

MENTAL HEALTH WORKERS BILL OF RIGHTS CAMPAIGN

UE LOCAL 150, NORTH CAROLINA PUBLIC SERVICE WORKERS UNION

DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNCIL

Mental Health Workers Safety, Rights and Raises Report

March 2014



UNITED ELECTRICAL, RADIO AND MACHINE WORKERS OF AMERICA

PHOTO FROM THE FRONT COVER:

State mental health workers from Caswell Center, O'berry Center, Central Regional Hospital, Murdoch Developmental Center and Cherry Hospital rally at DHHS headquarters on November 14, 2013.

March 2014

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 have been wrongly balancing budgets without regard to the deteriorating impacts on working conditions and the quality of public services. Since the 2001 Mental Health Reform plan, there are nearly 2, 000 fewer workers employed within the State Operated Healthcare Facilities with the Department of Health and Human Services, many due to cuts or failure to fill vacant positions, resulting in further loss of state funding. Nearly a third – over 619 in total - of the cuts or unfilled positions have arisen in the last 2 years.

North Carolina is 1 of 26 states where corporate dominated Right-wing governors and state legislators have rejected the Medicaid expansion. The expansion is intended to provide health benefits to anyone who makes up to 133 percent of the federal poverty level, which is \$15,282 for a single person this year. Governor Pat McCrory signed legislation in March 2013 blocking the Medicaid expansion and the creation of a state-run health insurance exchange in North Carolina, citing cost and other factors. Denial of the expansion of Medicaid into N.C. could result in a loss of upwards to \$16 billion for the state over the next 5 years. This will inevitably lead to the reduction in many needed mental and physical health services and the closing of many health care facilities, such as Vidant Pungo Hospital in Belhaven, N.C. This will potentially lead to the denial of 500, 000 people in this state healthcare coverage, leading to more than 2,400 deaths a year, These cuts within DHHS, clearly point out, that healthcare, jobs and worker and patient safety for the working-class and poor is not a priority of those in power, and must be fought for by organized workers and communities.

Since Sec. Wos took charge of DHHS, raises and new positions totalling \$1.7 were given out to her friends in high places while direct care workers are left stranded, unable to pay their bills and often taking on second jobs to feed our families, threatening the quality of care to our patients and clients.

Since the election of Gov. McCrory and his appointment of Aldona Wos to head DHHS, there have been on-going major controversies reflecting their extreme bias to the wealthiest 1% within the department.

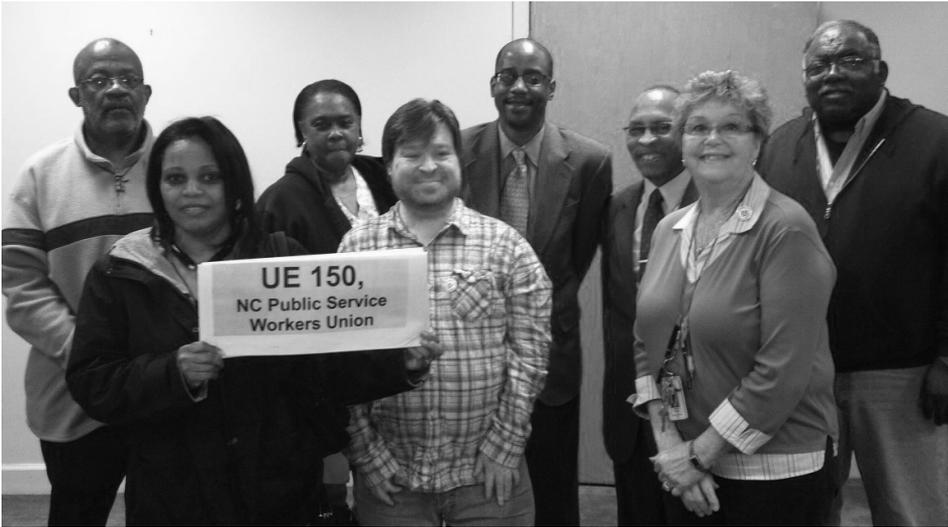
Sec. Wos hired two caucasian 24-year-old former McCrory campaign aides to high-paying positions within the DHHS administration with little to no experience for their important job duties. Many experienced workers that had more seniority were overlooked for these positions. Matt McKillip was appointed the chief policy officer at DHHS, making \$87,500 a year. Ricky Diaz was given a \$85,000 salary. Diaz received a 37 percent raise and McKillip a 35 percent raise when they moved from McCrory's office earlier this year to work at DHHS.

