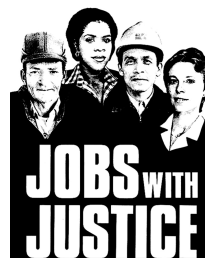


Labor Relations at the American Red Cross and Its Impact on Employee and Donor Safety

BY PHILIP DINE



EXECUTIVE SUMMARY

The American Red Cross has a hundred-year history as America's premier institution providing national disaster relief and for the past five decades has been the country's leading supplier of blood and blood products.

Yet, in recent years the American Red Cross has been plagued by bad publicity and millions of dollars in fines as a result of its non-compliance with a federal consent decree stemming from the organization's inability to properly manage and administer its blood donor program. Compounding that was the 9/11 fundraising scandal, problems with the Hurricane Katrina disaster relief effort, and a large budget deficit. Added to the mix is the rapid executive turnover associated with having 10 chief executives in a dozen years.

Those problems stand by themselves as a testimony to mismanagement at one of America's leading non-profit organizations. But another problem, far less publicized, involves the treatment of Red Cross employees and the impact this has on the organization's work. From the degrading of requirements that medically trained personnel be present at blood drives, to the extraordinarily long workdays with minimal breaks demanded of many workers, to attacks on workers' collective bargaining rights, management's changes risk imperiling the safety of donors, the integrity of the blood supply, and the wellbeing of employees.

The first significant finding of the investigation is that these problems are widespread, as described by frontline Red Cross employees and union representatives in California, Arizona, Oregon, Washington State, Missouri, Michigan, Pennsylvania, Ohio, West Virginia, New York, New Hampshire, Vermont and Connecticut.

This report was prepared by interviewing Red Cross employees and union representatives as well as speaking with the national Red Cross director of biomedical communications, reading the transcript of the Workers' Rights Board hearing in St. Louis that involved employees from around the country, looking at press reports, speaking with experts and reading past studies of Red Cross activities.

Practices that jeopardize donors' safety and continued public support so crucial to maintaining the Red Cross' position as the leading supplier of blood and blood products, the integrity of the blood supply or employees include:

- Lengthy hours of service for frontline blood workers and Red Cross truck drivers that sometimes exceed reasonable limits and that the workers themselves say lead to fatigue and mistakes.
- A sharp reduction in pay for Red Cross frontline blood employees that has led to dramatic increases in employee turnover, resulting in less experience and training in key positions.
- What appears to be a purposeful misrepresentation of non-medical personnel as certified nurses.
- These conditions may have contributed to cardiac episodes, head injuries (after a donor fainted) and unnecessary bruising caused by improper insertion of needles.
- Employees threatened with retaliation if they reveal such practices.
- Between 1996 and 2007, the Red Cross was charged with 212 unfair labor practice violations by the National Labor Relations Board (NLRB), the country's top agency for labor law enforcement. The Federal Mediation and Conciliation Service (FMCS), the government's lead agency for resolving labor-management disputes, found it necessary to intervene 152 times in labor-management conflicts at the Red Cross between 1998 and 2007 in cases involving ten different national unions at sites across the country.

It is no wonder that the Red Cross has been repeatedly cited and fined for being unable or unwilling to maintain compliance with consent decree requirements for safe handling and collecting of blood, for record-keeping, and for "failure to ask appropriate questions of potential donors and not following test procedures."

EXECUTIVE SUMMARY CONTINUED

No matter how many times the Board of Governors replaces the chief executive officer or promulgates statements of policy and intent to comply, the Red Cross cannot assure compliance when standards and policies on the operational level are weakened and practices are instituted that lead to a high turnover rate of frontline personnel. This stands in the way of returning to a stable and experienced staff capable of delivering the services the public expects and the FDA requires.

A second major finding was that despite contentions by the American Red Cross that negotiations are handled on the local and regional level with workers and unions most affected, the presence of the same national Red Cross human resources representative in numerous contract negotiations with different unions at different locations suggests that the Red Cross national Human Resources Department is actually coordinating and directing the efforts to de-professionalize the workforce.

Frontline workers and union representatives who have seen the switch from harmonious problem-solving to a contentious insistence on lower standards often assume that centralized control of bargaining is inherently destructive. Yet, during a time of crisis requiring more effective and efficient utilization of personnel and resources, an enlightened labor policy promoted by the national Red Cross headquarters could actually help local and regional managers sort out useful reforms from those that are counterproductive. Unfortunately, it doesn't appear that such labor practices, which arguably would be in the long-range interests of the Red Cross, are forthcoming at the present time.

Saying it wants to restore cooperation to Red Cross labor relations and to improve the organization's blood-donor and blood-sales operations, the Workers' Rights Board, a project of the National Jobs with Justice organization, is proposing a blueprint for a labor management partnership dedicated to promoting a safe, efficient and profitable blood donor program – one based on the belief that such a partnership can provide an embattled management valuable knowledge and insights from Red Cross employees on how it can be more successful in fulfilling its mission.

Those recommendations, which are in a separate addendum following the report, were written by the Workers' Rights Board based on the findings of their own investigation and those of the report. Among the recommendations are calls for an independent audit to find the causes for the budget deficits and solutions that do not further compromise the organization's ability to provide blood supplies while safeguarding employees, donors and blood recipients; development of a joint Labor Management Committee to set reasonable labor policies and training programs; and guidelines that will honor the principle of employees' rights to union representation and collective bargaining

I N T R O D U C T I O N

Few national institutions have a prouder name or a more storied history than the American Red Cross, a venerable brand that for decades has responded to the nation's crises by providing disaster relief while also overseeing nearly half the country's blood supply. These and related activities have gained the Red Cross a public image as an indispensable organization characterized by community service, voluntarism and life-saving activities.

But there is a lesser-known side to the American Red Cross, centering on its blood and biomedical division – that of an aggressive employer that has frequently run afoul of federal regulations while also experiencing a virtual revolving door at the top levels. An employer moreover, seen by many of its frontline blood workers as increasingly determined to cut expenses and increase revenues, even to the potential detriment of donor safety, employee wellbeing and the security of the nation's blood supply. Consider:

Since 1993, the Red Cross has been under a consent decree from the Food and Drug Administration, with the FDA ordering the Red Cross to improve quality control over how it collects and processes its blood supply. The past 16 years have seen federal investigations launched under administrations of both parties, government findings of Red Cross non-compliance, federal admonitions to obey the law and abide by the consent decree, and the levying of fines totaling \$21 million.

Accompanying these safety issues has been rapid leadership turnover, with nearly one new CEO a year. Over the past dozen years the Red Cross has gone through 10 chief executives, with some forced out for incompetence or scandal. Current CEO Gail McGovern replaced Mark Everson, whose six-month tenure ended abruptly with a sex scandal involving a subordinate at the Red Cross. Other resignations included Marsha Evans, who left under fire for her management of the disaster response to Hurricane Katrina, and Bernadine Healy, accused of improper handling of the September 11 relief fund.

