

# Stepping UP

ONE STRONG, UNITED VOICE  
FOR MINNESOTA'S WORKERS

American Federation  
of State, County  
and Municipal  
Employees, AFL-CIO

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Local 390's Amy Grosz still needs physical therapy after a resident attacked her last November in the group home where she worked. Local 404's Renetta Engelson (inset) no longer can work after being attacked by a patient at the



## GETTING HURT

*is not in the  
job description*

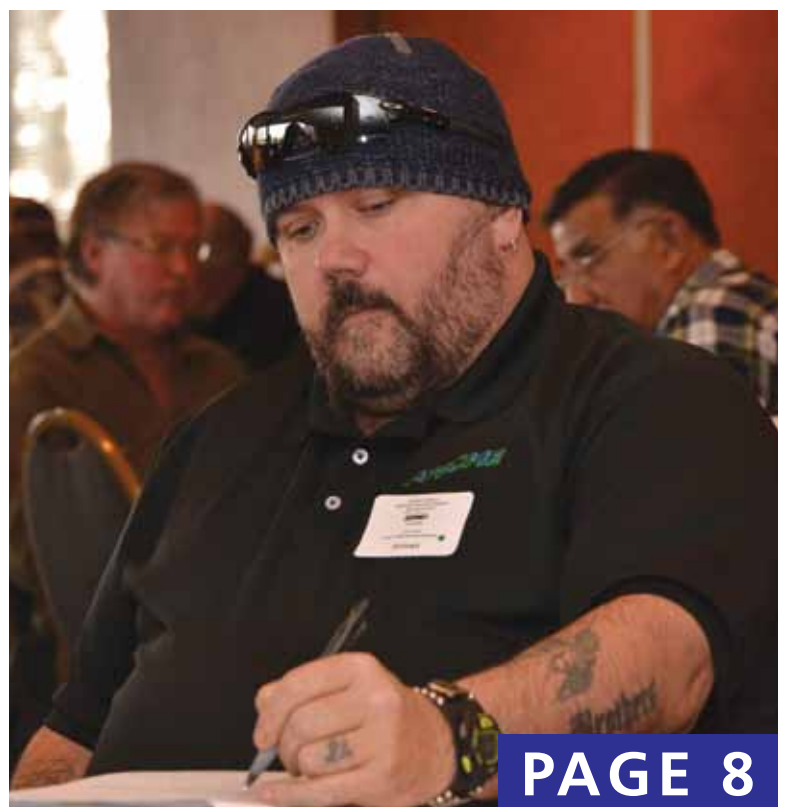
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Minnesota Security Hospital in St. Peter. DHS workers – fed up as assaults and injuries in state mental-health facilities increase – are mobilizing to gain staffing levels and common-sense policies that will keep them safe.



**PAGE 7**

Local 9's Steve Mattson directs traffic out of downtown Minneapolis during afternoon rush hour. Traffic control officers have one of the city's least appreciated jobs. They not only manage traffic, but enforce parking regulations, too.



**PAGE 8**

Jeff Paulson, Rochester DOT Local 868, takes notes during a caucus among delegates at the State Negotiations Assembly. It is one arena where local activists are doing the ground work so they can achieve together what workers cannot achieve on their own.

**Curb to Curb  
Coverage**

**Taking the Future  
Head On**



# Safe Jobs Now!

## Nearly all injuries can be prevented

**V**iolence in the workplace has become an alarming epidemic. It's increasingly common in workplaces where violence is expected – in mental health and corrections – but also in almost every occupation that deals with the public.

For the record: Our union won't tolerate injuries related to workplace violence. Clocking in should never mean putting your life on the line. Everyone deserves to work a safe shift and return home to our families who count on us.

### Getting hurt shouldn't be part of any job

To create safer jobs, we must bust a dangerous myth that workplace violence is random and unpredictable. The truth is, most violent acts are predictable and preventable. That means every employer has a responsibility to minimize risks and to maintain a safe workplace.

Unfortunately, too many supervisors assume that getting hurt is just "part of the job" and that workers shouldn't complain. They discourage workers from calling the police – because charges often are dropped if the perpetrator is mentally ill. Some supervisors have discouraged workers from filing workers compensation claims or taking time off for violence-related injuries.

### Safety begins with sharing our stories

AFSCME members who work for the Department of Human Services are fed up. Injuries are rising at security hospitals, psychiatric facilities, and group homes. Abusive clients are assaulting staff and sending them to the hospital, often with career-ending injuries. Meanwhile, management is giving us lip service instead of safety. So union leaders are taking

We must bust a dangerous myth that workplace violence is random and unpredictable. The truth is, most violent acts are predictable and preventable.

action to educate their co-workers and force management to fix the problem.

They surveyed co-workers and are sharing their stories on social media. More than 1,800 people have "liked" the new Council 5 "Safe Staffing MN" Facebook page. It's a place where workers who have been assaulted by abusive clients, patients, and inmates can share their stories and organize around safe-staffing issues.

