

Good Samaritans in the War on Drugs That Wasn't

(as told by Jules Netherland, policy analyst)

I couldn't believe what I was seeing. In June of 2011, flanked by white parents from Long Island, conservative Republican senator and Health Committee chair Kemp Hannon led a press conference about the passage of New York's Good Samaritan 911 Law. The law, which provides limited immunity from prosecution to those calling 911 for help during a drug overdose, was one of the first of its kind in the country. Good Samaritan laws were born out of the bifurcated approach to drug policy in the US. On the one hand, an overdose is treated as a medical emergency, and of course calling 911 can prevent the tragic loss of life. On the other hand, drug use and possession are treated as crimes, so people who use drugs or even those who happen to be in proximity of an overdose are afraid of calling 911 because they know they will likely face arrest.¹ Even though I closely followed the campaign to pass the law, I still couldn't believe I was watching conservative Republicans, who had long opposed almost every progressive drug policy proposal put forward in New York, embracing a bill that essentially carved out a space where people who were using drugs didn't need to fear prosecution. Even more inconceivably to me, this bill had been sponsored by senate Republicans and lauded by conservative senate leader Dean Skelos. Using talking points that could have been scripted by progressive drug policy reformists, Hannon explained in a press release: "If someone is witnessing a drug or alcohol overdose, their first reaction should be to get help, not worrying about personal ramifications. This bill would

help alleviate some of the concern about charges an individual may face for illicit activity and provide quicker and more effective medical responses.”²

What strange new world have I entered, I wondered, where Republican senators are leading the fight for more progressive drug policy reform and talking about medical, instead of punitive, responses to drug use? And what about these new allies—white suburban parents? What brought them to a fight traditionally framed around racial justice and criminal justice reform, particularly when many of these same players had been the architects of punitive drug laws? How did it seem suddenly that the rubric around drug use had flipped, so that compassion and care were priorities to provide to people who used drugs? And how much did racial dynamics influence this abrupt policy shift?

My education and my work have provided me with lots of opportunities to reflect on Whiteness and white privilege, and yet I find myself uncomfortable writing about it, particularly from a personal perspective. On the one hand, it saddens me that this exercise of trying to uncover how prioritization of Whiteness dehumanizes others is even necessary. On the other hand, tracing how my understanding of Whiteness developed might provide a way for white readers to better process their own Whiteness and the arguments about systemic racism that we make in this book. I would not be honest if I failed to admit that writing about Whiteness as a white person feels fraught. I do not want to center my story, and yet I understand that failing to talk about Whiteness—my own—reinscribes the privilege of silence and unexamined Whiteness. I also understand that many readers have no interest in yet another account of how a white person awakens to systems of white supremacy. For those readers, I suggest skipping ahead to the next section.

Too often, I think, well-meaning white people, like me, stay quiet because we fear getting it wrong. I have come to understand that, while Whiteness operates on the interpersonal level in ways that are harmful, it also operates on the structural and systemic level in ways that are both destructive and often insidious. White supremacy is so woven into the fabric of US society that it is hard for white people—for me—to see all the ways it operates, particularly because it is invisible by design. As a white person working in drug policy, I’ve found that I have to constantly interrogate (gratefully with the help of others) the ways I am either actively challenging racist practices or inadvertently reinforcing them. As scholar and activist Mariame Kaba explains: “When we set about transforming society, we must remember that we ourselves will

also need to be transformed. . . . We are deeply entangled in the systems we are organizing to change. . . . We have all so thoroughly internalized these logics of oppression that if oppression were to end tomorrow, we would be likely to reproduce previous structures.”³ I believe that I have a responsibility to see and reveal Whiteness—however entrenched and elusive it may be, and however imperfectly I may do so.

When the Good Samaritan Law passed, and I saw the expected narrative around people who use drugs upended when it came to white, more affluent people, I was working as an organizer and lobbyist at the Drug Policy Alliance (DPA), and I had been working on drug policy reform and research for almost a decade. Those years had led me through many examinations of Whiteness and how it operates, especially related to people who were marginalized. The DPA is a national organization that works to end the war on drugs and policies that punish people who use drugs and instead to promote drug policies that focus on health and human rights. I discovered drug policy work in the early 1990s, through HIV activism, while working at the Gay and Lesbian Advocates and Defender’s AIDS Law Project. At that time, the demographics of the people we served were changing, from predominantly gay men to injection drug users. What compelled me about the work was that both groups, who seemed to have little in common, were highly stigmatized and considered “throwaway” people to most of society.

As a gender-nonconforming, queer person coming of age in the 1970s and ’80s, I knew a little about what it felt like to be at the margins and to have people hate you because of who you are, how you look, or how you choose to live your life. Perhaps it was this core sense of not belonging that led me to find and adopt spiritual communities in college that practiced radical acceptance—we are all welcome, particularly the “least among us”—and focused on righting social injustices. It wasn’t perhaps the expected course at the time—to come out as a lesbian and then convert to Catholicism—but as the child of two social workers, I had always understood that I had been afforded privileges that others had not, through no merit of my own. I didn’t then fully understand the systems at work that made unearned advantage automatically accrue to my Whiteness, but I did feel deeply that it was unfair that I had so much when others had so little.

Inhabiting both intellectually elitist and leftist progressive worlds, I have learned that talking about spirituality and religious beliefs is unpopular, and yet the ways in which I have come to understand and grapple with my own Whiteness—as well as my commitment to changing drug

policy to recognize people's humanity—are rooted in my faith. Having been raised agnostic with a healthy distrust of organized religion, I continued, nonetheless, to be preoccupied by this question of how we could treat some people as disposable and dispensable, especially as I fell in with a radical wing of the Catholic Church that had grown out of the Catholic Worker Movement and the sanctuary movement in which certain congregations were welcoming into their churches and protecting political refugees from Central America. Teaching informed by liberation theology was calling on people of faith to ally with the most disadvantaged and stigmatized, and in my practice that meant working to provide food for Philadelphia's unhoused. In this living, working faith, people were not just espousing spiritual beliefs but also putting them into practice and treating people who were unhoused with love and respect grounded in the spiritual belief of the intrinsic humanity of each person. This radical acceptance of all people, most especially those considered "outcasts" by others, resonated deeply with me.

Doing street outreach to feed the homeless, I quickly became friends with a wide array of people, including people who used drugs. I soon learned that people who used drugs, far from being the dangerous, unpredictable, morally bankrupt people I had been taught they would be by a culture that too often equates drug use, criminality, and moral failing, were like the rest of us—beautiful, complex, imperfect humans. This, of course, was consistent with my deeply held spiritual beliefs that we are all equally beloved creatures of God and that any system of "othering," anything that dehumanizes another, is an anathema.

By the time I graduated from college in 1989, I had a deeper understanding of the systems of privilege that propped up not just my advantage but the advantage of white people in general. I was firmly cemented in my commitment to embracing a practice of radical acceptance and inclusivity—helping to build a world where even "the least of these" would be imbued with full dignity and worth. And I felt a desire to use my privilege in the service of others, so immediately after college, I spent a year living and working with Franciscan monks in a soup kitchen in inner-city Philadelphia. We lived in community with the people we served; they were our neighbors and friends. We ate together, worked together, and worshipped together. This was during the end of the crack era and well before there were any viable treatments for HIV/AIDS. While part of this community, I saw heart-wrenching pain and suffering. But I noticed that most of that harm was not because of crack itself but because of the policies, structures, and stigma that kept people liv-

ing in poverty and prevented them from getting the help and support they needed.