
Social Work Responses to Pandemics in the United States

Stephen Monroe Tomczak, PhD, LMSW
President, SWHG
Lead Bibliography Editor
Associate Professor and Assistant Chair
Department of Social Work
Southern Connecticut State University
tomczaks1@southernct.edu

Jessica Toft, PhD, MSW, LISW
Vice President, SWHG
Lead Bibliography Editor
Assistant Professor
School of Social Work
University of Minnesota
jtoft@umn.edu

Justin S. Harty, MSW, LCSW
Secretary, SWHG
Lead Bibliography Editor
Doctoral Candidate
School of Social Service Administration
University of Chicago
justinharty@uchicago.edu

Mimi Abramovitz, MSW, DSW
Bibliography Editor
Bertha Capen Reynolds Professor of
Social Work
Silberman School of Social Work
Hunter College
iabramov@hunter.cuny.edu

Alice Gates, PhD, MSW
Bibliography Editor
Associate Professor
Sociology & Social Work
University of Portland
gatesa@up.edu

Linnea M. Anderson
Archival Support
Archivist
Social Welfare History Archives
University of Minnesota
ande3748@umn.edu

Join the Social Welfare History Group
Email tomczaks1@southernct.edu

Website
southernct.edu/swhg

Collection
worldcat.org/oclc/609423471

Twitter
@SWHG1956

Social Welfare History Archives
lib.umn.edu/swaha

From the Editors

The Coronavirus pandemic (COVID-19) represents an economic and democratic crisis in the United States; not only does the economy teeter precariously, but questions about the proper role of democratic institutions in response. Congress, the President, and the media deliberate about the extent of state intervention and which level of government is responsible for it. Social work is integral to this story: although we might not always recognize it, social work is an indelible part of the institutions that are marshalled to enact democracy. Not only does social work practice represent the final leg of what begins as legislated social welfare policy, social workers themselves often craft and create democratic responses that become policy. From the Progressive Era, to the Great Depression, to the Civil Rights Movement, to the Women Liberation and the Gay rights movements, social workers have been architects and prominent players in the development of the country's social welfare responses to crises. In like measure, social workers may also be held to account for not responding sufficiently to the democratic crisis at hand.

This set of bibliographies will address the different ways that social work responded to crises of all kinds: economic, political, natural disasters, and pandemics. Our intent is to demonstrate that history still lives - it is playing out in our lives today. Lessons from the past can be used to inform responses to the current crisis, both in terms of policy directions to build upon and guide us - and those to avoid. Social work is once again handed an opportunity to respond in our practice, pedagogy, and research.

Given our pressing circumstances of a health pandemic, we begin this series of bibliographies on social work and social welfare history that addresses the responses of social workers to pandemics in historical review.

– Stephen Monroe Tomczak & Jessica Toft

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Sondra J. Fogel, PhD, ACSW, LCSW. Associate Professor, School of Social Work, University of South Florida, Editor in Chief, *Families in Society*.

Reference Submissions

We invite reference submissions to this bibliography for inclusion in future versions. Please send your reference submission to the lead editor for this bibliography, Dr. Stephen Monroe Tomczak (tomczaks1@southernct.edu).

Forthcoming Bibliographies

#101: Social Work Responses to Policing in the United States

– Lead Editors: Jessica Toft, Mimi Abramovitz, & Justin Harty

#102: Social Work Responses to Social Movements in the United States

– Lead Editors: Stephen Monroe Tomczak & Alice Gates

Social Welfare History Group: Bibliography of Scholarship in Social Welfare History
Social Work Responses to Pandemics in the United States

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References by Pandemic

Tuberculosis (1880s–present)

Andrews, A. B., Williams, H., & Kinney, J. (1988). Three models of social work intervention with tuberculosis patients. *Health & Social Work, 13*(4), 288-295. <https://doi.org/10.1093/hsw/13.4.288>

Abstract: Modern tuberculosis intervention emphasizes patient compliance with a medical regimen, but it neglects the need to change socioeconomic factors that contribute to the persistence of this disease. Currently, social workers rarely work with tuberculosis patients, although social work methods may be more appropriate for groups who resist the medical approach. Three models of social work intervention with a primarily black, low-income, tuberculosis population are described. The models emphasize community organization, case consultation, and medical social work methods, respectively.

