

DHHS Workers Rally, Campaign & Petition for Safe Staffing and Hazard Pay!



UE150 Rally at CRH on April 14 demanding safe staffing and hazard pay.

State mental health workers across North Carolina, having worked more than a year through the pandemic, are now demanding relief in the form of hazard premium pay. Additionally, workers are demanding that the safety issues and persistent understaffing at Department of Health and Human Services facilities be addressed.

On April 14 over 50 workers, members of the North Carolina Public Service Workers Union, UE Local 150, rallied outside of Central Regional Hospital in Butner gaining media attention with wide participation from workers on all shifts and units. Workers staged a second rally on May 5.

These rallies were partially in response to DHHS ending hazard premium payments on January 31 despite the ongoing need to provide care for COVID-19 positive patients in the hospitals and developmental centers. Over 700 DHHS workers signed petitions that have been delivered to DHHS administration.

“We all know that the pandemic has led to an increase in mental illness”, stated **Dr. Rakesh Patel**, a medical doctor at Central Regional Hospital and president of the Butner-Area UE150 union chapter, who lives in Durham. Patel continued, “The way you take care of patients is by funding the workers who actually do the work to take care of them. The folks on the front lines need some help. They are chron-



ically underpaid. We were understaffed before the pandemic. Now we are losing even more staff, which makes the safety issues worse. With this level of funding we are not going to be able to provide the quality of care that our community deserves. Funding for mental health care should reflect our priorities.”

The State of North Carolina will be receiving over \$5 Billion dollars from the American Rescue Plan. Some of this money needs to be directed towards state DHHS workers.

“Understaffing is a big problem at the hospital. Workers are getting burnt out and even hurt because we don’t have enough staff,” stated **Darrion Smith**,

DHHS Workers rally continued...

Youth Program Education Assistant, UE150 activist. Smith was injured on the job last weekend working on an understaffed children's unit at CRH. Smith continued, "last weekend we had a crisis situation while working with bare minimum staff. This happens too often."

In January, over 700 DHHS workers signed petitions requesting the following:

- 1) Continued hazard premium payments.
- 2) Install HEPA air filtration systems.
- 3) Expedite the hiring process to allow new hires to fill the many vacant positions.
- 4) DHHS should supply all staff with N-95 masks.
- 5) End the cross-contamination due to transferring staff from COVID-19+ areas back to other areas without proper quarantine period and test results.

Additionally, workers at Central Regional Hospital are demanding a centralized staffing system to allow for more efficient and fair staff scheduling and less

forced overtime. The full text of the petition can be found here: <https://bit.ly/DHSHazard>

Since January, the UE150 DHHS Council has been meeting monthly with DHHS Deputy Secretary Kody Kinsley and Division of State Operated Healthcare Facilities Director Karen Burkes. Since the petitions and these meetings, DHHS has agreed to install HEPA filters in nursing stations and break rooms. Additionally, the worked with the union to create an incentive program for staff at hospitals that reach 70% vaccination rates. However, the main demands around hazard premium pay and short staffing still remain.

In late May, CRH chapter leaders launched another petition campaign to address the needs for "Safe Staffing" including centralized staffing and more fair use of "red dot system" and more.

**Sign petition online at
bit.ly/crhsafestaffing**

Dr. Patel: Report back from UE150 meeting with Robyn Carr

7 leading members of the UE 150 met with CRH CEO Robyn Carr and her top 3 executives on June 3, 2021. It was a wide-ranging discussion which followed up issues raised at the 2 meetings from last year.

At the meeting the members continued the advocacy for reinstatement of hazard pay. They explicitly stated that the 6 to 9 months long delay in fitting nursing staff for N95 mask was unacceptable.

For the third meeting in a row, the UE 150 members made its emphatic request to transition to a centralized electronic scheduling system. This would lead to greater fairness, transparency, and efficiency. The system is being abused by nursing leadership to compensate for the high vacancy rate.

UE 150 members expressed significant concerns about the emergency staffing ratios. The Union believes an honest discussion of the safety and quality of care concerns of its members begins with transparency. Unfortunately, CEO Robyn Carr was not willing to share the actual vacancy



and turnover rate numbers.

UE members informed the Executive team of the feelings of fear and anxiety experienced by the workers at CRH. The fear of retaliation is a widely held impression. The issues of low staff morale, high turnover/vacancy rates, and episodes of poor patient care will not be improved without input from front-line staff.

Union Members Push State General Assembly on Hazard Pay, Safe Staffing and End Tax Cuts for Corporations and the Wealthy!

