

REPORT FROM THE

UE LOCAL 150
&
THE UE INTERNATIONAL WORKER JUSTICE CAMPAIGN

MENTAL HEALTH WORKERS PUBLIC HEARINGS



NOVEMBER 20, 2010
BUTNER, NORTH CAROLINA

&

FEBRUARY 5, 2011
GOLDSBORO, NORTH CAROLINA



UNITED ELECTRICAL, RADIO AND MACHINE WORKERS OF AMERICA

PHOTO FROM THE FRONT COVER:

Attendees of the Goldsboro hearing on February 5, 2011 hold banners.

April 1, 2011

With the major cuts in state and local government budgets resulting from the massive financial bailouts of banks and corporations, many legislatures, including North Carolina are wrongly trying to balance budgets without regard to the deteriorating impacts on working conditions and the quality of public services.

At a time when the state is looking to cut spending by roughly \$2.4 billion rather than raise revenue by fairly taxing corporations and the wealthy workers in many state agencies and facilities are being asked to shoulder more. In response, the health care technicians, registered nurses, kitchen workers, housekeepers and all frontline workers at state mental health and retardation institutions where the North Carolina Public Service Workers Union-UE Local 150 has members, are organizing so we can collectively seek better wages, improved working conditions and more uniform training opportunities so that they may better serve their patients and work in dignity. The Office of the State Personnel estimated the total turnover costs in FY 2008 were \$563 million, yet the state has failed to invest in retaining staff, through adequate wages, benefits, training, safe working conditions and allowing workers to have a voice on the job. Governor Perdue and DHHS Secretary Lanier Cansler have instituted policies like "Zero Tolerance" that blames workers for all of the problems caused by the state's failed 2001 mental health reform plan.

The State of North Carolina's ban on collective bargaining rights for state and local government workers has placed a block against workers having real input in shaping policies about working conditions that impact decisions about quality care.

North Carolina: Out of compliance with international laws

“The ILO ruled on the complaint in early 2007, finding North Carolina and the U.S. with being out of compliance with international law and human rights standards.

UE Local 150 and the IWJC began formally presenting evidence in support of the right to collective bargaining in 2005 in public hearings across the state. The evidence was heard by a panel of jurists from the International Commission for Labor Rights (ICLR). Following the 2005 hearings, the ICLR used the testimonies to develop and file a complaint to the International Labor Organization (ILO), the labor arm of the United Nations against the State of North Carolina and the United States for being in violation of ILO Conventions on the Freedom of Association because North Carolina's law (NC GS 95 98) prohibiting collective bargaining rights for state and local government workers. The ILO ruled on the complaint in early 2007, finding North Carolina and the U.S. with being out of compliance with international law and human rights standards and offered to assist North Carolina with setting up a framework that allows collective bargaining. However, despite letters and petitions signed by hundreds of organizations and individuals to the US Department of Labor (DOL), including a meeting of UE 150 and UE National Union leaders requesting the DOL to urge North Carolina to comply with the ILO ruling, the DOL has not taken any steps in this direction.

In addition to the ILO complaint, UE 150 has been involved in two other actions before international bodies, as part of its effort to bring about a change in NC state law. In October 2006, at UE's request, 53 labor organizations from Mexico, Canada and the U.S. brought charges that North Carolina's ban on public employee bargaining violates the labor side agreement to the North American Free Trade Agreement (NAFTA). In January 2007, UE requested a hearing before the Inter-American Commission on Human Rights (IACHR) on charges that North Carolina's collective bargaining ban is a human rights violation. IACHR is a body of the Organization of American States (OAS), and UE's filing was co-signed by 27 national and international organizations and 23 North Carolina or regional organizations.

To bring attention to the community and the elected officials about the problems facing mental health workers and the patients, families and communities they service, UE Local 150, the North Carolina Public Service Workers Union and the International Worker Justice Campaign (IWJC) began organizing the Mental Health Workers Bill of Rights Campaign in



The Mental Health Workers Public Hearing in Goldsboro on Feb 5, 2011 attracted over a hundred people, including journalists, patient advocates, elected officials, community supporters, labor unions and a representatives from the NAACP. Steve Rhoda, Caswell Center speaks to crowd.

2008.

The Mental Health Workers Bill of Rights Campaign has focused on education, training and engagement of frontline workers in mental health and developmental disability facilities across the state on North Carolina in promoting standards that allow them to provide quality care. This has involved teaching workers how to file grievances and to take organized actions against conditions that are unsafe for themselves and those they care for; preparing material for workers to use to communicate with legislators, administrators and community leaders about the problems they face In providing services and the need for changes; providing legal assistance to cases that show the impact of the failed Mental Health Reform Plan and policies; developing a mental health ballot where more than 3,000 frontline mental health workers list their concerns and support for a Mental Health Workers Bill of Rights; organizing a delegation of international observers from four countries to visit mental health facilities during the time that workers were filling out mental health ballots; and sending workers to Mexico, Canada, Japan and conferences and meetings held throughout the U.S. to raise awareness about the conditions faced by workers denied collective bargaining rights.

OSHA 300 logs show that in the six months after Zero Tolerance was implemented worker injuries rose.

Given the continuing deterioration of working and service conditions, UE150 and the IWJC felt that it was urgent and timely to build support for mental health workers bill of rights legislation and organized two public hearings to begin building this support.

