



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
BRAD LANDER

Testimony of
New York City Comptroller Brad Lander
Before the New York City Council Committee on Civil Service and Labor
Hearing on Oversight - How to Strengthen Workers' Rights Across the New York City
Workforce

February 23, 2022

Thank you Chair De La Rosa and members of the Committee on Civil Service & Labor, the Council and former colleagues for the opportunity to submit testimony for the first time as New York City Comptroller. I am grateful for the opportunity to discuss how our City can continue to lead on innovative strategies to support workers and uplift their organizing. Just last week I had the opportunity to visit the Starbucks on Astor Place where the workers recently announced their support for a union. One worker is a student at FIT studying sustainable fashion; the other grew up on the Lower East Side and went to NEST across the street from where my own daughter went to high school. Both had worked at Starbucks for over five years, having risen to the level of partner. And despite the title “partner”, they wanted their voices to be heard in the corporation they’ve dedicated their careers to. They’re organizing because they want a bit more pay and a bit more say. And they should get it.

Our City is home to historic organizing victories as well as transformative campaigns in new sectors that continue to unfold and it is incumbent we support them. When we advance the rights and well-being of NYC’s low-wage workers, who are overwhelmingly women and people of color, we advance the causes of equity and racial justice. The City, thanks to robust Council legislation, has already taken important steps to make ourselves a leading laboratory of workplace democracy and high-road jobs, but we must continue to build on sectoral interventions and to ensure that every New Yorker regardless of status or job is protected from unfair firings, unsafe conditions, and receives a wage and benefits that is family-sustaining.

The Comptroller’s office has an important role to play in ensuring that all working families in New York City get the dignity and respect they deserve. Our Bureau of Labor Law is responsible for setting prevailing wage and benefit rates for workers on public works, property service contracts, economic development projects and buildings receiving 421-a benefits, and plays a critical role in protecting and advancing workers’ rights through its investigations and enforcement of prevailing wage and living wage laws. We hope to also soon assume responsibility for our new human services labor peace law. The Bureau also engages in extensive outreach to workers, developers and contractors, and develops educational materials on compliance with these critical pieces of state and local legislation.

The Office also uses its role as an institutional investor consistent with our fiduciary duty to encourage and prod companies to have human capital management policies that generate sustainable long-term value, including but not limited to employee training and development, fair labor practices, health and safety, responsible contracting, and diversity. In fact, we were extremely successful in getting major companies to commit to publicly disclosing their EEO-1 reports, which created a huge shift in how companies (and CEOs) are being held accountable for diversity in the workplace. We are also engaging some of our portfolio companies on what we believe are gaps in their human capital management policies – whether it be around the safety of employees in warehouses or on the ability of workers to freely associate and collectively bargain. Relatedly, our own responsible contractor policy supports neutrality when a labor union is seeking to organize workers employed at properties we own or invest in as well as the use of MWBE contractors.

I am eager to build on this critical work to put the office at the forefront of local workers’ rights policy and identify ways to expand the office’s footprint in advancing workers’ rights more broadly through the office’s audits, administration of City contracts, asset management, and policy research. My office will collaborate directly with workers and organizers on the ground to better support compliance, shine a light on the issues and injustices facing our City’s

most vulnerable workers, advance stronger workplace protections where needed, and support new pathways to organize workers more broadly. Franchisees and potential pension investments (subject to our fiduciary duty) will all be evaluated in part on their record of supporting or inhibiting workplace democracy. And I am looking at the possibility of publishing a Worst Employers List, similar to the Public Advocate's Worst Landlord list, to highlight bad actors in the City's economy. Through an expansion of the office's footprint around worker protections, the Comptroller can better support the City's recovery from the COVID-19 crises and help set the city on a path toward an inclusive recovery.

As I embark on this work, I have identified three realms where the City beyond my office can continue to innovate to protect workers: strengthen municipal enforcement capabilities, adopt creative solutions to protect workers and raise standards including licensing abusive industries and establishing protections for contingent work, and expand worker Know-Your-Rights education and proactive outreach.

Our City has pioneered policies like paid sick and safe leave, predictable scheduling, and living wage. While we continue to expand these laws as well as add to them with recent victories like just cause, minimum wages for for-hire vehicle drivers and delivery workers, worker protections are only as strong as the enforcement behind them. It is critical that we adequately resource the entities responsible for investigating violations of these laws and bolster the headcounts of regulatory agencies which include not only the Department of Consumer and Worker Protections and our own Bureau of Labor Law but entities like the Taxi and Limousine Commission and HPD who are responsible for critical industries and laws including for-hire minimum pay and prevailing wage.

Enforcement can also be heightened and made more accessible to workers who might face language or other barriers or fears regarding approaching or cooperating with municipal regulators by leveraging existing authority to engage trusted community-based organizations who exemplify linguistic and cultural competency in co-enforcement activities as have proven so successful in other jurisdictions like Seattle. Several other strategies will help ensure that workers come forward to identify workplace injustices free of fear of retaliation. We must integrate qui tam provisions into our laws that permit affected workers or representative organizations to prosecute these laws on behalf of the City and be appropriately compensated for it and establish retaliation funds that provide workers with access to meaningful financial support when they face financial retaliation for reporting a wage or labor violation. We must make it easier to make payouts to workers irrespective of their status. Additionally, workers will benefit from rationalizing regulatory and enforcement authority which in many cases can be split among different agencies and entities by working with the State Legislature to grant City officials, including the comptroller, authority to enforce state wage laws and bring investigations and dispositions under one roof.

As I have already mentioned, New York City has already implemented numerous creative and cutting-edge solutions to worker mistreatment and exploitation, but we can go further. In addition to shining a light on abusive employers, the creation of a worst employers list would also help ensure that we only procure goods and services from contractors creating high-road jobs who are evaluated on their adherence to existing labor standards. The City Council can raise the floor for gig workers by fighting misclassification via our permitting processes, establishing minimum hourly compensation standards for freelancers and requiring employer contributions to portable benefit funds, and integrating the ABC test into existing employer mandates like paid

sick leave to minimize evasion of our mandates. In recent years, we have identified numerous exploitative industries including carwashes and body shops and created licensing regimes that we should continue to expand to other arenas rapt with workplace abuses, such as last-mile distribution centers and fulfillment centers. I was immensely proud that the Fast Food Just Cause legislation that Speaker Adams and I championed was just upheld by the federal courts and with this victory under our belts we need to move expeditiously to extend its protections universally. And as we tackle the immense challenges of climate justice, we must ensure we are centering a just transition for all communities that creates skilled high-road jobs for the future.

