

**World Council of Jewish Communal Service 11th Quadrennial
Building a Strong Jewish Future in a Changing World – The Role of the
Professional**

Terror and Triage

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METHODOLOGY

This presentation is an outcome of an international study of the impact of terrorism and large-scale disasters on social work ethics and practice. During focus group interviews of American, Canadian and Israeli social workers, they expressed a concern with the allocation of scarce resources and triage. In triage decisions, terror victims are generally sorted according to medical need such as degree of injury. Health care professionals must prioritize interventions to those who will benefit more from the fewest resources. Such priorities appear to have taken hold in Israel where terrorist attacks have occurred with great frequency. In contrast to physicians who confront triage decisions in medicine and surgery, the triage to which Israeli social workers are exposed occurs in the accessibility of the tools and comforts of daily living.

Social workers in a variety of agencies complain about different forms of triage priorities. One form is equipment. When there is a limited number of available equipment for patients, priorities must be set. Some could not obtain necessary equipment such as a wheelchair for a handicapped patient nor visit hospital patients who are sicker than the terror victims because they lacked priority. A second form is financial. When limited funds are available for services, cuts must be made to maintain solvency but also to retain a semblance of previous services. A third form is time. When the time allocated for treatment is limited by the funding agency, creative approaches and compromises must be developed to maintain continuity of service.

In Israel, when a terror attack occurs, and the victims include both Jews and Arabs with similar degrees of injuries, who should get priority in service? Israeli social workers are committed to being non-judgmental and non-discriminatory. However, when Jewish lives and Arab lives are hanging in the balance in the same hospital, Israeli social workers permit other considerations to intrude upon their world view. These include the political and military tensions in Arab-Israeli relationships and the near daily threats of terrorism to the lives of ordinary Israelis. Israeli social workers admit that political tensions and military threats may not be discounted when making triage decisions. The conflict that ensues evokes an ethical dilemma between the professional values of protection of life and self-preservation and the professional values of human dignity and non-discrimination. When deeply felt personal values coincide with the values of life and self-preservation, they override the values of human dignity and non-discrimination.

INTRODUCTION

Around the globe, disasters are having a profound effect on all aspects of life. Whether manmade catastrophes such as 9/11 and suicide bombings on Israeli busses or natural occurrences like hurricanes and SARS, disasters overwhelm the ability of societies and institutions to meet needs. Significant challenges face those who are deployed to the disaster, from first responders – police, firefighters and EMT's to those who operate behind the scenes. Social workers are among the key allied professionals who provide vital care during emergency situations. In the midst of the disaster, social workers are expected to provide the best possible support and services while concomitantly sorting out personal reactions and other challenges caused by the disaster. During these moments, choices about service provision with ethical implications are numerous, when triage-like decisions over need priorities must be made. Although *triage* generally pertains to a medical context, the use of this concept has seen wider application in areas such as economics, education, mental health, military, law enforcement, and management, as well as others (Heineman & Heimann, 2006; Falkenheimer, 2005; Schlicht, 2005; Hale, Hale, & Dulek, 2006; Booher-Jennings, 2006; Wang, Demier, Olfson, & Pincus, 2006). Social service agencies are among the many types of organizations that use triage as a result of limited resources.

In this article, we highlight the results of an international qualitative study examining the impact of terrorism on social work agencies and their labor force. This study was conducted with focus groups of social workers in health care and social service settings in the United States, Canada, Israel, and Cuba. The major research question concerned the impact of September 11th and other disasters, both natural and man-made, on agencies and social work practitioners. Focus was placed on the ethical dissonance experienced by social workers under pressure to prioritize how services and resources are distributed to those in need. For this article, the term social worker is defined as a graduate of a social work program at the bachelors or masters level who uses knowledge and skill to provide social service for clients (Barker, 2003). Ethical dissonance is defined as intellectual or emotional disharmony resulting from decisional paralysis over the need to choose between two or more value-based, incompatible actions. Feelings of discomfort, frustration or helplessness are possible manifestations (Turkoski, 2000).

Triage

Triage is viewed as an approach to allocating scarce resources. The term is used most often in the delivery of health care services, and refers to a process of prioritization, with the objective of using medical resources in the most efficient way possible (Beauchanp & Childress, 2001). For example, in a hospital emergency room, triage refers to a process of prioritizing sick and injured people based on urgency of condition. In education, a mélange of pressures and budget cuts have necessitated triage-like decisions about where cuts in services ought to occur (e.g. resources, personnel, maintenance, etc.).

