

THE SOLIDARITY PIPELINE



May 2016

NEWSLETTER OF HPAE LOCAL 5091 UNITED HEALTH PROFESSIONALS

Message from the President

Reflections on an Important Transition

Every contract negotiations period brings with it a renewed interest in the Union. This current contract period is different in that it is more important than ever to maintain our level of activity after the negotiations through the transition to the next managers of the hospital and to our next contract with that new manager.

At the same time, come January 1, 2017 the next democratically elected Local 5091 President will enter office, less than three weeks before our next United States President. It is important that our next local president, and everyone who deals with that person, knows that they are dealing with a unified local. We have work to do as a local. Our goals are achievable. I remain so proud to be associated with this Union, HPAE local 5091.

Jeff Peck
President Local 5091

Our ten (10) member negotiating team is as diverse as contractually possible. They are hard working, experienced, and represent you well.

Our old friend, Carlton Levine, HPAE Staff Rep, is once again our chief negotiator. We have three (3) negotiating sessions left before our next Membership Meeting.

Membership Meeting

Thursday, May 19th, 2016

Time: 7:30 am, noon, 1:30 pm, 3:30 pm

Location: to be announced

Agenda

- Negotiations update
- Vote on contract ratification or authorization for 10 day notice for concerted activity

HPAE Local 5091 Negotiating Team



Left—right: Debra Rausch, Bob Davis, HPAE Staff Rep Carlton Levine, Christina Bader, Donna Winterich, Rita Fritz, Carol Q., Margaret Merchant, Delfina Guevera, Carole Fitzsimmons, Jeff Peck, Local 5091 President

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Setting Standards for the Future of Bergen Regional Medical Center

April, 2016

The 19-year Lease and Operating Agreement (LOA) between the Bergen County Improvement Authority (BCIA), and Solomon Health Group, the Manager of BRMC, is coming to an end in March of 2017. Now is the opportunity for Bergen County to end a contract that has allowed lax oversight, limited financial transparency, repeated breaches of the Agreement, cuts to services and staffing, violations of patients' and workers' rights and safety, and misuse of taxpayer funds.

To protect patient and resident safety and well-being, assure community access to needed services, and protect the workplace rights and safety of BRMC staff, we call on Bergen County to establish the following standards for any agreement, lease or partnership to protect the future of Bergen Regional Medical Center as an essential safety net hospital:

- *Improved Oversight & Authority.* The BCIA must retain the license to operate the hospital and must exercise the oversight needed to ensure that the hospital is in compliance with all patient safety, financial reporting, governance and labor laws and regulations, and that it receives notice of any violations of laws and regulations.
- *Effective Enforcement.* Define the process for disputes and strengthen remedies available for violations of the contract, including withholding of payments, fines, penalties and appointment of on-site monitor.
- *Protection of the Hospital's Mission for Patients:* Give preference to not-for-profit partnerships that focus on the mission of the hospital.
- *Safe Staffing Requirement.* Set safe standards for nurse & caregiver staffing and skill mix for all hospital units, with input from and periodic review by a joint labor-management staffing committee.
- *Service Protections and Enhancements.* Conduct an in-depth and transparent community needs assessment, with participation from stakeholders, for all mental health, acute and long-term care and social services.. Any reduction in services should require prior approval from the BCIA and notice to community stakeholders.
- *Workers' Rights Protections.* Recognize and honor existing unions, collective bargaining agreements, wages, benefits and seniority rights of staff.
- *A Proven Track Record* Review every applicant's track record with respect to patient/resident safety, employee safety, labor relations and financial transparency.
- *Investment in A Safe Facility for Patients and Workers:* Make needed investments to keep the hospital facility well-maintained, with capital improvements made in a timely manner, with shared financial responsibility for maintenance and improvements.
- *Accountability to Taxpayers & Financial Transparency.* Require annual audited financial statements for BRMC and for the operations of the hospital and any affiliates that have any business or financial relationship with the Managing entity. All financial information should be available to the public through the NJ Open Public Records Act.
- *Public disclosure of Self-dealing and an end to conflicts of interest.* Require disclosure and prior review and approval by the County of all transactions between a partner or manager and any of its related or affiliated entities and between any board member or chief executive of BRMC and entities in which they or a family member have a financial interest.