I am incredibly excited by this new Council as well as the worker organizing fervor that is sweeping our nation and I look forward to standing tall along all of you, workers, and community-based organizations on picket lines, in this legislative chamber, in boardrooms, and in administrative proceedings to continue to protect and innovative for the dignity and economic security of all New Yorkers.



Testimony of Andy Bowen (she/her) before
New York City Council Committee on Civil Service and Labor
Council Member Carmen De La Rosa, Chair
February 23, 2022

Who is Pride at Work?

Pride At Work is a nonprofit organization that represents LGBTQ union members and their allies. We are an officially recognized constituency group of the AFL-CIO (American Federation of Labor & Congress of Industrial Organizations) that organizes mutual support between the organized Labor Movement and the LGBTQ Community to further social and economic justice. From our national office in Washington, DC, we coordinate and support more than 20 Chapters across the country.

Who is Bowen Public Affairs Consulting?

Bowen Public Affairs Consulting was started by activist Andrea (Andy) Bowen in late 2017, with the aim of providing government policy/budget expertise and advocacy for nonprofits and government, all with the broader goal of furthering economic justice. Bowen Public Affairs is dedicated to supporting non-profit organizations and governments in furthering economic justice, from policy articulation to implementation. Andy started her career as a researcher in the Organizing Department of the Ironworkers Union, and continues to work at the intersections of gender and racial equity, and labor justice, primarily in New York City, but with connections to national advocacy.

Thank you Chair De La Rosa, other Council Members and Staff. My name is Andy Bowen, and I am testifying on behalf of Pride at Work, a nonprofit organization that represents LGBTQ union members and their allies. I am also Principal of Bowen Public Affairs Consulting, which engages in policy advocacy for the cause of furthering economic justice. I'm working with Pride at Work, and several partners in labor, non-profits, and government, to advocate for a new initiative, which we are calling the Pride at Work Initiative.

The Pride at Work Initiative seeks to address the need for high-road, concentrated employment of LGBTQ+ New Yorkers by coordinating the work of multiple union-affiliated entities, the Department of Citywide Administrative Services, and workforce programs that work closely with unions, to create multiple pathways into unionized careers, focusing on recruitment of LGBTQ+ communities in NYC (and primarily BIPOC LGBTQ+ communities), ultimately with an eye toward this approach being utilized for other populations that are in deep need of stable careers. Partners in the proposed initiative include:

- Destination Tomorrow
- SEIU 1199 Employment and Training Fund
- Non-Traditional Employment for Women
- Brooklyn Workforce Innovations
- Pathways 2 Apprenticeship

- Department of Citywide Administrative Services (though of course they simply seek funding from Council for a staff position, and as a City agency did not have to submit a discretionary application).

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning people, and people of other oppressed sexual orientations and gender identities (LGBTQ+) have, both in New York, and nationally, faced struggles in finding economic stability, and finding work. The most recent LGBT New York State Health and Human Services Needs Assessment found 36.1% of survey respondents having incomes below 200% of the poverty line, with respondents of color and transgender, gender non-conforming, and non-binary (TGNCNB) respondents even more likely to be below 200% of the federal poverty line (<https://tinyurl.com/7pxpz7zy>). Next to that, we know that LGBTQ+ people in New York City face struggles in finding employment. The aforementioned needs assessment also found that 11.9% of respondents over the age of 25 were “not employed, in higher education or retired.” TGNCNB people face an even more dire employment situation, with the NYS needs assessment reporting 36.8% of TGNCNB respondents in NYC that they were unfairly not hired (info from custom data request). The most recent US Trans Survey found that, among NYS respondents, “26% of those who held or applied for a job during that year [2015] reported being fired, being denied a promotion, or not being hired for a job they applied for because of their gender identity or expression” (<https://tinyurl.com/yckk9cc4>).

New York City has started new initiatives to support LGBTQ+ people finding employment, via the Unity Works Program (for LGBTQ+ Runaway and Homeless Youth) and the Work It, NYC manual, which is a guide to LGBTQ+ workplace inclusivity (<https://tinyurl.com/4k7mder8>). However, these largely focus on *youth,* and are not adequate to the whole need of the wider community—which statistics and on-the-ground experience show has plenty need for both employment, and, speaking to the poverty issue level, *transformative* employment of the assortment that union employment can provide. The initiative will take a multi-pronged approach to building affirming careers for LGBTQ+ people, with LGBTQ+-affirming partners (i.e., those ideally funded by this initiative) working to create:

- maximally LGBTQ+-affirming workplaces,
- access to union jobs and career paths, and
- supports within workplaces and through supportive unions to do everything possible to ensure unionized job placements remain LGBTQ+-affirming (e.g., using union partners and LGBTQ+-liasons within jobsites to intervene in the event that a workplace does something less-than-optimally-affirming to LGBTQ+ workers)

This initiative is dearly needed, given the disproportionate unemployment levels faced by LGBTQ+ people, especially BIPOC TGNCNB people. The City has the ability to support recruitment of LGBTQ+ people into union careers, and I ask dearly that Council support this ask.



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Thank you so much for your time and consideration, and I look forward to any of your questions.

You can contact me at andy@bowenpublicaffairs.com.



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Testimony from A Better Balance for New York City Council Committee on Civil Service and Labor regarding Oversight—How to Strengthen Workers’ Rights Across the New York City Workforce
February 23, 2022
by Cassandra Gomez, Staff Attorney

A Better Balance (“ABB”), a national nonprofit advocacy organization based in New York City, uses the power of the law to advance justice for workers so they can care for themselves and their loved ones without jeopardizing their economic security. Through legislative advocacy, direct legal services and strategic litigation, and public education, our expert legal team combats discrimination against pregnant workers and caregivers and advances supportive policies like paid sick time, paid family and medical leave, fair scheduling, and accessible, quality childcare and eldercare. When we value the work of providing care, which has been long marginalized due to sexism and racism, our communities and our nation are healthier and stronger.