Ethical Considerations

The performance of triage is wrought with ethical conflict. Those faced with triage decisions are time-pressured to make critical choices in which there is a demand

for action despite a lack of resources or available assistance. When competing priorities, both right and good, outnumber capacity, the conditions for ethical dilemmas are ripe.

An ethical dilemma refers to a situation in which a practitioner is faced with a choice between two actions based on conflicting values. It implies two competing goods enveloped in conflicts and tensions of two rights where choosing one action upholds one moral principle, while concomitantly violating another. Although social workers are not often aware of it, they frequently rely on two theories of normative ethics – deontological and utilitarian to resolve ethical dilemmas (Congress, 1999; Loewenberg & Dolgoff, 1996; Mattaini, Lowery, & Meyer, 1999).

Deontological thought, which has been mostly shaped by Immanuel Kant, argues that moral theory is grounded in pure reason, based upon the extent to which an action is considered right, regardless of consequences (Beauchamp & Childless, 2001). This theory calls attention to the way people relate to each other, and the moral significance of these relationships, such as husband/wife, parent/child, or attorney/client. The obligations that each have toward the other are independent of the principle of utility. Deontologists characterize moral life as more than merely means and ends. Moral action is justified by certain moral principles, such as autonomy, nonmaleficence, beneficence, and justice (Linzer, 1996).

Utilitarianism supports actions according to the consequences they produce. This theory has its roots in the belief that there is only one basic principle in ethics, the principle of utility. In effect, certain actions should be taken not because they are 'intrinsically good', but because they are 'good' with respect to their consequences. Utilitarians assert that "the end justifies the means and we should therefore create the greatest good for the greatest number" (Beauchamp & Childless, 2001, p. 48).

Triage is largely utilitarian in nature, based on the principle of justice, which refers to what is fair and appropriate in light of what is owed or due to people. An individual with a claim to justice has a right and is therefore due a response. Justice refers to the fair and equitable distribution of scarce resources as well as other rights, benefits or opportunities. It is based on egalitarian theory, which asserts "a positive societal obligation to eliminate or reduce barriers that prevent fair equality of opportunity, an obligation that extends to programs to correct or compensate for various disadvantages" (Beauchamp & Childless, 2001, p. 234). Individuals, irrespective of wealth or position are entitled to equal access of resources and services (Beauchamp & Childless, 2001).

Triage, as an approach to allocating scarce resources, is based on distributive justice, a component of justice. Problems of distributive justice arise under conditions of scarcity and competition to obtain goods or to avoid burdens.

Several social work-based models (Mattison, 2000; Reamer, 1995) of ethical decision making incorporate utilitarian theory, focusing on optimizing outcomes. Fundamental social work values of social and economic justice are utilitarian in nature. In addition, the promotion of social welfare, a primary tenet of social work is a classic example of utilitarian theory. Some commentators suggest however that social workers are deontological in nature (Congress, 1999; Mattaini, Lowery, & Meyer, 1999). A recent study found that social workers tend toward being deontological in theory, however when faced with specific practice situations, they preferred utilitarian strategies (Osimo & Landau, 2006).

In confronting an ethical dilemma, the difficulty in choosing between two courses of action that are both morally correct and professionally grounded can be profoundly complicated, especially when operating in triage mode. The professional must choose one over the other. Having made the choice, one is inevitably faced with ethical dissonance.

This study was conducted with focus groups of social workers employed in health care and social service settings. The research sought to study the types of ethical conflicts which develop under triage-like conditions of disaster-based emergencies, such as the SARS epidemic in Canada, the twin towers disaster in the United States, on-going terrorist acts in Israel, or hurricanes in Florida and Cuba.

METHODOLOGY

Research Design

A qualitative inquiry was conducted to explore the impact of unanticipated catastrophic events, including manmade and natural disasters, on social work practice. The researchers developed a semi structured focus group protocol. The questions were intended to elicit stories from participants regarding the impact of catastrophic events both personally and professionally. A total of 14 focus group interviews were conducted with respondents from Israel, Canada and the United States, to stimulate discussion about the impact of catastrophic events on social work practice. Respondents shared their own experiences and impressions while reacting to the experiences and impressions of others in the group, months, and in many cases, years after they occurred. This interaction was helpful in eliciting memories and personal stories. The dynamic interplay inherent in focus groups methodology allowed respondents to offer rich and meaningful feedback (Krueger & Casey, 2000). The respondents' voices became the lens through which the data were analyzed. Rather than beginning with preconceived hypotheses, we discovered themes and categories that emerged from the text (Krueger & Casey, 2000; Morgan, 1996).