The first hearing was in Butner, NC on November 20, 2010 and the second was in Goldsboro, NC on February 5, 2011. The purpose of the hearings was threefold: 1) to present further evidence of the need for collective bargaining rights in the public sector; 2) to provide a public forum for issues impacting thousands of mental health workers and patients caused by the state's failed 2001 "reform plan" and calling for a legislative Mental Health Workers Bill of Rights; and 3) demand that the state government no longer balance the budget by cutting vital services and jobs. Before a crowd of more than 100 people, which included members of the mainstream and independent media, patient advocates and the broader community, mental healthcare workers from six (6) state facilities in the Department of Health and Human Services gave testimony about their working conditions to a workers' rights panel composed of the following individuals:

At the Butner hearing:

- Rev. Curtis E. Gatewood, 2nd Vice-President of the NC State NAACP
- Rev. Attorney Willie Darby, President Granville County Branch NAACP, Pastor of Penn Avenue Church, Oxford, NC
- Dana McKeithan, community activist for disabled children, co-founder of Concerned Parents for African American Children, Board member of Families Living Violence Free
- Terry Turner, Butner Town Council
- David Smith, Chair CRH Human Rights Committee, National Alliance on Mental Illness

At the Goldsboro hearing hosted by the Labor and Civil Rights Coalition in Defense of the Public Sector and chaired by Rev. William J. Barber II President of the NC State NAACP, a Public Hearing Panel consisted of:

- State Senator Doug Berger, Franklin, Granville, Vance and Warren County

- Ajamu Baraka, Director, US Human Rights Network
- Clayola Brown, National NAACP Labor Committee Co-chair; President, A. Philip Randolph Institute
- Vicki Smith, Director, Disability Rights NC
- Reuben Blackwell, Rocky Mount City Council
- James Andrews, President NC State AFL-CIO

Findings of Fact:

Dangerous work conditions: A right to a safe workplace

According to the state's Occupational Safety and Health 300 logs, in the six months after Zero Tolerance was implemented, worker injuries rose 16% in Central Regional Hospital and 43% in Cherry Hospital in Goldsboro, and the severity of injuries in Broughton Hospital went up 57%. Many of these conditions could be reduced or eliminated with adequate staffing, training, wages and by stopping unjust discipline.



Sadie White, Healthcare Technician at Cherry Hospital testifies.

Donnell Cooley, a healthcare technician at Central Regional Hospital testified before the panel in Goldsboro about a serious injury that he sustained on Monday, August 3, 2009. Cooley testified that he, “was punched 4-5 times in the face which resulted in broken orbital bone (eye socket), and many other facial bones such as upper jaw and nose were fractured or injured and nerves in eye/face injured. My glasses were also broken and my sight was impaired. It shouldn't have happened but all the other workers were so scared.” The other workers present at the time were not able to respond in a timely manner to intervene because of the overwhelming fear of doing an improper hold or restraint, like those that had resulted in unjust terminations recently. (See enclosed profile)

“When we have an aggressive patient, it is: ‘What are we going to

do?” said Sheronda Boyd, a healthcare technician at Central Regional Hospital in Butner for the past 12 years. “It is, ‘I’m not going to get fired. I might touch her wrong.’”



Rev. William J Barber II, President NC NAACP gives moral and political background to the conditions faced by mental health workers as panelists listen in Goldsboro on Feb 5, 2011. Panelists (from left to right) are Reuben Blackwell, Ajamu Baraka, Vicki Smith, James Andrews, Clayola Brown and Senator Doug Berger.

Della Singleton, a healthcare technician II, at Caswell Developmental Center testified live via video feed from her hospital bed about unsafe work conditions and not being treated with respect by hospital administration. In January 2011, Della was working with a developmentally disabled individual that had two potentially fatal blood-borne diseases. The individual bit into Della’s hand and pierced her flesh. Caswell Center was negligent in handling her injury and sent her to many other facilities to get tested and treated. Blood work from the hospital revealed that her hepatitis shot had been expired, Caswell last required her to have a hepatitis shot in 1994. (See enclosed profile)

Annie Jones, healthcare technician from Murdoch Developmental Center testified about a similar injury from January 3, 2011. An individual bit into Annie’s hand and she was simply given an alcohol pad and a band-

aid. They did not give her anti-biotic, a tetanus shot and instructed her to simply go home and to go to the workplace clinic the next day. The next day when she returned to work, the infection and pain had spread and she was sent to the emergency room and later sent in nearby medical hospital. She was operated on and nearly lost her hand. She received 12 stitches. She has been out of work for over 2 months and still not yet working. She still struggles to close her hand all the way and has nearly lost all feeling in her thumb.

Another staff person, Todd Smith, a registered nurse at Cherry hospital also testified in Goldsboro to the dangerous working conditions and how these all impact patients. “The general public never hears about the patient who sucker punches fifty of his peers in a year’s time, causing broken teeth, nose, etc and creating an atmosphere of fear.”

OSHA 300 logs from the four hospitals from 2003 through 2007 show an alarming number of injuries, the vast majority of which were inflicted upon Health Care Technicians (HCTs), nurses (LPNs and RNs), and nurse assistants (CNAs) by patients due to terrible work and service conditions described in this report. The 2007 data shows the following:

- At Broughton Hospital, there were 156 reported staff injuries resulting in 1,622 lost work days.
- At Cherry Hospital, there were 166 reported staff injuries, resulting in 1,321 lost work days.
- At John Umstead Hospital, there were 256 reported staff injuries, resulting in 991 lost work days.
- At Dorothea Dix Hospital, there were 134 reported staff injuries, resulting in 446 lost work days.
- Total reported staff injuries at the 4 hospitals in 2007: 712, with 4,380 resulting lost work days.

