

Public Health Committee Members:

Subject: Connecticut Valley Hospital

My name is John Hollis and I am a retired Connecticut Valley Hospital employee who worked throughout the CVH campus for over two decades. I was also an AFSCME Union Steward for fifteen years.

Connecticut Valley Hospital has been referred to as being an organization that perpetuates a “Culture of Fear”, “Culture of Cruelty”, “Culture of Abuse”, “Culture of Impunity” and a “Culture of Bullying”. All of this could have been averted had DMHAS/CVH management listened and done something about the warnings that I made publicly and through countless union grievances over the years. However, it always fell on deaf ears. In the year 2012 I was interviewed by Hartford columnist and co-worker David Samuels about workplace bullying at Connecticut Valley Hospital. The following is my quote from that 2012 interview:

“After receiving a copy of the CVH workplace bullying survey results, I found the overwhelming percentages of respondents experiencing adverse bullying incidents/situations alarming. What’s even more alarming is nothing is being done about it and the bullying status quo continues at CVH. I am disturbed by the fact that had I not formally requested the survey results I would never have known about the findings. The State of Connecticut urgently needs the Safe Work Environment Act to become law. It is appalling that an agency which is entrusted to care for vulnerable patients suffering from mental illness is fostering a culture of bullying and abusive conduct, as the survey results clearly show. This climate creates an adverse potential effect on patient care. People should ask themselves if they want their loved ones to be placed in that kind of abusive environment.”

I worked as a Medical Records Specialist 1 at the Health Information Management Office located in Whiting Forensic. The patient at the center of the current patient abuse case, involving the arrest of ten employees and the suspension of thirty seven employees, was placed in the seclusion room countless times over the years. Said seclusion room was on the other side of the wall of my office in Whiting Forensic. For years I heard horrific screams of anger and agony coming from that seclusion room. At times when there were spoken words of anger that were screamed out, I could tell it was the patient involved in the current abuse case. Furthermore, I believe the abuse went on for a longer period of time as Connecticut Valley Hospital only keeps thirty days of video tape before it is written over, thus destroying the evidence. While I have not witnessed the physical abuse of any patient, I have heard patients being belittled, mocked, and mimicked by some staff members over the years in various buildings on the CVH campus. I was involved in a critical incident meeting involving a patient who had escaped from Battell Hall. It was discovered that staff assigned to care for and monitor said patient documented the patient being on the unit and/or sleeping, all along being out of the building AWOL. The current abuse case is not an isolated incident. In 2006 a patient was killed at Whiting Forensic costing Connecticut taxpayers 2.33 million dollars to settle a lawsuit brought by the patient’s parents. Over the years I’ve heard talk of alleged sexual incidents between some staff and patients. It seems that most of the incidents of patient abuse are swept under the rug. I recall an incident whereby a doctor at CVH reported a case of another doctor not properly caring for and/or abusing a patient. The reporting

doctor was retaliated against by management for reporting said improper care and/or abuse. From my observations and personal experience over the years, I found that at CVH there is an unwritten standard operating procedure of retaliation practiced by management.

The Department of Mental Health and Addiction Services and Connecticut Valley Hospital management have created an addiction to overtime. Many staff members have become addicted to the overtime that DMHAS/CVH management decided that that is how they were going to run their agency with massive amounts of overtime instead of hiring additional employees. Most of the overtime is created by patients being ordered by a doctor to be placed on some type of constant observation, such as one on one or two on one ratio of staff to a patient. Additionally, unscheduled absences such as sick calls cause an influx of overtime. Once addicted to overtime, the staff members that are addicted go into a type of withdrawal if the overtime diminishes such as the result of a doctor cancelling an order for constant observation. I have heard talk of staff convincing doctors that a patient needs to be placed back on constant observation just to recover the lost overtime. I also heard of staff pushing the buttons of a patient so that the patient will go off thus causing more overtime.

I don't know what the solution to this great embarrassment to the State of Connecticut should be and, more importantly, what the solution to the jeopardy of the lives and safety of the patients that must live at CVH twenty four hours a day seven days a week should be. What I do know is that DMHAS/CVH should not be allowed to police themselves. Please do not hesitate to contact me if you have any questions.

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