For over a decade, ABB has worked with New York City to enact robust workplace protection laws. We are proud to have drafted and shepherded to passage groundbreaking legislation, including the Earned Safe and Sick Time Act, the NYC Pregnant Workers Fairness Act, and the temporary schedule change law, and to have helped draft New York City’s caregiver discrimination law. ABB has also led the fight for paid leave around the country, including the New York State paid family leave and sick leave laws. While New York City has long been on the forefront of protecting workers, the pandemic has shifted work-family relationships in all five boroughs. We thank you for considering how to strengthen workers’ rights citywide.

While New York City has a strong body of workplace rights, the city has also been the epicenter of the pandemic in the U.S., and workers continue to feel the effects. For example, a survey that A Better Balance jointly administered with the New York City Comptroller’s Office in late 2020 found that to cope with increased caregiving needs, more than half of women in New York City who care for children have had to cut back on paid working hours during the pandemic.¹ As the pandemic continues, we must ensure that workers and families are protected under the law and are aware of the extent of the suite of rights available to them. Through A Better Balance’s free and confidential legal helpline, we have spoken to thousands of New Yorkers about their workplace rights, and have a bird’s-eye view of workplace issues that New Yorkers face. We are also proud to have represented workers before the New York City Commission on Human Rights and the Department of Consumer and Worker Protection. Through this direct contact with workers, we know that New Yorkers are struggling to balance the demands of work and

¹ Office of the New York City Comptroller Scott M. Stringer & A Better Balance, *Our Crisis of Care: Supporting Women and Caregivers During the Pandemic and Beyond* (March 2021), https://www.abetterbalance.org/wp-content/uploads/2021/03/Crisis_of_Care_Report_031521.pdf.



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providing care. The following policy and administrative solutions are crucial steps New York City must take to support workers throughout the ongoing pandemic and into the future:

- **Prioritize outreach, education, and enforcement of critical baseline laws**, including the Earned Safe and Sick Time Act, the Pregnant Workers Fairness Act, the temporary schedule change law, and protections from discrimination.
- **Ensure that workers have meaningful access to alternative work arrangements**, including telecommuting and part-time work by, in part, amending the temporary schedule change law.
- **Pass legislation to address harmful “no fault” attendance policies** and ensure that workers cannot be subject to discipline for lawful absences, including those related to a known disability, pregnancy-related conditions, or protected sick leave.
- **Consider legislation to support caregivers** balancing the competing demands of work and care with reasonable accommodations in limited circumstances and a clear right to request accommodations without fear of retaliation.
- **Ensure that all city workers have access to comprehensive paid family and medical leave** and revise city policies to better serve the needs of workers.

I. Prioritize outreach, education, and enforcement of critical workplace laws

New York City has many crucial laws protecting workers from discrimination and exploitation—including the Earned Safe and Sick Time Act, the Pregnant Workers Fairness Act, the temporary schedule change law, protections from discrimination based on caregiver status, and more.² Even though these laws have been in effect for a number of years, too few workers know about their rights under these essential laws, leaving them vulnerable at the best of times, and more vulnerable than ever during the ongoing COVID-19 pandemic. Workers throughout the city deserve to be able to use the rights guaranteed to them when they need—meaningful access to their rights is essential to workers’ ability to care for themselves and their loved ones without risking their economic security. Strong outreach and education to ensure that workers are informed of their rights is crucial, as is strong enforcement of these laws to ensure that workers are truly able to access and benefit from these important protection

In particular, there are several actions that the City Council can take regarding outreach, education, and enforcement of workplace laws. First, the City Council should consider legislation to provide funding for grants to community organizations to allow such organizations to engage in robust outreach and education, especially in marginalized communities. The City Council should also pass Intro. 2370, which will ensure that pregnant people receive information

² N.Y.C. Admin. Code § 20-911 *et seq.*; N.Y.C. Admin. Code § 8-107; N.Y.C. Admin. Code § 20-1201 *et seq.*



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about their workplace rights when they receive care at New York City Health and Hospitals locations, meeting workers where they are and getting them crucial information when they need it most. Expecting families and parents-to-be deserve to have this information made available to them proactively. Additionally, the City Council should pass legislation to broaden and modernize New York City’s posting and notice requirements. The way New Yorkers work is changing, and our laws must change with shifting workplace practices. To ensure that workers have knowledge of their rights, our city must re-evaluate ways in which it provides notice to employees about their workplace rights.

There are also actions that can be taken by city agencies to increase outreach, education and enforcement efforts. The Commission on Human Rights (CHR) and the Department of Consumer and Worker Protection (DCWP) need to prioritize outreach and education on these laws in multiple languages, and prioritize proactive enforcement that responds to workers’ needs. Relatedly, in materials on the Earned Safe and Sick Time Act, DCWP should recognize workers’ ability to hold employers that violate the New York State sick time law accountable in court, as well as highlight the opportunity to enforce rights under the city law through the department. Finally, CHR and DCWP should work together on a comprehensive package of know your rights information and outreach to workers so that workers throughout the city are fully-informed of the full scope of their workplace rights. This should include know your rights information tailored to the things workers, and in particular those with family caregiving responsibilities, need to know during the pandemic.

II. Ensure that workers have meaningful access to alternative working arrangements

In late 2020, A Better Balance jointly administered a survey with the NYC Comptroller’s Office to better understand how New Yorkers are navigating professional and personal responsibilities in COVID-19-era New York City. Our findings, outlined in our report “Our Crisis of Care,” revealed that fair and flexible work is crucial for New Yorkers struggling to balance the competing demands of work and care during the pandemic, but access to flexibility is inequitable.³ While 73 percent of respondents with income over \$100,000 reported having access to a flexible schedule, only 41 percent with incomes below \$50,000 did. Women of color had among the least access to flexibility.

Now more than ever, amidst employers’ increasingly onerous and inflexible demands that workers who have been working successfully from home during the pandemic return to the office and the increased caregiving demands and health needs faced by many workers, including

³ Office of the New York City Comptroller Scott M. Stringer & A Better Balance, *Our Crisis of Care: Supporting Women and Caregivers During the Pandemic and Beyond* (March 2021), https://www.abetterbalance.org/wp-content/uploads/2021/03/Crisis_of_Care_Report_031521.pdf.