Severe understaffing: The right to adequate staffing

State mental health facilities have been chronically plagued with understaffing. Going back as far as 2008, the Center for Medicare and Medicaid Services issued Central Regional Hospital and many other facili-

“A developmentally disabled individual that had two potentially fatal blood-borne diseases bit into Della’s hand and pierced her flesh. Caswell Center was negligent in handling her injury.”

ties a “Statement of Deficiencies” stating that standard staffing levels were not met, specifically that, “nursing services must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses and other professional staff to provide nursing care to all patients as needed”. In fact, since the Mental Health Reform plan of 2001, there have been 848 state jobs cut within the 9 DHHS facilities that UE150 is organizing. The hugest cuts came from the psychiatric hospitals. (See below chart)

“Residents can’t get full quality care when we are understaffed.”
 - Jennifer Jones,
 HCT, Murdoch
 Center

During a similar time period from 2000 to 2008, North Carolina added 3,992 people receiving Medicaid-funded services to its developmental disabilities service system, or about 499 per year, according to a report given to the Legislative Oversight Committee on Mental Health, Developmental Disabilities and Substance Abuse services on May 16, 2010. This equals 40.4% growth over the 8-year period, while cutting 8.9% of staff from state facilities!

Facility	# workers June 2001	# workers June 2006	# workers June 2010	# workers job loss since 2001
Cherry	1205	997	915	190
O'berry	1014	1004	903	111
Broughton	1345	1190	1224	121
Longleaf	351	374	471	-80
Murdoch	1683	1724	1735	-52
JUH/CRH	1331	1213	2031	407 (Dix combined with JUH/CRH)
Dix	1107	928	0	
Caswell	1715	1670	1554	161
			TOTAL LOSS=	858

Source is Department of Health and Human Services

Healthcare technician, Jennifer Jones, who has been working at Murdoch Developmental Center for over 9 years testified before the panelists in Butner, NC stating that, “It is hard to work understaffed. When you have a unit full of residents to take care of and we are understaffed, it isn’t possible to take care of everybody at one time. We just do the best we can and hope that they are safe and that they get the quality of care to the best of our ability. Residents can’t get full quality care when we are understaffed.”

After serving for several years in the NC General Assembly on various committees concerned about mental health and after listening to work-

ers speak before him at the hearing in Goldsboro, State Senator Doug Berger stated to the crowd that, “Understaffing of employees appear to be causing employees to suffer workplace injuries. Investing resources in proper staffing should reduce these injuries and result in savings for the taxpayers.”

Forced Overtime

Due to severe understaffing at the facilities, many workers are forced to stay over to cover a second shift through a scheduling system referred to as the “red dot” system. It is not rare for more than one worker



Sheronda Boyd, HCT, speaks at Butner hearing about the understaffing and forced overtime.

to be needed to stay over and workers are chosen at random, often by picking names out of a hat, to stay an extra shift. Workers at the state developmental disability centers are not currently paid for overtime hours that they work, instead they are forced to accrue “comp” time, for which they are rarely able to take.

Todd Smith testified, “Employees are threatened when they have already worked 12- 13 hours with no break and told to work 16 or more “or else”, yet if that same employee were to nod off after 16 hours he/she would be fired. Cherry bullies workers and tries to force overtime, but other hospitals we have spoke with do not employ this practice.”



Bernell Terry, HCT, and Bonita Johnson, FSA, testify before crowd in Butner about low wages and understaffing at Central Regional Hospital.

Unjust discipline, lack of due process: The right to a fair grievance procedure

DHHS Secretary Lanier Cansler and Governor Perdue issued a policy “Zero Tolerance for Client/Abuse/Neglect/Exploitation or Failure to Comply with Mandatory Reporting Requirements” on February 4, 2009. According to the policy, “dismissal is expected in cases where the abuse or neglect results in physical harm to the client. Dismissals may also be appropriate in cases where there is no physical harm.” In the six months after this policy was implemented, DHHS dismissals went up 30%. Within the psychiatric hospitals, the increase was 38%.

At the Butner hearing, Registered Nurse Patricia Swann testified that “workers throughout the various DHHS psych hospitals and mental retardation centers are being victimized and disciplined for patient abuse because they are forced to work under conditions of understaffing and without proper training and resources. Instead of addressing the conditions, one-sided policies like Zero Tolerance were put in place by the Governor.” Pat continued her testimony describing the unjust firing of her and six of her co-workers for an incident in November 2008 where the ward was understaffed and where workers hadn’t received training,

“I informed the doctor of the combative nature of the patient, but the doctor stated that the blood draw had to be taken. Because there was not enough staff on my ward to help, I called for assistance from another ward to help with the forced blood draw. The patient was about 6 feet 4 inches and weighed about 250 pounds and very combative and we had to restrain the patient so that we could safely do the blood draw. Staff took hold of the patient and because he was combative was forced to restrain him faced down and the blood draw was performed without injury to the patient. The doctor checked the patient and said that he was okay and in no distress. Within a few days, I along with 6 other staff, all African American, were suspended pending an investigation and were later fired for patient abuse. The doctor who gave the order was white and was not fired or reprimanded in any way that we know of. None of the staff had previous training on doing forced blood draws. There was also no policy forbidding face down restraints.”