Meanwhile, the Red Cross has been roiled by worker and union complaints about the organization's treatment of employees, including allegations that management has adopted cost-cutting measures that compromise the blood products it handles as well as the safety of donors, recipients and workers. These complaints, which until recently have been largely kept under wraps by unions and workers reluctant to harm the organization's reputation or imperil its important programs, have been increasing in numbers and intensity the past few months.

The purpose of this report is to shine a light on the internal situation at the Red Cross, with the goal of understanding how management has handled issues of employee relations and how this relates to matters of worker and donor safety and the integrity of the blood supply. It will examine employee complaints and contentions about the Red Cross, in an effort to see whether they are something more than the normal give-and-take between labor and management, whether they represent something beyond an effort by unions to gain a bargaining edge. In looking at this, we have sought to get comments from those involved on all sides as to their concerns and the rationale behind the steps they have taken.

The consent decree and the related fines and penalties, as well as the short and sometimes controversial stints of recent CEOs, are part of the public record even if not widely known, and so this report will not highlight them. Rather, the focus will be on the difficulties that are currently affecting the Red Cross around the country, centering on the increasingly harsh tone of labor-management relations. What are its origins, what is its impact on worker morale, how does it affect the safety of the various stakeholders? Is management seeking, as alleged by a number of frontline blood workers, to create a cheap and disposable workforce as a way to boost both revenues and managerial prerogatives, and if so at what risk? Is there a systematic attempt

INTRODUCTION CONTINUED

to abrogate workers' rights to representation while also declining to follow longstanding work standards designed to protect the health of donors and integrity of the blood supply? Have practices been implemented that reduce the requirements for trained medical personnel to administer or supervise blood donations; have less-stringent processes compromised the handling of the blood supply? Not only are these issues important in their own right, not only do they potentially affect the internal functioning of the Red Cross, they could be related to the organization's leadership flux and to its problems abiding by the consent decree.

This is an urgent matter, because it is clear that there is a mounting sense of frustration and impatience among many Red Cross workers across the country over a variety of management actions and policies. Long simmering, these concerns have reached the point where workers and their representatives have put aside their reluctance to criticize the Red Cross because of a belief in the organization's role and trepidation it could be injured by criticism – and have decided that they have no choice but to raise public awareness as a way to seek changes.

Given what is at stake – and given the high level of public involvement with the Red Cross, whether as volunteers or donors, as recipients of blood or disaster relief – these issues merit being fully aired, so that any wrongs can be righted and the important work of the Red Cross can proceed unimpeded by internal strife or reduced safety. It is also important to clear the air by rebutting any unfounded accusations against management.

In light of the sensitivity of the issues involved and the public significance of the organization, all efforts have been made to assure that this report is researched and written as fairly and objectively as possible, without preconceptions or presumptions that any entity or individuals are always right or wrong. A challenge or complaint by a worker or a group of workers does not necessarily mean that an injustice has in fact been committed by management, any more than a contention by management that a given action vis-à-vis workers was justified by economic imperatives or by the need for managerial flexibility is automatically valid or indeed reflective of the real reason. To prepare this report, the author conducted interviews with the various players, read transcripts of hearings and/or viewed videotapes, and read press accounts.

Where appropriate the response of both sides is included or, at the very least, has been sought. Similarly, any broader conclusions that are drawn as to trends and developments in labor-managements relations at the Red Cross and any related analysis are based on the evidence that can be gleaned from interviews, testimony at hearings, investigations that have been done by those involved and media coverage.

It is important to distinguish between the disaster relief efforts of the Red Cross, which have not been implicated in the federal decree or in the labor-management conflicts confronting the organization, and which are the source of much of the Red Cross' image as a volunteer-oriented humanitarian organization that aids people and communities (though they have been related to some of the leadership problems); and the blood-related activities, a money-making division of the Red Cross that processes and sells blood and blood products it gets free from donors. It is this enterprise that is at the center of the controversy over Red Cross practices.

B A C K G R O U N D

The American Red Cross was founded in 1881 by Clara Barton, a pioneer teacher, nurse and humanitarian who had learned of the Swiss-inspired International Red Cross while visiting Europe after the Civil War. Ever since a 1905 Act of Congress, the American Red Cross has functioned as the country's leading disaster relief organization while also helping sick and wounded military members and their families. After WWII, it began its blood program and an expanded role in biomedical research, while also sponsoring educational programs that promote health and safety and running community services that help the needy.

Based in Washington, the American Red Cross is governed by an 18-person Board of Governors. The honorary chairman of the Red Cross is the president of the United States, who appoints the acting chairman of the Board of Governors and an advisory Cabinet Council. While not a government agency, the Red Cross works closely with the federal government. It is charged with performing important public duties; and various levels of government count on it to carry them out. The financial solvency on which it relies to meet those tasks depends on its work in biomedical services, or blood donations. The Red Cross is the largest supplier of blood and blood services in the United States, collecting and processing 45 percent of the country's blood supply. A total of 9.5 million blood products, including red blood cells, platelets and frozen plasma, are distributed each year to more than 3,000 hospitals and transfusion centers throughout the United States.

As an independent organization, the Red Cross is supported by voluntary public donations and cost-reimbursement charges. Most of its operating revenue comes from the sale of blood that it gets free from four million donors a year, who give 6.5 million units of blood. Those funds, in turn, allow the Red Cross to respond to the victims of about 70,000 disasters who are helped annually by the organization's 700,000 volunteers and its 34,000 employees. In the words of the Red Cross, "it relies on donations of time, money and blood to do its work."

The sale of that donated blood, worth about \$2 billion, accounts for more than two-thirds of the organization's annual revenues, which exceeded \$3.2 billion last year. The Red Cross received an additional \$141 million in 2008 from the United Way and other charities.

Starting in the mid-1980s, this area of Red Cross activities came under scrutiny from the federal government when the growing danger of AIDS led officials to begin closely inspecting the nation's blood banks. FDA inspectors found numerous problems with Red Cross practices of tracking blood donors and testing blood for infectious agents. In 1988, pressured by the federal agency, the Red Cross agreed to exert stronger control over its practices. But a few years later, an FDA inspection of the organization's national headquarters found that officials still lacked sufficient control over their national operation and that there were few signs of improvement. Two years into the stewardship of Elizabeth Dole, who had pledged to solve the problems, frustrated FDA officials went to court to force action by the Red Cross. The result was a May 1993 consent decree that provided a strict five-year plan for reform.

The next year, in its initial yearly progress evaluation, the FDA found that a quality-assurance plan submitted by the Red Cross to meet the decree was "unacceptable," in part because the FDA had identified continuing failures to maintain accurate records or to follow mandatory testing procedures at some blood centers. And in June 1995, the second annual evaluation found a host of problems, including the drawing of blood from donors who had histories of malaria. The FDA said this and other problems reflected "the failure of employees to follow prescribed procedures."

