common in other countries, Americans had been relatively isolated from them prior to 9/11. However, the specter of terrorism has led to increased stress. In the previously mentioned stress survey conducted by the American Psychological Association (2017), almost 60 percent of Americans cite worry about acts of terrorism to be a significant source of stress for them. Social workers and others are still learning about how this large-scale trauma has changed individuals and the society as a whole and how to deal with the threat of trauma, which, even if it never happens, has a detrimental effect on people's mental health.

Disasters—Natural and Human Made

Harding (2008) defines human-created disasters as processes or events that facilitate the breakdown of families and communities. Human-made disasters are caused both by unintended consequences from state policies and by deliberate decisions by governments or individuals. They can include, but are not limited to, drug infiltration in African American communities (Stevens & Capitman, 2005), chronic poverty, dislocation, and violence against women (Lohokare & Davar, 2000), wars, repressive regimes, and the failure to halt preventable diseases. Sometimes the natural and human-made disasters can converge as in human error in response to a natural disaster, which compounds the impact and makes the disaster worse.

Examples of national and international crises include the human-created disasters of the terrorist attacks in New York on September 11, 2001, and the ensuing Afghanistan and Iraq wars; the BP oil spill; school shootings; and natural disasters such as Hurricane Katrina in 2005, the earthquake in Haiti in 2010, and Superstorm Sandy in 2012 that affected millions along the Eastern shores. Although there is a dearth of literature on psychological trauma caused by catastrophic disasters such as these, we do know that appropriate treatment can mitigate the effects of these disasters (Schein, 2006).

Human-made disasters are often more devastating over the long term than natural disasters. For example, between 1990 and 2003, there were over 59 armed conflicts in the world that displaced millions and killed over 1.5 million children (UNICEF, 2004). Women, children, older people, people with disabilities, people living in poverty, and nondominant groups are most vulnerable to these events. By 2014, 37 million people were living with HIV worldwide, with 13 million children orphaned by AIDS; 15 percent of the world population lived below the extreme poverty level of $1.90 per day while an additional 21 percent lived below the moderate poverty level of $3.10 per day; and between 2005 and 2012, 15 percent of children were involved in child labor (UNICEF, 2014, 2016). A sense of urgency motivated millions of donors worldwide during the 2004 Indian Ocean tsunami; however, this sense of urgency often does not translate to human-made disasters such as AIDS, pervasive poverty, and war-torn areas (Harding, 2008).

Social workers have a significant international, national, and local role to play in policies that are designed to ameliorate the effects of such disasters (Harding, 2008; Zakour, 2006). Skills that are beneficial in work with survivors of such disasters include working with groups, involving people in ways

that are empowering, focusing on rebuilding to enhance social capital, maintaining cross-cultural awareness, and networking, all abilities that are central to social work training (Dominelli, 2015). Our core values of social justice and the elimination of discrimination and inequality demand that we develop and promote strategies to prevent human-created disasters. In addition, in the case of both human-made and natural disasters, we have put forward effective mental health and social service interventions as well as postdisaster strategies for reconstruction and development. After first responders (e.g., EMTs, police, firemen), social workers are the major professionals involved in helping victim-survivors in the immediate aftermath of a crisis or disaster (Dominelli, 2008).

EP 2

Terrorist Attacks on American Soil—September 11, 2001

Almost all people in the United States and many around the world are familiar with the events of September 11, 2001. By most accounts, these events fit the criteria of a disaster. The planes that crashed into the World Trade Center, the Pentagon, and the field in Pennsylvania killed more than 3,000 people. As discussed earlier, the events also caused tremendous trauma for many people. Individuals and families directly affected by the attacks included all those killed and injured on the planes and in the World Trade Center and the Pentagon and their families and friends. Rescue workers and emergency responders had to deal directly with the aftermath of the attacks. Many experienced mental and physical health problems in the ensuing years. These problems included respiratory symptoms, increased rates of cancer, and PTSD (Mauer, Cummings, & Carlson, 2007). Family members of those helping victims after the attacks were also found to be experiencing trauma even several years later (Linkh, 2005). Additionally, the September 11 attacks had an impact on the general public as a whole. Estimates are that 10 percent of people in Manhattan and 4 percent of US residents experienced serious emotional reactions post-9/11 (Hajer & Walsh, 2005). Research found that anxiety-related visits to emergency rooms within 50 miles of the World Trade Center increased in the months after the attacks (Adinaro, Allegra, Cochrane, & Cable, 2008). Nationally, people who reported acute stress following 9/11 were 53 percent more likely to have cardiovascular ailments during the three-year period following the attacks (Holman et al., 2008).

The ramifications of September 11 are not limited to individuals and communities experiencing loss, stress, and trauma. The wars in Afghanistan and Iraq were directly related to the 9/11 attacks. These conflicts have had a large impact on the United States economically and socially. Together, the two wars had cost US taxpayers $4.8 trillion by 2016, making these the most expensive wars in the history of the country (Crawford, 2016). Money that is being spent on the wars is money that is not available for domestic uses, such as education and social services. For example, the money spent on the two wars since 2001 could have been spent to provide millions of low-income people with health care for a year, paid for all eligible children to be in Head Start programs, and provided scholarships for university students. As discussed in Chapter 4, fear