At the same time, the department was hiring some top-dollar contractors. DHHS paid Joe Hauck \$228,000 between January and August 2013. Hauck is a former employee of Wos' husband and has been advising Wos on "strategic planning, reorganization and policy issues." Wos also gave several top posts big pay raises, as did McCrory for his entire cabinet. Overall, since Wos took charge, 280 full-time workers at DHHS have received raises totaling \$1.7 million, none of the positions are working directly with patients with mental illnesses and disabilities.

In October 2013, the federal government raised questions, after the government shutdown, about why the Women, Infants and Children, or WIC, nutrition program was shutdown in N.C., stating that the state should have had a reserve to allow them to carry on work through the shutdown period.

North Carolina's Medicaid billing system has been so dysfunctional that it costs doctors time, money and patients, according to a class-action lawsuit filed by a group of medical providers in early January 2014. The suit alleges the state DHHS and some of its computer services providers were negligent in developing and implementing a new Medicaid claims billing system, known as NCTracks.

There is also systematic issues of race discrimination inside DHHS. Many experienced Black workers are often overlooked for promotional opportunities, in disparate application of personnel policies including dismissals and write-ups, and also in job assignments. The vast majority of all the direct care positions are Black employees that are on the front lines and



March 17, 2014 - State mental health workers from Central Regional Hospital and Murdoch Center meet with Representative Nathan Baskerville (D-Henderson) to discuss issues. Pictured from left to right: Bernell Terry, Darlene Hicks, Julia Perry, Pierre Sirois, Rep. Baskerville, Kevin Yancey, Beverly Moriarty and Ciscero Warren.

receive the most injuries but also receive the lowest pay and do the hardest work. In September 2013, the Legislative Black Caucus held simultaneous press conferences in four cities across the state denouncing all the problems in DHHS. At these conferences, the LBC also mentioned worker safety as a concern.

In response, the health care technicians, registered nurses, kitchen workers, housekeepers and all direct care workers at state mental health and disability institutions where the North Carolina Public Service Workers Union-UE Local 150 has members, are organizing to challenge the direction started under conservative Democrats and that the current administration has made vastly worse and to demand the expansion of Medicaid into the state. Workers are also seeking better wages, improved working conditions and safety and more representation rights in the grievance procedure so that they may better serve their patients and work in dignity.

The State of North Carolina's Jim Crow 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. The United Electrical, Radio and Ma-

“ The state has been constantly cutting back on positions. My co-workers constantly tell me that they cannot wait to quit.

- Bev Moriarty,
RN, Central Regional Hospital and
union steward.

chine Workers of America (UE) and allies won two findings by the United Nation’s International Labor Organization and the National Administrative Office of Mexico under the North American Agreement for Labour Cooperation that found the United States and North Carolina guilty of violating international law with this ban by denying what are fundamental human rights. When public workers have collective bargaining agreements, the conditions for both patients and workers stand a much better chance of improving.

UE local 150 has launched a campaign for a Mental Health Workers Bill of Rights. Representative Larry Bell (D-Clinton) has introduced House Bill 130 into the state Legislature, and many elected officials have co-sponsored.

Upon Rep. Bell’s suggestion, UE150 has surveyed its membership and other mental health workers about the most important aspects of this Mental Health Workers Bill of Rights and determined that 1) Safety including better staffing, 2) Grievance Rights and 3) Family-supporting wages and, 4) Collective bargaining rights are the most pressing issues for DHHS employees, thus we launched the “Safety, Rights and Raises” campaign with a rally in front of DHHS headquarters in Raleigh on November 14, 2013, including sending a delegation of workers to request a meeting with DHHS Sec. Aldona Wos.



RV truck used as temporary housing by Central Hospital healthcare technicians Joseph Sterling and Sandra Bailey. Many workers are forced to work so much overtime, including several days of consecutive 16-hour shifts, that they can not get proper sleep if they have to drive home. They are so committed to the quality care, and adequate rest, that they sleep in this RV.

UE 150 DHHS Council Recommendations:

EMPLOYEE AND PATIENT SAFETY:

1. Implement all the recommendations of the N.C. Department of Labor, Occupational Safety and Health Administration from their August 2012 report issued regarding injuries at Cherry Hospital. Expand these recommendations to all State Operated Healthcare Facilities. Implement UE150 9-point plan for violence abatement (below).
2. Engage in a robust community outreach program to immediately fill all vacant positions in state operated healthcare facilities.
3. Fund a comprehensive study regarding staff injuries related to working on units outside regularly-assigned departments (ie. Admissions unit workers pulled to children's unit).

“ I am primarily concerned about the human rights of the patients. If you underpay, overwork, exhaust and poorly train employees of facilities, this has impacts on direct patient care.