Eric Hesse, a union steward and former security counselor at the St. Peter Security Hospital, was the first person to share his story on the page. "A mentally ill patient punched me in the eye. Went to the emergency room – it was discovered I had a blowout fracture of my orbital bone," Hesse wrote. He was out of work for a month. "I got assaulted six times in two years and I just couldn't deal with the stress of walking in there thinking 'Is this the day that I'm going to go blind?'"

### Stories shed light on effects of violence

Here's what we've learned from brother Hesse and countless brave union members who have shared their stories.

1. Workplace violence is not limited just to physical assault. It can include near-misses. Even the fear of assault or witnessing an assault on a co-worker can have serious health effects.
2. The effects of workplace violence are not just physical; they also result in psychological damage. Victims report post-traumatic stress disorder (PTSD), which is also common among veterans of war and victims of crime. Emotional problems include self-doubt, anxiety, depression, loss of



sleep, irritability, absenteeism, and conflict with family, friends and co-workers.

3. Workers often blame themselves when they are injured in an assault, and management often encourages this self-blame. In many mental-health institutions, criminal actions are automatically brought against workers after any incident where a resident is injured. Supervisors sometimes write up a disciplinary report on an injured worker, even before first aid is administered.

### Take action

If workplace violence is a problem for you, don't suffer in silence. Help your local union organize a safety committee. Talk with your co-workers. Conduct a survey. Review injury reports on a regular basis and keep members and management informed. Develop an action plan.

Attempt to work with management to prevent workplace violence. If management refuses to respond, your local union should take action. File grievances, develop contract language, build coalitions, and go to the media.

April 28 is Workers Memorial Day. On this day each year, the labor movement remembers all the workers who have been killed or injured at work. This is also a day when AFSCME renews our commitment to fight for the living. For our union, one injury is too many. Our struggle for a safe workplace demands vigilance 365 days a year.

**Eliot Seide**  
Executive director



AFSCME Council 5 is a union of 43,000 workers who provide the vital services that make Minnesota happen. We advocate for excellence in public services, dignity in the workplace, and opportunity and prosperity for all workers.

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(elected September 2014)

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## Stepping UP

**Judy Wahlberg**, President  
**Eliot Seide**, Executive Director

Information and story ideas should be submitted to: **Michael Kuchta**, Editor

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# GETTING HURT

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**D**arron Delvin has been stabbed in the eye with a pen. He's torn the rotator cuff in his shoulder. Torn one of his biceps. Injured his lower back. Injured his calf. Reinjured his surgically repaired shoulder. He's dislocated a disc in his back. He's been bruised and scratched more than he can remember.

All these injuries occurred because Delvin was doing his job. As a human services technician at Anoka Metro Regional Treatment Center, he's been injured because he's been attacked by patients or – just as likely – because he's come to the rescue of a co-worker being attacked.

Delvin, a member of Local 1307, is part of an epidemic that's damaging and demoralizing AFSCME members who work in direct care in state DHS programs.

"I no longer have faith in this facility to protect me from anything that happens to us," says a Local 404 security counselor at the Minnesota Security Hospital in St. Peter. "They don't understand or appear to care about their employees' mental or physical health."

### No longer suffering in silence

Fed-up AFSCME members are taking matters into their own hands. They're organizing online, in their locals, and on the job to

## DHS workers stand up for staffing and common sense to keep patients, the public – and themselves – safe

increase staffing levels and to change policies so they can be safer at work. Safe staffing was one of the messages members stressed to legislators at Council 5's Day on the Hill March 24. It is one of the key issues they are pushing in contract negotiations with the state.

In DHS facilities, members deal with and treat mentally ill patients. In many cases, these patients are considered threats to the general public. Inside facilities, however, front-line staff are directly at risk. But when a

patient does get aggressive, staff are restricted in how they can respond. (See story on Page 4.)

### Policies lack balance

AFSCME members say DHS policies have gotten so lenient and so far out of whack that they also harm patients' treatment – especially the likelihood that patients will be able to function in normal settings.

"The universal goal is to get them to the point where they can be reintroduced to society," says Tim Headlee, a security counselor and president of Local 404 at St. Peter. "But if they're not held responsible

inside the facility, they're not going anywhere. Until you can correct negative and abusive behavior, you will never address the rest of their treatment."

"In real life, there are normal consequences," says JoAnn Holton, president of Local 607, which represents DHS members in small group homes. "Here, there are no normal consequences. In many facilities, that piece has been forgotten. We're supposed to help them get into a normal setting, the least-restrictive setting possible. But letting them do anything they want – that's not normal."

### Injuries change lives

Injuries – whether major or seemingly minor – can have long-term effects. "I'm 37 years old and walking with a cane," says Local 404's Kevin Bloom, a security counselor at St. Peter who broke his back in May 2013 while breaking up an attack on a co-worker. Bloom endures constant pain despite having "every diagnostic test available," three rounds of physical therapy, 28 spinal injections, a couple of discs removed, and lower lumbar fusion surgery. He is still not back at work.

"I don't know what the future's going to hold," he says.

