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THE (IN)HUMANITY OF HUMAN SERVICES

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In the context of a global pandemic:

This paper was written, and the experiences described within it, occurred many months before the current COVID-19 pandemic which we are all experiencing today. There is no question we are in an unprecedented time of fear, uncertainty and social isolation. And, even after the threat of the virus itself is lifted, the economic disruptions it will leave in its path are going to be with us for a long time. Yet, these challenges also provide an opportunity for change and real transformation, if we cease the moment and act upon the lessons learned through this tragedy. Now, more than ever, we know what it feels like to experience human need and suffering – our own, our loved ones, our neighbors, those that we don't even know but that selflessly served others during this crisis. The pandemic has illuminated with great clarity that we are all in this together, as we are forced to interact with a variety of government and public systems for assistance. Let's work harder than ever with this new found knowledge of how much we rely on each other for our emotional and physical well being and build the systems in our society that will enable all of us to thrive and share equitably in all the human kindness and good that exists in our world.

(In)Humanity

Recently, I went through the process of applying for state disability support services for my son who was born with a rare, genetic disability. He was about to turn 18 and graduate from high school. It was time to ensure that a safety net be in place for him, as he would no longer be entitled to some of the health, education and social support services legally available to him as a minor.

Having to interface with insurance companies, medical providers and a number of special needs service providers throughout his life, I was prepared for a heavily bureaucratic, impersonal and lengthy process. As a former front line, psychiatric social worker, I'd been through these processes on behalf of my clients many times. Yet, none of that prepared me for the emotionally frustrating experience I had with my son as the patient.



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Securing my son's Medicaid benefits, in particular, really solidified for me what's wrong with our U.S. human service systems. As a consumer, using these systems is fraught with frustration, humiliation and confusion – often at a time when people are most vulnerable. It's critical that we reassess and revise our systems to regain the “human” element going forward.

For employees and providers, working in this system can be just as daunting. They experience ever increasing workloads, poor internal communication and repeated exposure to difficult and trying human interactions without appropriate training or support. These experiences cause burn out, emotional distancing, and lack of perceivable empathy for others, often resulting in unhelpful, rude and even abusive behavior.

The Casual Harm of “Assistance”

The environment, culture and practices have inadvertently created conditions where system users and employees do not see each other as human. Often the institutions meet the public with environments that are invariably authoritarian and dehumanizing. Armed security guards are present, plated glass between 2 customers and employees, strict prohibitions on use of electronics and even drinking water. The messages may be unintentional, but they are clear: the public should be considered dangerous and those who utilize public benefits are treated as “less than”.

This message was certainly reinforced in my own experience. Like many applicants, my son and I were required to go into the Medicaid offices in person. To receive timely assistance, we arrived early, before the offices were open as Medicaid does not offer appointments. If we did not arrive early we would have been forced to spend hours and hours waiting to be seen. So we waited in line, outside in the staggering, humid heat of a New York City summer day.

It was hot, smelly and uncomfortable standing out there for an hour. It was dehumanizing. Once we were finally allowed into the waiting room, we were met with unfriendly security personnel, signs warning us against eating or drinking, using cell phones, and clerks behind glass partitions who didn't look any happier to be working there than we felt having to be there. Even with the assistance of an advocate, our interactions with the Medicaid caseworker were terse, tense and ultimately unsuccessful in resolving our problem.



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The Uncommonness of “Common Courtesy”

The experience made me realize this was a way of life for many. This speaks to the “casual cruelty and humiliations to which people living in poverty are constantly subjected to, simply for seeking government help.”¹ People are forced to navigate a difficult, inhumane, “human” systems.

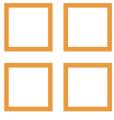
Our systems have become detached and transactional in nature; Thus forcing both the personnel working in them and those of us trying to find our way through them for assistance, to feel rushed, dismissed, frustrated and defeated. My own experience bears that out.

In order to resolve a Medicaid eligibility issue with my son’s application, we were required to participate in a fair hearing with an administrative law officer. During the hearing, the administrative officer stated: “I’m not here to help you or give you guidance; I’m only here to take any documents you want to submit as part of this hearing”. I asked for explanation and clarity - after all, this was my first go around at this as a parent and how was I supposed to know what documents I should submit if I couldn’t understand the process? There was no answer forthcoming; just a wall of repetitive response.

I left the meeting frustrated and then angry that somehow a system designed to “help” had only made me feel worse , like I was incompetent for not knowing more. Couldn’t they have at least introduced themselves and greeted us when we arrived in the meeting? In my frustration, I even snapped at them as I walked out the door – “you know it’s only common courtesy to greet someone and introduce yourself when you start a meeting!” I had now perpetrated the tone I was treated with, back to the employees- the cycle of discourteous systems.