BACKGROUND CONTINUED

These first two annual progress evaluations set the tone for the next decade-and-a-half, which saw a series of intermittent progress in some areas but problems in others, investigations, findings of non-compliance and hefty fines. Some of the fines have been over technical issues, but others involved matters such as inadequately screening donors for possible exposure to diseases, not taking enough time swabbing arms with iodine before inserting needles, neglecting to test donors for syphilis and failing to discard unusable blood.

In the 1993 consent decree the Red Cross, facing millions of dollars in fines, agreed to improve quality control of its blood supply. Several years later, in 2000 and 2001, the FDA began another series of major investigations at Red Cross facilities upon finding the organization in “significant non-compliance” with the prior consent decree, including such violations as improper labeling and the release of possibly contaminated blood; a lack of adequate quarantine and inventory controls and failure to maintain accurate lists of deferred donors; as well as premature release of computerized holds on blood donations.

In December 2001 the FDA asked a federal court to hold the Red Cross in contempt of the consent decree and to increase future fines. This led to an amended consent decree in 2003 requiring the organization to improve its management control over quality, its record-keeping, its training programs and its policies for investigating and reporting problems or face penalties. As a result, in the period from 2003 to 2006, the FDA fined the Red Cross \$5.7 million for violations of the consent decree.

In September 2006 the FDA levied an additional fine of \$4.2 million for repeated Red Cross failures to handle and collect blood supplies properly and to adequately protect the safety of the nation’s blood supply, including “failing to ask appropriate questions of potential donors and not following test procedures.” The fine was related to the recall of 10,000 units of blood between 2003 and 2005. There was no indication that the lapses, which consisted of not testing blood properly and not asking donors required questions to determine their risk of carrying agents causing malaria and mad cow disease, had led to any health problems because of overlapping layers of blood supply protection. Rather, said Dr. Jay Epstein, director of the FDA’s Office of Blood Research and Review, the problems “indicated a decreased assurance of safety” and an “increased...potential for contamination.” The blood recalls since 2003 could have been prevented if the Red Cross had followed its own procedures, the agency said. The FDA said the large fine, and the press conference called to announce it, were aimed at pressuring the Red Cross to abide by its agreements to address federal concerns.

In February 2008, the FDA fined the Red Cross \$4.6 million for distributing 4,094 unsuitable blood products. In June 2008, the Red Cross was fined \$1.7 million for improperly processing six pints of red blood cells that were transfused into three patients, none of whom was harmed. More broadly, though, there is reportedly no reliable record of whether recipients were harmed by the improperly collected blood.

Even before these latter two fines, the FDA commissioner warned Red Cross directors in January 2008 that they could face criminal prosecutions for their continuing inability to bring the organization into compliance with the consent decree.

RECENT LABOR MANAGEMENT STRIFE

It is against this backdrop that disputes in the area of employee relations, less publicized than the above problems, have plagued the Red Cross in the past dozen or so years.

Between 1996 and 2007, the Red Cross was charged with 212 unfair labor practice violations by the National Labor Relations Board. The Federal Mediation and Conciliation Service intervened 152 times in labor-management conflicts at the Red Cross between 1998 and 2007. Those disputes have involved Red Cross management and the various unions representing the organization's employees, including the International Brotherhood of Teamsters (IBT); Service Employees International Union (SEIU); Communications Workers of America (CWA); American Federation of State, County and Municipal Employees (AFSCME); Office and Professional Employees International Union (OPEIU); United Auto Workers (UAW); United Steelworkers (USW); International Union of Operating Engineers (IUOE); Laborers' International Union of North America (LIUNA); and the United Food and Commercial Workers (UFCW).

Several bitter labor-management disputes have rocked the Red Cross in recent years. For example, four East Bay blood centers in the Oakland, California area were closed in late November 2006 because of a strike by nurses and lab technicians, and some East Bay blood drives were canceled. The regional Red Cross spokeswoman acknowledged that blood supplies in the area would be affected, especially because of the difficulty obtaining sufficient amounts of blood between Thanksgiving and New Year's. The employees involved had been working for nine months without a contract, with a key sticking point being their request for more advance notice for changes in shift scheduling, so they could plan for family responsibilities.

On the other side of the country, American Red Cross blood collectors serving New Hampshire and southeastern Vermont voted in early November 2007 to go on strike, after the blood collectors' union had gone 15 months without reaching a contract since its formation in August 2006 and after, according to the union's spokesman, the workers sought increased personnel to ensure safety at blood drives but the Red Cross "just refused to even discuss it." Red Cross officials declined at the time to publicly discuss the terms of the proposed contract. The day before the day the strike was to begin, a last-minute ratification vote by workers averted a strike.

According to employee representatives, contract negotiations that used to be handled by regional or local officials are now run by the national Red Cross, coinciding with contentious negotiations in at least eight states, including Connecticut, New York, California, Pennsylvania and Michigan.

The Red Cross responds that it treats all employees fairly, union or not union, management or workers, and that it remains committed to providing the country with sufficient and safe supplies of blood.

"We value each of our highly trained blood services employees, who perform quality work every day to provide lifesaving products for patients who need blood," says Stephanie Millian, Red Cross director of biomedical communications.

She denies that the national organization is taking over bargaining.

"The Red Cross is involved in union negotiations in several of its facilities across the country, and is committed to moving forward in each negotiation to reach an agreement that is satisfactory to all parties involved. We are negotiating each contract in the individual Blood Services regions at the local level with the union that represents that region's employees," Millian says.

Whatever the genesis, the disputes have been increasingly public since late spring. On May 29, Red Cross workers held informational pickets at various places around the country, demanding that the organization respect workers, protect blood donors, and keep the blood supply safe. In Washington D.C., 200 people carry-

RECENT LABOR MANAGEMENT STRIFE CONTINUED

ing signed reading “Donors Before Dollars” or “Nurses Are Needed” and chanting “We Are the Red Cross” marched on the Red Cross national headquarters, a few blocks from the White House. Joe Marutiak of OPEIU Local 459 in Michigan said previous contract negotiations had been tough but civil, but that this year the national Red Cross had entirely taken over the negotiations and any vestige of civility or joint problem solving had disappeared.

Additional protests were held that day in Buffalo, St. Louis, Oakland and East Lansing, Mich., among other places. The events were organized by the National Red Cross Committee for Blood Safety, which consists of AFSCME, CWA, OPEIU, SEIU and the Teamsters.