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those who have worked in person throughout the pandemic, New York City must lead the way. The city must ensure that workers—especially those who are balancing the need to care for themselves or others while maintaining their economic security—have meaningful access to alternative work arrangements, including telecommuting and part-time work.

Under the existing New York City Temporary Schedule Change Law, workers are entitled to up to two temporary schedule adjustments—such as remote work—per year for a personal event, including the need to care for a child or family member with a disability, the need to attend a public benefits hearing, and any reason for which sick leave under the city law is available. The law also protects workers against retaliation for any schedule change request, regardless of whether the employer is legally required to approve the request. While the temporary schedule change law was a groundbreaking step towards ensuring that workers have access to alternative work arrangements, increased outreach, education, and enforcement of this law is needed to ensure that New Yorkers can take meaningful advantage of its critical protections.

At the same time, more is needed to ensure that New Yorkers have the full spectrum of rights and protections they need. Fair and flexible work is crucial for New Yorkers struggling to balance the competing demands of work and care during the pandemic, but access to flexibility is inequitable.⁴ First, the City Council should broaden the circumstances that give rise to a workers' right to a temporary schedule change under the temporary schedule change law. For example, workers should also be granted a temporary schedule change in the event of a public health emergency, a change in transportation circumstances, or another emergency that may make it difficult to come to work as scheduled. Next, the law should be amended to provide the right to five temporary schedule changes per year. As New Yorkers continue to encounter unexpected realities of the modern world—school closures related to public health emergencies, subway lines down following flooding, etc.—the need for temporary schedule changes will only increase and workers deserve increased flexibility.

Lastly, DCWP must build upon its existing materials⁵ and prioritize outreach and education of this landmark law. The temporary schedule change law can prove to be a vital shield for our city's most vulnerable workers, and the agency must ensure that information about it is easily accessible and readily available.

⁴ Office of the New York City Comptroller Scott M. Stringer & A Better Balance, *Our Crisis of Care: Supporting Women and Caregivers During the Pandemic and Beyond* (March 2021), https://www.abetterbalance.org/wp-content/uploads/2021/03/Crisis_of_Care_Report_031521.pdf.

⁵ The Department of Consumer and Worker Protection currently has three resources available online regarding the New York City Temporary Schedule Change Law, including Frequently Asked Questions accessible at <https://www1.nyc.gov/assets/dca/downloads/pdf/workers/FAQs-TemporaryScheduleChangeLaw.pdf>.

III. Pass legislation to address harmful “no fault” attendance policies

Our report, “Misled and Misinformed: How Some U.S. Employers Use ‘No Fault’ Attendance Policies to Trample on Workers’ Rights (And Get Away With It)”⁶ shows how the strict points-based attendance policies (often called “no-fault” attendance policies) favored by some of the country’s biggest employers—including the meat and food processing, manufacturing, and retail companies that have become essential during the pandemic—are used to infringe on workers’ rights by punishing them with “points” or “occurrences” for absences that are legally protected, including time off for serious medical needs or to care for loved ones. Despite the existence of strong worker-protective laws in New York City, including paid sick time and pregnancy accommodations, workers are still being punished for taking legally protected time off to care for themselves or their loved ones.

These policies mislead workers about their rights and discourage them from taking time off to which they are legally entitled, for fear of receiving a point and facing discipline or termination.⁷ Additionally, such “no-fault” attendance policies undermine the City Council’s actions to protect workers by undercutting workers’ rights under laws enacted by the Council. Under these policies, too many workers, especially low-wage workers of color, stress over being one sick child, one pregnancy-related complication, one medical emergency, or one disability-related flare up away from losing their job.

These harmful policies have no place in our city. The City Council must pass legislation ensuring that workers cannot be subject to discipline for legally protected absences, including those related to a known disability, pregnancy-related conditions or protected sick leave. All such policies should ensure that legally protected absences are not counted against employees and must ensure that workers are informed of the full spectrum of laws that may give them a lawful right to time off, including New York State and New York City paid sick time laws, New York State paid family leave, and New York State and New York City laws related to reasonable accommodations for disabilities and pregnancy-related conditions.

IV. Ensure that city law supports caregivers

Family caregivers’ work has long been undervalued, and too many have had to choose between caring for their loved ones and maintaining their economic security. This reality has been exacerbated by the pandemic, as the brunt of the crisis has fallen on caregivers’ shoulders—

⁶ Dina Bakst, Elizabeth Gedmark, & Christine Dinan, A Better Balance, *Misled And Misinformed: How Some U.S. Employer Use ‘No Fault’ Attendance Policies to Trample On Workers’ Rights (And Get Away With It)* (2020), https://www.abetterbalance.org/wpcontent/uploads/2020/06/Misled_and_Misinformed_A_Better_Balance-1-1.pdf.

⁷ *Id.* at 30.



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disproportionately impacting the lives and careers of women, especially women of color. Working family caregivers have had to navigate closures of schools and care centers, the increased medical needs of vulnerable loved ones, and their employers' needs, often while facing unfair treatment at work. In our "Our Crisis of Care" report, we also found that women in New York City were more than four times as likely as men to experience retaliation related to their responsibilities as a caregiver during the pandemic, while individuals who live with someone with a disability were twice as likely as those who do not to have been retaliated against for this reason.⁸

New York City must support the workers that provide critical care for their loved ones. New York City law provides caregivers with crucial protection from discrimination, but the law can go still further to ensure that caregivers are treated fairly in the workplace. The City Council should consider legislation requiring employers to engage in the cooperative dialogue without penalty and provide reasonable accommodations to caregivers absent undue hardship on the employer. This legislation would promote the health, safety and well-being of our city's children and families and enable caregivers to stay attached to the workforce.

V. Support city workers

Businesses often look to the City government for guidance as to how to treat their employees; the City should take that responsibility seriously not only by adopting legislation and policies that support the private sector workforce, but also by leading the way as a model employer for municipal employees, who are currently not covered by many important city laws.