I realize that an unintended consequence of our systems currently is that they are “hard wired” to be transactional and that those working in these systems are not necessarily to blame, given their own frustrations and difficult work environments. Yet, the personal interactions between individuals engaging in the transaction can certainly be more gratifying and humane. It doesn’t take any more time to be kind, to offer a greeting, a handshake, an introduction, or a smile to make one feel at ease. How hard would it have been to offer a greeting and some clarifying, kind words to me during that hearing when I was so obviously confused and scared? And how are the

¹<https://www.nytimes.com/2019/10/27/opinion/hra-nyc-abuse.html>



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What Needs to Change

employees at the organization treated? That might contribute to how they treated me.

It was hard to feel that there was anything “fair” about that meeting that day. Mostly, it cemented for me that the very health and human service systems we’ve developed to help people in need of assistance are broken.

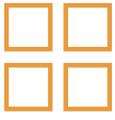
We know that these systems inadvertently perpetuate inequality. There is a disproportionate impact on people of color. Being poor almost always mandates use of and exposure to these systems. Growing economic inequality has increased the number of people who need these public systems. Those with disabilities, physical and mental, and the elderly are also disproportionately affected as they too must avail themselves of public benefits. There is no denying that we have reached a point in time that cries out for new approaches.

How do we get from where we are now to where we aspire to be – a human centered, responsive system for all? It’s complicated and multi-layered. It won’t be a “quick fix”. It will take strong leadership and new ways of thinking about the role and purpose of these institutions in our society.

Here are some thoughts on where individuals (both as consumers and providers) and systems can start:

- **Bridge providers and patients.** We need to break down the “us” vs. “them” mentality that permeates our social/human systems. This artificial divide creates the “othering”² that has polarized and pulled us apart when we engage with others. It hinders the “bridging” that we need to do in order to see each others perspectives and come together to jointly solve problems and it applies equally to individuals, organizations and communities.
- **Communicate the “how”.** We need to craft a message about why this system change is urgently important - why the “how” these public services are administered is more important than the “what” they administer. Every minute our systems remain the same, trauma is occurring. People’s lives and our future as a society depend upon this change. The challenge is bigger

² “Messy, Difficult, Necessary: Four Approaches to Social Impact in a Complex World”. Kriss Deiglmeier. Tides Newsletter, 1/22/2020.



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Why it Matters

than any one system or field can address on its own.

- **Document lessons learned.** We must harness the learnings that come with the failures we are experiencing now and use them to drive innovations needed to make the desired changes. We must not be risk adverse. We need to take advantage of opportunities like the “Falling Forward”³ initiative recently launched by The Centre for Public Impact and the Aspen Institute Center for Urban Innovation, helping local governments and public agencies learn how to identify, understand, address and successfully innovate from their failures.

The cost of dehumanizing systems is high. Being dehumanized is a form of toxic stress, with immediate and cumulative effects on the health and wellbeing of every person who interacts with these systems. In order to build a future that is more just, human and kind, we must transform our public systems.

We have to face the truth that we have been working with good intentions, but the systems we’ve constructed to address our social concerns and problems are only marginally impactful and often harmful to those most vulnerable. It’s understandable - root causes are significant and complex to solve. If we really want to move forward, it will require new and bold approaches based on the ideas above. It seems like a huge undertaking, and it is.

The transformation of our public institutions can feel insurmountable. We can take concrete steps today. We can refuse to be dehumanized or to dehumanize others. We can make the decision to engage in practices that remind us of others humanity. We can give a personal compliment to someone on something they are wearing. We can ask “how are you today?”. We can comment about the weather.

It might be tempting to dismiss these efforts as trivial. The fact that these system interactions rarely contain this type of relationship-centered talk proves otherwise. Engaging with someone as a person, outside of the business transaction, is a radical intervention in and of itself, and is the foundation for a larger, transformative movement.

³ “Failure is an option: Why learning from failure is the key to unlocking innovation in government”. Andi Mirviss and Josh Sorin, Centre for Public Impact. 10/8/2019

People First Health Collective exists to facilitate system transformation to put people first. We believe this builds relationship-centered systems, empowering the context in which all true and sustaining healing occurs.

People First Health Collective brings a depth of over 100 combined years in catalyzing change. We do this by research, facilitation and support in the deep, transformative work of developing relationship centered practices.

Who we are:

Mary Rainwater, Kori Joneson, Holly Hughes, Jennifer Brya, Elizabeth Morrison, Steph Sharma and Karen Linkins.

What we do:

1. CONSULTING:

Facilitate and support transformation of health and social care systems, enhancing people centered practices that support whole health.

2. ADVOCACY:

Engage in social justice-related advocacy, as it relates to the health equity, health access and health care for all people.

3. ADVISING:

Provide clear, concise problem definition with relationship centered solutions to local, statelevel and national health concerns

4. THOUGHT LEADING:

Author and promote articles to challenge, shift and create dialogue about the dominant discourse in health care, to catalyze bold thinking needed for change.



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