- Vicki Smith,
Director,
Disability Rights NC



Feb. 27, 2014 - Cherry Hospital workers and community supporters stage press conference outside State Bar office in Raleigh during State Department of Labor, Occupational Safety and Health Administration Settlement hearing regarding 2012 workplace safety complaint filed by workers, substantiated by OSHA and denied by DHHS administration.

“ These workers are making a wave for North Carolina to continue to prosper. Mental health workers provide a valuable service to our state and we should treat them with the respect that they deserve.

- Senator Don Davis



Senator Don Davis (D-Snow Hill), pictured far left, along with Representative Verla Insko (right) spoke at the November 14, 2013 rally for Safety, Rights and Raises. Vicki Smith (center above), Director of Disability Rights NC also spoke at the rally connecting the need for workers rights to quality care for patients.

ALARMING VACANCIES:

Vacancies are at dangerously high rates, causing many qualified staff to leave because of overwork and forced overtime, causing dangerous work environment.

DIRECT CARE STAFF VACANCIES (As of May 2013):

15% of Psychiatrists

18% of Nurses

7.6% of Healthcare Technicians,

23% of Grounds,

11.4% of Environmental Services

10% of Food and Nutritional Services

Source DHHS Division of State Operated Healthcare Facilities, May 2013, and DHHS Human Resources, see Exhibit 6

EXTREMELY HIGH TURNOVER RATES:

Extremely high-turn over creates dangerous environment. Workers don't know the clients as well because there is a less experienced work force.

Turnover in State Operated DHHS facilities

	Total staff Turnover	RN turn-over	HCT Turnover	total positions	RN positions	HCT positions
CRH	17.66%	45.77%	15.00%	535/1913	129/178	146/616
Cherry	22.69%	34.28%	20.80%	333/927	64/118	115/350
Murdoch	14.20%	22.06%	13.23%	373/ 1659	22/63	140/670
Longleaf	15.59%	35.10%	11.09%	117/474	20/36	41/234
O'berry	19.20%	37.97%	18.92%	287/946	24/40	145/485
Caswell	12.58%	11.51%	11.89%	303/1524	8/44	152/809
RJ Blackley	26.16%	38.79%	18.99%	62/150	19/31	12/40
Walter B. Jones	19.66%	26.49%	13.66%	47/151	13/31	8/37
Broughton	8.28%	10.41%	7.11%	151/1154	25/152	48/427

All ratio's figured for period Jan 2012 – Oct 2013 are divided by 1.5833 to normalize for a year
 Jan-Oct is 19 months, 19/12 is 1.5833

Source: N.C. Department of Health and Human Services



“Residents can't get full quality care when we are understaffed.

- Regina Washington,
 HCT, Caswell Center

Regina Washington and Gina Sabir protest out front Caswell Developmental Center about General Assembly's policies in June 2013.

POSITIONS CUT:

Understaffing creates forced overtime, workers are exhausted and cannot provide quality services in a safe environment.

Since the 2001 Mental Health Reform plan, there are nearly 2, 000 fewer workers employed within the State Operated Healthcare Facilities, many due to cuts or failure to fill empty positions, resulting in loss of state funding.

For example, at Caswell Center there are 274 less positions filled in October 2013 than there were filled June 2001. There are 668 less workers employed at Central Regional Hospital than there were combined between Dorothea Dix and John Umstead Hospital.

However, nearly a third – over 619 in total - of the cuts or failure to fill positions have come in the last 2 years. See chart below.

Actual numbers of workers employed by DHHS state operated facilities

Facility	# workers June 2001	# workers June 2006	# workers June 2010	# workers October 2013	# workers lost 2001-2010	# workers lost 2001-2013	# workers lost 2010-2013
Cherry	1205	997	915	950	190	255	-35
O'berry	1014	1004	903	827	111	187	76
Broughton	1345	1190	1224	1180	121	165	44
Longleaf	351	374	471	458	-80	-107	13
Murdoch	1683	1724	1735	1588	-52	95	147
JUH/CRH	1331	1213	2031	1770	407 (Dix combined with JUH/CRH)	668	261
Dix	1107	928	0				
Caswell	1715	1670	1554	1441	161	274	113
Totals:	9781		8823	8204	858	1537	619

Source is Department of Health and Human Services

Walter B. Jones ADATC employees Nancy Rauls and Sharneill Swinson (now employed at Caswell Center) join Moral Monday rally in Raleigh.



