

CSEA HISTORY PROJECT

DANNY DONOHUE INTERVIEW

March 6, 2006

INTERVIEWER: Okay. Since we're going to be taking everything that we do with you and putting it into the archives, we'll do for the record --

MR. DONOHUE: All right.

INTERVIEWER: -- the mandatories here that this is March the 6th, 2006. We're speaking with Danny Donohue, D-o-n-o-h-u-e, president of CSEA, and we're gonna talk a little bit this morning about the Public Employee Safety and Health Act.

Danny, to begin with, what do you remember -- you were Long Island region president at the time that the Public Employee Safety and Health Act was lobbied for and ultimately enacted under Governor Hugh Carey.

What do you remember about that campaign?

MR. DONOHUE: I remember a huge struggle we had with a number of other people in the labor movement about the idea that the PESH Act wouldn't be enough, that it wasn't everything everyone wanted. What they forget was that in -- at that point in time public

employees had no safety and health regulations.

As a matter of fact, even today there are a number of states where public employees are not treated -- are not protected by any safety and health programs, so we knew then that it would be a difficult, difficult haul for our own people.

In our own house at the time, too, we had a convention where our delegates voted to support the concept of a safety and health department for CSEA and approved safety and health as the prime issue affecting every member we represent.

INTERVIEWER: Well, what do you remember specifically about the campaign? What did CSEA as an organization do? What did you do to involve rank and file members?

MR. DONOHUE: Well, what we did was use the rank and file members to get this story out, to talk to those politicians out there who weren't sure that this concept of a safety and health bill for public employees really was the issue.

What we did was tell 'em about

situations where employees were hurt, where employees were injured, where employees were threatened. Clearly if the employees that worked to service the public are not safe, then the public can't be safe in the buildings and the areas it's in, so -- we made the message very clear. Not by having the leaders per se but by having the people who actually experienced the problems out there talk to the politicians and make them understand it is a real and in some cases devastating situation.

INTERVIEWER: What kind of response did you get from lawmakers on this issue initially?

MR. DONOHUE: Initially a lot of 'em pooh-pooed it by saying it really wasn't a big issue. Well, employees get hurt every day on the job, you know; things sometimes are dangerous. What they are thinking about is an employee tripping in a parking lot or slipping on the ice. They're not talking about people getting violent on the jobs, people threatening people, people injuring other people. These seem to have gotten lost in the per se of, well,

safety and health. What does it really mean?

When you're talking safety and health for the public employee, you're talking about someone who deals with the public every day. There's no guarantee whether or not the individual coming in is happy, sad, it's been a good day or a bad day, and for our own employees there's no guarantee either.

A simple word, a simple gesture, could get you in all kinds of trouble or have a problem on your hands that could affect a lot of other people.

INTERVIEWER: If you could think back to even when you were a local president, what was the course of action if somebody encountered an on-the-job problem with a safety and health issue such as a violent patient that they might be dealing with or toxic chemicals that they might not know they're working with? What was the course of action?

MR. DONOHUE: Normally the course of action from the management perspective was just to say, oh, go do it and we'll complain about it later. The union's perspective, and it isn't

always agreed with by everybody in the union at times, is when you're not sure, don't do it. Don't risk your life or safety or the lives or safety of the people you're working with when you don't know the situation.

If you see chemicals spilled somewhere, you don't go over and clean it up because you don't know what you're doing to begin with. You're not trained for that. And if you mix certain chemicals together with water you can make things worse than they were before.

When it comes with a violent patient, back in those days the argument was get five other staff and sit on the patient. The problem with that concept is if you had five other staff the patient probably wouldn't have gone off to begin with. There never is enough people in those kinds of personal situations.

When violence of a mental patient or, for that matter, someone from the public gets going, all you can do is ask for assistance and in some cases there is never enough concern to even have assistance.

People can go too far by having --

encase public employees in bulletproof glass and say please don't come out of it. Well, that doesn't help if someone on the motor vehicle line is acting up and that individual starts hurting other civilians out there. Public employees are responsible just not to protect themselves, but also protect the rest of the public and that's what made a safety and health bill necessary and vital for our people.