Black, B., & Bruce, M. E. (1998). Treating tuberculosis: The essential role of social work. *Social Work in Health Care, 26*(3), 51–68. https://doi.org/10.1300/J010v26n03_04

Abstract: The resurgence of tuberculosis gives cause for alarm. Compliance with an effective medication regimen leads to cure; yet, many patients fail to comply. This paper discusses factors affecting compliance and the essential role of social work, from an ecological perspective, when intervening to increase compliance. The authors relate comments made by patients at the only hospital originally and still serving as a TB sanatorium in relation to literature on compliance. Changes at the hospital include the development of a social work department which uses the ecological perspective in working with patients whose histories include non-compliance, as well as alcoholism, homelessness, loneliness, joblessness, and AIDS. The content of interviews with patients reveal and identify problems for future research.

James, S. H. (1926). Tuberculosis and family case work. *The Family, 7*(2), 56–61. <https://doi.org/10.1177/104438942600700208>

Summary: Article by Sara H. James of the Milwaukee Family Welfare Association discusses excerpts from anonymous case work notes.

Knopf, S. A. (1902). What shall we do with the consumptive poor? *National Conference on Charities and Corrections/National Conference on Social Welfare Proceedings, Official proceedings of the annual meeting: 1902*, 218–230. <https://quod.lib.umich.edu/n/ncosw/ach8650.1902.001/241>

Summary: Charity organization societies' response to clients with tuberculosis. Reflects the outlook and programs of the charity organization movement in the early 20th century.

Levine, D. B. (1936). Family consultation service with ex-patients of a Tuberculosis sanatorium. *The Family*, 17(7), 241–244. <https://doi.org/10.1177/104438943601700705>

Summary: The author discusses a program of community coordination for post-institutional care of TB patients.

Nathan, C. R. (1949). Clinic casework in a mass tuberculosis survey. *Social Casework*, 30(3), 92–97. <https://doi.org/10.1177/104438944903000302>

Summary: Article by Cynthia Rice Nathan, Chief of the Social Service Section, Division of Hospitals, U.S. Public Health Service. The author discusses casework follow up with tuberculosis patients identified in community-wide chest x-ray campaigns.

National Social Welfare Assembly records, National Social Work Council, 1911-1956. Monthly Meeting, 1944 (Box 10, Folder 98) Minutes of June 2, 1944 meeting of the National Social Work Council. University of Minnesota Libraries, Social Welfare History Archives. <https://umedia.lib.umn.edu/item/p16022coll429:249>

Summary: Lengthy discussion of program and funding of the National Tuberculosis Association starts on page 142.

United States Veterans' Administration Social Work Service records (1928-1957). University of Minnesota Libraries, Social Welfare History Archives. <https://archives.lib.umn.edu/repositories/11/resources/598>

Summary: Files on social casework and medical social work with VA patients with tuberculosis, 1928-1957.

Poliomyelitis, Polio (1910-1980)

Cohen, E. (1948). A medical-social worker's approach to the problem of poliomyelitis. *American Journal of Public Health*, 38(8), 1092–1096. <https://doi.org/10.2105/AJPH.38.8.1092>

Summary: Forthcoming

Copellman, F. S. (1944). Follow-up of one hundred children with Poliomyelitis. *The Family*, 25(8), 289–297. <https://doi.org/10.1177/104438944402500802>

Abstract: This is the second of two papers dealing with the poliomyelitis epidemic of the summer of 1943 at New Haven Hospital. The first paper, "Medical Social Work in an Epidemic of Poliomyelitis," by Alice A. Grant, was concerned with the function of the medical social worker during the acute phase of the epidemic, and the problems encountered at the time of hospitalization and discharge to other institutions or to the patient's home. This paper deals with the function of the medical social worker and the problems that arose subsequent to the discharge from the hospital or convalescent institution.