Employee frustration has boiled over in other Red Cross locations. Activities have also intensified in individual states. A case in point is Connecticut, where unionized Red Cross blood drive workers in mid-May 2009 took the heretofore unusual step of asking family members and friends to avoid donating blood to the Red Cross and instead do so directly to hospitals. AFSCME Local 3145, which represents the 225 frontline workers at Red Cross state headquarters in Farmington, made the request after months of contract talks had led nowhere and after weeks in which the employees had been working without a contract. They warned they would take their campaign to the national stage with other “frontline blood workers” in a coalition that included unionized blood workers, community health and faith-based organizations from Missouri, New York, Pennsylvania, California, Washington, Michigan, Ohio, Arizona, Kentucky, West Virginia and Oregon.

The CEO of the state’s Red Cross denied that unions were being targeted, saying that management’s contractual demands were aimed at achieving “shared sacrifice.”

On August 5, the Connecticut workers held a protest rally at Red Cross headquarters in Farmington, charging that the company had put profits ahead of safety. Christine Holschlag, a phlebotomist with the Connecticut Red Cross and a member of the union’s negotiating team, said the company had reduced the number of registered nurses available to work at blood drives from 30 to about a dozen in just her time there. She said that Red Cross efforts to do away with the registered nurses required at every blood drive, and the use of supervisors instead of licensed medical professionals to oversee the drives, “presents a serious safety issue” for both workers and donors. Among the results in Connecticut have been serious cardiac episodes and head injuries after a donor fainted, Holschlag said, adding that until 2006, the Red Cross required two registered nurses at every blood drive.

Connecticut State Sen. Don DeFronzo said he would support legislation requiring that an RN be present at all blood drives, something workers said the Red Cross was trying to eliminate in negotiations. DeFronzo said he was “concerned the Red Cross is trying to turn a profit off of blood donations at the expense of frontline blood workers and donor safety.”

Crystal Guimaraes, an RN in Connecticut, told the New Haven Register that the Red Cross demand to replace some workers with management representatives would endanger public safety, because workers at blood drives need to know what to do in the event of medical complications, physical reactions or seizures. “They’re not licensed,” Guimaraes said. “They’d be making medical decisions, based on what?”

Connecticut Red Cross spokeswoman Donna Morrissey responded that the organization’s blood supply “has never been safer,” and stressed the organization’s commitment to the health and safety of every blood donor and every recipient of blood.

On September 8, the Connecticut Department of Public Health validated the concerns of workers over the use of non-licensed personnel for a common blood-collection procedure. In a letter to the Connecticut

RECENT LABOR MANAGEMENT STRIFE CONTINUED

Red Cross Blood Services Region, the department told the Red Cross not to delegate medical or biological procedures from licensed personnel, such as registered nurses, “to unlicensed assistive personnel.” The department ordered the Red Cross management to submit a corrective plan by October 1, or the department “will seek legal action against the unlicensed individuals for the practice of nursing.”

Debra Lenentine, a Red Cross phlebotomist and president of Local 3145, called the state’s intervention “an important step toward protecting donors, workers and blood safety.”

Millian, the national Red Cross spokeswoman, said that the safety of blood donors “is of paramount concern to the Red Cross,” and she added that collections staff receive “training on how to respond to any issues pertaining to donor safety.”

“Each blood region has dedicated medical staff, including physicians, who are available 24 hours a day to consult on any medical concerns that may arise relating to our blood donors,” she said.

Meanwhile, the community-based St. Louis Workers’ Rights Board launched a broad investigation into what it said “appears to be a Red Cross management’s campaign nationwide against frontline blood drive workers represented by unions.” On June 28, the WRB (a project of Missouri Jobs With Justice, a coalition of unions and community and faith-based organizations concerned with advancing the rights of workers on the job) heard testimony from Red Cross frontline blood drive workers from across the country. Some testified in person while others spoke by conference call.

The board heard an array of personal stories and problems. St. Louis Red Cross employee Duane Jablonksi, a 21-year veteran Red Cross employee, said there were no more RNs on the job but that “charge nurses” wear identification badges that mislead because they aren’t in fact nurses. Mark Williams, also from St. Louis, who began at the Red Cross in 2003, said drivers often work six or seven days a week for as long as a month. Others have injured their backs pushing the heavy beds up ramps. Cindy Krieger, a Michigan Red Cross nurse with 20 years on the job, said procedures have become more complicated at the same time non-medically trained personnel are performing them, and that the public is being misled into believing nurses are doing the work. Other workers complained that the hefty fines the Red Cross was paying were coming out of workers’ pockets or, put differently, were leading – and also resulting from – the hiring of less-experienced and untrained workers.

According to WRB hearing testimony, blood drive workers often work 14 hours a day, six days a week, driving to and from blood drives, unloading and loading heavy equipment, assessing donors’ health histories, conducting mini physicals, collecting blood, caring for donors after donation, packing up blood, and transporting it for processing and testing. Those are the workers who are charged with keeping America’s blood supply safe.

In a statement after hearing the testimony of the workers, the WRB said, “Their insights suggest that the American Red Cross Blood Services Division is pursuing a national labor relations strategy to replace skilled frontline workers with a disposable workforce characterized by low morale, high turnover and poor working conditions...Our preliminary investigation suggests this strategy raises serious concerns about the Red Cross’ ability to collect and safeguard America’s blood supply.”

The St. Louis Workers’ Rights Board consisted of Joan Suarez, WRB co-chair and a Missouri Jobs with Justice leader, Sherman George, retired St. Louis Fire Chief and until recently a board member of the Red Cross; James Morris, a pastor and Missouri state representative; Joan Beuckman, a retired radio news editor; Roz Sherman Voellinger, until recently an educator with the University of Missouri Extension Division; and Ellie Glenn, Legislative Aid to State Senator Joan Bray.

T H E I S S U E S

Interviews with Red Cross workers engaged in various types of blood-related work around the country, as well as with union officers representing them, indicate that the concerns fall into four broad categories.

- Safety issues for donors and recipients. Among the contentions are that the Red Cross has sharply reduced the presence of nurses and trained medical personnel at blood drives, while replacing them with barely trained, non-medical personnel to draw and supervise the handling of blood.

In Lansing, Michigan, Ruth Weitzel, an Air Force veteran who has worked for the Red Cross since 1981, had trained everyone she worked with for the past 20 years. But she quit her role as a trainer last year for workers who draw and process blood, telling her supervisors that the people they were now hiring had so little knowledge about the field, and the training has become so cursory, that she could no longer participate in what she felt was now just “lip service” to safety. When she started on the job, she says, those who supervised her were nurses who could do “frontline supervising” and serve as a medical resource; now the organization hires “anybody they think would do a good job” in terms of disciplining, hiring and firing workers.

One recent hire’s last job had been as a waiter at a fast food restaurant, Weitzel says, and he injured so many donors by improperly marking spots in the arm and sticking the needle in the wrong places – causing “a lot of pain” for donors – that people pleaded with supervisors not to let him draw their blood again. He also inappropriately allowed blood to be distributed, forcing others to scramble to retrieve it, she says. The medical presence has deteriorated over time from a physician on site to a nurse on site to a nurse on call to a non-medical supervisor, says Weitzel. “It’s slowly deteriorating; now they’ve just cut us loose,” she says.