The City has not yet taken advantage of the opportunity to lead by example: a 2016 report by then-New York City Public Advocate Letitia James found that the gender wage gap for women in the municipal workforce is *three times* larger than that faced by women in the city's private sector, indicating the City's failure to support women in its workforce.⁹ City workers are not covered by many important laws, including the Earned Safe and Sick Time Act and the temporary schedule change law, and they are not automatically covered by the state's paid family leave and temporary disability insurance program. The City has not stepped up to provide the municipal workforce with comparably protective policies. Recently, for example, the City's rigid and confusing return-to-office policy has failed to provide a feasible option for workers or useful a model for private-sector employers to follow.¹⁰

⁸ Office of the New York City Comptroller Scott M. Stringer & A Better Balance, *Our Crisis of Care: Supporting Women and Caregivers During the Pandemic and Beyond* 7 (March 2021), https://www.abetterbalance.org/wp-content/uploads/2021/03/Crisis_of_Care_Report_031521.pdf.

⁹ Letitia James, N.Y.C. Public Advocate's Office, Policy Report: Advancing Pay Equity in New York City 2 (2016) (on file with A Better Balance).

¹⁰ Letter from A Better Balance to Bill de Blasio (Sept. 21, 2021), https://www.abetterbalance.org/wp-content/uploads/2021/09/Letter-to-NYC-Mayor-re-Return-to-Office_FINAL.pdf.



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There are policy solutions that would support the workers that keep our five boroughs running. First, the City Council should prioritize expansions of the Human Rights Law, which applies to municipal workers, such as the recommended accommodations law discussed above. Next, the City should proactively act to ensure that *all* city workers have access to comprehensive paid family and medical leave and should revise its policies to better serve the needs of workers, especially those who are balancing the demands of work with the need to care for themselves or loved ones.

While our city has long been on the forefront of protecting workers, we must continue to work together to enact bold solutions to pave the path for workers in our city to thrive. We appreciate the Council's interest in strengthening workers' rights, and welcome the opportunity to work together on the actions outlined in this testimony.

American Institute of Architects New York Committee on Civil Service and Labor Testimony

Thank you for holding this hearing today. I am Ben Prosky, Executive Director of the American Institute of Architects New York, also known as AIA New York. We represent New York City's public-sector and private-sector architects, who are employed at government agencies, firms, and universities. Our members include unionized and non-unionized architects, as well as workers and management.

This hearing's topic is very timely, since architects at some of New York City's architecture firms are in the process of unionizing. Support for unionization has arisen from the poor compensation architects receive, as well as the workplace issues working for low wages creates. The US Department of Justice does not allow AIA New York to collectively bargain for our members or organize work stoppages. This means we cannot work with agencies, owners, and developers to set fair fees and wages for their employees.

According to the 2021 AIA Compensation Report, the average salary in New York City for a recent architecture school graduate is \$58,000 per year. This is not enough to cover hundreds of thousands of dollars in student debt accrued over a decade of education, nor the high cost of living convenient to most offices. Comparatively, first-year associates at New York City law firms earn \$215,000 per year.

In addition to being underpaid, architects are pressed to work incredibly long hours. Agencies rarely receive sufficient funding for staffing, leading agency leadership to overwork their architects. Meanwhile, firms are unable to collectively bargain for fees, allowing owners and developers to set high work requirements for low fees. As a result, firm owners push their architects to work incredibly long hours, with 60- to 70-hour work weeks not being uncommon.

Unionization in architecture is an important tool to strengthen workers' rights but it will not solve many of the industry's core problems. Our unionized members at agencies are paid less than our non-unionized members at firms. For instance, the starting salary for a Department of Design and Construction Junior Project Manager is \$51,000 a year.

Fortunately, Council Members can strengthen workers' rights for architects. They can assign larger budgets for agencies, specifically to hire more architects and pay architects higher wages. The Council can also require that agencies stop demanding free work from architecture firms. Agencies regularly require a significant amount of upfront work from firms before awarding a contract, yet that work is not compensated. Combined with unionization, changes like these will create a better working environment for architects.

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From: Nadja Barlera <nbarlera@gnylecet.org>
Sent: Wednesday, February 23, 2022 4:07 PM
To: Testimony
Cc: Karla Cruz; Ari Espinal
Subject: [EXTERNAL] Local 79 members testimony Feb 23
Attachments: L79 Infinite Feb 23 testimony.docx; L79 Taf testimony Feb 23.docx; L79 Fausto testimony Feb 23.docx

Good afternoon,

I am attaching below the testimony of Local 79 members Fausto Chafra, Infinite Geroge, and Tafadar Surov from the February 23 at 1pm hearing of the Committee on Civil Service and Labor, since some of our members had to leave during the hearing to go to work.

Thank you

--

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CONSTRUCTION AND GENERAL BUILDING LABORERS' LOCAL 79

February 23, 2022

Topic: Civil Service and Labor Committee

[English translation below on 2nd page]

JOHN NORBURY
President

CHAZ RYNKIEWICZ
Vice President

WENDY WEBB
Recording Secretary

ANTHONY VITA
Secretary-Treasurer

MICHAEL PROHASKA
Business Manager

BERNARD CALLEGARI
Sergeant-at-Arms

ANTHONY WILLIAMSON
Auditor

KENNETH ROBINSON, JR.
Auditor

STEVE ANDUJAR
Auditor

BARRIE SMITH
Executive Board Member

LUIS MONTALVO
Executive Board Member

Buenos dias, gracias a todos por esta oportunidad. Mi nombre es Fausto Chafra y orgullosamente soy miembro de la local 79.

Yo trabajé para la compañía Alba en muchos trabajos de demolición. Mientras trabajé para Alba fui sujeto a represalias y me despidieron por haber hablado con un organizador de la unión. Mi caso fue presentado al Comité Nacional de Relaciones Laborales. Durante el caso Alba me amenazo con enjuiciarme criminalmente mientras yo trataba de hacerlos responsables por sus actos. Encontraron a Alba culpable de cometer una práctica laboral injusta, y ahora ellos deben informar a todos sus empleados de sus derechos de organizarse y formar parte de un sindicato y a mi me tienen que pagar todo el dinero que perdí mientras estuve desempleado.

Mi supervisor de Alba fue siempre un abusador y en varias ocasiones me amenazo con llamar a Inmigración. Ningún trabajador debería ser tratado como Alba trata a sus empleados. Muchos de mis compañeros de trabajo eran indocumentados, y no se sentían libres de hablar sobre condiciones de explotación porque si los despidieran no podrían recibir beneficios de desempleo. Ningun trabajador debe ser obligado por miedo a trabajar para un mal empleador como Alba. Pedimos a la ciudad que proteja a los trabajadores inmigrantes de la construcción, nos proteja de represalias, y nos permite acceder a beneficios básicos como el seguro de desempleo. Los empleados de Alba, y todos los obreros de construcción inmigrantes, merecen seguridad, mejores salarios y beneficios médicos.