Grant, A. A. (1944). Medical social work in an epidemic of poliomyelitis. *The Journal of Pediatrics*, 24(6), 691–723. [https://doi.org/10.1016/S0022-3476\(44\)80097-X](https://doi.org/10.1016/S0022-3476(44)80097-X)

Abstract: During the summer of 1943, southern Connecticut experienced an epidemic of poliomyelitis of large proportions which, because of number of victims, family reactions, and community fear had much in common with disaster problems. Most of the patients were cared for at New Haven Hospital. In trying to help families of patients to meet this emergency the medical social worker found there were certain recurring reactions of the families toward the illness and its results. In adapting and working under pressure, some of the techniques of the medical social worker were modified. The emergency required the development and adaptation of community resources, and the whole episode was both colored and accompanied by the apprehensions of the community. Therefore, this paper will cover the medical social aspects of the diagnosis of poliomyelitis and especially the reactions of the children, adult patients, and their families to some of the specific problems created by epidemic conditions. We have been unable to find any literature dealing with the particular aspects to be included in this

article. This is the first of two papers. The second will follow the same group of patients through the long process of readjustment to convalescence, possible limitation of activity, and emotional strains to which the ill person is subjected in daily living with his family, in school, and with his social group.

Hitchcock, L. I. & Stuart, P. H. (2017). Pioneering health care for children with disabilities: Untold legacy of the 1916 polio epidemic in the United States, *Journal of Community Practice*, 25(1), 90–111. <https://doi.org/10.1080/10705422.2016.1269249>

Abstract: In 1916, the United States experienced its first polio epidemic, resulting in 6,000 deaths and 21,000 injured individuals. Medical practices were ill prepared to stop the disease and treat survivors. Historians have documented the creation of the polio vaccine during the 20th century, but less is written about efforts to provide rehabilitation services to children afflicted with polio. This research looked at Polio After-Care Committees, a new form of community practice that provided care to children with disabilities. The Committees worked to change community-level systems of care while providing medical care, demonstrating that new forms of community-based service organization could reach children.

White, E. (1961). Role of community in rehabilitation. *Social Casework*, 42(7), 332–338. <https://doi.org/10.1177/104438946104200703>

Author description: “In this article, I shall report on some of my observations at the Jack Martin Poliomyelitis and Rehabilitation Center at Mt. Sinai Hospital. The patients were referred to the Center when they continued to have respiratory difficulty after acute poliomyelitis.”

Spanish Flu/Influenza (1918–1920)

Aimone, F. (2010). The 1918 influenza epidemic in New York City: A review of the public health response. *Public Health Reports*, 125, Supplement 3, 71-79. <https://doi.org/10.1177/00333549101250S310>

Abstract: New York City approached the 1918 influenza epidemic by making use of its existing robust public health infrastructure. Health officials worked to prevent the spread of contagion by distancing healthy New Yorkers from those infected, increasing disease surveillance capacities, and mounting a large-scale health education campaign while regulating public spaces such as schools and theaters. Control measures, such as those used for spitting, were implemented through a spectrum of mandatory and voluntary measures. Most of New York City’s public health responses to influenza were adapted from its previous campaigns against tuberculosis, suggesting that a city’s existing public health infrastructure plays an important role in shaping its practices and policies during an epidemic.

Cannon, A. (1919). Medical social work and the influenza epidemic. *Hospital Social Service Quarterly*, 1(1), 15–21. <https://hdl.handle.net/2027/mdp.39015006004009>

Summary: Forthcoming

Christopher, M. A., Hawkey, R., & Jared, M. C. (2016). Lillian D. Wald: Pioneer of public health. In D. A. Forrester (Ed.), *Nursing’s greatest leaders: A history of activism*. Springer. <http://www.worldcat.org/oclc/1123877035>

Summary: A review of Lillian Wald’s contributions to public health in New York City, including the 1918 influenza epidemic, and her continuing relevance to public health.

Jones, M. M. (2010). The American Red Cross and local response to the 1918 influenza pandemic: A four-city case study. *Public Health Reports*, 125(Supp 3), 92–104. <https://doi.org/10.1177/00333549101250S312>

Abstract: The role of the American Red Cross in the U.S. response to the 1918–1919 influenza pandemic holds important lessons for current-day pandemic response. This article, which examines local ARC responses in

Boston, Pittsburgh, St. Louis, and Richmond, Virginia, demonstrates how the ARC coordinated nursing for military and civilian cases; produced and procured medical supplies and food; transported patients, health workers, and bodies; and aided influenza victims' families. But the organization's effectiveness varied widely among localities. These findings illustrate the persistently local character of pandemic response, and demonstrate the importance of close, timely, and sustained coordination among local and state public health authorities and voluntary organizations before and during public health emergencies. They further illustrate the persistently local character of these emergencies, while underscoring the centrality and limits of voluntarism in American public health.