During recent blood drives she was forced to debate with supervisors and quality-control personnel during blood drives over such things as whether a donor’s platelet count would allow him to safely give blood that day. “They did not have the knowledge to know that what they were telling me to ignore was something very important that could not be ignored, for the donor’s sake. I had to stand there with my boss and the quality-control department telling me to do one thing, and I had to say, ‘Yeah, we could do that, but it’s wrong. The FDA could shut us down.’ I had to incur their wrath.” Finally, she prevailed.

Holschlag, the Connecticut Red Cross employee who also is a full-time nursing student, works as a phlebotomist, as do the majority of the state’s 225 Red Cross employees. She has been with the organization about six years, and says that over that period the Red Cross has been steadily decreasing the number of RNs or LPNs – trained nurses – and replacing them with supervisors. When she began, there were 30 nurses on the road staff, invariably having a presence on blood drives, and three or four supervisors. Today, she says, those two jobs have shifted, with a dozen nurses and about 20 supervisors, respectively. As a result, she says, the Red Cross has taken to drafting less expensive, non-medically trained phlebotomists for blood drives and calling them “blood service nurse technicians,” or BSNT. Because nurses had always been present at blood drives, many people who come to the blood drive assume that employees with the BSNT label have bachelor of science degrees in nursing technology, Holschlag says, particularly because Red Cross supervisors at blood drives “Call us nurses. They’ll say to donors, ‘Go see the other nurse,’ or, ‘OK, the nurse will take you.’” There have been instances of supervisors caught falsifying documents at blood drives or mishandling donor reactions, Holschlag says, but she maintains that she and other workers have been warned that if they give specific examples they’ll be fired.

THE ISSUES CONTINUED

The Red Cross CEO in Connecticut recently tried to get a bill passed in the state to allow 16-year-olds to donate blood, Holschlag says, contending that many children that young may not be able to understand the questions asked of them. Studies show that adverse reactions to giving blood – including passing out – are more common at that age, she says. When she chanced upon the plan while doing research, she and other workers contacted state legislators who stopped the effort.

Legislative initiatives such as this or the quiet shift away from nurses draw relatively little outcry in part, she contends, because of the humanitarian image of the Red Cross. “A lot of people confuse us with the disaster relief part. But we’re a pharmaceutical manufacturer. Disaster relief has lots of volunteers. They hide behind that when it’s convenient, that we help people. We do help people, but we make a profit off it. Our only cost is the cost of processing the (donated) blood.”

In Buffalo, Jason Withey says Red Cross drivers are more and more being asked to do blood-related work such as filling test tubes and pulling needles out of donors’ arms. “I don’t feel we should be doing that. We’re hired as drivers. I have no medical training,” says Withey. The training is perfunctory, he says, with workers essentially pronouncing themselves ready and with no testing and no certification.

One of these uncertified Buffalo employees drew an FDA fine in June 2008 for improperly recording donors’ responses to a questionnaire, Withey says; she was retrained and her subsequent actions in November led to a second fine. Each time she was recording ‘no’ to certain questions, Withey said, because a ‘yes’ would have required her to look up information she didn’t know how to find. The local Red Cross was prepared to re-train her yet again, he says, but she resigned. At the hearing, Withey also testified about donors injured by inexperienced employees assigned to draw blood.

Voellinger, the veteran Missouri university labor educator, says that labor-management conflict is not unusual, but that the testimony suggested problems “that are exponentially much worse than I had anticipated.” She cited the decline in the use of nurses with donors being led to believe that nurses were in fact involved, and the extraordinarily long hours of some workers. She noted that the workers who testified did not seem in any way intent on hurting the Red Cross; on the contrary, they seemed committed to it and had long shied from any criticism, further adding credibility to their testimony.

- Safety and working conditions of employees, which relates as well to safety concerns for the blood supply and for donors.

Retired Fire Chief George served on the local board of the Red Cross for five years before rotating off this summer, and he is also a blood donor to the organization. He was asked by the Workers’ Rights Board to sit in on the June 28 hearing to lend some independent judgment and management experience.

He told the Washington-based attorney for the Red Cross that he planned to attend the hearing, and was urged not to do so. George replied that he had made a commitment, but he did agree to the attorney’s request to talk by phone after the hearing.

“If they’re working people more hours than you’re supposed to, or working them, then giving a couple of hours off and bringing them back, that’s a safety issue, both for themselves and the public,” George says. “The stories I heard were consistent, whether in person in St. Louis or Illinois, or on the phone from the state of Washington or Ohio. I also heard the same story around the country that if you complain, your job was in jeopardy. And they used to have nurses, now they’re technicians. If that’s OK, fine, but be truthful with people.”

T H E I S S U E S CONTINUED

Extremely long hours with few or no breaks and workers who are fatigued and prone to error or accident are a common refrain. Teresa Cavazos, a phlebotomist of 11 years with the Red Cross in Tucson, Arizona, says she sometimes works 16 or 18-hour days, including the drives to and from work (which are unpaid), taking the equipment off the truck and getting it running before the event, the blood drive itself – which is supposed to last eight hours but can go 10 hours if lots of people show up – and the time spent for cleanup and putting the equipment back on the truck.

Over that period, she and her co-workers get a 10-minute break and a 15-minute break. “Sometimes, you don’t get a break, if it’s that busy,” she says. “They’ll give it to you at the end; they’ll say take 10 minutes before you clean up and put things away.”

How does she keep her focus during such a long workday virtually bereft of breaks?

“That’s where I find it questionable on the part of the Red Cross,” she says. “You’re not able to concentrate as clearly as you would, so you tend to make mistakes. It’s not safe for you; not safe for the donor, because at the end of the day you tend to make mistakes. I find myself missing veins I don’t ordinarily miss. I’m very accurate, but I’ve missed veins and given people hematomas (bruises) – either went through a blood vessel or hit a muscle.”

Workers have the option, she said, of taking a lunch break after the blood drive is over – off the clock, hence unpaid – before reloading, but that can be done only if the majority of workers involved agree.

Cavazos says the current manager in Tucson is “on a firing spree, firing people who’ve been here a long time. They’re observing you more than the new staff, because they’re looking for a way to fire you. They’d rather have a new staff than incumbents. Incumbents know too much, they know what should be done. The new staff will do whatever they’re told. They don’t want you to ask any questions about medical things. Keep them ignorant; as long as they’re ignorant they won’t ask anything. That’s not a good way to go about it – the more a person knows, the safer the blood supply.”

She acknowledges she may be taking a risk speaking out. “They tell you when you’re hired that you’re not allowed to release any information to the news media, not allowed to talk down about the Red Cross while you’re employed there,” she says. “It would hurt them if the public knew how they treat their employees. People think they’re a humanitarian organization, but they don’t treat their employees in a humanitarian way.”