UE150 union direct care staff suggestions for violence abatement at all DHHS DOSHF facilities:

1. Use of videos of violent incidents for regular staff training and feedback.

Staff do NOT currently have access to view video tapes, for training purposes, after violent incidents. The only time that staff are given access to observe videos of patient areas, which is extremely rare, is after they have been disciplined and are facing severe disciplinary actions, such as termination. Having staff review these videos after incidents would be very informative. These videos should be incorporated into regular quarterly training sessions.

2. All DHHS DOSHF facilities should track and analyze safety and health information and include employees representatives on investigation teams.

From our experience, workers do not trust advocacy, which leads to difficulties mutually identifying and solving problems. Include direct care staff, including healthcare technicians on any investigative teams that review all injuries to patients and staff, and the circumstances that contributed to them. Analyze when workers are found not guilty of abuse and neglect to determine ways to reduce these unfounded accusations that disrupt the workplace, lose the service of excellent workers for weeks, many of whom leave the state out of frustration, intimidation, stress, and demoralization.

3. Workers should not be pulled from one specialty department to cover short staffing on another department.

When patients are unfamiliar with staff, this creates a higher likelihood of miscommunication and conflict. Many injuries have occurred this way.

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We go through hardships after so many years without a raise. Light bills in Wilson keep going up, and I don't really have enough money for food.

- Betty Howard,
Food & Nutritional
Services,
Longleaf Center



Betty Howard, Lillian Jones and Thelma Daniels, Food and Nutritional Services workers at Longleaf Neuromedical Center organize for fairness.

4. The Crisis Prevention Intervention (CPI) training that we are given does not correlate to the circumstances that we face on our units. All DHHS DOSHF facilities should increase frequency and quality of training and make CPI training more realistic.

Provide additional training in techniques for timely de-escalation. Allow workers to provide rapid and frequent feedback to improve training. End the usage of mannequins during training, instead utilize real life scenarios and human bodies. Additionally, these refresher training courses should happen much more than just once a year. The current training is insufficient.

5. Formation of a permanent Workplace Safety Committee with Elected Employee Representatives

Since these report was issued in 2012, Cherry Hospital has created a Workplace Safety committee. Central Regional Hospital also has an established committee. However, these committees are not given authority to design, update or implement policies. Once policies are writ-

ten, if any input is taken from our meetings, the committee should be allowed to review changes and offer additional changes before policies come into effect. Ideas from affected employees should also be sought. Rejected ideas must be justified in writing by management. Non-management direct care and support services staff should have strong representation on this committee. All direct care and support service staff on the safety committees should be elected and have the confidence of their co-workers. There should be sufficient staffing to cover patient duties so employees can participate.

Patients, family members of patients, advocacy and community organizations should be given permanent positions to participate in the committee. This committee should be given authority to review the overhead cameras of violent incidents between patients and staff whenever deemed necessary. This committee should be given quarterly reports of the following information: 1) Patient to staff ratios on each unit, 2) Numbers of workers, by unit, pulled to work on units off their regularly assigned units to provide minimum staff coverage, 3) vacant staff positions, 4) turnover rates by unit, 5) number of forced overtime assignments, 6) number of voluntary overtime assignments, and 6) number of shifts that all units went without minimum staff coverage assigned. Committee members should be permitted to do walk-throughs of patient areas and conduct interviews with staff and patients, as deemed necessary.

6. More staff and reduce forced overtime. All DHHS DOSHF facilities should fill vacant positions that are currently funded by General Assembly

To our knowledge the vacant positions (reported above) are currently funded but the facility administrators have not done an adequate job at doing community outreach, at times of high unemployment, to fill these positions, train staff and bring them onto the units. Sufficient staff includes having floater positions to help cover units when they go below minimums. Outreach should include regular posting in all local newspaper, public access television, public service announcements on radio stations and notification to local churches and civic groups.

Facilities should increase frequency and quality of training and make CPI training more realistic.

- N.C. Department of Labor,
OSHA Report,
Cherry Hospital,
August 2012

7. DHHS DOSHF administrators must increase their advocacy to the state General Assembly and Governors office regarding providing adequate resources, including staffing of sufficient numbers to ensure employees have the ability to protect themselves, to control patients, and restrain patients as needed to prevent attacks on employees and other patients.

Workers, members of UE local 150, N.C. Public Service Workers union have attended the public Joint Legislative HHS Oversight Committee, Mental Health subcommittee meetings in Raleigh at the General Assembly including those in 2011, 2012 and 2013, when Sec. Cansler, Sec. Delia and now under Sec. Wos and there was never any strong, clear advocacy for additional staffing, nor how additional staffing could prevent unnecessary staff and patient injuries. Establish policies and guidance on situations in which employees are not allowed to work alone.

“ Improve scheduling to reduce usage of double shifts and to minimize the resulting fatigue associated with 16 hour shifts.