Keeling, A. W. (2009). "When the city is a great field hospital": The influenza pandemic of 1918 and the New York City nursing response. *Journal of Clinical Nursing*, 18(19): 2732–2738. <https://doi.org/10.1111/j.1365-2702.2009.02893.x>

Abstract, edited: In 1918, New York City nurses provided care to thousands of patients. They did so with minimal federal support, relying on local community agencies to establish makeshift hospitals and provide soup kitchens. The Henry Street Visiting Nurses, assisted by numerous social agencies and Red Cross volunteers, visited patients in their homes and provided them with the only treatment there was: nursing care. Immediate cooperation among a previously established network of nursing and other social organisations and prompt cooperation with the American Red Cross and the United States Public Health Service was essential to New York City's response to the crisis.

Kerson, T. S. (1979). Sixty years ago: Hospital social work in 1918. *Social Work in Health Care*, 4(3), 331–343. https://doi.org/10.1300/J010v04n03_08

Abstract: The year 1918 marked a juncture in the development of social work in health care. During that year, the fledgling group of hospital social workers responded to the needs created by World War I, the influenza pandemic, and epidemics of tuberculosis and venereal disease. At the same time, in order to meet these needs and to professionalize their services, they formed a professional organization, published two new journals, and expanded opportunities for professional education. Examination of these matters helps to explain the place and direction of hospital social work exactly 60 years ago.

Murphy, J. P. (1918). Aftermath of influenza. *Survey (1909)*, 41, 212–214. <https://hdl.handle.net/2027/mdp.39015010567843?urlappend=%3Bseq=226>

Summary: This article discusses a plan by Ida M Cannon, a medical social worker at Massachusetts General Hospital, to address the epidemic of Spanish Flu in Massachusetts. The article discusses the relationship between medical and social service responses to the crisis.

Price, G. M. (1918). Mobilizing social forces against influenza. *Survey (1909)*, 41, 95–96. <https://hdl.handle.net/2027/mdp.39015010567843?urlappend=%3Bseq=93>

Summary: This article includes discussion of the role of public health departments, visiting nurses, and settlement houses.

Rosoff, P. M. (2008). The ethics of care: Social workers in an influenza pandemic. *Social work in Health Care*, 47(1), 49–59. <https://doi.org/10.1080/00981380801970814>

Abstract, edited: Many healthcare organizations and government agencies are making detailed preparations for the possibility of a pandemic of highly virulent influenza. All plans to date have recognized that there will undoubtedly be a greater need for medical resources than will be available. Thus, we will be faced with a situation in which not all will be offered curative care, even if they could benefit from it. Even if there were sufficient amounts of vaccines, hospital beds, ventilators, and antibiotics, there are still expected to be large numbers of deaths as well as stress due to the overwhelming nature of the pandemic. The challenges of caring for the incurable, the uncured, healthcare workers, and the survivors and their families will place almost unprecedented

demands on mental health workers. In this article, I discuss these ethical and medical challenges and the role that social workers will be called on to play. [Editor note: Author analyzes social work's response to historic flu pandemics.]

Stuart, P. H. (2020). From the Archives: Lillian Wald Reports on Organizing to Combat the 1918 Influenza Pandemic in New York City. *Journal of Community Practice*, in press. <https://doi.org/10.1080/10705422.2020.1757392>

Summary: This "From the Archives" article provides the text of Lillian D. Wald's report on the response of the Nurses' Emergency Council and social services to the 1918 influenza pandemic in New York City. (see also Wald, 1918)

Wald, Lillian D. (1934). *Windows on Henry Street*. Little, Brown, and Company. <https://hdl.handle.net/2027/mdp.39015000292378>

Summary: An account of Henry Street Settlement from the 1910s to the early 1930s but its Head Resident, Lillian Wald. The book includes a discussion of the settlement's role in combatting the 1918 influenza epidemic, pp. 96-101.

Wald, L. D. (1918). The work of the nurses' advisory council. *The Public Health Nurse*, 10(8), 305-313. <https://hdl.handle.net/2027/uma.ark:/13960/t47p9vg3f>

Summary: A report of the activities on the Nurses' Advisory Council during the influenza outbreak of October-November 1918. (see also Stuart, 2020)

Wald, L. D. (1920). Influenza: When the city is a great field hospital. *The Survey*, 43(16), 579-581. <https://hdl.handle.net/2027/mdp.39015010567686?urlappend=%3Bseq=589>

Summary: Article by Lillian Wald, founder of the Henry Street Settlement, comparing New York City to a field hospital during the Spanish Flu pandemic of 1918-1919 and discussing the work of the Henry Street Visiting Nurse Service. A discussion of Wald's work with the Nurses' Advisory Council and the New York City Health Department during the 1918-19 influenza epidemic.