Fausto Chafra

Laborers Local 79



English translation

Good afternoon and thank you for the opportunity to testify. My name is Fausto Chafra and I am a proud member of Laborers Local 79.

I used to work for a company called Alba Services as a demolition worker at many projects. I experienced retaliation while working for Alba and was fired after talking to a union organizer. My case was brought to the National Labor Relations Board. During the case, Alba threatened me with criminal prosecution while I was trying to hold them accountable. Alba was found to have committed unfair labor practices. Alba must now inform its workers of their organizing rights and I will receive back pay.

My foreman at Alba was a bully who threatened me multiple times to call “immigration.” No worker should be treated like Alba treats its workers. Many of my coworkers were undocumented, and they did not feel free to speak up about dangerous and exploitive conditions because if they were fired, they could not receive unemployment benefits.

No worker should be coerced through fear into working for a bad employer like Alba. I ask the City to protect immigrant construction workers by lifting labor standards, protecting us from retaliation, and making it possible for to access basic benefits like unemployment insurance. Alba workers, and all immigrant workers, deserve safety, better wages, and healthcare. Thank you.

Fausto Chafra

Laborers Local 79



CONSTRUCTION AND GENERAL BUILDING LABORERS' LOCAL 79

February 23, 2022

Topic: Civil Service & Labor Committee Hearing

JOHN NORBURY
President

CHAZ RYNKIEWICZ
Vice President

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Auditor

BARRIE SMITH
Executive Board Member

LUIS MONTALVO
Executive Board Member

Thank you for the opportunity to testify. My name is Infinite George and I am a member of the Laborers Local 79. I am proud to still be involved in the community where I grew up in Queensbridge Houses, because there are many people still being exploited due to their upbringing or criminal history. When you grow up like I did, affected by poverty and the justice system, it's hard to get away from that lifestyle. Sometimes people need more than one chance.

I was recently an activist in Local 79's campaign to pass the Body Shop Bill, which I am grateful City Council passed, to regulate dangerous labor brokers that exploit justice affected construction workers. I know first-hand because when I came home, I needed a job as a condition of parole. You hear that these companies are hiring, but you don't realize that it's a sweatshop. I was struggling working non-union construction, there were big safety concerns, but I didn't want to complain, I didn't want to lose the job. The parole officer would come by to see if I was working. That was like fuel to the contractor because they saw how badly I needed the job. This is why it is so important that we enforce the Body Shop Bill and continue to protect workers who speak out.

Local 79 never held my history against me. I have a dignified job with fair wages and healthcare. Not only do I get to provide for my family, but I'm also in my 4th semester studying labor studies at CUNY so that I can help other people like me find Real Entry into the middle class like I did with Local 79. No one should be exploited in a dangerous job because of their record. Every New Yorker deserves Real Entry. Thank you.

Infinite George

Laborers Local 79





CONSTRUCTION AND GENERAL BUILDING LABORERS' LOCAL 79

February 23, 2022

Topic: Civil Service and Labor Committee

JOHN NORBURY
President

CHAZ RYNKIEWICZ
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Auditor

STEVE ANDUJAR
Auditor

BARRIE SMITH
Executive Board Member

LUIS MONTALVO
Executive Board Member

Good afternoon and thank you for the opportunity to testify at this hearing. My name is Tafadar Sourov, I'm on community board 11 in the Bronx, and I am a proud member and apprenticeship graduate of Laborers Local 79. My union is known to be an engine of economic mobility for workers across the 5 boroughs. We give people a chance to earn a fair living in an intense industry. Thousands of people of all backgrounds apply within minutes every time our apprenticeship program opens for recruitment, as it is one of the most reputable workforce development programs in this city. Marginalized people—whether it's communities of color, LGBT folks, single mothers, youth, etc. Our mission is to protect and expand workers' rights in the construction industry. We've stood with workers who exposed pervasive sexual harassment in non-union construction companies, we're fighting alongside immigrant workers to win citizenship rights, and we won Real Re-entry legislation in Albany that will give workers on parole better opportunities and protections in the construction industry.

I want to thank the city council for passing the Body Shop Bill in November, groundbreaking legislation to stop the coercion of justice affected construction workers. That's what it looks like to take action to protect workers, and we look forward to enforcing it together. I want to talk about immigrant workers who also have to deal with coercive employers that exploit documentation status and language barriers. In fact, just today a notorious construction company, Alba Services, terminated 3 demolition laborers at the Terminal Warehouse project who spoke up at a rally last week. The communities such workers live in were devastated by COVID19 and its impact. I'm from a heavily immigrant community in the Bronx, and I still remember people dying left and right throughout the pandemic. The low-income communities where immigrants live have had to contend with food insecurity, loss of work and healthcare, backlogged rent payments, and many more factors that aggravate already existing inequality. Economic activity crashed in our neighborhoods after pandemic assistance ended, with less money for struggling families to spend on food and other necessities.

I couldn't be prouder to be in a union that has given me the ability to stand up for my community and my city as an organizer fighting to win legislation for an Excluded Workers Fund. We are going to win breathing room for the essential workers who were left behind from pandemic assistance, while putting money into circulation in distressed communities. With the labor movement and elected officials having their back, those workers can have real options to bring employers to justice who take advantage of their vulnerability. The urgency of our city standing in solidarity with its workers is highlighted by today's violation of workers' organizing rights by Alba Services. Weeding out bad actors like Alba creates a fairer economy for workers and employers who play by the rules. We know that this historically diverse and progressive city council will work with us to protect workers who speak out about bad employers, while creating jobs with Real Entry and labor standards.

Tafadar Sourov
Laborers Local 79





Local 338

RWDSU/UFCW

JOHN R. DURSO
President

JOSEPH FONTANO
Secretary-Treasurer

NEIL E. GONZALVO
Executive Vice President

DEBRA BOLLBACH
Recorder

February 23, 2022

Testimony to the New York City Council Committee on Civil Service and Labor on How to Strengthen Workers' Rights Across the New York City

My name is Nikki Kateman and I am writing on behalf of Local 338 RWDSU/UFCW, a labor organization which represents about 13,000 working people across New York State, with several thousand living and working in the five boroughs. Local 338 members are incredibly diverse and employed in a variety of different industries including, food retail, pharmaceutical retail, health care and human services, transportation, and cannabis.