On October 27, 2010, Judge Beecher Gray of the Office of Administrative Hearings issued a finding-of-fact ruling that Central Regional Hospital and DHHS failed to find just cause to terminate Pat Swann, Fred Gooch and John Long. The remedy order will include reinstatement of all three workers with back pay. This ruling overturns the decision by DHHS Secretary Lanier Cansler and CRH Director Mike Hennike to fire three CRH workers for incident from November 2008. The judge found no patient abuse, and ruled that the workers did the best they could under the “exigent circumstances,” which included complying with CRH’s doctor’s order for a forced blood draw on an aggressive, fighting patient. The three workers along with four other workers were unfairly fired while working on

wards that were understaffed and without receiving proper training to deal with aggressive patients. The four other workers were not hired back because the grievance procedure did not allow them to receive a hearing by the judge.

During the month of June 2009, seventeen (17) African American workers at CRH were either terminated or placed on investigatory leave with threat of being fired, while white workers cited for similar infractions were allowed to remain in their jobs. Ron Williams, healthcare technician, recently unjustly terminated from CRH also testified that racial discrimination is rampant in management’s decisions.

“In the six months after Zero Tolerance policy was implemented, DHHS dismissals went up 30%.”

Wanda Dixon, Youth Program Assistant at Caswell Developmental Center testified in Goldsboro about the need for a better grievance procedure including the right to representation stating that during the “investigating part of the procedure you are by yourself without any help up against three or four people from Caswell.” She continued her testimony regarding not having access to relevant information in a timely fashion. “When you ask for information to defend yourself, they tell you cannot access it until the 3rd step,” stated Dixon.

Jana Parker, Registered Nurse at Dorothea Dix Hospital also testified about the unfair grievance procedure:

“In 2005, I was unjustly transferred because I protested unsafe staffing on my unit which was directly related to the inexperience of the newly appointed manager. When I won the first grievance and was returned to my building it angered nursing administration so much that they quickly fabricated false allegations against me and transferred me again. It took 1.5 years and \$28,000 [in legal fees] to go through the grievance process again. I am the first nurse in NC to ever win a whistle blower case against the state. (05 OSP 1527)”

Speaking about another incident a few years later, Parker testified,

“In 2008 I had the pleasure again of using the grievance process when I had a written warning placed in my file when I reported that one patient grabbed another patient’s medication. There is a written policy at the hospital that employees are not punished for reporting errors or incidents. The Joint Commission on Accreditation of Healthcare Organizations encouraged the hospital to create this policy. I was told that Risk Management insisted that I be reprimanded for the incident. Nursing administration went as far as to try and have the policy changed. This was blocked by several people and the present policy now has in bold letters that employees are not to be punished for reporting errors. The written warning remains in my files as the on campus hearing was a sham. It was conducted according to regular courtroom procedure which no employee would know unless they were a lawyer. For example, I was not allowed to question the person that put the written warning in my file because I did not list her

“The governor needs to hear that these policies aren’t working.

- Rev. Curtis Gatewood

as a witness. No instructions were provided that would allow me to know this.”

“I think the governor needs to hear this,” said the Rev. Curtis Gatewood, an Oxford resident and second vice president of the state NAACP who was on a panel at the Butner event. “She needs to hear these policies aren’t working.”



(From Left to Right) Rev. Willie Darby, Rev. Curtis Gatewood, David Smith, Terry Turner and Dana McKeithan sit on panel listening to workers give testimony at Butner hearing on Nov 20, 2010.

Lack of living wage, many workers living in poverty

State mental health workers are vastly underpaid and often are forced to work large amounts of overtime or take on a second or third job to provide for their family’s basic needs. “If workers are not treated and acknowledged for the value of their service, then they feel disenfranchised, they no longer work hard. Sadly, the main way we identify the way we value people is by what we pay them to do the job“ stated Vicki Smith, Director of Disability Rights NC, in her closing comments for the Goldsboro hearing.

This was verified by a presentation from Alexandra Forter Sirota, Director of the NC Budget & Tax Center of the NC Justice Center. In her presentation she pointed out that the median salary for state mental health workers is well below the Living Income Standard (LIS). In fact, the wages

are only 54% to 64% of that standard, for the various state institutions studied. The median wage varied from \$25,677 to \$32,172 per year. However an overwhelming majority of frontline workers get stuck at the bottom of their pay grades for years without in-range adjustments. These salaries are \$24, 861 for a healthcare technician and \$23, 167 for housekeepers. (See below chart).



Jessica Brandon testifies about low wages at Butner hearing as she holds her children. and we need more money.”

Jessica Brandon, a mother of three whose 40-year-old husband has had four heart attacks, is the sole wage earner in her family. For the past 2-1/2 years she has worked as a health care technician at Central Regional, one of four state psychiatric hospitals. After paying essential bills for the family, Brandon said, she typically has less than \$40 left for the month. Before the panel in Butner, she tried to sum up the problems. “We all need more money; we’re understaffed,” Brandon said. “There’s a whole lot that could be better. There’s a whole lot that could be said. The main thing is understaffing,

Bonita Johnson, a foodservice assistant at Murdoch Center testified that, “We make low wages and are expected to buy these clothes, keep lots of white tops clean, with our own money. If we aren’t paid right, we at least want help with our uniforms because we are expected to wear specific uniforms white tops, solid pants, hairnets and non-skid shoes, and are told to stay clean and stain free. At the same time we are not supplied with funds, aprons or anything else to make these uniforms affordable.