"The patients have all the rights, and the staff have none."  
– Jackie Spanjers, Local 1307

## Front-line staff face relentless abuse, threats

**T**he types of physical and mental abuse that AFSCME members endure in state mental-health facilities is never ending.

Patients corner them in rooms, ambush them, chase them (with or without weapons), kick them, scratch them, bite them, choke them, yank their hair, slam doors on them, spit on them, head butt them, attack them with furniture, and jump them from behind. At one group home in north-central Minnesota, a patient bit off part of a worker's thumb – and ate it.

Patients throw workers to the floor and onto tables, throw objects at them, and throw dangerous fluids on them (including urine, feces, hot coffee and, in one gruesome case, hot bacon grease).

Staff frequently become punching bags. Getting pounded in the face or head often leaves serious and lingering injuries, including concussions, headaches, memory loss, open wounds, broken bones, and eye injuries.

It's not just physical. Security staff say it is not unusual for patients to verbally abuse and threaten them, make sexual comments, or even dig up personal information about them or their family members.

Staff in the Minnesota Sex Offenders Program in Moose Lake and St. Peter say patients repeatedly warn that they will riot and kill staff if the patients fail in their ongoing federal lawsuit, which is challenging the constitutionality of MSOP.

Local 1307's Darron Delvin: "I still can't stand more than 5 or 10 minutes without back pain."

"There are a lot of things I will never be able to do," says Local 1307 president Jackie Spanjers. She is a licensed practical nurse who suffered a ruptured biceps muscle and a torn rotator cuff when a patient at Anoka attacked her.

Local 404's Jose Rentas suffered back and knee injuries when a patient stabbed him. He has had two surgeries and three rounds of physical rehabilitation. Six years later, he continues to endure pain and limited mobility.

"I have a constant reminder of the day that happened," Rentas says. "Because the damage is done, I will no longer be able to live my life in the way I would like to."

Local 1307's Delvin is in a similar

**This story continues on the bottom of Page 4**



### Find out more

AFSCME members have created a Facebook community to share their stories and unite their efforts to improve safety at work. To join the community and the campaign, go to [www.facebook.com](http://www.facebook.com). Then type "Safe Staffing MN" into the "Search Facebook" field.



## DHS PUTS NEW PRACTICES IN PLACE – AND STAFF INJURIES ESCALATE



Local 390's Lisa Banks (front) came to the rescue when a resident attacked co-worker Amy Grosz in their group home. The women not only were injured in the attack – they also were disciplined afterward.

Every day I come to work, I worry about someone getting hurt,” says Local 404’s Mike Card, a security counselor at the Minnesota Security Hospital in St. Peter.

Card has reason to worry. Staff at St. Peter suffered an unprecedented 101 injuries from assaults at work in 2014. Patients attacked staff 71 times – more than double the total from three years earlier. Safety has gotten so bad that the local filed an OSHA complaint against the facility. “An everyday, normal shift-change question on the units has gone from ‘Did anyone get hurt?’ to ‘How bad did people get hurt?’” says one Local 404 member.

“Restraint is not used as punishment. It’s used as safety.”  
– Jackie Spanjers,  
Local 1307

It’s similar at Anoka Metro Regional Treatment Center. In 2014, patients attacked workers an average of twice a week. Claims for workers compensation nearly tripled. “As a staff member here, I do not feel like safety is a big priority,” says Local 1307’s Lance LeMieux, a human services technician at Anoka. “Management seems to feel that this is a part of our job.”

### Wrong patients in the wrong settings

Workers at large facilities are not the only ones at risk. So are staff in the four- and six-patient group homes scattered in communities around the state. Some shifts have only one or two staff members on duty. There are rarely adequate “safe rooms” where they can escape in an emergency.

“In group homes, we have nobody as backup,” says JoAnn Holton, president of Local 607, which represents workers in the homes. “We can’t call

a neighbor. So we call 9-1-1. Now, we’re hearing that cities and counties are frustrated – because they don’t think they should be our extra staff. So they don’t want any more group homes. We’ve got a mess going on out here, that’s for sure.”

Workers are caught in a maze of DHS programs and policies intended to treat and house people with a wide range of physical and mental issues. Patients include those with developmental disabilities, mental illness, psychopathic and sociopathic behaviors, chemical dependencies, traumatic brain injuries, and criminal histories.

Different DHS divisions operate regional psychiatric hospitals, small “behavioral health”

## Clocking in should never mean you’ve put

### Story continues from Page 3

predicament. He’s been told it may take a few years of physical therapy before he can do “fairly normal things, like dishes and get dressed, without too much pain. My doctor says I will never be able to do my job and should see about taking a different position or look for a different job.”

### Not all damage is physical

Injuries can also damage workers mentally and emotionally.

Repeated attacks, says Local 404’s Thad Ehlenfeldt, means he’s constantly looking over his shoulder – “and not just at work. It has affected my whole life.”