- N.C. Department of Labor,
OSHA Report,
Cherry Hospital,
August 2012

8. Establish a communication system that allows all levels of management to review shift staffing and changes to staffing on a daily basis.

Improve scheduling to reduce usage of double shifts and to minimize the resulting fatigue associated with 16 hour shifts.

9. Patient/Employee Violence Prevention Workgroup

Initiate a program that gives patients and employees joint ownership of violence related solutions.

10. Create an environment free of fears of workplace retaliation including allowing worker organization representatives, co-workers and/or union stewards, into pre-disciplinary hearings, and all disciplinary meetings such as established in the private sector with Wiegartern rights.



Darrion Smith and Ricky Bass (pictured sitting left) at Office of Administrative Hearings with UE150 Chief Steward Kevin Yancey and Attorney Gabe Talton. Smith and Bass were unjustly terminated in March 2012. Smith won reinstatement while Bass passed away from stress and complications not unrelated to his firing.

EMPLOYEE GRIEVANCE RIGHTS:

Representation: Facing daily unjust discipline based on blame for institutional problems, discrimination, and retaliation, **workers deserve the right to an non-attorney assistant of their choice**, even during the informal step of the new OSHR Grievance process against discriminatory mostly-white management and administration.

High turnover and vacancy rates because workers have little recourse.
(See charts on pages 8 and 9).

Losing many qualified staff over minor issues.

State losing millions of dollars annually on Office of Administrative Hearing appeals.

Reverse July 1, 2012 DHHS Grievance directive changes: 1) Allow workers to grieve written warnings and performance evaluations, 2) Keep workers on probation on for 9 months, not the extended 24 month period.



Deborah Thomas, Tammy Royster , Desiree Taborn, Jacqueline Johnson, and Stella Hughes from Central Regional Hospital attend union meeting in Butner, NC to advance Safety, Rights and Raises campaign.

WAGE IMPROVEMENTS TO SUPPORT OUR FAMILIES:

Gov. Pat McCrory asked state agencies in March 2013 to freeze pay raises wherever possible to help the state cover its growing Medicaid shortfall. State personnel records show the agency that oversees Medicaid, the Department of Health and Human Services, gave out hefty raises anyway, especially to the governor's former campaign staffers.

WRAL News found 280 full-time workers at DHHS who have received raises totaling \$1.7 million since the governor's directive. Also, some of those receiving raises have no career or educational experience for the jobs they hold. The information on state salaries comes from BEA-CON, the state government payroll system.

UE150 Wage Increase Recommendations:

Across the board wage increases of \$3,000 for all employees in DHHS state operated facilities. This is approximately a 10% raise for workers making \$30,000. DHHS did a study and showed we need at least 6% increase for HCT's and 8% increase for Nurses, but this is inadequate when considering the following 3 factors:

1. Average National Base pay increases, 2008 - 2013 Cumulative increase of 20.01%

Assuming 4% for each year of 2008 and 2009, as stated below, National Compensation Planning survey from 2008 - 2013

NC State Office of Personnel February 2013 Compensation and Benefits Report Excerpts from page 9

Table 3: PROJECTED & ACTUAL BASE PAY INCREASE BUDGETS

<u>National Firm</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Projected</u>
William Mercer	2.3%	2.7%	2.7%	2.9%

Note: The above are projected and actual base pay salary increase percentages of payroll.
Source: Mercer Human Resources Consulting 2012-2013 US Compensation Planning Survey

Projected and actual wage increases have remained fairly stable at the national level for the best part of the past decade at or about the 4% percent level. However, with worsening economic conditions, actual wage increases declined dramatically in 2009. They increased slightly in 2010 and 2011, then held fairly steady, but still are not approaching historical levels. A study conducted by Mercer Human Resources Consulting, *2012-2013 US Compensation Planning Survey*, revealed that during the calendar year 2012, pay increase budgets stayed the same as the year before, after a 0.4% increase the previous year.

Analysis of data from a variety of national consulting and business firms places the projected budgeted average wage increase for 2013 at 2.9%.

2. Consumer Price Index for the Southern Region has gone up 14.8% since 2008, according to the US Department of Labor, Bureau of Labor Statistics.