Following Internal Review Board (IRB) approval for the larger study, recruitment letters were sent to executive directors of a convenience sample of 14 field placement agencies of varying sizes, located in urban, suburban and rural areas. Four agencies were located in Israel, two in Toronto and the remaining eight were located in the United States (Florida, New York, New Jersey, Boston and South Dakota). The settings varied and included four hospitals, four Jewish family service agencies, four community based mental health agencies, one counseling center for women and one agency focusing on child welfare. Agencies provided comprehensive community-based health and mental health, preventive and supportive services. These included crisis intervention, emergency services, financial and food assistance, residential services, substance abuse counseling, foster care and adoption services, independent living skills and vocational training, parenting skills training, bereavement counseling, school based services, holocaust survivor assistance, senior programs, trauma services for victims of terror attacks, individual, couple, family, group counseling, and community lectures and workshops, and more. Among the populations served were children, adolescents, adults, older persons, persons with disabilities, new immigrants and refugees, victims of violent crimes, individuals with chronic, acute, or terminal illnesses and their families.

Recruitment and focus group procedure

Letters sent to executive directors included an explanation of the purpose of the study and a copy of the questionnaire. We requested that they identify six to eight social workers who might be interested in participating in the focus groups. Informed consent was obtained from all participants prior to conducting the interviews. Focus groups lasted between 60 and 90 minutes, 12 were conducted in person and two over the telephone to allow those respondents from geographically dispersed areas to participate without incurring transportation costs (Krueger, 1994). Separate interviews were conducted with the executive directors who were not included in the groups in order to decrease the likelihood that respondents would feel coerced or uncomfortable speaking freely. Demographic information was collected using a paper survey prior to the start of each focus group. All focus groups and individual interviews were audio recorded with permission from respondents.

Data analysis

Focus group tapes were transcribed verbatim and names of focus group participants did not appear in the transcripts. Interviews with the executive directors were not included in the analysis. In most cases at least two, and usually all three interviewers were present. Each in-person focus group was followed by an informal lunch provided by the researchers. Often, informal conversations pertaining to focus group discussions continued during lunch, although formal interviewing had concluded.

Grounded theory guided the analysis (Glaser & Strauss, 1967). The transcripts were reviewed by each researcher separately and coded for themes (Glaser, 1978). The research team then met to discuss the themes. This was done for purposes of consolidating categories and achieving consensus. The transcripts were then organized based on general themes, and members of the research team recoded transcripts, this time focusing on theoretical constructs and logical groupings of categories within the preliminary themes. This was followed by an additional meeting in which codes were further delineated and again, consensus and consolidation was achieved. Finally, the researchers received a third set of transcripts in which coding was specifically designed to link categories to larger theoretical constructs, thereby creating families of codes, and to examine inter-relationships among categories. The researchers then met to achieve final consensus about the theoretical underpinnings of themes, attempting to make links to broader theoretical constructs. Several passages were coded in several categories as they had multiple layers of meanings. This was helpful in achieving consensus among the researchers. The data were then entered into the computer software package Atlas TI.

Verbatim quotes were used to pull together theoretical constructs and to identify important issues discussed by participants. Demographic information was used to provide context about the sample. While the generalizability of the findings may be limited as the sites were not broadly representative, the insight generated by qualitative studies such as this, have meaning in their own right (Myers, 2000). The results provide insight about ethical and practice-based dilemmas that arise during and after disasters, as well as the ways in which social workers contend with these issues.

RESULTS

Demographic Description of Sample

The final sample included 102 of 109 social workers approached to participate in the study. Eighty two percent of the participants were female; this ratio is consistent with other data on the human services labor force which reflects a growing trend of feminization (Bureau of Labor Statistics, 2002; Gibelman & Schervish, 1997). The age of respondents ranged from 26 to 67.

With regard to professional characteristics, 8% of respondents received their MSW degree less than two years before the study, 18% had the degree for 3-5 years, 15% for 6-10 years, 11 percent had their MSW for 11-15 years and 16-20 years respectively and just over a third had an MSW for more than 20 years. Just over two thirds of the respondents had prior experience in the field, either volunteer or paid, and 57% were working in direct practice, while 43% were in administrative or supervisory positions.