“I’ve had to deal with loss of sleep, anxiety, depression, and some nightmares,” says Elizabeth Harris, a

Local 390 member who was attacked by a repeat offender at a Minnesota Life Bridge home in Cambridge. “The thought of working with clients now makes me nauseous, scared.”

“If they’re not held responsible inside the facility, they’re not going anywhere.”  
– Tim Headlee,  
Local 404

Some workers rely on counseling and anti-anxiety medications to deal with assaults on them or co-workers.

One veteran member of Local 404 quit her job at St. Peter because of post-traumatic stress disorder after an assault

broke four bones in her face. She lost her career, her income, and any kind of normal life.

“PTSD is a horrible thing to experience,” her husband says. “She struggles every day, and may for a long time to come. At times, she only leaves the house for her doctor appointments. She struggles to do things that at one time came without a thought.”

### Bosses make aftermath worse

As bad as the attacks and their physical and mental toll can be, a lack of support – and even hostility – from administrators adds insult to the injuries.

In facilities large and small, AFSCME members tell of cases where supervisors left workers on their own to get home from the emergency room, waited days after an attack before checking in on the worker’s condition, or who even disciplined workers who were attacked or came to each other’s aid.

Administrators “would rather discipline staff than stand up for them or help them after an assault,” says one AFSCME member at a state Sex Offender Program facility.

“Staff are continuously victimized by patients and re-victimized by management and the system,” says Local 404’s Mark Vander Wilt, a security counselor at St. Peter.

“Sometimes, you have to make a tough decision without wondering if you’re going to get in trouble for it,” says Local 607’s Holton. “But there’s so much Monday morning quarterbacking. They tell us we should have done this, we should have done that. We’re not supported – we’re judged for doing it wrong. So people are afraid to do anything.”

“I just really felt that my supervisor didn’t care about her staff or their needs,” says Local 390’s Amy Grosz. Grosz is an HST who was attacked last November at a group home in Forest Lake. She still needs physical therapy for her injuries. “I didn’t feel like I had any help through all of this. She made me feel like this was all my fault.”

“Management was not concerned about the staff at all,” says Local 390’s Lisa Banks, an HST who helped stop the attack on Grosz. “It was all about the client and getting him back in the home and out of jail.”





Local 404's Jeffrey Spann has endured nearly four years of physical therapy, unemployment, and back surgery after being attacked by a patient at the Minnesota Security Hospital in St. Peter. "I'm not the only example of how broken this system is," he says.

hospitals, and the smaller community group homes. One problem is that DHS does not always have enough space in the right facilities, or the correct levels of staff, to place all these different patients into settings that are appropriate for both security and treatment.

A new state law is making matters worse: It requires county jails to transfer mentally ill offenders to a treatment center within 48 hours. That makes it more likely that violent and unpredictable patients will wind up in the wrong setting, says Local 1307's Darron Delvin.

A prime example is a patient at Anoka who, for weeks this winter, masturbated in the halls and grabbed the breasts and butts of female staff and patients. "His behavior was so inappropriate," says Jackie Spanjers, president of Local 1307 at Anoka. "But he had free reign."

Ultimately, he sexually assaulted a maintenance worker. The next morning, after being released from jail, the patient was sent to the Sex Offender Program at St. Peter. "He never should have been here," Spanjers says.

But there are bigger problems in how facility administrators are implementing the concept of "person-centered" care and how they are implementing a 2012 legal settlement that

severely restricts how (and how often) DHS staff can restrain and isolate patients.

The legal agreement, known as the Jensen settlement, all but forbids staff from applying mechanical restraints. Administrators tell staff they must rely almost exclusively on techniques such as "verbal de-escalation" and "motivational interviewing" to handle outbursts. AFSCME staff say those techniques don't work well enough with certain patients or in all situations.

In treatment facilities, Spanjers says: "Restraint is not used as punishment. It's used as safety. If somebody starts a fight, we should be able to restrain them."

"Negotiation does break down. It does fail," says Tim Headlee, president of Local 404 at St. Peter. "With the settlement, we lost our ability to handle certain behaviors."

### Staff suffer consequences, patients don't

Under current practices, Headlee says, staff often are reluctant – or not allowed – to intervene effectively at the first outburst. Instead, a patient's behavior typically escalates to the point that it's much more dangerous for everyone.

"When they go off, you have to literally hold them down," Spanjers says, "because you can't put them in a restraint chair. You're asking way too much of any staff member to literally hold down a client for any length of time. It puts everybody at risk."

Regardless of what it was called, care at St. Peter was always person-centered, Headlee says. "We always had empathy and compassion. We used to recognize what we called rapport. If you were not successful in other facilities, you came here, and we could handle that."

But successful treatment, he says, requires patients to buy into their own treatment. It allows staff to use positive and negative reinforcement and to utilize a continuum of privileges and freedoms. In the extreme, that might mean restraints or isolation. But that approach holds patients accountable for their behavior, Headlee says. And it teaches that behaviors have consequences.

Now, he says, the scales have tilted too far toward a hands-off approach. Increased attacks on staff are not the only unintended consequence. Aggressive behavior by some patients also poisons the atmosphere and disrupts the progress being made by other patients, he says.