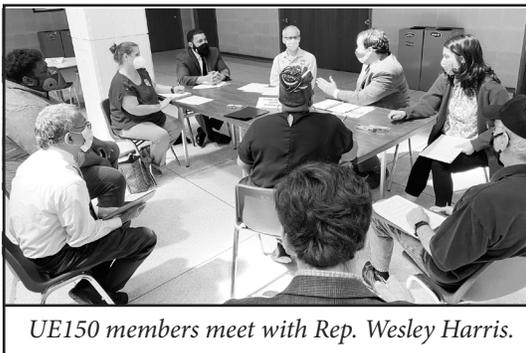
UE150 Political Action Day on May 19 in Raleigh at General Assembly had union members from DHHS, Municipal chapters and the UNC System representing the entire state. We met with 19 state Senators and Representatives, only 1 being a Republican.

The legislators were generally receptive to the issues we brought forth. Those issues included bringing back Covid hazard pay for state facilities employees using funds from the American Recovery Plan. We also advocated for longer-term issues related to pay such as fixing the wage compression created by raising the minimum starting wage. We noted the need to address worker retention. Another issue we highlighted was repeal of the state law banning collective bargaining, which North Carolina remains one of the few states to prohibit.

We discussed the potential for Medicaid expansion and Medicare to relieve working families of the burden of healthcare costs.

While receptive, the Democratic legislators reminded us of their limited ability to enact a progressive agenda while they are in the minority to the Republicans. This tied into our discussion focusing on the need to register voters and activate voters who will support our progressive agenda including rolling back some

for 2013 North Carolina tax cuts that have reduced the amount available to legislators to



UE150 members meet with Rep. Wesley Harris.

spend for programs to help working class.

In other efforts, Central Regional Hospital workers met with Rep. Lambeth's aid Blair Tuesday, May 25th. He is one of the "powerful chairs", Chair of Health Committee and Chair of Appropriations committee and is reportedly open to the DHHS appropriations proposals we made.



Sekia Royall, President of UE150, speaks at Press Conference in front of the NC General Assembly on May 19 alongside other public worker union members

Another legislative issue noted is the recent action on Government Transparency Bill SB 355 which would release more state employees' personnel records on discipline as public records. The issue is complicated because State Police records would be included, and Democrats might support it on that basis. Currently, write ups and evaluations are not grievable. No representation to appeal.

Republican Senators Seek to Eliminate Corporate Taxes, Gut Funding for Public Jobs and Vital Public Services

Republican State Legislators are continuing their reckless course to eliminate more funding for the public services our members provide. They have spent years slashing taxes on corporations and the wealthy. In late May, state Senators called for moving the corporate income tax closer to extinction, potentially eliminating it completely in the next 5 years. They are seeking to eliminate funding for our schools, mental health care, quality child care, small businesses, universities, transportation, and housing while granting more sweeping tax breaks for corporations and the wealthiest among us instead of investments in our hard-working families and communities.

Our union's Another UNC Is Possible campaign seeks to push back against these corporate tax cuts.

A Note about Short-Staffing from a Respected Nurse

Technically, we are not “short staffed” on the units. We are working at minimums. Back in December the staffing ratios changed from 4 patients to 1 HCT, to 6 patients to 1 HCT. They said it was because of COVID and the holidays. However, now we’re in May, and according to the website from 4/26 there are only 7 cases of lab confirmed for staff.

Some units have an HCT-II that is NOT part of the “numbers”, at least on some days. Units such as B2 have NO HCT-II. HCT-IIs are helpful when it comes to transporting patients throughout the hospital, going to Treatment Team, going to Forensic Evaluations, assisting with total care patients and giving breaks. On B2 because we do not have an HCT-II the nurses end up transporting patients.

Last week it was decided that an HCT from AAU unit will go to CLP for the ENTIRE day. This rotated throughout the units A2 and E2. Again, for example, on B2 we will send an HCT to CLP from 9:45 until 3pm when they return on Tuesdays. We were told we would be getting an extra HCT for that day. We’ll see come tomorrow.

It appears that some of the managers will add an extra HCT of (2), for the next day, however over the course of the evening/night, those HCT’s are pulled to another unit because of call-outs, etc.

Currently, HCT’s are being pulled in several directions, they’re being overworked, asked to work overtime, frankly stretched to their limit. Once the Mall opened their duties increased. They are running from one end of the building to another taking patients to work and then picking them up afterwards in the morning, however the psycho-social staff have not had their responsibilities increased.



In a nut shell, on a full unit, we went from (6) HCT’s to (4) HCTs and (3) RNs during the day to (2) RNs during the day. Some units have LPNs to do meds, some units use one of the RNs to do meds. Again, for example, A2. They have (2) RNs. One is charge and the 2nd does meds AND goes to the mall with the patients. This leaves only (1) nurse on the floor. Once again, a very UNSAFE position to be in for an RN.

There is absolutely NO communication what-so-ever between psycho social staff, clinic staff and nursing staff.



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