Table A. South region CPI-U 1-month and 12-month percent changes, all items index, not seasonally adjusted

Month	2008		2009		2010		2011		2012		2013	
	1-month	12-month										
January	0.5	4.9	0.4	-0.1	0.3	2.8	0.5	1.7	0.5	3.2	0.4	1.6
February	0.3	4.6	0.5	0.1	0.0	2.3	0.5	2.2	0.6	3.3	0.9	1.8
March	0.8	4.4	0.3	-0.3	0.6	2.5	1.2	2.8	0.7	2.8	0.3	1.5
April	0.7	4.2	0.3	-0.7	0.1	2.4	0.7	3.4	0.4	2.5	-0.2	0.9
May	0.9	4.6	0.3	-1.3	0.0	2.0	0.5	4.0	-0.4	1.6	0.0	1.3
June	1.1	5.3	1.0	-1.4	-0.1	0.9	-0.2	3.8	-0.2	1.7	0.4	1.9
July	0.5	5.8	-0.3	-2.1	-0.1	1.0	0.2	4.1	-0.2	1.4	0.2	2.2
August	-0.4	5.6	0.1	-1.6	0.2	1.1	0.4	4.3	0.6	1.6	0.1	1.7
September	0.1	5.4	0.0	-1.8	0.2	1.4	0.0	4.1	0.5	2.1	0.0	1.3
October	-1.2	3.9	0.2	-0.4	0.1	1.3	-0.2	3.7	-0.2	2.1	-0.2	1.3
November	-2.2	1.0	0.2	2.0	0.0	1.1	0.0	3.8	-0.5	1.6	-0.3	1.5
December	-1.0	0.0	-0.1	2.9	0.2	1.4	-0.2	3.3	-0.1	1.7	0.1	1.8

Consumer Price Index for the South region, Source: Bureau of Labor Statistics, US Department of Labor

2008-2013

Cummulative CPI Increases (using January 12-month figures in above chart)

3. Workers have only received approximately a 4.8% increase since 2008. See attached chart, History of Legislative Increases 2008-2013. Assuming \$30,000 salary, \$1,100 is a 3.6% increase

History of Legislative Increases 2008-2013

Year	Cost-of-Living Increase	Career Growth Increase	Bonus/Other
2008	the greater of \$1100 or 2.75%	0	0
2009	0	0	0
2010	0	0	0
2011	0	0	0
2012	1.2%	0	5 days "special leave"
2013	0		

DHHS Administration should encourage all facilities to give in-range salary adjustments based on seniority for all employees.

“A fair, equitable and consistently funded mechanism is needed for moving state employees with their salary grade or band. Employees need a “line of sight” for career growth and salary advancement”. From p. 7, Office of State Personnel, February 2013 Compensation and Benefits report, attached.

Workers are stuck at the bottom of their wage brackets and are not given reasonable In-Range Salary Adjustments by their institutions. These are strong majority Black workers. See charts on pages 20-22

89.7% of all Health Care Technician 1's receive salaries of less than \$27, 675, which is 10% above the minimum starting salary of \$25, 159.

61.6% of all Food Service Assistants receive salary of less than \$24, 561, which is 10% above the minimum starting salary, which is \$22, 332.

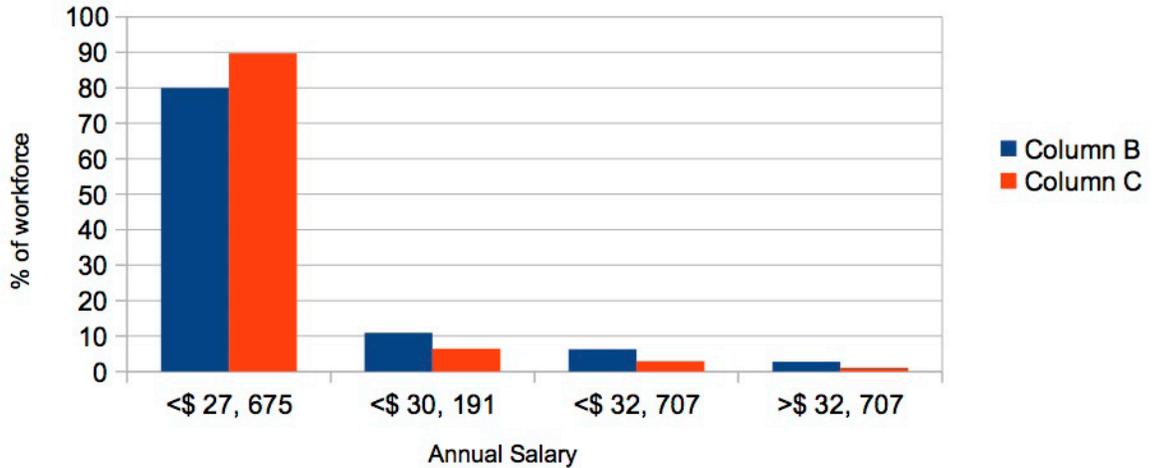
84.0% of Housekeepers receive a salary of less than \$24, 565, which is 10% above the minimum starting salary, which is \$22, 332.