Over the last several years, we have seen a resurgence in workers using their power to unionize and fight to improve their working conditions. The pandemic has only contributed to this rise, as workers grow tired of subpar wages and working conditions and the risks that come with working during a pandemic. I am writing to express ideas for how the City of New York can work to continue to serve as an ally to the labor movement and working people by enforcing mask mandates, expanding education surrounding workers' rights, and by consciously investing in unionized labor.

Almost the entirety of Local 338's membership are essential workers. They didn't have the opportunity to work from home during the worst of the pandemic—their only choice was to continue to show up to work every day and serve the public. In the beginning of the pandemic, when social distancing and masking rules were strictest, we saw a high level of compliance from the general public and support from local elected officials. However, as we enter the second year of the pandemic, there has been an increase in resistance with masking and the enforcement of mask mandates. We saw this most recently on Long Island with Governor Hochul's mask mandate where county leaders publicly refused to enforce it and ultimately put our essential workers at risk of contracting the virus during the Omicron spike.

We need additional support in the enforcement of mask mandates. Essential workers across the city have worked continuously throughout the pandemic and have regularly put their health and the health of their loved ones at risk to earn a living and serve their communities. Unfortunately, wearing a mask has become politicized, often pitting workers against hostile members of the public. The very least we could do is comply with masking mandates when there is one in place, and we need the City's support in providing the necessary support to businesses and their employees in enforcing mask mandates.

Additionally, there is still a large sector of New York City's workforce that is under-educated on their rights as working people. Our city is historically one that supports the labor movement and workers' fight for better working conditions--the best way to continue to be allies to working people is to increase public education on labor rights. A public education campaign would help workers who are currently being taken advantage of or treated unfairly by their employers learn how to advocate for themselves or have the knowledge they need if they choose to unionize.

STRONGER | TOGETHER

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Workers deserve to be able to make an informed decision about unionization and our city currently lacks the educational resources needed for them to do so. We would also suggest that these materials be offered in several different languages so that they are easily accessible and there are no barriers preventing workers who want to learn about their rights and the protections they are entitled to in their workplace. By establishing a website or central hub for people to access this education, the City will make learning about workplace rights more accessible than ever.

We also ask that the City Council make a conscious investment in New York City's annual budget to ensure adequate funding for nonprofit agencies with City contracts that provide critical services, especially where there are collective bargaining agreements in place, to ensure meaningful wage increases and address wage compression. Many organizations that deliver services on behalf of New York City have incredibly tight budgets making negotiating increased wages and benefits for worker challenging. Other non-profits fear losing their contracts if their budgets increase due to the cost of investing in their workers. The City must prioritize supporting the many dedicated workers who provide education, care, meals, counseling and other vital programming to residents otherwise, we risk losing both this talented workforce and the assistance they provide our local communities.

Our hope is that the City Council will take our recommendations into consideration and work with the city's labor movement to create an environment that is pro-worker while we continue to advocate for Congress to pass the PRO Act. Together, we can work to improve and create a more equitable environment for workers across the five boroughs.

Thank you for your time and attention.

STRONGER | TOGETHER

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Good morning, my name is Daniel Scott Byers, Political Coordinator with the United Food and Commercial Workers (UFCW) Local 1500. Representing 17,000 hardworking, essential grocery and manufacturing workers in New York State, the UFCW Local 1500 would like to express our sincere excitement to be working with all of you and the new City Council. We hope to create the foundation for a strong working relationship between our Local and the Committee on Civil Service and Labor in a way that is proactive and provides the information necessary for lifting the floor for all working New Yorkers.

We are committed to growing the union grocery workforce in New York and are confident that it is possible to do so with an open line of communication with our elected officials. When a large, non-union grocery store is planning on moving into the five boroughs, we would like to work with you to make sure there are measures in place for those workers to have a voice on the job.

We have worked with representatives in the past to keep low-road employers out of the city and to welcome employers who are committed to bringing workers' voices to the table. We would appreciate collaborating to do the same now across a multitude of industries where workers are yearning for more democracy in their workplace.

Our members continue to put their lives on the line to put food on our tables. The health and safety of our members is paramount for us, and we ask you to consider their safety in the same way we do. Our members— and all workers— deserve to be treated like the essential workers they are, always - and you have the ability to help make it happen.

As you reflect on ways to elevate the voices of working people, it is worth thinking about how low-road employers take advantage of their employees. How are rules around wage-and-hour violations, scheduling laws, and discrimination leveraged by employers to disempower their workers? These are all issues the Civil Service and Labor Committee specifically can address and use their leverage to lift-the-floor across industries.

We also encourage you to utilize the hearing process as a tool for raising the issue of worker intimidation and other egregious practices and violations by employers.

Thank you for the opportunity to be here today, we are so excited to be engaged, and we look forward to collaborating with you!

I'm a DC37 Retiree and lifelong New Yorker. I worked for New York Public Library for 17 years at a lower salary than I could have made on Long Island, where I live, plus commuting costs. Besides loving NYPL and NYC, I worked there because the health benefits promised were good. We were told in retirement we would have the health insurance we chose from the available plans.

Now, the City is shoving a MAP down our throats. It will be a hardship for my husband and me to pay \$400 per month for health insurance we thought would not be an issue, plus copays. My husband requires retinal injections and will for the rest of his life. Right now, no pre-authorization is required. I do not trust that under a for-profit plan authorizations would be granted in a timely manner, or, at all. We also help a family member financially, so this makes the \$400 per month difficult.

We had no input into this process and it was done in an underhanded, rushed and incompetent way. We understand the City needs to save money, but options should have been presented to the membership. Other municipalities have self-insured. Why can't we? I'm also horrified that the greatest city in the world plans to make a deal with Anthem, which is being sued by the federal government for fraud! I fear what would become of my personal data.

Many retirees need lifesaving procedures presently covered by Medicare and GHI Sr. Care, but with this plan, on p. 238 of the "contract," if a retiree goes over \$75,000 of claims per year, they will be contacted by the MAPP, telling them they're going over the limit and will be subjected to "case management." On the insert on pre-authorization questions accompanying updated MAPP booklet, under Select Outpatient Services requiring pre-authorizations, Knee and Hip Replacements are listed! Outpatient for a knee or a hip replacement? No, thank you.