After hearing testimony from several workers at the Goldsboro hearing, Vicki Smith, a statewide leader in advocating for mental health patients and Director of Disability Rights NC stated that, “if workers are not treated and acknowledged for the value of their service then they feel disenfranchised, they no longer work hard because they are not valued. And sadly, the main way we identify how we value people is what we pay them

	Median Salary	Living Income Standard (Family of Four)	Median as % LIS	Median as % Poverty Level
Broughton Hospital, Burke County	\$27,723	\$43,012	64%	132%
Caswell Developmental Center, Lenoir County	\$27,597	\$45,083	61%	131%
Cherry Hospital, Wayne County	\$31,100	\$45,091	69%	148%
Central Regional Hospital, Granville County	\$32,172	\$46,724	69%	153%
Longleaf Neuro Medical Center, Wilson County	\$25,677	\$47,286	54%	122%
Murdoch Developmental Center, Granville County	\$27,544	\$46,724	59%	131%
O'Berry Neuro Medical Center, Wayne County	\$26,952	\$45,091	60%	128%

to do the job.”

Racial Disparity

The vast majority of the frontline workers at the state’s mental health facilities are African American and large numbers of African immigrants are now being hired. These workers all face the problems outlined above. In addition, African American patients are affected disproportionately by these conditions. According to a report by the National Alliance on Mental Illness, Wake County chapter “there has been an increasing percentage of minorities who have had to depend on the State psychiatric hospital system to provide them with treatment of their mental illness. Furthermore, the percentage of Blacks needing treatment, also increasing, is over-represented, almost 2 to 1 over the past two fiscal years for which there are data.” The report went on to discuss the severe downsizing of Dorothea Dix hospital, one of the state’s four psychiatric hospitals,

“Because the population of minorities represents over half those being admitted to Dix (50.6% in the most recent report, and 52.4% in the previous report), any displacement of patients to other state hospitals will be most heavily felt by the minority community... Furthermore, as recently reported (www.nami-wake).

“There’s a whole lot that could be said. The main thing is understaffing, and we need more money.

- Jessica Brandon, HCT, Central Regional Hospital

org), these helplessly ill individuals on average had to wait 2.6 days in a hospital Emergency Department for a psychiatric hospital bed to become available for treatment. Forty two individuals (at least 21 minority) had to wait over 7 days before a bed became available. Some people are waiting for a state hospital bed for weeks in our community ERs and are then released with no treatment because there are no available beds.”

When looking at racial break down of the facilities that cut positions in the period 2000-2008, Broughton, which is the psych hospital with mostly all white workers and patients had the least job cuts (121), whereas Cherry Hospital, Dorothea Dix and Central Regional Hospital, with large concentrations of Black workers had each nearly 200 jobs cut.

“There seems to be a disproportionate negative impact on African Americans. And because these are state agencies involved in this and because the US government has signed and ratified an international convention to eliminate all forms of racial discrimination, it means that the government has a responsibility to ensure that none of its practices and policies are violating people on the basis of race,” stated Goldsboro panelist Ajamu Baraka, Director of the US Human Rights Network.

Resolution from the Panel: Better conditions and a Bill of Rights needed now!

The panel’s conclusions from the hearing were as follows:

1. The ban on collective bargaining should be repealed so that public employees can effectively address and resolve their day-to-day issues on the job.
2. The Mental Health Care Workers’ Bill of Rights guarantees basic standards for quality care, and these rights should be established as law to require basic standards in the workplace.
3. Safety and health issues for both workers and patients stemming from understaffing/forced overtime require an end to the forced overtime policy and proper training.
4. The Zero Tolerance Policy, which has lead to increased firings and injuries, should be immediately overturned by Governor Perdue. *

5. Salaries should be increased to retain qualified staff.
6. Workers should be allowed representation of their choice at all levels of the grievance procedure and access to all information they need in a timely fashion to prevent unnecessary firings and keep staff moral high.

* Note: All but 3 of the 12 panelists agreed to the need to overturn the Zero Tolerance policy.

Conclusion

The November 20, 2010 and February 5, 2011 public hearings successfully brought together workers from throughout the DHHS system who clearly articulated various ways in which their rights as public workers to due process and a fair, safe and healthy workplace are violated on a routine basis. They made clear their demand for collective bargaining to resolve their workplace issues and improve their quality of life, ability to provide therapeutic care and raise their income levels. The panelists listened to the workers' concerns and spoke candidly in support of their demands. UE 150 and the IWJC have now delivered those demands to DHHS, the appropriate legislative committees, and the Governor's office, and await a response. Following the public hearings, NC House Representatives sponsored a Mental Health Workers Bill of Rights to the 2011 session of the General Assembly - House Bill 287. The struggle for quality jobs and quality services continues.

SPECIAL THANKS TO REV. WILLIAM J BARBER AND THE NC STATE CONFERENCE OF BRANCHES OF THE NAACP AND ALL THE PANELISTS THAT SERVED ON THE WORKERS RIGHTS BOARDS.

Mental Health Workers' Bill of Rights

NC's ban on collective bargaining rights for public sector workers, and the failure of the federal government to actively push for NC compliance with the ILO ruling, has led UE150 and the IWJC to launch a campaign for a legislative Mental Health Workers Bill of Rights that addresses core standards that allows mental health workers to provide quality services for those under their care.