Besides the fact that when our people are out there you have our members who do road patrol, who pick up carcasses of deer and animals that are killed every day. We had one individual who actually wound up with a severe case of Lime disease and passed away because of it. But the problem was that not only was he in danger, but his family was. The carcasses he was storing in the back of the truck, the fleas or whatever the carriers were, were on him. He'd take them home to his children and his wife.

When we talk safety and health we're talking a broad a span as possible. We want to make sure no employee has to worry about going

to work in the morning or going home at night to

bring it home to their family. That's why we believe that safety and health has an impact across the board on every member we represent.

INTERVIEWER: So once the PESH Act was enacted into law, how did things begin to change for those employees? What were some of the provisions that provided for protection?

MR. DONOHUE: Well, as I said, on the road patrols they were given aprons and long gloves, protective gear, hard hats and steel-toed shoes in certain industrial situations. The basics that were expected to be there and that most of the public thought we were already covered with suddenly started showing up.

People started looking at safety and health in a different perspective. It wasn't just a question of what's safe and what isn't, and not even the heavy stuff. In an office situation, the ergonomic issue rose up rather quickly. The advent of computers to the point where you needed certain lighting or you needed certain screen protectors for eyes, glasses if you're on computers, carpal tunnel syndrome

materials to keep your wrists at the right

angles.

All of those issues suddenly came forward and they were in areas that people never thought about before. When we talk safety and health, yeah, a truck driver would think about it. A clerk wouldn't, but a clerk was in just the same danger. If outlets were jammed, if they weren't venting for copying machines, if carpal tunnel syndrome equipment wasn't available, if lighting wasn't available to let you look at a screen for eight hours a day, your eyes had problems, you even needed special glasses that you couldn't wear anywhere else except on your computer screen basically, and we were able to put those in our contracts.

We were able to start addressing the needs of people that didn't even know they had the need until we were able to show it to them.

INTERVIEWER: There's something in the PESH Act called the general duty clause which basically says it is the obligation of the employer, the public employer, to provide a safe work site. Does that help the union in making

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its case and how does management respond when those kinds of issues are raised?

MR. DONOHUE: In most cases -- let me do it from the back end. Most cases when it's raised to management, management will at least take a look at it. The problem then becomes management in some cases retreats under their -- their rights and their protections. Well, what you're asking us to do may cost money.

Well, no, in most cases what we're asking you to do is save you money in the long run. We're asking to sit down with the employees and look at what is a safe environment. Are -- do you have panic buttons in certain rooms? Do you have a desk with things on it that people can throw if there's a problem? Do you update the standards for your salt-spreading machines or do you make sure that the trucks are meeting our road standards; just not to be able to go out and do their jobs, but in every safety situation?

We've had -- sadly to say we've had people die because of cogs in salt-spreading machines that have been left uncovered that

should have been covered. The argument was, well, when it came through it didn't have a

cover on it. That's still no excuse for that individual who died when his clothing was caught and he was choked.

The situation, too, where we have people cleaning areas where they need support, where suddenly you knock down a dam in some areas and the employee drowns because the water rushes in so greatly and they're alone and they're not working with another assistant.

Situations on highways where single-man plowing is dangerous because you have -- you can't work someone 8 to 12, 14 hours on a single-plow situation and not expect them to lose their ability to concentrate, lose their ability to be able to do their job effectively after 8 or 10 hours, I don't care who you are.

So all of those issues are there but when management hears them, their tendency at first is to look at it. Their next tendency is to look at the cost. In some cases they don't look at the real cost and the real cost in some cases is lives.

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INTERVIEWER: CSEA advocates safety and health committees in their locals. Why do we take that approach and does safety and health

have to be an adversarial issue?

MR. DONOHUE: It shouldn't be an adversarial issue. It should be the one issue that binds us with the management because as I said before, if our employees can't be safe, then the managers can't be safe and the general public can't be safe.