Human Immunodeficiency Virus, HIV & Acquired Immune Deficiency Syndrome, AIDS (1980s-present)

Gillman, R. (1991). From resistances to rewards: Social workers' experiences and attitudes toward AIDS. *Families in Society: The Journal of Contemporary Social Services*, 72(10), 593-601. <https://doi.org/10.1177/104438949107201002>

Abstract: As the incidence of HIV/AIDS increases, in-service training and professional education must prepare human service professionals to work with this growing population. A questionnaire was sent to a random sample of 500 members of the local division of the National Association of Social Workers in an East Coast urban city. Three-hundred and fifty-three usable questionnaires were returned. The study investigated members' attitudes, knowledge, and experiences with HIV/AIDS. Although many attitudes, especially those concerning homosexuals, were relatively positive, negative beliefs about intravenous drug users and fears about dealing with issues surrounding death raise concern. For those respondents who had experience with clients with HIV/AIDS, "dealing with young people who are dying" was reported as their greatest difficulty and "opportunity for personal growth" as their greatest reward. Implications for in-service training and social work education are discussed.

Mantell, J. E., Shulman, L. C., Belmont, M. F. & Spivak, H. B. (1989). Social workers respond to the AIDS epidemic in an acute care hospital. *Health & Social Work*, 14(1), 41-51. <https://doi.org/10.1093/hsw/14.1.41>

Abstract: Acquired immune deficiency syndrome (AIDS) has had dramatic effects on hospital staff, particularly social workers. However, little documentation exists of how hospitals and their social work departments have responded to the myriad needs of people with human immunodeficiency virus-related conditions. Patterns of social work service delivery to 152 persons with AIDS at St. Luke's-Roosevelt Hospital Center in New York City

were reviewed. Gaps were identified; in particular, social workers provided services to only 40 percent of the identified persons with AIDS. The need for staff education and training, dedicated resources for services to persons with AIDS, and increased out-of-hospital services are discussed.

Miller, S. O., & Dane, B. O. (1990). AIDS and social work: Curricula development in an epidemic. *Journal of Social Work Education, 26*(2), 177–186. <https://doi.org/10.1080/10437797.1990.10672148>

Abstract: The need for skilled social workers in the AIDS epidemic cannot be ignored. New graduates and current social work students need to understand complex biopsychosocial, ethical and political issues in order to provide effective, timely and appropriate services to persons with AIDS and their significant others. This article describes a framework for developing comprehensive, versatile curricula which adequately prepare students to confront the unprecedented challenges created by this epidemic.

Stulberg, I., & Buckingham, S. L. (1988). Parallel issues for AIDS patients, families, and others. *Social Casework, 69*(6), 355–359. <https://doi.org/10.1177/104438948806900605>

Abstract: People with AIDS, their families, and significant others often face similar psychosocial issues. The authors identify and discuss these issues within the social context of the AIDS epidemic and make treatment recommendations for social work professionals.

Willinger, B. I., & Rice, A. (2003). *A history of AIDS social work in hospitals: A daring response to an epidemic*. Psychology Press.

Abstract: *A History of AIDS Social Work in Hospitals: A Daring Response to an Epidemic* presents first-hand historical perspectives from frontline hospital social workers who cared for HIV/AIDS patients during the epidemic's beginning in the early 1980s. Contributors recount personal and clinical experiences with patients, families, significant others, bureaucracies, and systems during a time of fear, challenge, and extreme caution. Their experiences illustrate the transformation of social work as the development of new programs and treatments increased the lifespan of HIV/AIDS patients.