Core Elements of a Mental Health Workers Bill of Rights include:

1. The right to a safe workplace, including protecting oneself from harm with consideration for the safety of the patients, and the right to refuse work that poses a danger to one's health and safety.
2. The right to adequate staffing levels.
3. The right to adequate and update equipment and techniques to insure safer working conditions and quality care for the patients.
4. The right to family supporting wages so that mental healthcare workers can devote their time to the care of their patients and not have to take on second jobs.
5. The right to refuse excessive overtime.
6. The right to a timely briefing about the behaviors of patients that worker's are assigned to care for.
7. The right to be treated with respect and dignity regardless of job classification.
8. The right to fair and equal treatment and opportunities regardless of race, gender, age, national origin, immigration, sexual orientation, disability, physical abilities or religion.
9. The right to a grievance procedure, which includes the right to grieve all matters that can impact safety, evaluations, raises, transfers and promotions with representation of ones choice at all levels.
10. The right to have input in decisions impacting working conditions in the facilities where one works and at the Division and Legislative levels.
11. The right of workers to evaluate the performance their supervisor as one of the criteria for their raises and ongoing duties.
12. The right to belong to a union and engage in collective bargaining over terms and conditions of work.

Appendix : Fliers from campaign

SPEAK OUT *for* DIGNITY!

MENTAL HEALTH WORKERS BILL OF RIGHTS CAMPAIGN

MURDOCH CENTER WORKERS NEED A MENTAL HEALTH WORKERS BILL OF RIGHTS THAT GUARANTEES THE RIGHT TO WORK FREE OF SHORT STAFFING, MANDATORY OVERTIME, AND HARASSMENT FROM MANAGEMENT. WE ARE MEMBERS OF UE SPEAKING OUT FOR DIGNITY. **JOIN THE UNION TODAY! CAST VOTE ON BILL OF RIGHTS TODAY!**



Pictured Left: First shift Murdoch workers attend union meeting on Wed, Aug 11. **Pictured center:** 3rd shift Murdoch workers attend UE150 union meeting on Thurs. Aug 5 discuss plan to fightback against red dots, unfair inclimate weather policy, getting paid for overtime and more. **Pictured Right:** Brenda Foster (Pineview), Bonita Johnson (Beacon kitchen) and Frida Fitts (Summerset) meet before they deliver a letter to Dr. Myers demanding that workers not have to bring in a sick note if sick less than 3 days.



We should be paid overtime, not comp time! We need a pay raise!

"The red dot caught me twice recently. I have to work a 2nd job because I cannot afford to live off my Murdoch paycheck. I am losing money when I am held over because it keeps me from going to my other job and making the money I depend on."

- Sharon Jones, HCT, Royall cottage



End Understaffing! We are overworked and underpaid!

"We are underpaid for what we have to do in the kitchen. We are getting more duties within the 8 hours but no more money or staff. We have more dishes, more chopping. We are definitely not paid for how hard we work."

- Bonita Johnson, FSA, Beacon kitchen



End Understaffing and forced overtime!

"I work too many red dots. I wish something would be done because we are not getting paid overtime and only given comp time. Mentally and physically it drains me. And then we are never allowed to use our comp time because we are understaffed."

- Bernita Shearin, HCT, Beacon cottage



We should be paid overtime, not comp time!

"I don't work alot of overtime because I cannot afford to work for just comp time. Even though you are working more hours, we don't get more money in our paychecks. We are basically working for nothing!"

- Brenda Foster, HCT, Pineview cottage



DHHS PERFORMANCE EVALUATION INTERNATIONAL WORKER JUSTICE CAMPAIGN

NAME _____

WORKPLACE _____

JOB TITLE _____

PHONE NUMBER _____

1. How do you rate the training you receive overall?

VERY GOOD GOOD BELOW GOOD UNSATISFACTORY

2. How do you rate the CPI training?

VERY GOOD GOOD BELOW GOOD UNSATISFACTORY

3. How do you rate the NCI training?

VERY GOOD GOOD BELOW GOOD UNSATISFACTORY

4. How do you rate the staffing levels?

VERY GOOD GOOD BELOW GOOD UNSATISFACTORY

5. How well do CPI/NCI trainings provide a safe work environment?

VERY GOOD GOOD BELOW GOOD UNSATISFACTORY

6. How well do the CPI/NCI trainings prepare you for actual events that occur on the units?

VERY GOOD GOOD BELOW GOOD UNSATISFACTORY

7. How are the techniques you are taught able to be carried out without proper staffing?

VERY GOOD GOOD BELOW GOOD UNSATISFACTORY

8. Do you think that holds and de-escalation techniques training should occur on a more regular basis and be more detailed?

YES NO

9. Have workers been unfairly fired or written up because of an incident that occurred that could have been prevented with better de-escalation techniques training?

YES NO

10. UE150 just helped to add \$500,000 to the state budget to do more trainings for front-line DHHS workers. What types of trainings should DHHS spend this money on?

- MORE REGULAR TRAININGS ON HOLD TECHNIQUES
- VERBAL DE-ESCALATION TECHNIQUES, RECOGNIZING SIGNS OF AGITATION
- CULTURAL SENSITIVITY
- OTHER: _____

What would you suggest to improve the training you receive? (Use other side if necessary.)



N.C. PUBLIC SERVICE WORKERS UNION

WHEN DIX WORKERS FIGHT, WE WIN

With the sudden announcement by DHHS that Dorothea Dix Hospital would be closing by December 2010, UE150 members are discussing a plan of action. Stay tuned to find out what you can do to fightback for fairness and justice!