Asked why she stays at the job, Cavazos said, “Speaking for myself, I feel like I’m doing important work. Somebody has to stand up somewhere and make a stand. I’m willing to stick it out to the end to make sure the Red Cross restores its integrity.”

St. Louisan Jablonksi, a 21-year Red Cross worker and a 30-year donor, says the organization used to take “incredibly good care of employees,” but that this began to change in the past 10 to 15 years. Blood drive workers were once all certified in CPR and First Aid, but that dropped three or four years ago to a smaller number, and over the past two years as certifications lapsed, no one is now being trained for the blood drives. After the matter was brought up at the WRB hearing, weekend training suddenly became mandatory in September for all supervisory personnel, he says. Separately, he says, workers who “defer” too many potential donors “get put on a watch list” – even though it’s important for the safety of donors to not draw blood from those who for various reasons might present safety problems. With his decades of service, Jablonksi says he’s “not a disgruntled employee; I’m definitely a dedicated employee” – but he says he’s seen the atmosphere change from “a pride thing to work for the Red Cross” to one where “they just use you up and throw you away.”

T H E I S S U E S CONTINUED

Millian said it would be “highly inappropriate to discuss confidential personal and/or personnel issues.” But she added that the “Red Cross constantly works to monitor and improve blood donor safety. For example, we recently implemented new safety measures and requirements for blood donors who are under 19 years of age. These new guidelines ensure young donors lose only a relatively small amount of their total blood volume, reducing their chances for a reaction while giving blood. In addition, the Red Cross has dramatically reduced its regulatory issues. We are standardizing operations and using new technologies and systems to reduce the potential for human error.”

But Ellie Glenn, a member of the WRB and the legislative assistant to State Senator Joan Bray, said her biggest concern arising from the hearing “was the workers being ridiculously overworked, truck drivers working 16-hour days being told to stick people, and uncertified employees labeled as nurses given only a few weeks training; meanwhile they’re firing RNs.”

- Treatment of workers, efforts to build a low-wage, disposable workforce with high turnover.

An Arizona Red Cross employee named Dixie Lauderdale was in the critical care unit of Walter Reed Army Medical Center in Washington D.C., with her husband. She was a career Red Cross RN with 22 years under her belt, he was a career military chaplain, a Vietnam and Desert Storm veteran who had been diagnosed with cancer during the Iraq war, and who was dying. He had just had a 16-hour surgery, and it was unclear whether he would survive it. The Red Cross in Arizona sent her an overnight letter that her Family Medical Leave Act time was running out, she would not be granted unpaid leave, and she needed to return immediately to Tucson to discuss her FMLA status, or be fired, she says. She was, perhaps not incidentally, known as a union supporter.

“She retired as soon as she got the letter,” said Kathy Tiihonen, an organizer with Teamsters Local 104 in Arizona. “She wasn’t going to let them fire her.”

Lauderdale stayed in Walter Reed with her husband, who died shortly after.

Tiihonen has led two organizing drives of Cavazos and her 100 Red Cross co-workers; both narrowly failed after intensely anti-union campaigns by management, including mandatory attendance by employees at films depicting how bad unions are for workers. The campaigns sparked numerous unfair labor practice charges by the union, with the National Labor Relations Board’s finding of improper actions.

In her nine years as an organizer, Tiihonen says, “this is one of the worst employers I’ve seen, the way they treat their employees, the conditions they’re forced to work under; plus, the blatant disregard for workers rights during the organizing campaigns.”

Lance Rhines is a business agent for OPEIU 459, which represents Michigan’s Red Cross workers statewide except for Detroit. Rhines, who has held that post since 2001, says complaints that the Red Cross is trying to replace its workforce with a cheaper, less-experience one are true. “They’re really getting down to minimum wage employees, for \$11 an hour. The math is true. It’s not just rhetoric.” The cost-cutting extends across areas of blood collection beyond personnel, he says.

One incident in Michigan involved a blood drive where the blood of four people was tested for pathogens together, to save money on testing, Rhines says. When the test turned out positive, the four donors were sent letters saying they should get checked for HIV or Hepatitis. Rhines says he knows of this case only because one of the four, a skilled tradesman at General Motors Corp., was the husband of Local 459’s secretary treasurer. The worried man went to hospitals, where one test after another found nothing, before a doctor did a little detective work, found out what had happened, and told the man that there was only a one-in-four chance the positive test resulted from his blood and that he should just forget it.

T H E I S S U E S CONTINUED

- To help accomplish this transformation of the workforce and the work rules, Red Cross management appears to be engaged in an effort to break unions where they exist, to prevent other workers from forming a union in the first place, and to delay the signing of contracts with new unions.

Union leaders in Cleveland, Ohio say that though 90 percent of the Red Cross employees there signed cards seeking to form a union, company harassment and legal stalling tactics delayed union representation for four years.

Meanwhile, Red Cross workers in Nashville have tried 10 times to form a union, always without success. The most recent effort was with IBEW Local 429, which had initial support from two-thirds of the 135 employees.

IBEW organizer John Ledwell, who had previously organized chiefly in the construction trades, says the Red Cross managers are “probably some of the nastiest” he’s dealt with, both in terms of treating workers and fighting the union. Workers came to him complaining of workdays that may start at 2 a.m. to set up for blood drives that begin in early morning, with “lunch” at 6:30 a.m. and often a 10-hour stint without a break. “What set the workers off was raises they were promised but didn’t get, weekend shifts that may change four times, night shifts; seniority doesn’t matter,” he said. “It depends on whether the manager likes you.”

Rich Davies, a business agent for eight years with Teamsters Local 839 in Pasco, Washington state, has been bargaining with Red Cross management on a first contract since December 2008, with no movement on scheduling and pay over the 17 negotiating sessions. He calls it the “worst” negotiations he’s ever engaged in, citing what he calls an implacable hostility to unions. In the time he’s been dealing with the Red Cross, he says, he’s started and completed “multiple bargaining agreements” with other employers, had them ratified by members and then implemented.

Davies’ involvement began in somewhat unusual fashion last year, when the entire Red Cross workforce showed up one day. “Thirty-six workers, mostly women, walked into my office a year ago, said ‘We’re fed up with this employer, we want to be Teamsters,’” Davies said. Their chief complaints were the lack of employee voice in the workplace, arbitrary behavior by management they said played favorites, and unpredictable work schedules. “The rules change at the drop of a hat,” he says. “The schedule can change four times a day.”

Because they work in the isolated and sparsely populated region of eastern Washington, Red Cross employees might have to go as far north as the Canadian border and as far south as northern Oregon, meaning drives of up to 3½ hours. They are supposed to get two short breaks and a half-hour lunch break in workdays that can last up to 14 hours, but “the Red Cross routinely tramples on those breaks, saying ‘the drive time is your break,’” Davies says. “They take advantage of the employees’ professionalism and work ethic, to intimidate them into just letting these things go. Breaks are sacrificed in the atmosphere of production.”

