! COVID is still with us and we're with our patients - well past 15 minutes at a time.

Elise Johnson, LCSW LPS  
Clinical Social Worker,  
Long Beach Medical Center E.D.

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#4

### **The mirror has two faces – helper and helpless Self-reflection: A HIV+ social worker articulating lockdown during Covid-19**

Media reports during the latter part of 2019 and early 2020 highlighted the novel coronavirus, Covid-19, with suspicion being cast on China, its citizens, visitors and ex-pats (Shereen et al., 2020; Uğur & Akbıyık, 2020). These reports were met with denial, the adoption of an *us and them* mentality, with few inhabitants on other continents envisaging that the virus could be transported and exported to all corners of the globe and how long it would last (Wu, Leung & Leung, 2020).

Reported infections globally brought the virus close to home with the public report on 5 March 2021 of the first Covid-19 infection in South Africa (Abdool-Karim, 2020). Subsequent reported cases as well as South Africa's mandatory lockdown on the 27 March 2020 broadened that fear into reality (Fouché, Fouché & Theron, 2020). Globally, human beings were compelled to acquaint and adjust to physical and social distancing, *Covid-19-related vocabulary*, wearing masks, workplaces temporarily closing and social activities being suspended, lockdowns and consistent screening, testing, sanitizing, and disinfecting with South Africans being no exception (Barratt, Shaban & Gilbert, 2019; Chu et al., 2020; Mahmood et al., 2020). The lockdowns highlighted how people's lives and circumstances could change in the blink of an eyelid and how change is a definite constant in our lives (Stiegler & Bouchard, 2020). Such change enveloped and extended beyond the individual by penetrating our social and work lives, health, relationships, finances, families, societies, deaths, travel, and interactions (Yan et al., 2020; Min, 2020; Rathore & Farooq, 2020). Covid-19 presented opportunities for some, whilst fear, uncertainty, devastation and personal, educational, financial, relationship and physical, health, and mental health challenges for others (Dubey et al., 2020).

As a self-disclosed HIV-seropositive social worker who is dedicated to empowering fellow HIV-seropositive individuals, advocating for and

articulating patient-centered care as well as being the researched and researcher resulting in the phrase HIV-reflexivity being coined, I reflected on and confronted my fears and those of my HIV-seropositive peers, colleagues, friends, and clients. They had discussed being infected with another virus and the similarities of both viruses. The similarities described were no cure for HIV and Covid-19, ART program being initiated in 2003 and rolled out in the South African public health system in April 2004 after years of HIV denialism and vaccines being rolled out despite much denialism (Mulqueeny & Taylor, 2019; Cooper et al 2020; Illanes-Álvarez, 2021). Moreover, high mortality rates due to HIV related illnesses and Covid-19 infections, religious views on both pandemics, individuals being afraid to test for HIV and Covid-19, HIV and Covid-19 related stigma, stock-outs of HIV and Covid-19 related medication and being on lifelong or chronic medication.

Weaving all the above-mentioned changes and adjustments into my HIV-seropositive life and those of many infected and affected South Africans highlighted further insecurities. These include double stigma, HIV taking second place to Covid-19, the effects of Covid-19 on the HIV body, most PLHIV utilizing already overburdened public health systems, patient safety at health facilities, health professionals' attitudes, the availability and stock-outs of antiretroviral treatment (ART) and comorbidities (Bhaskaran et al., 2021; Dorward et al., 2021). Additionally, conflicting messages, conspiracy theories, unavailability of a vaccine, the decision to be vaccinated or not, potential side-effects of a vaccine, the effectiveness of wearing masks, resetting of social and economic systems, inequalities between high-income and low-income countries (HILC) and the rolling out of 5G technologies all plagued my psyche and that of other people living with HIV (PLHIV) I had liaised with.

The transition into 2021 did not assist as media reports highlighted vaccines being rushed and not being a cure, mandatory vaccinations for travel, Covid-19 passports and individuals being infected after having the vaccine. Moreover, fluctuating mortality rates, fear of different variants, the onset of a third wave, countries opening up and then

going into further lockdowns and medical experts and scientists questioning and contradicting the virus and vaccines also posed a challenge (Goodman, Grabenstein & Braun, 2020; Trogen, Oshinsky & Caplan, 2020).

