

GOOD AFTERNOON,

MY NAME IS NANCY LYERLA - I AM A REGISTERED NURSE AND I AM A CORRECTIONAL NURSE

I AM THE CHAIR OF UNIT 17 FOR SEIU LOCAL 1000 ^{Today I am the} AND SPOKESPERSON FOR ALMOST 3500 RN'S LVN'S AND OTHER MEDICAL STAFF IN CDCR.

FIVE (5) YEARS AGO I ADDRESSED THIS COMMISSION AND EXPRESSED MY CONCERN REGARDING THE CHANGES IN THE REORGANIZATION OF THE CALIFORNIA DEPARTMENT OF CORRECTIONS ---SADLY MY CONCERNS HAVE BECOME A REALITY

YOU HAVE MY WRITTEN STATEMENT BUT I WILL TRY TO QUICKLY ANSWER THE QUESTIONS

- 1) WHAT IMPROVEMENTS HAVE OCCURRED AS A RESULT OF THE 2005 REORGANIZATION?

I HAVE SEEN THE HUGE INCREASE IN THE NUMBER OF SUPERVISORS, MANAGERS, EXECUTIVES AND DIRECTORS. THESE INCREASES ARE AT BOTH THE KELSO'S OFFICE AND THE INSTITUTIONS THEMSELVES. ^{→ most of them making 6 figure salaries.}

THERE CONTINUES TO BE ~~ACUTE~~ ^{DAN BROOKS} SHORT STAFFING OF BOTH RN'S AND LVN'S AT THE LEVEL OF CARE IN THE INSTITUTIONS -- WHICH RESULTS IN THE HUGE NUMBER OF MANDATED OVERTIME SHIFTS FOR NURSES ^{*SHORTABLE*} ^{→ which in turn} ~~THAT~~ RESULTS IN THE INCREASE SAFETY CONCERNS FOR BOTH STAFF AND INMATE/PATIENTS.

- 2) WHAT ROLE DID THE MEMBERS OR SEIU LOCAL 1000 PLAY IN IMPLEMENTING THE REFORM?

WHAT REFORMS? IS MY QUESTION I DO NOT HAVE A LIST OF THESE REFORMS. OUR MEMBERS, MYSELF INCLUDED, HAVE GONE TO MEETINGS AND MANY WORDS HAVE BEEN SAID AND ASSURANCES HAVE BEEN MADE. THE FOLLOWTHROUGH AND ACTUAL INFLUENCE IN IMPLEMENTATION ARE NON-EXISTENT.

WHEN NURSES SPEAK UP REGARDING PATIENT OR LICENSE ISSUES THEY ARE FREQUENTLY LABELED AS NOT A 'TEAM PLAYER' AND BECOME TARGETS BY SUPERVISORS WITHIN THE FACILITY. ^{Which results in}

~~THEN~~ THEIR SUGGESTIONS AND THE COMMUNIUCATION STOP FOR FEAR OF RETALIATION

- 3) WHAT PROGRESS HAS BEEN MADE REGARDING THE COMMUNICATION WITH THE MEMBERS IN IMPLEMENTING THE REORG SO THAT THE VIEWS OF HEALTH CARE WORKERS ARE CONSIDERED?

AGAIN LITTLE TO NONE

WE CONTINUE TO SEE MEMOS OR WORSE HAVE MEETINGS WHERE VERBAL INSTRUCTIONS ARE GIVEN AND THAT IS THE TOTAL COMMUNCIATION.

DIRECTIVES ARE GIVEN OR THEY ARE SIMPLY TOLD 'THIS COMES FROM THE RECEIVER'S OFFICE' OR THIS 'CAME FROM SACRAMENTO'

TO MY KNOWLEDGE THERE HAS BEEN NO INPUT REGARDING IMPLEMENTING THE REORG PLAN THAT INCLUDED VIEWPOINTS FROM LEVEL OF CARE MEDICAL STAFF.