"Most patients truly want help," says Local 404's Kevin Bloom. "They're making an effort to improve their lives. But you let one or two people loose on a unit, and all hell breaks loose."

The drift toward a "kinder, gentler, therapeutic environment and a balance between therapeutic, safe, and secure is tilting further and further toward unsafe and unsecure," says another Local 404 member, who asked to remain anonymous.

"Patient-centered care has gone too far," Spanjers says. "The patients have all the rights, and the staff have none."

### Workers seek more options

"In real life," Spanjers says, "whenever we make a decision, there's a consequence, good or bad. We need to bring patient-centered care back into balance. There have to be consequences for behavior, period."

Veteran AFSCME members say front-line staff need more than "person-centered" training that emphasizes de-escalation. They also need training for physical encounters, and training that more accurately reflects the real-life situations they face.

"We need to be able to use all tools necessary," says Local 404's Colin Caple, a security counselor at St. Peter.

"Especially the new people – they get brainwashed with all this stuff and they think all they can do is try to talk them down," Delvin says.

"I want to train staff so if someone is coming at you with a chair in hand, or a shank in hand, I want to know that my co-workers can defend themselves adequately," Headlee says. "Bear-hugging is not going to do it."

At St. Peter, Headlee says, mobile restraints would be useful first step. They allow patients to walk, eat, and function – but prevent them from kicking or swinging freely. At Anoka, Spanjers would like a "chill out room." That would be a transitional intake where new patients, especially those coming from county jails, are assessed before being placed with other patients and staff.

"The Jensen lawsuit has really taken away our safety tools to deal with these very bad behaviors," Spanjers says. "It has not been replaced by anything that really works. So, basically, staff safety has gone down the tubes."

**"In real life, there are normal consequences. Here, there are no normal consequences."  
– JoAnn Holton,  
Local 607**

## your life on the line

"When we try to address our safety concerns, we're labeled with having a negative attitude," says Local 607's Josh Prentice, an HST at a group home in Dodge County.

### Trying to survive financially, too

Those are not the only obstacles after an attack. Staff must deal with reams of medical and facility paperwork. While they recuperate, many say, they have to fight to get workers compensation and other pay they are due. Some say they've even had to fight to get the state to pay medical bills for their workplace injuries.

Local 404's Bloom says a fund-raiser thrown by co-workers is the only way he avoided losing his home to foreclosure.

Bloom's co-worker, Jeffrey Spann, has had an even longer struggle. He was attacked in December 2010. After 3-1/2 years of physical therapy and other treatments for his injuries, he ultimately turned to cervical

spinal fusion surgery last June. During the entire time, the Local 404 member scrambled to keep a paycheck coming in. Workers comp, he points out, paid only two-thirds of his regular salary.

So Spann exhausted his "injured on duty" leave, exhausted his short-term and long-term disability pay, and exhausted his sick time and vacation pay in order to stay afloat while recovering from the workplace injury. "I'm not the only example of how broken this system is," Spann says.

### More fear and uncertainty

Privacy regulations mean staff cannot be told if the patient who attacked them has HIV, hepatitis, or another communicable disease. That means workers often undergo extensive drug treatment to prevent disease. If they are exposed to fluids from a patient with HIV, workers have to endure a full year before they know with some certainty that they are not infected with AIDS.



Local 404's Kevin Bloom broke his back and, nearly two years later, is still not back to work after coming to the rescue of a co-worker. "I'm 37 years old and walking with a cane," he says.

Outside the facilities, county prosecutors often refuse to file charges against patients. Inside facilities, workers often have to go back on their next shift and care for the same patient who attacked them.

"It was nerve-wracking, and draining physically and mentally," Local 390's Banks says of having to care for her attacker. "I never turned my back on him. It was the longest 16 hours of my life."





## St. Paul leads the way on paid parental leave

The City of St. Paul has become a national leader by providing paid parental leave to city workers. With the support of AFSCME and other unions, the new policy kicked in Jan. 1.

The paid leave is intended to make life easier for new parents, and also to help attract and retain younger workers in an increasingly competitive job market, says St. Paul Mayor Chris Coleman.

“Things like paid leave make a difference when they’re deciding whether they’re going to take a job or not take a job,” Coleman says. “We should be interested in having the best and the brightest working for city government. This is an important step toward making that happen.”

On the flip side, he says, “It’s a very cost-effective way to retain employees. Every employee we retain means we don’t have to pay out to hire someone to replace that person, and pay out to train someone to replace that person.”

Under federal law, most workers qualify for up to 12 weeks of *unpaid* parental leave. But only 12 percent of workers have access to any kind of paid family leave, the Bureau of

Labor Statistics says, and even that number is misleading.

Paid leave generally is not available to younger, lower-paid, or less-educated workers – the very workers who can least afford to take time off without pay.

### Benefits go beyond money

“It’s a great benefit,” says Local 1842’s Nick Nelson, a video producer with 16 years’ service at the city. Nelson was one of the first St. Paul employees to utilize the leave. Birth mothers get four weeks of paid leave; the other parent gets two weeks’ pay.