Severe Acute Respiratory Syndrome, SARS (2002–2003)

Bai, Y., Lin, C. C., Lin, C. Y., Chen, J. Y., Chue, C. M., & Chou, P. (2004). Survey of stress reactions among health care workers involved with the SARS outbreak. *Psychiatric Services, 55*(9), 1055–1057. <https://doi.org/10.1176/appi.ps.55.9.1055>

Abstract: The outbreak of severe acute respiratory syndrome (SARS) was unique because it was highly concentrated in health care settings and a large number of health care workers were infected. This study investigated stress reactions among 338 staff members in a hospital in East Taiwan that discontinued emergency and outpatient services to prevent possible nosocomial outbreak. Seventeen staff members (5 percent) suffered from an acute stress disorder; stepwise multiple logistic regression analysis determined that quarantine was the most related factor. Sixty-six staff members (20 percent) felt stigmatized and rejected in their neighborhood because of their hospital work, and 20 of 218 health care workers (9 percent) reported reluctance to work or had considered resignation.

Gearing, R. E., Saini, M., & McNeill, T. (2007). Experiences and implications of social workers practicing in a pediatric hospital environment affected by SARS. *Health & Social Work, 32*(1), 17–27. <https://doi.org/10.1093/hsw/32.1.17>

Abstract: This phenomenological study's purpose was threefold: to detail the experiences of social workers practicing in a hospital environment affected by severe acute respiratory syndrome (SARS), to describe essential themes and structures of social work practices within this crisis environment, and to explore recommendations for better preparedness to meet similar crises in the future. The sudden onset of SARS in hospital settings created an immediate necessity to study this phenomenon as hospitals and health care professionals struggle to adapt to this new epidemic environment. This study is the first using qualitative research to investigate the unique

perspective of social workers in an epidemic environment. The results reflect the social workers' subjective experience of their interventions with patients and families and indicate that a number of professional tenets, such as advocacy, family-centered approach, knowledge of systems, open communication, and ethics effectively supported social work practice in a crisis environment.

Coronavirus Disease 2019, COVID-19 (2019–present)

Berg-Weger, M., & Morley, J. E. (2020). Loneliness and social isolation in older adults during the COVID-19 pandemic: Implications for gerontological social work. *The Journal of Nutrition, Health and Aging*, 24(5), 456–458. <https://dx.doi.org/10.1007%2Fs12603-020-1366-8>

Abstract: Forthcoming

Berg-Weger, M., & Schroepfer, T. (2020). COVID-19 pandemic: Workforce implications for gerontological social work. *Journal of Gerontological Social Work*, 1–6. <https://doi.org/10.1080/01634372.2020.1772934>

Abstract: The COVID-19 pandemic has been challenging for people of all ages but particularly devastating to adults 65 and older, which has highlighted the critical need for ensuring that all social workers gain the knowledge and skills necessary to work with this population. While there is a critical shortage of gerontological social workers and we must continue to increase that number, we cannot wait for this to occur. In this commentary, the authors call for infusing the current social work curricula with aging content; providing current social workers with trainings on aging practice; and all social work practitioners, faculty, and researchers to address four specific areas that have gained prominence due to the impact of COVID-19: ageism, loneliness and social isolation, technology, and interprofessional practice, in their respective areas.

Fogel, S. J. (2020). Response, recovery, and resilience: The meaning of community in a global crisis. *Families in Society: The Journal of Contemporary Social Services*, 101(2), 117–118. <https://doi.org/10.1177/1044389420925484>

Abstract: Just a few short months ago, people around the world celebrated the arrival of a new decade and wondered what promise and opportunity might await them and their families in the coming years. This brief article acknowledges nations around the world and how they are reeling from the spread and impact of COVID-19 disease on their populaces. Social service systems and the professionals who are integral to managing the crisis and helping us move from response to recovery to resilience. It is an opportunity for this sector to highlight its work and its readiness to react to crises by providing humane care to all persons.

Hamler, T.C., S. J. English, S.J. Beltran, and V. J. Miller (2020). A reflection of and charge to gerontological social work: Past pandemics and the current COVID-19 crisis. [Letter to the Editor]. *Journal of Gerontological Social Work*. <https://doi.org/10.1080/01634372.2020.1766629>

Abstract: Despite COVID-19 being a novel experience, it is neither the first example of, nor the first instance where, the social work profession has played a significant role. Human history is punctuated by tragedy, often troubled by social barriers influencing the depth and breadth of response. It is here where social workers have, historically, been on the frontlines, responding to pandemics and emergency situations. The current global health crisis provides opportunity to reflect on prior social work responses to prior pandemic situations and serves to inform future research and practice for vulnerable older adults.