Triage

Respondents identified a number of domains of responsibility where triage-type prioritizing was employed during the course of service provision as a result of a specific disaster. Researchers grouped verbatim quotes by respondents into the following general domains: (1) stewardship (2) fair opportunity; (3) cost containment, and (4) time. These domains were not always mutually exclusive. A description of each domain as well as excerpts from respondents' remarks from each domain is provided below. The findings also include practice techniques used by respondents when confronted with the necessity of making triage-type decisions.

Stewardship

Social workers and other helping professionals have an ethical responsibility to ensure that services and resources are available to those in need. Stewardship refers to how efficiently and effectively these resources are safeguarded and distributed (Kipnis, 2003; Larkin & Arnold, 2003). In general, respondents of this study expressed that when disaster strikes, whether man-made or natural, priority is typically given to disaster-related victims over others who require the same resources and services at the same time. Respondents expressed that placing disaster victims above other clients created ethical dissonance.

For example, respondents explained that in Israel, those who have been directly affected by terrorism are placed higher on a priority list for rights, services and other opportunities. This type of triaging, although understood, places social workers in frustrating predicaments. The following excerpt illustrates this frustration.

A lot of money goes to victims of terrorist attacks. We try to get a wheelchair for someone with a neurological disorder and we can't. Some try to get themselves diagnosed as neurologically damaged in order to get a computer. In a single day I can get one for a victim of a terrorist attack. Whereas, I can sit and sit to try to get a computer for a young man suffering from a serious neurological disorder, and I don't succeed.

Respondents also expressed that although more numerous and frequent, the victims of car accidents in Israel are always less important than victims of terrorist attacks when it comes to receiving services and other opportunities. A respondent explained that:

All funds go to the light casualties of terror attacks, not to the heavy casualties of car accidents.

While car accidents are routinized and taken-for-granted, terror attacks occupy center stage in the media and in the consciousness of the populace. The entire country grieves and mourns, accompanied by a pervasive sense of futility and vulnerability. The compassion for victims and hunger for justice allow for the prioritization of funding for terror victims and their families over other types of victims, despite the reality that more may be needed for the victims of car accidents.

Respondents explained that after a terrorist attack, casualties are brought into the hospital and social workers are told that each casualty must be visited every day, regardless of how severely the victim was injured. Other patients are put on hold, even if they are more ill. A respondent stated:

This is because our priorities change, and we've internalized the idea that when a terror attack occurs, it takes precedence. When things calm down, we often say to ourselves, how can it be that I didn't visit my sick patient during those days?

Respondents explained that visiting victims of terror attacks is prioritized higher than visiting very sick patients partly due to the publicity that the event engenders. First the media arrives, followed by the Prime Minister and other officials. A similar scenario plays out with regard to victims of newer attacks vs. those of a previous terrorist attack. A respondent explained:

There was a young man in the hospital that had just arrived from a terrorist attack and was receiving the attention of doctors and staff. As we were leaving another man called me over and said, 'excuse me, I was hurt in an earlier attack.' No one seemed to remember him.

Fair Opportunity

The fair-opportunity rule asserts that individuals should not be granted or denied benefits based on any social or biological determinants such as gender, race, IQ, national origin, accent or social status (Beauchamp & Childress, 2001).

The social work profession has a strong commitment to respecting diversity, and treating people of all cultures, races, ethnicities, and religions, in a manner that preserves the dignity of all, and affirms the value and worth of all individuals, families and communities (NASW, 2001, Lum, 2003). In addition, it is expected that social workers are aware of personal cultural identifications and are able to control personal cultural influences (Yan, 2005; Wong, 2005). At times, however, other considerations may override these obligations. The following excerpts highlight issues of diversity in which competing priorities caused respondents to experience ethical dissonance.

A victim has personal significance but also political significance; all this together may scramble one's professional considerations.

We talk about the fact that in this hospital we treat Jews and Arabs in this hospital, and we treat both Jewish and Arab clients. But the balance is upset when a terror attack occurs. This could cause us to give up our world views.

Some people really want to engage very directly with the Muslim community because of 9/11 and there are others who don't want anything to do with the Muslim community. We are now dealing with an issue of a very large mosque being built and I think a level of suspicion has

increased more than it would have had there not been a 9/11. It is almost verging on the paranoia; caution is important because who knows who is really going to be running the mosque, and it has been very intense. Prior to 9/11, we probably would have been out there supporting and helping; now there is an enormous level of suspicion and concern and wonderment about who these people are, what are their backgrounds, and who are they connected to?