IN THE PAST SEVERAL YEARS DIX WORKERS AND MEMBERS OF UE150 HAVE FOUGHT HARD TO KEEP DIX OPEN.

In 2000, 2001 AND 2008 hundreds of workers **rallied** at the hospital entrance and at DHHS headquarters on a weekly basis to bring public attention to Dix closure.

Dozens of Dix workers participated **Political Action at the Legislature** downtown and convinced elected officials to join the fight to keep Dix open.

In May 2008, UE150 organized a **Mental Health Workers Bill of Rights public hearing** in Raleigh that attracted hundreds of workers and community members who spoke out to a panel of legislators and community leaders about keeping Dix open.

WORKERS HAVE ALSO FOUGHT HARD FOR RIF RIGHTS AND TRANSPORTATION ASSISTANCE.

In 2008, workers successfully pressured Dix administration to create van pool to drive workers to Butner, if move was to happen.



Dix workers at legislature in 2008 after meeting with state elected officials to keep Dix open!



**JOIN AND BUILD UE150 UNION AND MENTAL HEALTH WORKERS BILL OF RIGHTS CAMPAIGN
CONTACT DIX UE150 PRESIDENT, JAMES JOHNSON AT 919-398-1093**

Patient advocates, mental health workers, community, faith and students organize

RALLY

Demand that Governor Perdue and Legislators:

Keep Dorothea Dix Hospital Open!

Mental Health Workers Bill of Rights!

We have Zero Tolerance for Mental Health Reform Plan!

Thurs, Oct 28
4:30 pm

Corner of Lane St. and Wilmington St, Raleigh, NC

- The central region of the state does not have sufficient community-based services,
- We need state hospital beds to provide specialized, long-term care,
- Wait times for admission for services for the mentally ill are already too long,
- The state is not offering unemployment benefits, severance or extension of health care benefits to hundreds of Dix workers who will lose their jobs,
- If Dix closes, homeless and prison populations will increase, &
- Closing of DDH disproportionately affects Black workers, community and people of low-wealth.



Endorsed by UE150- NC Public Service Workers Union, NAMI-Wake, Halifax and Wilson Co, Paster Nancy Petty Pullen Memorial Baptist Church, Rev. William Barber, President NC NAACP, International Worker Justice Campaign, NCSU Student Worker Alliance, Action for Community in Raleigh, and Access Health Systems.

For more info contact UE150 Dix chapter at 919-398-1093 or NAMI-Wake Co at 919-266-0766.

DHHS Workers tell State Legislators: **End Zero Tolerance policy!** **Stop unfair firings and injuries!**



Pictured on top left (from Right): Rebecca Hart (CRH), Larsene Taylor (Cherry), Charles Perry (Dix), Cornell Hendrick (CRH), Bernell Terry (CRH), Pat Swann (CRH), Ron Williams (CRH), Linda Jones (Dix) and Saladin Muhammad (staff). Picture top right: Workers speaking at Legislative committee meeting.

On **Wed, Jan 13, 2010**, several UE150 members from Central Regional, Dorothea Dix and Cherry Hospitals attended the Legislative Oversight Committee on Mental Health, Developmental Disabilities and Substance Abuse Services meeting to deliver documentation about unfair firings and injuries due to the Zero Tolerance policy. We need to keep the pressure on!

Update on Fired Workers Struggles

The union is still fighting the unfair firings of Ron Williams and the CRH 5 from AAU (Pat Swann, Fred Gooch, John Long, Ben Hicks and Tim Strong). Their hearings at the Office of Administrative Hearings will take place in the next few months. They are represented by UE150 attorney Elizabeth Haddix.



UE150 DHHS Council chair Larsene Taylor speaks with legislative committee co-chair Rep. Verla Insko after workers speak-out to continue to build support.

TAKE ACTION FOR A FAIR ZERO TOLERANCE POLICY!

1. File Formal Grievances about Unsafe Conditions
 2. Call Occupational Safety and Health Administration at (800) 625-2267
 3. Call DHHS Secretary Cansler to change the “zero tolerance” policy
 4. Call on faith, community, student allies to oppose “Zero Tolerance policy”
 5. Call on legislators and elected officials in your area to oppose policy
 6. Join the UE150, the NC Public Service Workers Union
- more info (888) 448-3150

Join the Mental Health Workers Bill of Rights Campaign Today! Join the UE 150 Union Today!
Contact 1-919-833-1619 or email workerjustice@gmail.com



UE 150 – N.C. PUBLIC SERVICE WORKERS UNION

UE150, CRH workers win changes, Mobilize for Convention July 31- Aug 1

CRH Union Meeting Wed, July 28th

**7:30 am – 8:30 am, 1:30-3pm
and 3:30-4:00 pm**

**M3016 Conference room
(3rd floor of the hospital)**



June 19th, Central Ave, Butner - CRH and Murdoch workers propose improvements on paid overtime, better staffing, more pay, fully-funded retirement amongst other issues to **Senator Berger**, who vowed to continue to fight for the right to collectively bargain.



CRH union members meet on Mon. July 12 to help defend Gero HCT, Dorothy Williams, against unfair firing.

CRH workers have been building the UE150 union and have **won key victories**, but we must continue to organize and build the union so we have the strength to win justice for all!

1) Hostile Traveler Charge Nurse removed from CAU!

Members of UE150 circulated a petition in the children's unit, calling for management to not renew Dyhann Quinn's contract. RN Quinn had history of ill-tempered treatment to workers. As a result, Quinn was no longer "allowed to work at here".

