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**Testimony of  
Ann Twomey, President  
Health Professionals and Allied Employees  
Thursday, June 16, 2016  
Senate Health, Human Services and Senior Citizens Committee  
In Support of S.2361**

Good afternoon Chairman Vitale and the members of the Senate Health, Human Services and Senior Citizens Committee. On behalf of the 12,000 members of the Health Professionals and Allied Employees I am here today to testify in support of S.2361, which authorizes a certain county to establish a county hospital authority and amends the title of "Municipal Hospital Authority Law."

Nearly 19 years ago the County of Bergen, through the Bergen County Improvement Authority (BCIA) leased Bergen Pines, NJ's largest county hospital, to a private for-profit operator, Solomon Health Group. That contract between BCIA and Solomon Health Group to operate BRMC is coming to a close in March 2017.

HPAE opposed the privatization back in 1997, raising numerous objections to the arrangements of the contract. Some of our worst projections came true for the 500 HPAE nurses and health professionals at BRMC, a hospital critical to providing mental health, long-term care, and addiction services for all of New Jersey. In part, these conditions existed because the BCIA did not have the authority nor the expertise to properly oversee the facility.

The BCIA holds the operating license for the hospital, but Solomon has had full control of the operations on a day to day basis with little accountability. Secret loans, a lack of financial transparency, insider-dealing, staff and service cuts, lawsuits, compromised patient care, and labor disputes all plagued the earlier days of the privatization contract.

The County and hospital managers have been embroiled in years-long lawsuits over: investments to improve the aging buildings and infrastructure; cuts in services; and loans and financial transparency. No one has yet to add up the real cost of the contract, in lawyers fees or millions in affiliate fees and owner profits.

While Solomon paid for maintenance, the County paid for capital improvements: it seemed that everything became a capital improvement. While the BCIA was technically responsible for upholding patient safety laws and regulations, they often were not even informed of violations. When services were cut, the BCIA was essentially powerless to force a reinstatement of services. A bottom-line standard for nurse staffing levels was too often skirted by the hospital, with no consequences.

This legislation is a step towards greater accountability and oversight of any future hospital partner, giving the County the authority and the responsibility for ensuring quality care and essential mental health services are provided to the community as well as maintaining a safe and secure work environment for dedicated nurses, social workers, and staff.

The future of Bergen Regional Medical Center and the fragile population we serve are depending on us to do it right this time.