With all the print and spoken media coverage, formal and informal dialogues and awareness campaigns I straddle daily between being a helper and being helpless. However, the ray illuminating the despair and doom and gloom is my glimmer of hope that *this too shall pass* as without hope my ray of sunshine and that of others will plummet into darkness.

I am hopeful that this opinion piece could assist social workers, therapists, counselors and psychologists to identify and understand the myriad of challenges confronting PLHIV during this challenging era of Covid-19. Additionally, the volume and the influx of conflicting information contributing to Covid-19 fatigue with the potential to influence PLHIV to let their guards down, be less vigilant or irresponsible with negative consequences (Bentzen, 2019; Berman et al, 2020; Meese, Frith, & Wilken, 2020). Moreover, it could assist bridge the gap between theory and practice and rhetoric and reality. Furthermore, it could catapult individuals in service industries to rethink the new normal and revise interventional programs aimed at best serving PLHIV by empathetically incorporating the uniqueness of their circumstances, support systems, finances, mental health and familial set up. This is achievable by treating every client/patient with the dignity and respect they deserve. This aids the sustainable development goals (SDG) 3: *Good health and wellbeing*; SDG 10: *Reduced inequalities* and SDG 17: *Partnerships to achieve the goal* of transforming our world although Covid-19 transcends all 17 SDGs (Khetrapal & Bhatia, 2020). Lastly, the inclusion of change strategies that embrace person and patient-centered care could assist in achieving holistic care and treatment outcomes.

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## IFSW as the new publisher (5-14)

#5

Dear Professor Steve and All members,

It is really great for the journal and for all of us. It is really encouraging moment. I thanks to Silvana Martinez, President IFSW for her support also. Cheers to all and let's start working together again for the Journal and its quality. I will be there always to support in any capacity. Take care all of you.

Prof Sanjoy Roy  
Department of Social Work  
University of Delhi  
India

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#6

Dear Stephen and colleagues,  
This is fantastic news.  
Best wishes,  
Prospera

Dr (Mrs) Prospera Tadam (SFHEA)  
Honorary Visiting Fellow  
Social Work  
Anglia Ruskin University

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#7

Dear Steve and other members: It is really a great joy for us to know that IFSW will be the new publisher!!!!  
New times are coming and we at IFSW welcome you to this wonderful Journal.

Best wishes  
Silvana Martinez  
President IFSW

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#8

Oh very well done Steve and I think this enhances the position of the journal highlighting the international intention and not primarily USA centric

Cheers  
Steph

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#9

This is great news, Steve. I am the North American representative to the ethics commission of IFSW. I was in a meeting with Rory this morning and thanked him for the new partnership!

Kim

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#10

That's very good news.  
Congratulations Steve!!!

All the best,  
Eleni

Δρ  
Ελένη Παπούλη  
Επίκουρη Καθηγήτρια  
Τμήμα Κοινωνικής Εργασίας  
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#11

GREAT news!!!

Ravita T. Omabu Okafor, MSW, LCSW  
Adult-Child Counselor/Trainer/Consultant  
Chair, NASW-NC Chapter Ethics Committee

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#12

Great news. Congrats, Steve and all.

Allen Barsky

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#13

This is awesome!!!!

Be sure to enjoy the day,

Dr. Veronica Hardy, LCSW  
Professor, Department of Social Work  
University of North Carolina at Pembroke

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#14

Stephen

I am so pleased that the International Federation of Social Workers (IFSW) has agreed to publish our journal. I know IFSW well as I represent this NGO at the United Nations.

I support the name change to *The International Journal of Social Work Values and Ethics*. We are all social workers around the world and are guided by similar values and ethics. IFSW has an Ethics Commission and they have been involved in developing the [Global Social Work Statement of Ethical Principles](#). IFSW also assembles Codes of Ethics from different countries that are IFSW members and this is interesting to see.

Great development and now we should try to get more articles from social work contributors around the world!

Elaine P. Congress, MSSW, MA, DSW, LCSW