What it should be is the kind of area where we can all come around the issues. How do we make the building safe for everyone? How do we make the job safe for everyone there? Recently Motor Vehicle put up great big bulletproof screens in different areas, over a number of years ago I should say, and when they put up those screens we complained because it separated us from everyone.

The problem then became an attempt, five or ten years later, to get us back to the public. They took them all down, but they didn't increase the workers that were there, so that when people stood on lines for hours and

weren't able to take care of the situation we had people acting out, people on lines with guns, people on lines that were acting to the

point where we had to call the police in in some cases.

And that only works when the police are close enough to be helpful because our people can be protected in some cases, but the general public can't be, so our job is not just to say, well, we're safe. It's to say if someone in that line is acting irrationally, then we have a responsibility to protect those other people.

INTERVIEWER: What's the importance of training in terms of people's on the job site needs?

MR. DONOHUE: Well, as you pointed out with safety and health -- of having safety and health committees at every level of CSEA actually, from a unit to the local, we want safety and health issues to be addressed by the people in the field that are there doing it. No one can better understand the danger than the people involved in it, so part of the idea is

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not just to identify problems but how to train our people on how to handle them.

What do they do in certain situations?
What do they do in situations -- it's similar to

CPR? When someone collapses, what do you do? You could have all the best intentions in the world; if you don't know what you're doing you could hurt someone. We're saying that people in safety and health situations have to be trained to look at what is a safety and health problem.

If a wire is across a floor, if a pile of material is blocking a doorway. For that matter, if a copy machine needs to be vented although most of the new machines don't, but there's still -- there is still question of chemicals and materials that are used, including some of our cleaning crews who are told to clean a floor with compounds that don't have the right labeling on it or don't explain what to do in case of emergencies.

We've had sick building syndrome because of cleaning compounds used to clean floors or to clean radiators and then somebody says, well, what went wrong? Well, no one read

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the instructions on how to use the materials and instructed the employees how to use 'em.

So it's vital that if we don't do the training in some cases, no one will, and we may

act overly involved in the training. That's because we want to make sure that there are no problems out there. We don't want to find out later that five or ten or one person collapsed because somebody just didn't read the chemical listings.

INTERVIEWER: What is the responsibility of the individual worker for their own safety and health?

MR. DONOHUE: The individual worker has the key responsibility of being able to keep track of what goes on. You don't do the obvious thing. You don't put matches out in garbage cans. You don't break chemical seals without knowing what to do or whether you should be using the chemicals. You don't put yourself at risk or in some case risking other people.

I love when we'd say to people, well, here's a hardhat you have to wear. Well, it's hot, it's uncomfortable, but if a No. 10 can

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falls off a stacking crate five or ten feet high it could kill you. If someone's in a freezer and they don't wear the right safety gear and they get frostbite, we again don't want to be there so that when they amputate your fingers or

your toes that things are good.

That sounds extreme but those are the kind of problems we run into. That same driver of the roadkill situation. Yes, he gets all the equipment. He gets the big apron, he gets the big gloves. It's warm, it's summertime, I don't need to put all this stuff on. If you don't, what are you risking? And not just for yourself.

We try to point out to our members what you're risking for your own family. You can bring home some of these problems to your own family that they're not looking for. When you walk into the house, when you suddenly touch something or do something, leave your clothes for the laundry, what can happen to those people if you haven't done the right thing for yourself. So the prime importance is to make sure you're aware of what you should be looking

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at. What does safety really mean to you?

And not to be -- not to be insane about it, but to be practical. Clearly you don't walk out a window when you can go out a door, so you use common sense and do the right

thing.

INTERVIEWER: What are some of the -- in any given year do CSEA members die on the job?

MR. DONOHUE: Painfully, yes. We have a wall, actually, in our conference room where we put up plaques for -- on workers' memorial day for those workers who have died in the line of duty and they range; they range from chemical spills, they range from car -- flagmen on DOT roads being hit by cars who didn't slow down when they should have. Workers who are dealing with chemicals and every year we put those plaques up.