The parking lot behind the agency is where one of the lawn companies store their trucks at night, or at least did and somebody said that there is a swarthy looking person just walking back and forth by the entrance of the parking lot. I went to speak with the man and asked him what he was doing. This was very uncomfortable because it was on the street by the sidewalk. He said he was waiting for his wife to pick him up because he just got dropped off from work. I was like okay. He happened to be a Latino person; they thought he was an Arab wanting to case the joint.

When there are Arabic speaking people in the agency we get people coming in saying, do you they belong here? Are they allowed to be here? Why are they here? Now I have to copy drivers licenses when they become a member to verify who they say they are...we do that for everybody so nobody can say we are discriminating but it was definitely precipitated by Arabic speaking individuals in the agency.

On 9/11 somebody got upset because a bus company had an Arab bus driver. I was asked, how can you let an Arab bus driver drive a Jewish kid? I explained that he has a license, he was finger printed. He did everything right, I am not going to tell him he can't have a job. The bus company hired him. I couldn't believe I was hearing this.

When I would sit down and listen to clients attacking people who looked like they were from the Middle East – and discriminating against them, I thought, my God, aren't you discriminated against every day? I just had to sit back and help them process it for themselves and leave me out of it. I thought I was going to lose my mind; I thought I was too involved. I am grateful that I had other people to talk to.

The environment of this agency has always been quite open and now we have locks on the door, we have a glass screen that you may have noticed when you walked in here around the receptionist. The openness that we try to convey in terms of our work with clients and our acceptance of clients is somewhat mitigated by the fact that we don't trust our clients. That is the message. We put up this glass barrier because we don't trust our clients. We don't trust our clients to behave appropriately - that they are not going to behave in a non-violent way. I think it really sent a message and I think it occurred partly by the fact that these events have happened but also by the fact that there is a management in this agency that looks at our clients differently. Part of that, I think, is very culturally based. I won't get into specifics, but I don't like it.

These incidents point to the emotional impact that various terrorist attacks have on populations being served by agencies. Suspicion of people who are different abounds. Pressure is then placed on agency professional staffs to eliminate the source of these insecurities. Agency personnel are caught in a bind. They want to respond to the desperate calls for help from their constituents but, at the same time, they feel bound by the social work value of nondiscrimination. They resolve the impasse by taking concrete measures to assure clients of some modicum of safety.

Cost Containment

The economic impact of disasters such as 9/11 or Hurricane Katrina strained the resources of almost every sector of society. In many cases, this has led to the employment of an array of strategies to control costs and to justify priorities. In tough budget times, the social service and health care sectors often suffer serious economic difficulties (Speckhardt, 2005).

Respondents expressed that disasters have created budgetary and bureaucratic hardships that negatively affect clients. In the United States, for example, the Iraq war has affected the budgets of many public agencies that relied on allocations from federal, state and city sources. Respondents of this study expressed that the United States president has a misguided value orientation with regard to the budget – where “homeland security-based budget cuts have taken a toll on child welfare, education and other human service systems,” they also articulated that agencies ought to upgrade security procedures, despite the cost and impact on clients.

We are limiting services because of the budget cuts; after 9/11 the monies have tightened up, and they are saying that not everyone needs counseling. Why are you doing counseling, they ask? Everyone does not need a mental health evaluation. Why are you doing this? Before 9/11, we were allowed to send this child, mother, or father for a mental health evaluation, not now.

One respondent stated:

You need to find other resources because the budget cuts have dried up existing resources.

Another explained that:

Ethically you have to do what you have to do as a social worker. You can't allow budget cuts and restraints being placed in front of you to stop you from helping families and children.

A recurrent theme among respondents concerned the impact of increased security costs, as a result of 9/11, on the provision of service.

I have only been working here for under a year and it always hits me. Isn't it sad that we need all this security at this agency; I mean, think of how much money we are spending, and what we have to go through. I just think it is sad.

Just prior to 9/11, we began experimenting with the idea of cutting back. One suggestion was to get rid of the security guard; we figured we would be saving \$35,000 a year in the cost of having somebody sit there all day

and night. After 9/11, however, we haven't been able to cut back at all on that. That person has got to be there.