The new policy helped Nelson stay home a full month after the birth of his son Lucas. That is something he couldn’t do three years ago when his first son, Isaac, was born.

“Last time, I didn’t have the luxury of not being able to make money,” Nelson says. The parental leave also lets him save sick days for baby emergencies or doctor visits.

The time at home was great for Nelson and for his wife, Autumn, he says. “I was able to help my wife out during the most demanding time. You’re there to change diapers at night, help during day.



Photo by Patrick Clancy

Nick Nelson with his wife, Autumn, and their sons, Isaac and Lucas.

“Beyond just helping her out, it was nice to be there. That first month, their face changes every day, their appearance changes. A month later, they look different. You want to be

home for that as much as you can. “So the money part is nice, helping her is nice, but being with your son is the real important thing.”

## The prescription: Earned sick leave for everyone

### LEGISLATION PUSHES MORE PROTECTION FOR WORKERS

Earned sick leave is just one way AFSCME, other unions, and allies are seeking paycheck stability for more workers. Legislation called the Working Parents Act also addresses:

**Fair scheduling.** Workers would be guaranteed adequate notice of their work schedule. They would receive compensation if a scheduled or on-call shift is cancelled on short notice.

**Wage theft.** Employers who don’t pay workers what they’ve earned would face stiffer penalties. Workers trying to recover stolen wages or unpaid overtime also would have more time and protection.

**Paid parental leave.** Workers could receive up to two-thirds of their regular wages for up to six weeks after the birth or adoption of a child.

**Server tips.** While the restaurant industry fights to cut the minimum wage for its workers, the Working Parents Act strengthens servers’ bottom line. It forbids restaurants from subtracting credit card fees from servers’ tips.

For most union members and most public workers, if we’re sick, we can stay home. Most of us can take a sick day when we need it – and get paid. Same thing if our kids get sick, or if we have to take a parent to the doctor.

But for more than 1 million workers in Minnesota, that’s not the case. They have no paid sick days. If they’re sick – or need to stay home to care for a sick child – they lose a day’s pay. Sometimes, if they don’t show up, they lose their job.

“It’s an issue both men and women face,” says Debra Fitzpatrick, director of the Center on Women and Public Policy at the University of Minnesota’s Humphrey School of Public Affairs. “It can have huge impact on the financial security of a family.”

“Paid time off is particularly important for minimum-wage workers,” says Ellen Bravo, director of the national Family Values @ Work Consortium. “For low-income workers, if a child wakes up sick, it’s a question of survival. Losing that day’s pay may mean not being able to make rent, or pay for gas, or put food on the table.”

But the very workers who can least afford to lose pay – including low-wage and food-service workers – are the very workers who are least likely to have paid sick leave. That means they face an impossible choice: They go to work sick, or



In Minnesota, 41 percent of workers don’t have paid sick leave.

they send their child to school or to day care sick. That puts the rest of us at risk.

### Coalition seeks pay stability

That dilemma is why AFSCME is part of Minnesota Benefits – a coalition pushing Minnesota’s Legislature to guarantee that workers get at least some paid sick days every year. Just like a decent wage, paid sick leave is a step toward providing paycheck stability for more workers – especially workers who don’t have the advantage of a union contract.

And just like the campaign to raise Minnesota’s minimum wage, a broad coalition of unions, nonprofits, and faith groups is urging the Legislature to guarantee that all workers “have access to earned sick and safe time benefits that are fully paid, adequate, and enforceable.”

The coalition is backing a bill in which all Minnesota workers earn

one hour of sick leave for every 30 hours they work. Workers could accumulate up to nine days per year, depending on the size of their employer.

### Workers gaining ground

The idea of paid sick days is catching on locally and nationally, the Humphrey School’s Fitzpatrick says. For example, as of Jan. 1, a new policy means many concourse workers at Minneapolis St. Paul International Airport began accruing paid sick leave.

California, Connecticut, and Massachusetts already require paid sick days in their states. So do cities such as New York, Portland, San Diego, Seattle, and Washington.

In his State of the Union speech, President Obama proposed that every American worker earn up to seven days of paid sick time each year. Minnesota Sen. Al Franken is a chief sponsor of legislation to turn that goal into reality.





*For traffic control officers, herding cars is all in a day's work*

**A**t times, motorists love them. At other times, not so much. Traffic control officers in Minneapolis gain a lot of respect when they're in the middle of an intersection during rush hour, or straddling lines of cars after a ball game. They're the ones in high-visibility green, waving flashlights and blowing whistles. They keep intersections open and keep traffic flowing. They give you a chance to get to work on time, or to get out of parking ramp gridlock after a big event.

But the members of Local 9 also know they're not so popular doing the main part of their job: parking enforcement. It's still a vital service but, yes, they are the ones who leave you a ticket when you let a meter (or your license plate tabs) expire; when you park *where* you're not supposed to (a bus stop, fire hydrant, etc.); or when you park *when* you're not supposed to (such as during street cleaning or a snow emergency).