We had one year that was probably one of the worst of all. We had four women killed in Watkins Glen, oh God, about 12 years ago, 14 years ago, where all those women did was go to work that day in the Social Services Department.

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A deadbeat dad walked in with a gun, didn't like the idea that they were taking -- garnishing his pay for his children that he left, and he shot them.

The real horrendous part about that was the fact that if one of those women would

have been a civilian, one of the general public who was walking in the building, maybe today we'd have a standard in our office buildings or court buildings, all of those other buildings, that would protect everyone.

We have been trying in their name, for the last 12 to 14 years, to get the State to recognize it just can't passively do safety and health. It has to do it pro-actively. You can't let people come into buildings with knives, guns, hairpins, hatchets. Some of the courts that have installed metal detectors have found all of the things I've just named, plus others; of people coming in with those things.

These are people who are coming into the most vulnerable part of their lives. They're coming in because of child cases, divorces, criminal cases, and the last thing you

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want is public employees being put in a situation where their lives are in danger because what would have happened to the public?

To those five lades we say we're sorry. We're sorry we couldn't have done better than we did that day but we're also sure we're

never gonna forget that safety and health is our main goal.

INTERVIEWER: Now very often you hear the argument that even if you put all of the safety protections in place people are still gonna get hurt, people are still gonna be killed on the job. How do you respond to that?

MR. DONOHUE: Well, that I respond to in the sense that, then let's do it. Let's put all of those things in place and then look at what happens when people do get injured. I understand the term "accident." I understand the term "act of God." But I also understand the terms of negligence by people who could have done better.

When we say to someone we're gonna make it as safe as we can, we should do just that. We should never play games with the cost

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of the situations where safety is put at risk for anyone. To suddenly say that we want the public to be safe and not the public employees is an oxymoron that can't be allowed. We have to be able to stand up and say we're having the safest workplace available.

Why? Because we deal with the public.

As I keep coming back to, if we can't be safe, the public employees can't be safe, then the public can't be safe out there.

INTERVIEWER: Okay. What -- so how would you assess the impact of the PESH Act over 25 years?

MR. DONOHUE: I think the PESH Act has gone a long way to save lives, to protect our people, to get our people thinking about the safety and health situation that they face every day, to thinking about how do they protect themselves and the general public.

Whenever one of our members go to work and actually looks at a doorway and says is it really a safe doorway, can we really get out of it? When someone looks at the copying machine and says, well, okay, fine. There's no

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chemicals here so we shouldn't have a problem. They're doing what we've asked them to do. They're knowledgeable.

They've learned or they've been trained in some cases to look for the obvious and they're making sure that the public is as safe as they are. They're making sure that the

buildings are safe, that there isn't going to be a fire, that there -- that people in those buildings are going to have breathable air, that people that come in and visit are gonna be as safe as they can possibly be.

I think PESH went a long way to protect a lot of lives, to make sure a lot of people are alive today or not injured today that would have been if that bill hadn't been passed 25 years ago.

INTERVIEWER: And when people do encounter on-the-job danger do they have a fair line of recourse?

MR. DONOHUE: Oh, absolutely, because of those safety and health committees we can get our people immediately to the management. We have our own Safety and Health Department here

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at CSEA where we have hygienists, we have people we can send out to check chemicals, we have our own people to verify what the State is saying in some cases and argue.

There aren't enough federal PESH representatives in the federal government to come and service everyone or look at every complaint. We file our own individual

complaints, we follow up with testing on it. We are the ones saying to our members, we do not want you in an unsafe situation and we'll take that fight to any court in the world.

INTERVIEWER: Okay. I think that gives us pretty much what we need. Let me just ask you a few personal questions regarding your personal experiences with safety and health. Do you remember, you know, when working in a psychiatric center, some of the dangerous circumstances you encountered?

