HPAE Local 5107 Newsletter

Representing Nurses at Llanfair House, Wanaque, EVVNA, and VNA of Englewood

June 2016

Contract Settlements Ratified at VNA, Llanfair House

HPAE Local 5107 nurses at Llanfair House and at the Visiting Nurses Association (VNA) in Essex, Hudson, and Bergen counties have ratified contract settlements which contain wage increases and contract language improvements.

Nurses at the VNA Health Group of NJ, LLC (Essex and Hudson County) and at VNA of Englewood unanimously voted in favor of contract settlements reached May 24th with VNA management. While the contract settlements for VNA Health Group of NJ, LLC and VNA of Englewood differ slightly, they both contain wage increases for full-time, part-time, and per visit nurses each year of the two year contract, as well as improvements in contract language regarding the correct calculation of mileage reimbursement, payment for in-service and on-line trainings, and "productivity points" for "high acuity" visits. Both contracts expire October 31, 2017.

The Negotiations Committee worked hard to achieve good contract settlements and were strong advocates. The members of the committee from VNA Health Group of NJ, LLC were: Janaye Williams, Wislande Fleurissant, Pam Black, and Florence Smith. VNA of Englewood nurses were represented by Patricia Mangano, Trinita Moore, and Carolyn Orio. The committee was assisted by HPAE Staff Rep Joel Brooks.

At a membership meeting on June 2nd, Llanfair House nurses ratified a new, four year contract with administration. The contract includes wages increases each year (June 2016= 2.25%, June 2017= 2%, June 2018= 2%, June 2019= 2.5%) and a significant hike in the shift differential payment.

The members of the Negotiations Committee were Melvin DeGuzman and Lorri Bowlby. They were assisted by Local 5107 Secretary-Treasurer Laura Dymond and HPAE Staff Rep Mike Slott. Local 5107 Rep Kate Gonzalez could not be at the negotiations, but played an active role in discussions of contract proposals.

Union Files Unfair Labor Practice Charge at Wanaque

HPAE filed an Unfair Labor Practice (ULP) charge against Wanaque for violating the National Labor Relations Act. Acting illegally, management suspended the President of our local union, Abdul Umoru, and threatened to discipline the Secretary-Treasurer of our local union, Laura Dymond, for engaging in protected, concerted activity.

Management retaliated against Abdul and Laura because they, as union leaders and patient care advocates, are concerned about the quality of the care we are able to provide. A state inspection revealed that there were not enough CNAs and this has negatively impacted staffing. A significant cause of the CNA staffing problem is that management has refused to settle a contract with the union for the CNAs which provides for decent wages and benefits.

That is why we circulated a petition at the end of April in support of adequate staffing and a decent contract for the CNAs. We had every legal right to do this and, as patient care advocates, we have a moral duty to stand up for adequate staffing.

We will not stop fighting for better staffing and we will aggressively enforce our rights under the contract and the federal labor law.

HPAE Convention

The convention will be held October 6 &7 2016 @ Ballys in Atlantic City. Rooms will be at a discounted rate for our members. A dinner dance reception will be held the evening of the 6th. More information to follow.

When Hospitals Are Also Corporations

U.S. Hospitals started as charitable institutions in the late 1800s, funded by wealthy donors and religious organizations. The mission was focused on health care and care for the poor. It was clear where the money came from, clear where it went.

Much has changed. More and more, our community hospitals are disappearing, and in their place large corporate systems are emerging Hospital revenues now also come not just from patient care, but from for-profit subsidiaries, investments, ambulatory surgical-centers, and income from hospital-controlled physician practices.

One Bergen County hospital that started in 1880 with 12 beds is now part of a system with 28 hospitals. A recently merged hospital system will employ nearly 50,000 people, with revenues of $8 billion dollars.

As hospital systems grow, they often begin to act more like for-profit institutions, even while maintaining not-for-profit status. The source and use of their funds becomes both more complicated and less transparent. So does their mission, their relationship to local communities, and their relationship to their employees and physicians.

It's now common for not-for-profit hospitals to own and provide financing to for-profit subsidiaries, to have for-profit entities operating from their tax-exempt property, to engage in profit-sharing with their physicians; and for hospital CEO compensation to reach into the millions.

In Trenton, elected officials are scrutinizing whether not-for-profit hospitals that own for-profit entities and permit for-profit physicians to use their hospitals with minimal control (especially over billing practices) are solely focused on a "charitable" mission of health care service to the community, or are part of a profit-making corporate structure that is not paying their fair share of property taxes.

This debate is happening not only because of the growth of hospital systems, but because many of our towns and cities are facing fiscal problems, and having difficulty absorbing the costs of critical public services. Hospitals, like other corporations, are large employers and large users of local services such as police, fire, infrastructure, and public safety.

Both not-for-profit and for-profit hospitals have an obligation to be good corporate neighbors, reinvesting in healthcare, listening to the needs of the community, and sharing in the costs of local services, whether through community contribution fees or property taxes.
In New Jersey, the average nonprofit hospital receives a $1.6-million benefit annually as a result of exemption from property taxes. While much of this tax benefit supports charitable activities, profit-making entities and activities at not-for-profit hospitals are benefitting from loopholes in existing law.

In return for exemption, the government requires nonprofit hospitals to provide community benefits, which includes research, health professions training, and community health education programs. It also includes charity care provided to patients who cannot pay, which all hospitals must provide, regardless of their tax status.

Hospitals are anchors in our community, providing essential services and employing large numbers of our citizens. Both for-profit and not-for-profit hospitals have moral, as well as legal, responsibilities to the hospital's patients and our communities, to focus on promoting health as well as treating illness. Hospitals should continue to be driven primarily by these obligations, rather than profit or competition.

That means doing more than charity care. It means ensuring that 'community benefits' are based on true community need, and will improve health outcomes for our residents. It means using surpluses to re-invest in the hospital, in public health measures, and other activities that are the hallmark of charitable institutions.

I know that many hospitals take that mission seriously. Paying property taxes commensurate with the value of the property used by for-profit subsidiaries or by physicians engaged in for-profit activity independent from the hospital's jurisdiction should be part of that mission.

As the NJ legislature debates new legislation and the establishment of a study commission, we urge the inclusion of community residents, municipal officials, healthcare workers and advocates in the process. Solutions must account for and protect the services of community, urban and safety net hospitals, and include financial transparency, since the size and speed of hospital mergers and subsequent mingling of funds makes it increasingly difficult to 'follow the money.'

We should expect all of our hospitals to be good corporate citizens and neighbors, and responsible stewards of our healthcare.