### Getting out of tight spots

"They're not really mad at us," says Angela Morris. "It's directed at us, but they're not really mad at us. Nine times out of 10, they're just mad that they got caught."

When motorists do get mad, "we're trained," Morris says. "We get training in verbal judo, and how to watch our posture, and things not to do, and things to do to de-escalate situations."

On the other hand, there's no explaining some people, says Jose Bonete. "There are some people who are, 'OK, you're doing your job.'" Then there are other people who start mouthing off, or flip officers the finger, "so why should I give you a break?" Bonete says.

### Technology changes job

Technology has changed parking enforcement dramatically. Many streets now have centralized pay stations, not individual meters. Instead of eye-balling each meter, officers now get an electronic readout on the iPad they carry. The readout tells them which spots on a given block are expired (or not paid at all). The officers then simply cruise the street and, if there's still a car in an unpaid spot, spit out a ticket from their handheld ticket writer.

The city now sends automated texts and phone calls to residents, which makes enforcing snow emergencies much easier, officers say. "It enables us to go through the route quicker," says Ricardo Luna. "If we're not out there trying to tag 400 cars, they're actually getting the streets cleaner."

But technology has also added to the officers' jobs. The city's 311 call center sends complaints in the officer's assigned area – such as illegally parked cars or abandoned

## CURB TO CURB COVERAGE



Above: Local 9's Conrad McLain directs traffic out of downtown Minneapolis during afternoon rush hour. Left: "Today's a little scarier than it was 30 years ago," Ricardo Luna says, "because today there are so many distractions for the driver."

vehicles – directly to their iPad.

Some of the officers' vehicles also have license plate recognition cameras. The state is still hashing out the data privacy concerns of such camera use, but they definitely help track scofflaws, Luna says.

The cameras photograph license numbers and run them through data bases to see if the vehicle has unpaid parking tickets, is stolen, or is registered to someone with outstanding warrants.

Further, because the officers are out in different neighborhoods every day, the city is beginning to utilize

them to help other departments run more efficiently. For example, rather than send a housing inspector out to see if a violation has been fixed, a traffic control officer can snap a photo with her iPad. "Then they have a record of the time and date and violation," Morris says.

### Bringing order out of chaos

But no technology makes it easier to stand in the middle of an intersection directing rush hour traffic. "It takes training, it takes a willingness to do that, and you don't think about the fear factor," Luna says. "You have to be



Angela Morris checks a laptop readout of potential parking violations in her area. "Sixty-two percent of the complaints that come through the 311 system are directed to us," she says.



Jose Bonete: "We have to stay calm."

constantly aware. You just do it and you have faith and confidence in your skills. And, of course, you pray to God that nothing goes wrong."

Before they step into the street, officers first size up conditions in all four directions. They study factors such as how traffic lights cycle, how weather or darkness affects visibility, what kind of bus traffic the intersection has, and how all those factors might affect motorists and pedestrians. They even look for potholes that they or motorists want to avoid.

Rush-hour traffic – in which the same drivers often drive the same route – is different from event traffic, which may have a lot of out-of-towners who are clueless about where they are and where they're going, Bonete says.

"Every traffic flow is different, even on the same corner," Morris says.

Sometimes, they just get lucky. Morris recalls the time she stepped in front of a car – which is the last thing officers are supposed to do. She had to, she says, because the driver (who was on his cell phone) was on a collision course with a pedestrian, who was running into the intersection (also while on her cell phone). "He would have taken her out," Morris says.

Then there's the time she had to stop an ambulance – because a fire truck was speeding into the same intersection. "So there's some tough calls out there," she says.

### Always in the middle

Traffic isn't the only tense situation. When they're writing parking tickets and pull up on a scofflaw, "that person knows how many warrants they've got, the sheriff's office knows, but we're in the middle," Morris says. "We have no idea. And if that person has 51 outstanding tickets, trust me, their escalation is going to be a lot higher."

The officers also are called out for traffic control during presidential motorcades, big conventions, and even downtown bar closing.

"It can be entertaining at times," Luna says of duty in the wee hours. "Your safety is always a concern, but it's a job that needs to get done."

"We're always trained to understand and recognize the situation," Morris says. "We've had demonstrations and, sometimes when you get into those things, the police are standing there with riot gear – and we have a whistle and a vest."





# Join our 'Day of Action' April 25

To commemorate AFSCME's legacy of standing up for social and economic justice, Council 5 wraps up a month of volunteer activities statewide with a "Day of Action" in St. Paul on Saturday April 25.

We're inviting members, families, and friends to join a celebration, march, and community service

project in the Rondo neighborhood, the heart of St. Paul's African-American community. To honor the 1968 Memphis sanitation workers, we will walk through Rondo with trash bags for a spring clean-up.

Afterward, we'll gather for lunch and a program that includes a screening of "At the River I Stand," which

chronicles Martin Luther King Jr.'s last days with the striking workers, before he was assassinated while standing up for basic workplace and collective-bargaining rights.