MR. DONOHUE: Well, the chief disaster in the psychiatric center was the fact there was never enough staff. There was always overcrowding, especially when I was first started. There was something in the neighborhood of

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100,000 -- over 150,000 mental patients in the state of New York in about 52 facilities.

Staffing levels were always a crime because you didn't have enough staff to take care of those patients and when one acted out, in some cases a chain reaction. Back in the old days you handed out Thorazine as if it was aspirin. Anything to keep the patients calm,

sedated, to the point where they couldn't do anything wrong, but that never really stopped.

You know, you have mental patients that are crammed into areas. Nowadays the argument is that, well, we have psychotropic drugs that are gonna make things better. Well, they're not all that better. Now what you've done is you've taken out those patients who can survive in the community but need support and you've left in some of those facilities the worst case of the bunch, those that can't get outside and do it, so these are the ones that need more intensive support, more intensive one-on-one type of operations and yet we've reduced the work force.

We keep cutting the work force in

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mental health because in the mental retardation side we get funding from the federal government so the State likes to get some help with that.

On the mental health side they don't get funding after a certain age, so what happens then is these people are left on their own or they're left in the old institutional settings where, if they got the proper treatment and they got the proper support, maybe they can do a

little better. They may never be able to get into the community.

In the old days, as I said before, they would tell you on these training films, just hold John and get five other people and basically sit on them, physically sit on them so they would not hurt themselves or anyone else.

If you had five staff you were a rarity to begin with and if while you're sitting on John you have a hundred other Johns trying to get through the walls and sometimes through your head. The injury rates in mental health are the highest in the state for any department and that's because of the in...because of the question of dealing with the public.

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Not the public so much; dealing with patients. Dealing with patients who act out, dealing with patients who are in mental hospitals not because they have no better place to go, because they do have problems and those problems aren't always dealt with by cutting staff and overmedicating in some cases.

INTERVIEWER: You mentioned --

(Laughter and inaudible comment.)

INTERVIEWER: I know that you mentioned before the Watkins Glen murders and there were actually four CSEA members who were murdered there, but we did lose five members in the World Trade Center.

Now in both of those circumstances I know that you met with the families afterwards. What kind of experience was that like when you would have to talk to the family of people who were killed in pretty horrific circumstances?

MR. DONOHUE: When you have to deal with someone who's been killed in a situation where no normal person would ever think would ever happen, nobody goes to work in the morning thinking you're gonna die on the job, whether

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it's from a deadbeat dad or a terrorist in a plane at, you know, 110 stories.

And you have to deal with those families and you wanna say you care, you want them to understand if there was a way in the world to ever change what's happening in their lives you would do it for them, and yet you know that to a certain degree you're a new face. You may not have met these people personally. You don't know what their lives are really all

about.

And we have a tendency to make them saints. We have a tendency to believe all the best in all of them and yet we also know they had lives. They were human. They were real. When someone says how someone went to work that day to save the world, that's nice, but in truth they went to work that day to pay the bills for their mortgage, the kids to go to college, to get their retirement.

We had one individual, Hrycak, I believe. I'm probably mispronouncing the name, one of our people that died in the World Trade Center. And his wife

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made it so easy for me because she -- when we met we talked for a while. She says, you know, my husband lied to me. We've been married 27 years and he lied to me. He told me twice that day he was safe.

At the funeral women came up to her and told her that he had actually led two groups of people out of the building and went in for a third group to try to get them out. He was a hero that day.

But he was a father and his wife remembers him in the sense that, you know, she didn't know how wonderful a man he was and when all these women were saying, she was saying to me who was this man she had married 27 years ago. He was such a nice man. She didn't know that, but she made him human. She gave him a face.

We are all vulnerable people and that day a lot of people were heroes. A lot of people who didn't have uniforms on, a lot of people who truly went to work that day just to do the right thing and stood up for those people around them to the point where it cost their

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lives.

Those people who work in public service, I believe, deserve the credit of putting their lives on the line. Not maybe every day as a police officer or fire officer or corrections officer, but every day out there in the general public; servicing them, making sure their lives are better. In some cases doing that and neglecting their own.

