

**Statement by the
American Federation of State, County and Municipal Employees (AFSCME)
on
“Caring for Our Caregivers:
Protecting Health Care and Social Service Workers from Workplace Violence”
Subcommittee on Workforce Protections
Committee on Education and Labor
U.S. House of Representatives**

February 27, 2019

We submit this testimony on behalf of the members of the American Federation of State, County and Municipal Employees (AFSCME) for the official record of the “Caring for Our Caregivers: Protecting Health Care and Social Service Workers from Workplace Violence” hearing before the Subcommittee on Workforce Protections, Committee on Education and Labor.

People need healing. Families need care. Whether it is the nurse in the hospital emergency room, or the psychiatric technician helping an individual with mental health concerns, or the social worker in child protective services – these workers never stop. It is not just a job. It’s a calling. Nobody works on the front lines of health care or social service assistance to get rich. It’s hard work and largely unsung. The work matters because it means something to help people and make a community better, stronger, more resilient and healthier. In fact, it means everything. AFSCME believes that every person working to sustain their community deserves respect. Fundamental to that respect is safety on the job. Workers should not experience workplace violence. But they do.

Health care and social service assistance workers are at a high risk of experiencing violence on the job. In fact, 70 percent of all nonfatal workplace assaults typically occur in these two sectors. The violence can range from verbal abuse, intimidation, harassment, other threatening disruptive behavior, physical assault, rape and even homicide. Indeed, workplace violence is the third-leading cause of death on the job. In 2017, 807 workers died from work-related violence.

The Bureau of Labor Statistics (BLS) reported that in 2017, state government health care and social service workers are more likely to be injured by an assault than private-sector health care workers at a rate of 128.9 vs. 14.7 per 10,000 workers. In state government, psychiatric aides experienced injuries caused by violence at a rate of 693.4 per 10,000 workers; psychiatric technicians at 591.4 per 10,000 workers; nursing, psychiatric and home health aides at 339.9 per 10,000 workers; health care support occupations at 256.0 per 10,000 workers; and nursing assistants at 155.2 per 10,000 workers.

In state government, social workers experienced injuries caused by violence at a rate of 64.6 per 10,000 workers; counselors and other community and Social Service Specialists at 61.8 per 10,000 workers; and Social and Human Service Assistants at 90.9 per 10,000 workers. Health and safety experts believe that the occurrence of violence is probably much higher than reported because many incidents are not reported. Underreporting is due in large part to the persistent perception

within the health care and social service sectors that assaults are just part of the job routine. Underreporting may also reflect institutional reporting policies, employee beliefs that reporting will not benefit them, or worker fears that employers may deem assaults the result of worker negligence or poor job performance.

Even with underreporting the frequency and scale of workplace violence is alarmingly high. But no single statistic – even a startling rate of workplace violence – can fully reflect the pain, loss, suffering and the disruption to a life, a workplace and community caused by these incidents.

This month marks the one-year anniversary of the death of AFSCME Local 448 member, Pamela Knight, a state Department of Children and Family Services (DCFS) child protection specialist. She had been sent to take a two-year-old child into protective custody from an abusive father. As she got out of her car, Knight was attacked by the boy's father. Brutally beaten, Knight suffered blunt force trauma to her head and spent the next four months largely unresponsive as she underwent multiple surgeries and hospital transfers. After 11 years on the job, she paid the ultimate price for protecting children from abuse and neglect. She died on February 8, 2018 as a result of her on-the-job injuries.

Knight and her fellow DCFS employees are the front line of defense in protecting children in Illinois. In this vital work to help children, they can encounter families in crisis stemming from poverty, substance abuse, mental illness, domestic violence and other challenges. These workers, as part of their job, must insert themselves into stressful, sometimes dangerous situations in order to keep kids safe. The threats, harassment and violence on the job are being exacerbated by rising income inequality, and a lack of services exacerbate problems of untreated addiction and mental illness. While this Congress must act to address these root causes of challenges to families, we must also recognize that more needs to be done to improve employee safety.

[AFSCME Council 31 has acted at the state and agency level to honor Knight's memory](#) by working to change policies towards preventing workplace violence. AFSCME Council 31 succeeded in getting the state legislature to pass legislation that for the first time requires DCFS and three other state agencies — Corrections, Human Services and Juvenile Justice — to fully document assaults and their consequences for employees. DCFS and the other agencies are now required to make quarterly reports to the Illinois General Assembly that provide a clear accounting of each assault that occurs in the line of duty, the nature of any injuries incurred, and any time lost from work as a result. But more can be done at the national level.

The Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1309) is needed and important legislation. It would require the Occupational Safety and Health Administration (OSHA) to issue a federal workplace violence prevention standard. This federal standard would require employers in the health care and social service sectors to develop and implement a plan to protect workers from workplace violence. By requiring that the prevention plans be tailored to the specific workplace and employee population, the legislation addresses a very dangerous myth that workplace violence is essentially random, unpredictable, and therefore, not preventable. There is a degree of uncertainty but workplace violence, in both health care and social service assistance settings, has clear patterns and identifiable risk factors. The bill ensures front line workers have a seat at the table as employers identify and implement controls such as

training, personal alarm devices, surveillance and monitoring systems, or other evidence-based practices to keep workers safe.

A recent decision by an administrative law judge for the Occupational Safety and Health Review Commission (OSHRC) in the Arbour-HRI Hospitals Inc.'s case, highlights the need for swift enactment of H.R. 1309, which requires a specific workplace violence prevention standard. OSHRC recognized that a general duty requirement under occupational safety and health law indeed covers workplace violence but found that OSHA needed to prove that the abatement and control measures set forth by OSHA would reduce the hazard. The OSHRC decision shows the limits of the general duty clause for addressing workplace violence, and the urgent need for a specific OSHA standard proposed in H.R. 1309 to adequately reduce the exposure of workers to workplace violence.

An OSHA standard is not meant to address patient care and quality; however, we believe that a workplace violence prevention standard will improve the safety and quality of patient care, particularly in mental health settings. In many mental health settings, understaffing increases the risk of violence and jeopardizes patient-centered care due to longer wait times and workers working alone with individuals that would be better served by a team to help de-escalate situations.

A clear enforceable standard is needed to prevent the types of violence that occurs in too many of our hospitals, nursing homes, and social service settings and we believe it will also improve patient care. We urge the subcommittee to pass this legislation.