**Details:** Meet at the Martin Luther King Center, 270 N. Kent St., Saint Paul, at 10.a.m. For an up-to-the-minute agenda, see [afscmemn.org](http://afscmemn.org).



## LOCAL LEADERS TAKE UNCERTAIN FUTURE HEAD-ON

One day, a record 168 presidents and other top officers of Council 5 locals met to learn firsthand about court cases threatening to undermine their locals.

The next day, 360 delegates to the State Negotiations Assembly worked through the nitty-gritty of drafting proposals that will improve their contracts with the State of Minnesota.

The two efforts have one theme in common, says Council 5 president Judy Wahlberg: "If we, as public employees, intend to preserve and expand a good life for ourselves, our families, and our communities, we must use our strength in numbers to



**Kirbe Strom (front) and Harry Palmer, both of MnSCU Local 4001, are among members working to create a better future for all their co-workers.**

achieve together what we can't achieve on our own."

The local presidents started developing tactics to build allegiance and commitment among co-workers. Their initiative continued with regional "survival trainings" in early March.

The state delegates started developing tactics to push principles and proposals that will improve their pay, benefits, and working conditions. They, too, met again in March, before negotiators headed into face-to-face bargaining.

## FIX TRANSPORTATION NOW, MOVE MN SAYS

Delivering 10,000 postcards to legislators is the latest step by AFSCME and other members of Move MN to push a comprehensive, sustainable, balanced, and long-term transportation plan for the state.

The coalition of unions, businesses, nonprofits, and local governments is backing a proposal by Gov. Dayton to improve and expand a multi-modal network of roads, bridges, public transit, and bike and pedestrian infrastructure. The coalition would pay for its 10-year plan with new revenue raised through modest user fees dedicated



**Barb Klinger, of DHS Local 607, delivers more than 100 postcards from her Owatonna legislative district.**

to specific projects in specific parts of the state – in both the Metro and Greater Minnesota.

Move MN is trying to build a system that is safer, more

effective, and works for more people, says coalition co-chair Margaret Donahoe. "Every year we wait makes it worse and makes it more expensive," she says.

## PUTTING OUR CHILDREN FIRST

Minnesota's investment in its child welfare system is among the lowest in the nation, AFSCME retiree Judy Schultz told Gov. Dayton's Task Force on Child Protection in February.

Schultz spent 42 years as a family protection worker in Ramsey County. "Without adequate funding and staffing, child protection workers are set up to fail," she told the task force. County child-protection workers "are so short-staffed that we can't respond to reports of child



**"Kids and families are my passion," says AFSCME retiree Judy Schultz.**

abuse in the time required by law. We're swamped with heavy caseloads. We live with constant fear that a child will slip through our safety net."

The task force is due to release recommendations at the end of March.

## UNIVERSITY UNIONS UNITE FOR CHANGE

Members of AFSCME and Teamsters locals at the University of Minnesota opened the eyes of legislators and others as they shared the personal reality of abusive bosses on campus, eroding paychecks and benefits, restricted opportunities for advancement, and a mindset that makes front-line workers disposable.

Local leaders say their "University Unions United" forum was the first step in working together, raising issues, and fixing problems as they negotiate new contracts later this year.

"As the sixth-largest employer in the State of Minnesota, and as the state's land-grant university, it's time for the U to close the gap between haves and



**Teresa Shunk, president of AFSCME Technical Local 3937, says campus administrators prefer to spend money on "M and M's... Meetings and managers mean more to the university than people who support this institution."**

have nots within its own workforce," says Cherrene Horazuk, president of Clerical Workers Local 3800. "The university should commit to be an excellent employer, not just an excellent research institution."

## 'Solidarity Forever' – or at least for 100 years

"Solidarity Forever," the unofficial anthem of American labor unions, is 100 years old this year. Ralph Chaplin wrote the lyrics in 1915 – filling his song with class consciousness and a vision of the power that comes from workers standing together.

Chaplin was an organizer for the Industrial Workers of the World when he wrote "Solidarity." The Wobblies published the song in the ninth edition of "I.W.W. Songs to Fan the Flames of Discontent" – which is more widely known as "The Little Red Songbook"

Like Joe Hill and other Wobbly songwriters, Chaplin attached his lyrics to a tune workers already knew. In this case, the song was "The Battle Hymn of the Republic." But the tune goes back farther than that. "Battle Hymn" is a rewrite of "John Brown's Body,"

## LABOR HISTORY

which paid tribute to abolitionist John Brown. That tune is based on "Say, Brothers, Will You Meet Us" – an early 19th-century spiritual popular at camp meetings.

Some musical historians trace the song's roots even further: Depending on whom you believe, it was a slave folk song, a wedding song, or a British sea shanty that started as a Swedish drinking song.

In the decades since 1915, workers have written their own verses to reflect their own situations at work and in society. The I.W.W. added two official "contemporary" verses to "Solidarity" in 2005, in honor of the union's 100th anniversary.