When you talk to a snowplow driver after he's been working eight hours and you ask

him did he get to plow his own driveway today, you're liable to find out he didn't but he did a lot of other peoples'.

That's why when we say to people that, you know, public employees should be respected for what they do, not necessarily when people stand there and say, well, you know, there's one guy leaning on a hoe or a brush. The truth of the matter is most of our people are out there workin' every day hard to make the public's life safe, productive and so that they don't even think about us at times. The only time they really think about us is when we're not there.

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In the World Trade situation and with those people in Watkins Glen, we say to those families, we care, and we mean it. The problem is that we wanna make sure that that can never happen again, and we know there's no sure way of doing that but we gotta try.

INTERVIEWER: CSEA looks at the PESH Act as one of the most significant accomplishments of the union in its history. Do you remember the reaction when it was passed?

MR. DONOHUE: When the PESH Act was

passed we had a number of reactions, not the least of which was euphoria that we had gotten something finally, but we also had the confusion amongst ourselves: Now what did we create? What rules and regulations did it really mean?

I'll give you the classic example of what went on at our convention. President McGowan when the committee was formed was turning around saying what does this mean? Our own constitution it violated because what it said was in CSEA you cannot have a committee unless it's a committee of the whole. That's the wrong thing. I jumped to the wrong story.

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Okay?

No. While with our -- with the safety and health issue it wasn't McGowan's thought. It was the rank and file members. The rank and file members at a convention made a motion to McGowan and the officers of the union to have a Safety and Health Department. McGowan didn't have plans on having a Safety and Health Department.

It became a groundswell at the convention itself to a point where McGowan couldn't stop it. But by the same token, we

didn't know what it meant. We had created a department without knowing, without having the research, without knowing everything from staff to regulations we had to deal with.

So it was one of those issues where now we have it. Now what are we gonna do with it. I'm proud to say that I think over the last 25 years under Bill McGowan and Joe McDermott and I think with the help of Danny Donohue we made it better. We made it stronger. We've tried to improve it every year. No one can say that safety and health isn't our prime

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directive.

The real issue here is to get everybody to understand it should be theirs as well.

INTERVIEWER: I think that's --

MR. DONOHUE: Do you want me to do Watkins Glen as four people instead of five?

INTERVIEWER: No, no, we'll -- I mean we can edit it, in a way, you know, and when we do the transcript we'll note that it was incorrect, you know.

MR. DONOHUE: That's all right.

INTERVIEWER: That's fine.

MR. DONOHUE: When Saunders got up and said that three people from DC 37 --

INTERVIEWER: Yeah.

MR. DONOHUE: -- they had a zest for life and they died and they this that, he didn't know them.

INTERVIEWER: Yeah.

MR. DONOHUE: I didn't know these people, but yet she made it so easy because --

INTERVIEWER: You were able to talk to them and get a feel for them.

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MR. DONOHUE: Get a feel for them because, you know, here we still have, a number of years later, we still have one of those people we couldn't give the money to because they're still fighting over dependents.

INTERVIEWER: Yeah.

MR. DONOHUE: But in her case it wasn't the money. It was someone she loved. Marty was a guy with all the warts and wrinkles who that day did more to save lives.

INTERVIEWER: M-m h-m-m.

MR. DONOHUE: Those women he helped out of that building twice were saying to his

wife, thank you. Thank you for their lives because if he hadn't done it they may have never left.

INTERVIEWER: Yeah.

MR. DONOHUE: And that meant so much and it made it easier for me.

INTERVIEWER: Absolutely.

MR. DONOHUE: As McEntee said, we made it an Irish wake.

INTERVIEWER: Absolutely.

MR. DONOHUE: The idea is nobody

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cries, you just remember the good.

INTERVIEWER: Sure. All right. Well, we gotta pack up so we can get you --

MR. DONOHUE: All right.

(Conclusion of interview of Danny Donohue covering the PESH Act.)