37% of Professional Nurses receive salary less than \$50, 063, 10% above the minimum starting salary, which is \$45, 626.

38.2% of LPN's receive salary less than \$37,489, which is 10% above the minimum starting salary of \$34, 081.

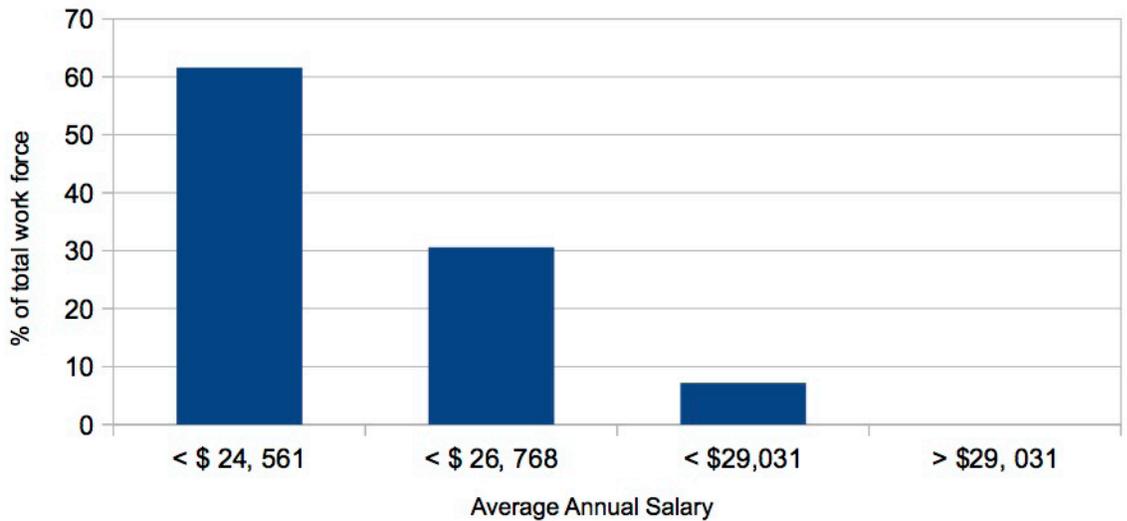
Health Care Technicians

Minimum Starting Salary: \$25, 159



Column B is HCT I, II & III, Column C is HCT 1's only
 89.7% of all HCT 1's receive salaries of less than \$27, 675, which is 10% above minimum.
 80.1% of all HCT's (I, II & III) receive salaries of less than \$27, 675, 10% above minimum.

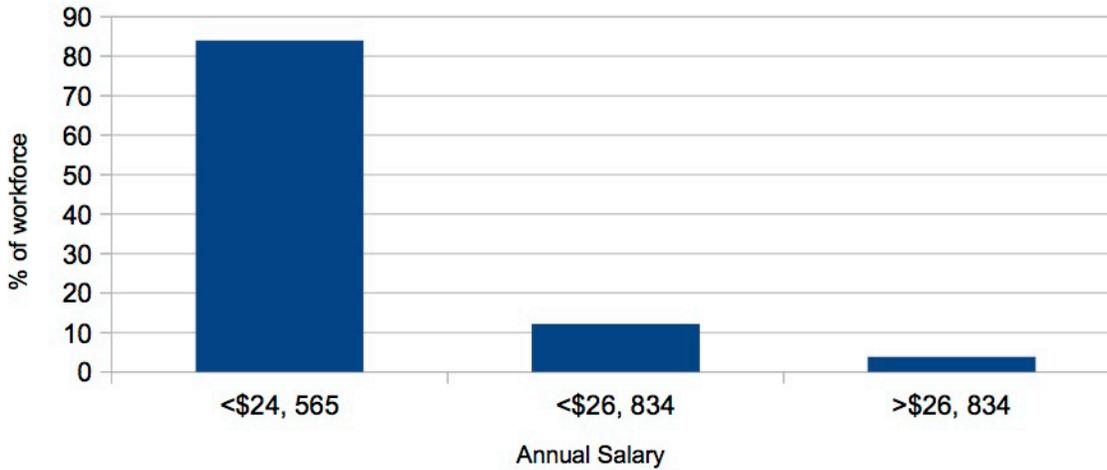
Food Service Assistants I&II



61.6% of all FSA's receive salary of less than \$24, 561 which is 10% above minimum.