Some people from the foundation said that this year fundraising efforts will be a little bit different because a large proportion of the budget is going specifically to security and safety for the community; that really brought it home.

Triage issues are thrust boldly into the spotlight when agencies are confronted with scarce resources and the need to develop and justify spending priorities.

Time

Commentators detail many theoretical approaches to the concept of time, linking it to multiple aspects of one's psychic reality, including expectations, affects, and self-esteem. Social workers and other helping professionals use time as a therapeutic tool, helping clients gain a developmental perspective on problem formation and presentation (Granek & Laor, 1997; Gurman & Fraenkel, 2002). As such, social workers are sensitive to how time constraints and related factors affect professional practice. For example, in today's managed care environment, there is a concern that efforts to control costs could constrict therapeutic services, not allowing enough time to understand clients, and provide the expected standard of care (Gibelman & Mason, 2002).

Respondents in this domain reported that "time triage" affects what can and cannot be done during the time available each day. They explained that this constant challenge affects the way in which services are provided and accessed. In one excerpt, a respondent stated:

You are between a rock and a hard place because you recognize that here is a kid that you are allowed to give 30 minutes and they need 45 minutes or whatever it is, and then you need to make a decision.

Another respondent stated:

What are your strategies? Work overtime. Sometimes when somebody is not in crisis, seeing them for a shorter period of time, seeing them for 20 minutes is acceptable. Obviously if somebody is not in crisis, the decision is an easy one, but in more grey areas, the decisions are trickier.

Practice Techniques

Respondents identified practice techniques when time pressured to make critical decisions. One resolution was to work overtime and see clients beyond the time officially allotted. In other cases, workers chose to shorten sessions of those not in crisis in order to allot more time to those with more profound issues. Given Medicaid's mandates of 30 minutes per session, clients who are deemed to require more time present dilemmas for social workers who are caught between regulations and client need. A simple solution would be to comply strictly with Medicaid's regulations and allot 30 minutes per client. However, social workers view such compliance as shortchanging those clients who require more time. As a result, workers found creative ways to provide services deemed necessary.

One of the ways in which people tend to resolve ethical issues is to find a compromise to the situation rather than having to make a hard and fast decision. If you were to give each Medicaid patient 45 minutes, you would

be violating the law and you would be aware of that, that you were violating the law or the regulations. But you could play around with that because you give somebody less time.

The thing we face most in terms of ethical dilemmas concerns certain entitlement for our clients. We know that they have certain needs and we know that these needs can not be met unless you say X, Y, and Z.

There were rules and regulations that provided only for a maximum of three visits... and yet there were times when someone was in crisis, and needed immediate attention – and I went. So what do you do? You provide only partial information...this allows you to go and make the visit without giving the whole picture.

When if I had to get a family in, I certainly dramatized that it was very serious and important for that family to come in. I became very dramatic about what would happen if they didn't come in. Also, I guess I broke the rules when I made home visits. I don't recall anyone saying specifically not to do this, and I didn't ask because I figured I would be told not to. I felt there were some families that I needed to see face to face. They hadn't been in and they weren't at risk – and I didn't feel that I was at risk to them – so I made some home visits. I suppose that this is where I pushed the line.

In many cases, respondents suggested that agency managements were overly concerned with administrative consequences, whereas social workers were more focused on clients. For social workers, this often resulted in circumventing policies/procedures in order to meet client needs. The following excerpts illustrate how policies and procedures were sidestepped; the frustration felt by the worker is palpable.

We go against agency policy and against what management is saying. If they find out what we are doing, they take us out of our position because we are not adhering to policy, even though what they are suggesting we do is ethically wrong. We must sneak around to do our work, in order to do what is best. It is a shame that we have to work under these conditions.

Management overlooks the fact that you break policies and procedures. What they want is results. Now if the results didn't turn out the way management wanted, they would reprimand you immediately

I am not afraid anymore. I am not afraid at all. If I am fired, that is fine. Maybe I feel it is empowering to say – no I am right, they are wrong, and I'm not going to back down, and I'm not going to be quiet. I am not going to be silenced. I am Jewish. I have family members who were marched into the ovens. I am not going to be quiet. I am not going to march into anyone's oven.

I make sure everything important is done on my home computer, because I am worried that I am going against policy because I am looking at the effects of placement closing on children. I have to take my work home so they don't have access to it. It is unbelievable.

We sneak behind. I have gone and lied and pretended that I didn't lie to get it done. It's a shame you have to work like that.