- 4) POSSIBLE ADDITIONAL STRUCTURAL ORGANIZATIONAL CHANGES TO BECOME MORE EFFICIENT AND EFFECTIVE?
EVERY SINGLE SUPERVISOR AT BOTH THE INSTITUTIONS AND THE RECEIVER'S OFFICE SHOULD BE CAREFULLY EXAMINED FOR POSSIBLE DUPLICATION OF DUTIES. THE FACT IS WE DO NOT NEED 4 OR 5 LEVELS OF ADMINISTRATORS TO RUN THE RECEIVER'S OFFICE OR THE INSTITUTIONS CHECK HOSPITALS AND CLINICS AND SEE THEIR RATIO OF STAFF TO MIDDLE MANAGEMENT. CUT THE NUMBER OF SUPERVISING RN'S, CUT THE 30+ CAREER EXECUTIVE ASSIGNMENT (CEA) AND CUT THE NUMBER OF ADMINISTRATORS AT EACH OF THE FACILITIES AND HIRE LEVEL OF CARE STAFF.

- 5) OPPORTUNITIES TO HELP IN TRAINING AND HIRING PRACTICES?
ONCE AGAIN NON- EXISTENT. A MEETING YESTERDAY WITH MR. KELSO AND HIS EXECUTIVE STAFF HAS ONCE AGAIN GIVEN US HOPE THAT WE MAY MEET IN JANUARY 2011 TO DISCUSS THE IDEAS. INTERESTINGLY ENOUGH ONE DAY BEFORE THIS COMMISSION HEARING. WE HAVE MANY IDEAS ABOUT SCHEDULES, SHIFTS, ASSIGNMENTS AND HOPEFULLY MOVING INTO THE 6TH YEAR OF THE REORGANIZATION WE MAY FINALLY HAVE AN OPPORTUNITY TO HAVE SOME INPUT

- 6) AS FOR AN ATTEMPT TO PARTNERSHIP TO REACH DESIRED OUTCOME WITHIN CORRECTIONS. THE TRUE ANSWER IS THERE IS NO PARTNERSHIP. THIS HAS BEEN A DICTATORSHIP FROM SILLEN TO KELSO. THE REALITY IS TOP HEAVY MANAGEMENT. THE REALITY IS A MANAGEMENT STYLE THAT IS RULED BY FEAR AND INTIMIDATION THAT IS EITHER CONDONED OR IGNORED BY THE ADMINISTRATION IN THE DEPARTMENT OF CORRECTIONS AND THE RECEIVER.

IN CLOSING I WOULD LIKE TO SAY THAT YOU ARE GOING TO HEAR ALL THE GLOWING REPORTS AND SEE PAPERWORK FROM THE RECEIVER'S OFFICE. PLEASE ADDRESS THE COST OF THE PRIVATE CONTRACTORS / ASK ABOUT THE COST OF THE MAXOR PHARMACY COSTS. PLEASE ASK ABOUT THE FUTURE COSTS OF ALL OF THE CONSTRUCTION AND THEN ASK WHERE ARE THEY GOING TO FIND THE MEDICAL STAFF FOR THESE BUILDINGS WHEN THEY CANNOT CURRENTLY FULLY STAFF ONE SINGLE INSTITUTION. ASK HOW THERE IS A HIRING FREEZE AROUND THE STATE DEPARTMENTS BUT THEY CONTINUE TO HIRE SUPERVISING NURSES AND MIDDLE MANAGEMENT STAFF.

WE ARE READY TO BE TRUE PARTNERS. WE HAVE A COMMITMENT TO CDCR AND THE HEALTH CARE SYSTEM WE PROVIDE. KELSO SAYS HE WANTS TO WORK WITH THE MEDICAL STAFF AND THE RAND AND FILE. WE HOPE THIS COMMITMENT IS NOT JUST LIP SERVICE. BUT SO FAR IT SEEMS THE COMMITMENT REARS ITS HEAD RIGHT AROUND THE TIME OF A HEARING. WE HAVE BEEN AND ARE READY TO PARTNER WITH ALL PARTIES TO CREATE HEALTH CARE REFORM FOR CDCR.

THANK YOU