Despite a vigorous anti-union campaign by supervisors, the Pasco Red Cross workers voted 84 percent for the union with all 36 participating in the election on September 15, 2008. But since that time, the lack of progress toward a contract and management’s treatment of workers has led to high turnover. “In the year I’ve been involved with this, I can’t hardly keep up with who’s in the bargaining unit and who isn’t. They’re hiring new people at cheaper wages. What it is is the Wal Martization of the health care industry,” Davies says. “The unit contained six registered nurses a year ago, it’s now down to two or three, he says, as new employees are hired in for \$13.10 an hour.

T H E I S S U E S CONTINUED

“This has been an education for me,” Davies says. “I had the impression before I went in that this was a benevolent organization committed to protecting the blood supply. Teamsters cooperate with the disaster relief. During Katrina we donated trucks and food and drivers. When there were floods in western Washington a couple of years ago, the Teamsters helped. But bio-medical is a completely different part of the organization. It’s managed by different people. Though it’s a non-profit organization, they sell donated blood to hospitals and make money.”

Millian says that each negotiation is based on efforts by workers and management involved to reach a reasonable outcome.

“Whether we have reached tentative agreement on an item, or an issue is still being disputed, each is a local matter applicable to the local bargaining unit employees,” she says.

C O N C L U S I O N

This report shows that allegations by concerned Red Cross employees and their union representatives of poor practices or violations in the areas of safety, reasonable schedules, working conditions and collective bargaining rights appear to be both numerous and credible. The wide range of workers making these statements, across regional areas and job classifications – and against the backdrop of arbitrators' findings and the FDA actions – makes them impossible to dismiss.

While a good portion of the Workers' Rights Board testimony and the interviews center around instances where employees and their union representatives claimed that fundamental labor protections were being systematically attacked at the Red Cross, an important consequence is the threat this poses to the safety of Red Cross workers, the protection of blood donors and the integrity of America's blood supply. Other workers spoke directly of the impact on safety.

This situation is occurring in the context of an organization that over the past decade has faced a consent decree, federal investigations, findings of non-compliance, millions of dollars in fines, documented incidents of mishandled blood supplies, bungled disaster relief, questionable fundraising practices, rapid management turnover and a deficit that rose to \$480 million, though the current chief executive has been reducing the deficit and hopes to eliminate it by next year.

Taken together, these problems clearly threaten the Red Cross' viability as America's premier disaster relief and blood donor organization. From the evidence gathered, it appears equally clear that management is now taking steps that further increase the risks at the very time that significant progress has been made in getting headquarters expenses under control. Paradoxically, a concerted effort to undermine historically harmonious labor relations is probably the worst policy top management could devise for a largely volunteer humanitarian organization that is trying to remove itself from an economic and public relations disaster largely of its own making.

In a program coordinated out of Red Cross headquarters, a human resource executive has inserted himself into local labor relations from coast to coast in ways that thwart employee rights and turn harmonious relations into contentious battles that threaten the longstanding partnership with organized labor – a partnership in which organized labor has consistently provided volunteers and funding for disaster relief and has provided much of the blood donated through community and workplace blood drives.

This is more than a labor relations debacle. Not only has Red Cross management largely rejected the value of a cooperative partnership, it also has rejected the process of listening to its workers and abiding by proven standards that have provided humane working conditions for employees while insuring the safety of blood donors and half of the nation's blood supply, the literal lifeline of this organization. It would be an important step in turning around the fortunes of the Red Cross if frontline workers were seen once again as important assets, not liabilities; and if their unions were appreciated for collecting, transporting and distributing disaster relief and promoting and organizing blood drives. The unions representing Red Cross employees have experience in joint efforts to improve the efficiency and productivity of workplaces, and they have experience promoting blood drives, fund raising, mobilizing and distributing disaster relief supplies.

There is a disconnect here. Every year, labor union officials are honored and feted at national events for their contributions to the smooth functioning of the organization and for financial and in-kind contributions that make the Red Cross the effective organization that, at its best, serves our nation in so many ways. But an attack on workers and the unions that represent them is a barrier to continued cooperation.

C O N C L U S I O N CONTINUED

It appears that a key problem may be that recent chief executives are unaware of the contribution the blood donor employees make, the work they do, the circumstances under which they toil, the initiatives they develop to protect the donors, and the good will and outreach that they promote both as individuals and through their unions.

It is especially in a time of crisis like this that the organization needs to make use of the strength of its local grassroots operations, including employees and the unions that represent them. The question is simple: should the bad national publicity be compounded by stories of unsafe blood drives and abused employees who live in these local communities, or can the Red Cross once again harness these employees and their neighborhood volunteers to give a compelling fresh face that will revitalize the Red Cross image while also improving the way it functions?

Philip Dine, Author
October 6, 2009
Washington, DC



Philip Dine is an award-winning Washington-based reporter and author who has covered labor for 20 years. He's been named top Washington correspondent and top foreign correspondent by various journalism organizations, and received the 2008 Watchdog Award for the TV, radio, newspaper or magazine reporter in Washington "whose work best exemplifies journalism aimed at protecting the public from abuses by those who would betray the public trust." He is the author of the acclaimed 2008 book "State of the Unions: How Labor Can Strengthen the Middle Class, Improve Our Economy, and Regain Political Influence."

NATIONAL JOBS WITH JUSTICE WORKERS' RIGHTS BOARD RECOMMENDATIONS

In the spirit of cooperation, mutual respect and concern for the success of the American Red Cross, its programs and affiliates, the National Jobs with Justice Workers' Rights Board makes the following recommendations based on our investigation and the findings in the report by Philip Dine, *Labor Relations at the American Red Cross and Its Impact on Employee and Donor Safety*:

In recent years the Red Cross has used their deficit to justify unsafe and unfair practices and reduced compensation for frontline blood drive employees. Yet the Red Cross has never provided evidence that included these employees and their unions in a full scale review, to determine the most effective way to cut costs without jeopardizing the integrity of the blood donor program. It is therefore essential that the Red Cross adopt a new employee relations policy based on viewings its unionized workforce as an asset and valued partner in its effort to rebound from its current state of crisis. The Workers' Rights Board recommends:

1. The Red Cross Board of Governors shall retain an outside independent investigator to audit the organization's finances and determine why an organization using donated blood and using thousands of volunteers has been running huge deficits so long.
2. The Red Cross Board of Governors shall retain a consultant acceptable to their unions to assess this business model and operations and recommend a set of standards and practices that keeps the organization in compliance with the FDA consent decree and promotes improved retention of employees, harmonious labor relations, efficiency and profitability.
3. This process will be overseen by a new Joint Labor–Management Committee which will, along with the consultant, report periodically to the Board of Governors the extent to which the consultant's recommendations are being appropriately implemented on a national, regional and local basis. Red Cross unions will be asked to assist the consultant in providing mechanisms for employees to offer their insights and knowledge into improvements at the Red Cross. This may also include recommendations seeking to restore the long standing practice of labor representation on the Board of Governors.
4. The Board of Governors shall adopt and establish a mechanism to enforce a Partnership for Excellence labor relations policy for its national, regional and local organizations based on the following guiding principles of 1) neutrality, non-interference and non-influence when Red Cross workers seek to chose union representation, 2) most expedited process of determining majority support for union representation, and 3) arbitration of all disputes if an initial collective agreement cannot be reached.