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PROTECTING PUBLIC SERVICES AND DEMOCRACY IN NJ CITIES



April 18, 2016

Public health professionals, residents, public service workers and local elected officials in New Jersey's largest cities are watching

with concern as the debate in Trenton continues over the proposed state takeover of Atlantic City.

Placing Atlantic City's resources and workers in the hands of Governor Christie, without any protections for the rights of city residents or workers, sounds alarmingly like what happened in states like Michigan and Wisconsin. I hope Trenton keeps debating alternatives, because the threats to democracy and the rights of public workers can be as serious as the threat of bankruptcy.

After a state takeover of Flint Michigan's city functions and water supply resulted in dangerous levels of lead in city water, one would think caution would prevail. As the Mayor of Flint Karen Weaver testified in Congress "There is no accountability for what these managers do, because they only report to the Governor."

Atlantic City, like many of our older cities, has suffered from the economic recession, as well as from its unique setting as a Casino town. The loss of taxes and jobs due to recent Casino failures has deepened its debt and darkened its financial future.

According to the Atlantic City Press in 2014: "A series of tax appeal settlements and judgments have hammered Atlantic City's bottom line, as the casinos argue their downward spiral means their properties are worth a fraction of what they once were. This year alone, casinos challenged nearly \$2 billion worth of Atlantic City assessments, which together result in almost \$49.2 million in combined city, school and county taxes."

Yet the planned takeover of Atlantic City governance isn't limited to taking steps to right the troubled fiscal situation. It would allow the Director of Division of Local Government Services within the Department of Community Affairs to void contracts, sell off infrastructure, cut public services, fire workers, privatize city utilities, and cancel collective bargaining agreements for police,

firefighters and other city workers. The takeover plan revokes protection for workers from unfair labor practices by their employer, an issue entirely unrelated to finance.

The takeover could eliminate or transfer functions of local city departments like the Department of Health. Local city Departments of Health are essential to protecting the public health, providing immunizations, health education, and local health inspections.

The ranks of Atlantic City police and firefighters have already been cut: firefighters from 272 to 147 and police by 20%; salaries too have been slashed, not only for public safety, but municipal workers too, who have been under a wage freeze since 2011. Wealthy bondholders' money is protected, but city workers making \$22,000 a year will be hardest hit, bearing the brunt of the takeover.

As currently framed, the takeover plan would also eliminate the democratic rights of Atlantic City residents, by transferring the powers of city government to one director appointed by the Governor. The public's right to information – the 'Open Public Records Act' – wouldn't always apply, but the Director could apply it 'to the extent practicable'.

Any major urban city in similar fiscal distress could face the same future if they face similar debt levels, in a process that provides little transparency and few safeguards for public resources and utilities.

A real solution isn't easy, but state involvement should focus on rebuilding a viable economic future for city residents, not just slashing the budget, putting the public's safety and well-being at risk.

Rather than placing control of New Jersey cities in the hands of an unelected director, let's engage community, business and labor leaders, focus on a recovery plan, economic development, and job creation. Let's make sure that any legislation sent to the Governor's desk contains specific benchmarks, careful planning, and protection for democracy and the public interest.

Ann Twomey
President HPAE



HPAE

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Meeting with Consultants on the Future of BRMC

Representatives of Local 5091 and several other BRMC unions recently met at the HPAE Emerson office with the consultants hired by Bergen County to help the County Executive, Jim Tedesco, and a 15 member taskforce to determine who the next manager of BRMC should be. The current Bergen County Improvement Authority was also represented at the meeting.

Our 10 point plan for the transition was given (see the plan in this newsletter). All of the parties involved echoed the County Executive's stated desire to think 'long term'. All parties agreed that our patients, residents, the taxpayers of Bergen County, and the workers throughout the hospital will be given greater consideration than they are now. Different options facing the county were presented and briefly discussed.

In attempting to think what is in the best long term interest of the hospital, the strong consensus is that a shorter term agreement with the next manager is more desirable. There are very few people who believe the current 19 year yoke of a contract around the county's neck was good for anybody but the Limited Partners. The options in any future agreement will belong to the county, not the next manager. The consultants will be meeting with us again. The next meeting will include all of the Unions in the hospital.

We understand that the County will not be accepting bids from potential future managers until late spring or early summer.