Thursday we are going to a home where a child needs to be rescued. This child is still critically hurt or whatever. I tell my supervisor and I called it in, and administration didn't want to do a removal. So I had to go back and sneak around to set up the whole thing to get my kid safe. That means I had to take out services that I put in to make this child stable and take them out so that I can get this kid placed so he can be safe.

In dealing with some of our international students and some of our immigrant population, they must adhere to restrictions that have been put in place since 9/11, particularly with regard to work and how and where they can travel. It is difficult as well, particularly for some of our students who need and do not have a work visa – the dilemma comes with regard to how far do I hedge, find them jobs where they are paid with cash or something like that - in other words go against the rules and regulations in the best interest of somebody who needs to work and needs to earn enough money to get an education or to support a family or something like that. I find this as a true dilemma.

Sometimes I have this internal thing where the agency parameters are this and that – you know – and I might think well, gee, it might be nice to do something other than that – so I have to then make a decision about which is the best thing for the client.

In a number of these situations, social workers had to circumvent orders by superiors and rules of the agency in order to provide necessary client services. Acting stealthily or boldly was not an easy response. They felt ethical dissonance in having to rebel against policies that they perceived would stifle creativity and beneficence.

IMPLICATIONS

Findings of this study indicate that when disaster strikes, respondents are often placed in situations where they are expected to assign priority to one action, while negating another, all within an environment of scarcity. Many respondents indicated that they experienced feelings of doubt, discomfort, uncertainty, and other forms of ethical dissonance before, during and after a process of prioritization of resources and services. They knew that their actions, although beneficial on one level, may perhaps be devastating on another.

Although triage-like situations tend to result in utilitarian responses – “do the greatest good for the greatest number” (Beauchamp & Childress, 2001, p. 270), respondents of this study appeared to forfeit utilitarian based administrative protocols in favor of the moral imperative – “the priority of the *right* over the *good*” (Beauchamp and Childress, 2001, p. 60).

When discussing practice techniques, respondents explained that, in general, when it was assessed that a *greater good* would not be achieved by following administrative policies or triage-based protocols, guidelines were circumvented or a

compromise was sought. The literature is replete with cases and accounts of professionals from an array of disciplines, who circumvent ethical guidelines in favor of a perceived greater good for their constituents. It occurs, for example, when scientists move embryonic stem cell research to a “friendly” country; or when attorneys use loopholes in order to enable clients to gain unintended advantages; or when the President, in order to circumvent restrictions on interrogation techniques, transport prisoners to countries that are more liberal about torture. In each case, arguments that support utilitarianism can be made to legitimize the decisions made. Social workers draw on values and practice wisdom to achieve what they deem to be the best outcomes for clients.

CONCLUSION

While disaster and triage constitute the central theme of this paper, their relationship is manifested in the broader umbrella of distributive justice. In Israel, under a constant barrage of terrorist activity, social workers are pressed to provide indispensable equipment to terror victims over others who may be more in need, but who are considered less deserving because they lack terror victim status. In child welfare agencies, after 9/11 administrators slashed budgets and curtailed services deemed necessary by social workers. In multi-service agencies serving families, new security procedures affected the employment eligibility of immigrants, and social workers were responsible for helping the client find a job.

Distributive justice, an important value for social workers, can be seen as a set of principles which guide practice in a number of different ways. On one level, justice is realized through an equitable distribution of resources in an effort to prioritize as prescribed by laws, policies and procedures. This assures that disaster victims fairly receive resources and services, in a timely manner and without discrimination. On another level, justice is achieved by using rational and logical principles to determine what is *more right* rather than what might be *absolutely right*. In this case, consequences are not the focus of decision-making nor do they influence decisions about what may be most ethical in a situation. In effect, worthy ends do not necessarily justify any means.

Under conditions of triage, there is little time for expert elicitation. Uncertainty is irreducible and is inherent and ubiquitous in the process of prioritizing care and resources. Respondents of this study expressed that although experiencing a certain degree of ethical dissonance, decisions were made. At times, despite feeling that the decision was correct, they expressed concern about what was done.

In general, disaster response is a confusing science, where ethical ambiguity is a natural by-product. The search for certainty, while a valiant goal, is idealistic and unattainable. While living with uncertainty may impede the immediacy of the decision, it enables social workers to think through the options. Balancing the options is a prerequisite for sound ethical decision making.

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