ABOUT THE NATIONAL WORKERS' RIGHTS BOARD

Since 1993, local Jobs with Justice Workers' Rights Boards have brought together respected members of local communities to combat the lack of an adequate legal framework to support worker and economic justice issues. With Boards in 20 cities we now have a proven track record that these locally based institutions, made up of community leaders, religious leaders, academics, elected officials, and other prominent members of the community, can be effective vehicles to address workers' and community concerns.

Although the Boards have no legal authority, we have learned that they can produce real results. Where the withered legal framework is slow to move, the Boards can spur important action when workers need it most. Across the country, Workers Rights Boards have taken steps to protect workers threatened with firing for organizing, caregivers dismissed for reporting patient abuse, and immigrant workers denied pay for hours worked, and many other types of worker abuses.

The National Workers' Rights Board made up of high profile community leaders, nationally known academics and writers, celebrities, members of Congress, denominational leaders in the faith community as well as some representatives from local Workers' Rights Boards.

The National WRB makes a difference in people's lives by weighing in on issues at the heart of our communities. Not only does the Board have a concrete impact on campaigns for justice, but it also heightens the dialogue to reinforce that workers' rights are human rights. A shared commitment to justice in the workplace and a belief that safe jobs with living wages where workers can speak up for their rights are the backbone of any healthy community drives the actions of the National Workers' Rights Board.

THE NATIONAL WORKERS' RIGHTS BOARD MEMBERS

- Ed Asner, Actor
- Professor Elaine Bernard, Executive Director, Harvard University Trade Union Program
- Julian Bond, Chairman, NAACP
- David Bonior, Chairman, American Rights at Work
- Heather Booth, Campaign Consultant and Organizing Trainer
- Representative Bob Brady, Representative - Pennsylvania (1st District), U.S. House of Representatives
- Senator Sherrod Brown, Representative - Ohio (13th District), U.S. House of Representatives
- Dennis Brutus, Professor Emeritus, University of Pittsburgh
- Father John Celichowski, Pastor, St. Martin de Porres Catholic Church
- Rabbi Joshua Chasan, Rabbi, Ohavi Zedek Synagogue
- Representative Donna Christensen, Representative - Virgin Islands (At Large), U.S. House of Representatives
- John P. Connolly, Actor, American Federation of Television and Radio Artists
- Ron Daniels, Executive Director, Center for Constitutional Rights
- Representative Danny Davis, Representative - Illinois (7th District), U.S. House of Representatives
- Marie Dennis, Director, Maryknoll Center for Global Concerns
- Reverend Jesse DeWitt, Bishop United Methodist Church, Retired, National Interfaith Committee for Worker Justice
- Karen Dolan, Director, The Progressive Challenge, Institute for Policy Studies
- Jonah Edelman, Executive Director, Stand for Children
- Barbara Ehrenreich, Author
- Mike Farrell, Actor
- Fred Feinstein, Former General Counsel, NLRB, University of Maryland School of Public Affairs
- Bill Fletcher, Jr., Author
- Sarah Fox, Former Member, NLRB, Bredhoff & Kaiser, Washington, D.C.
- Margaret Fung, Executive Director, Asian American Legal Defense and Ed. Fund
- Kim Gandy, Former President, National Organization for Women
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- Jim Hightower, Author and radio commentator
- Leo Hindery, Jr., Chairman, HL Capital, Inc.
- Julie Hurwitz, Executive Director, Guild Law Center
- Dr. Bernice Powell Jackson, Executive Minister, Justice and Witness Ministries, United Church of Christ
- Representative Jesse Jackson, Jr., Representative - Illinois (2nd District), U.S. House of Representatives
- Jim Jontz, President Emeritus, Americans for Democratic Action
- Representative Dennis Kucinich, Representative - Ohio (10th District), U.S. House of Representatives
- Judge Greg Mathis, Celebrity Judge
- Linda Meric, Director, 9 to 5, National Association of Working Women
- Representative George Miller, Representative - California (7th District), U.S. House of Representatives
- Treasurer Jonathan Miller, State Treasurer, State of Kentucky
- Larry Mishel, President, Economic Policy Institute
- Commissioner Jimmy Morales, Commissioner, Miami-Dade County
- Reverend Dr. Calvin Morris, Executive Director, Community Renewal Society
- Representative Jerrold Nadler, Representative - New York (8th District), U.S. House of Representatives
- Virginia Nesmith, Executive Director, National Farmworker Ministry
- Representative Eleanor Holmes Norton, Representative - Minnesota (8th District), U.S. House of Representatives
- Representative Major Owens, Representative - New York (11th District), U.S. House of Representatives
- Edie Rasell, Minister for Labor Relations/Economic Development, Justice and Witness Ministries, United Church of Christ
- Michael Ratner, President, Center for Constitutional Rights
- Representative Linda Sanchez, Representative - California (39th District), U.S. House of Representatives
- Senator Bernie Sanders- Vermont (At Large), U.S. House of Representatives
- Representative Jan Schakowsky, Representative - Illinois (9th District), U.S. House of Representatives
- Horace Small, Executive Director, Union of Minority Neighborhoods
- Joan Suarez, Chair, St Louis Workers' Rights Board
- Rabbi Arthur Waskow, Director, The Shalom Center
- Representative Henry Waxman, Representative - California (30th District), U.S. House of Representatives
- Professor Suzi Weissman, Professor of Politics and Broadcast Journalist, Saint Mary's College of California
- Representative Lynn Woolsey, Representative - California (6th District), U.S. House of Representatives
- Howard Zinn, Author, Professor Emeritus, Boston University

ABOUT JOBS WITH JUSTICE

Jobs with Justice is a national campaign for workers' rights. Around the country, local Jobs with Justice Coalitions unite labor, community, faith-based, and student organizations to build power for working people.

Our mission is to build a strong, progressive labor movement that works in coalition with community, faith, and student organizations to build a broader global movement for economic and social justice. We believe in fighting for workers' rights, economic justice, and a sustainable global economy. We are committed to a vision of a United States and a world where workers have collective bargaining rights, employment security, and a decent standard of living.