Housekeepers

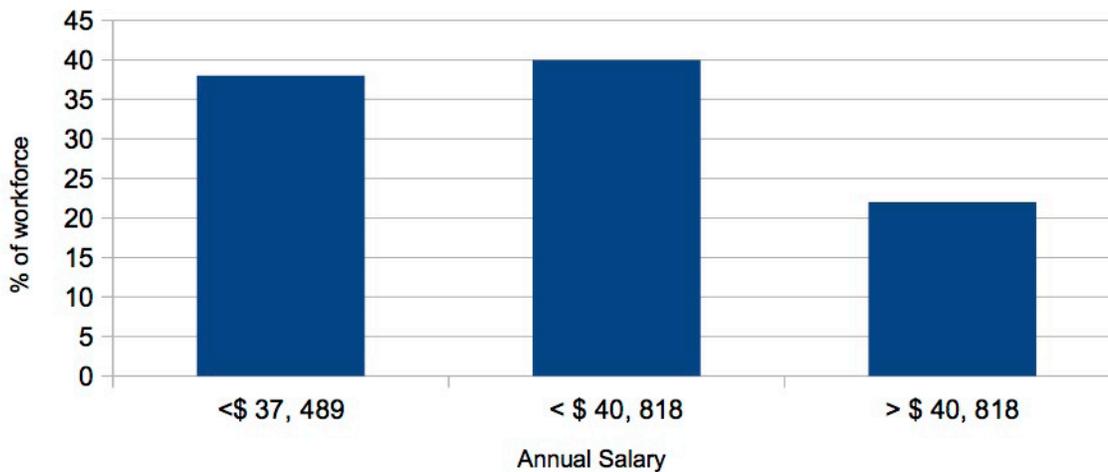
Minimum Starting Salary: \$ 22, 332



84.0% of Housekeepers receive a salary of less than \$24, 565, which is 10% above minimum.

Licensed Practical Nurse

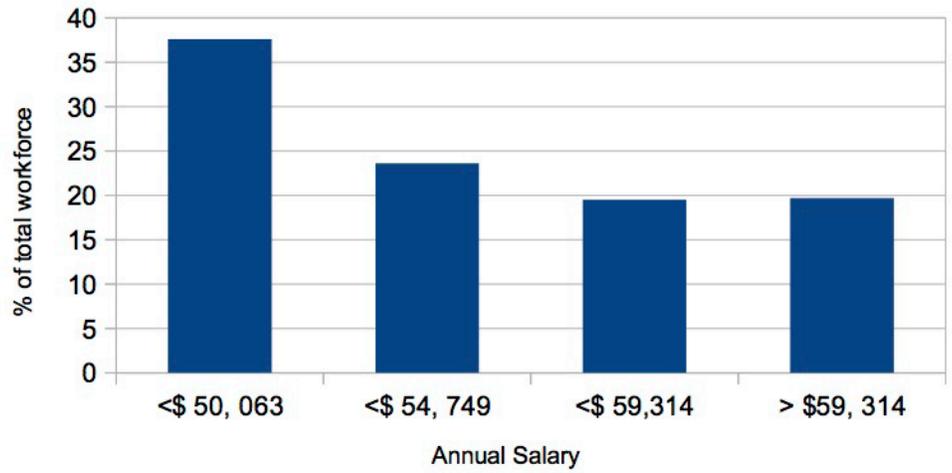
Minimum Starting Salary: \$34, 081



38.2% of LPN's receive salary less than \$37,489, which is 10% above minimum.

Professional Nurses

Minimum Start Salary: \$45,626



37% of Professional Nurses receive salary less than \$50,063, 10% above minimum.

Collective Bargaining Rights for Public Sector Workers

The International Labor Organization (ILO), an agency of the United Nations made a ruling to a complaint by the NC Public Service Workers Union-UE150 that North Carolina is in violation of international laws, conventions and treaties by its denial of collective bargaining rights to public sector workers. The ILO found that this denial contributes to patterns of race discrimination and other problems affecting workers that have been shown by the types of terminations of workers and the types of grievances taken up by UE Local 150.

North Carolina and the United States Government was also to be found guilty of violating the North American Agreement for Labour Cooperation in November 2012 for denying public sector collective bargaining rights, discrimination at work, excessive occupational injuries and diseases, and lack of proper compensation for occupational injuries and diseases.

1. Repeal NG 95 98 that bans collective bargaining rights for public sector workers
2. Set up a system for public sector collective bargaining with input from public sector workers.



Rebecca Hart, health-care technician at Central Regional Hospital demonstrating at the 2010 U.S. Southern Human Rights Conference in Birmingham, Alabama. Rebecca was fired for false allegations of patient abuse. However, UE150 won her job back, but she decided not to return to work.

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.



UNITED ELECTRICAL, RADIO AND MACHINE WORKERS OF AMERICA