2) Dorothy Williams continues fight for her job back!

Dorothy Williams, a third shift worker on Gero was unfairly fired in April for leaving her unit a few minutes early, after telling the RN on duty. UE150 members circulated a petition to support her and received signatures from most workers on Gero unit. Many union members have stepped up to act as witnesses at her 3rd step grievance hearing on Fri, July 30 at CRH, stay tuned for more updates on her case.

3) Five fired AAU workers from Nov 2008 defended by union lawyer in court continue fight for their jobs!

Pat Swann, Fred Gooch, Tim Strong, John Long and Ben Hicks who were unfairly fired after never receiving proper training to deal with aggressive patients continue their LONG fight for their jobs. They are scheduled to appear in court in September 2010 represented by union attorney Elizabeth Haddix. The hard work of our union members to expose the Zero Tolerance policy and who have spoken out for more training, have helped set a strong public opinion that has major impact on this case. Stay tuned!

4) UE150 fights and wins half \$million in state budget for better trainings, not firings!

Our hard work and consistent pressure on DHHS Sec. Lanier Cansler and state legislature helped expose that the Zero Tolerance policy unfairly blames workers and that more training can help save jobs and reduce injuries. Join UE150 DHHS Council to help us review the new CPI trainings and work to develop our union program for what trainings we need to provide safe work environments and therapeutic care for patients.

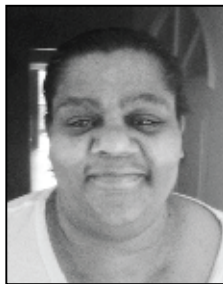
Contact CRH UE150 President Sheronda Boyd at **919-939-6138** or VP Bernell Terry at **252-456-4554**.
Email us at workerjustice@gmail.com, or visit our website: <http://iwjc.org>

SPEAK OUT *for* ! FAIRNESS!

WE MUST NO LONGER SUFFER IN SILENCE !

CENTRAL REGIONAL HOSPITAL WORKERS ARE ASKED TO PUT OUR DIGNITY, HEALTH AND SAFETY ON THE LINE EVERYDAY WHEN WE TRY TO CARE FOR OUR INDIVIDUALS WITH SHORT STAFFING, MANDATORY OVERTIME, AND UNFAIR FIRINGS. WE ARE MEMBERS OF UE SPEAKING OUT FOR FAIRNESS. **JOIN THE UNION TODAY!**

HELP DOROTHY WILLIAMS and JONATHAN HALL FIGHT UNFAIR FIRING! SIGN THE PETITIONS!



"I am a very good worker and have never been recommended for any write-ups before this incident. I was treated unfairly because I was targeted for problems with understaffing, under-education about policies. I care about patient safety and well being of the patients. I deserve my job back because this unfairness has been going on for many years."

- Dorothy Williams, HCT, Gero, 3rd shift

Dorothy was unfairly fired on May 5, 2010. Management claims she left the shift a few minutes early and abandoned the patients on the Medical unit. There was coverage on the floor when she left, the ward was understaffed and 3rd shift hadn't been properly trained on "Hand-off Care Communication Policy".



"If Dorothy left her unit a few minutes early she should not have been fired, especially after working here for 10 years with a good work record. Maybe she should have been given an oral or written warning but not fired, that is unfair. Her co-workers should come together and support her." - **Georgia Cousin, HCT, Gero, 1st shift**



"Dorothy questioned management about why a white HCT didn't have to do the red dot. If we have to do the red dot, she should do the red dot too. They didn't like that and I think that started some of this, it all boils to retaliation. It is always a question of authority, it wasn't just over a few minutes time that she was fired. Dorothy is very intelligent. Where there is one Dorothy, there is a million Dorothy's. There will always be someone to question things that are not right." - **Ernestine Smythe, HCT, Gero, 3rd shift**



On April 15 at 23:32 Jonathan Hall saw a 3rd shift staff coming out of the report room and walk towards him and thought that they were coming out to take the ward. The next day, the UND told Jonathan that the 3rd shift HCT did not come out and that it was 2-3 minutes before they did. Jonathan Hall was fired over the above incident.

"I was treated unfair and fired with out just cause due to the ward being understaffed, inadequate training of the "Hand-off Care Communication Policy". I have an outstanding work record, and tasks were not clearly assigned."

- Jonathan Hall, HCT, CPI, 2nd shift



"The manner in which Jonathan was fired was unfair, it was too severe. Every shift hands off patients differently. It could have been handled the next day with maybe a verbal reprimand, there was no first step process, why did they go straight to firing him? Many workers have been fired recently, we must stand together to stop it."

- Koren Garrity, RN, CPI, Baylor shift

LET'S FIGHT BACK BY SPEAKING OUT FOR WORKPLACE DIGNITY!

- ★ JOIN THE UE150 UNION AND OUR MENTAL HEALTH WORKERS BILL OF RIGHTS CAMPAIGN.
- ★ SIGN THE PETITION TO DEMAND REINSTATEMENT OF DOROTHY WILLIAMS AND JONATHON HALL.
- ★ SPEAK OUT ABOUT UNFAIR CONDITIONS IN YOUR WORK AREA IN THE BI-WEEKLY UNION SPEAK OUT BULLETINS.

To join and get active in UE 150, contact CRH union President, Sheronda Boyd at 919-939-6138.
Email us at workerjustice@gmail.com, or visit our website: <http://iwjc.org>



UNITED ELECTRICAL, RADIO AND MACHINE WORKERS OF AMERICA