This MAPP will create a bifurcated health care system for those who can afford to opt out and those who cannot, those who have computer access and ability and those who do not.

This is discriminatory and not how NYC should treat those who gave decades of service to it. The testimony of some retirees at the City Council hearing on Oct. 28th was heartbreaking: a retired librarian who could end up in an institution due to of the limits of this for-profit plan; a doctor testified why he no longer accepts these for-profit plans (number of authorizations, paperwork involved). This is not the "same or better" healthcare the City is promising.

DO NOT approve this contract. This contract will harm 250,000 NYC retirees and their families. It's not a joke. It's real people's lives. Thank you.

Carmela Dee

A History Of Africans and their Descendants in the American Labor Movement

For the record, it is important to note that the first slaves in the New World were Irish. The first recorded sale of Irish slaves was a settlement in Brazil in the year 1612. This occurred seven years before the arrival of the first Africans in Jamestown. The English chose to practice genocide against the Irish because of their religion and their language.

Beginning with the the King James I it became official policy that Irish political prisoners would be sent the West Indies I'm so to the English plantation owners. By the mid 1630s the majority I'll slaves in the colonies work Irish. Between 12 and 60,000 Irish work enslaved in Barbados and the term "barbadosed" became common. By the 1630s Ireland was the primary source for the English slave trade. With the rise of Oliver Cromwell the population of Ireland was a reduced by 60% as a result of the famine caused by the intentional destruction of food stock, the massacre of suspected Irish royalists and the exportation of human cargo. During the 1650s over 100,000 Irish children between the ages of 10 and 14 were sold as slaves in the West Indies, Virginia and New England. In 1656 over 2000 Irish children work taken to Jamaica ads sold to the English settlers.

While history attempts to whitewash this period of time it must be noted that it was the beginning of the African slave trade by the British." The African slave trade was just beginning during this same period," writes Martin." It is well recorded that African slaves, not tainted with the stain of a hated Catholic theology and more expensive to purchase, where often treated far better then their Irish counterparts." It cost 50 sterling to acquire and transport an African to the colonies but only five Sterling for an Irish person.

This hidden history is important as we discuss Labor, class, discrimination and the importance of the "Black lives matter movement." It is important because this history proves that racism is a tool of the ruling class to divide and conquer the working class. It is essential that we understand as Labor attempts to reestablish its importance in the struggle of workers to achieve a greater share of the wealth being produced in the 21st century.

Many people are unaware of the contribution of Africans and their descendants in the struggle to create and build a more just and equitable society in America. These workers free and unfree have struggled through collective action to bring about change. Also forgotten is the inhumane beginning of colonial America and the subjugation of Irish, Scottish and poor English workers who were also indentured and unfree, some for life. This subjugation ultimately lead to the formation of guilds and later unions.

It important to note that Africans first came to America with the arrival of the Spanish. In Florida and Texas, Africans and their descendants were already here and making a contribution to the development of a better America one hundred plus years before Jamestown and Plymouth Rock. Some became successful businessmen.

Most Spanish settlements from Texas to California included Africans among their population. It is estimated that 15% to 25% of the population in the Spanish territories of North America were Africans. In San Antonio in 1778, 151 of 759 men were Africans and only 4 were classified as slaves. There were few if any restrictions on their freedom and they were accepted socially and professionally. They worked predominantly as teamsters, carpenters and most other crafts and even as priests.

Several blacks rose to prominence and wealth. One example is William Doyens, a free black from North Carolina. Settling in Nacogdoches, Texas at the age of 26, he built and ran a boarding house and several businesses. Chief among these business was wagon building and freight hauling. He served as an envoy to the Cherokee Nation during the Texas Revolution. Among his many associates were men like Sam Houston and Thomas Rusk.

The first 20 Africans that arrived with the British at Jamestown, Virginia in 1619 were indentured servants. Between 1660 and 1682 through court decisions and special laws and codes in the colonies their status changed from indentured to chattel. We must remain reminded that all of the unfree workers in the colonies were not of African ancestry. The colonial system simply followed the exploitation of the feudal system practiced in England. A serf in feudal England was a slave, attached to the land of a lord. Attempts to enslave native people failed as they would disappear into the forests that were familiar to them and white enslavement failed as they could run from colony to colony and blend in with other whites. Winthrop Jordan indicates that "Slavery could survive only if the Negro were a man set apart; he simply had to be different if slavery were to exist at all."

A significant number of the Africans brought to America as slaves brought with them skills in metallurgy, woodworking and leather. Slave owners were quick to use these skills and to teach their slaves additional skills that was needed by the owners. Only one city in the south developed during the colonial period and that was Charleston South Carolina. In Charleston, enslaved Africans were used to perform skilled and unskilled labor. Enslaved craftsman were hired out by their owners to do work and be paid accordingly. In the north many of the slaves worked as house servants, sailors, sailmakers and carpenters. New York had the highest number of skilled slaves then any other colony. They worked as tailors, bakers, tanners, goldsmiths, naval carpenters, blacksmiths, weavers, sailmakers, millers, masons, candlemakers, tobacconists, caulkers, cabinetmakers, shoemakers and glaziers. Free white craftsman fought a losing battle to exclude blacks from most of the skilled trades. In 1707 free mechanics in Philadelphia complained about the need for employment and the lowness of wages, occasioned by the number of Negroes hired out to work for the day. As a result of the impact of slave labor many urban White craftsman and mechanics joined the movement to end slavery.

With the formation of trade unions between 1790 and the Civil War none allowed black membership or Women to join their organizations. It is believed that between 1790 and 1820 most of the skilled craftsmen in a number of northern cities were black. With the

end of the Napoleonic wars the immigration of white Europeans with skills resumed. Skilled black workers found themselves being replaced by the newly arrived Europeans and as a result found themselves first to be fired.

Due to this racial exclusion, Frederick Douglass made an appeal to White employers to give blacks an opportunity to work as apprentices. He also made an appeal to the Labor organizations and labor papers to educate white workers on the need for unity among the working class. When no one would listen blacks were forced to become scabs. Frederick Douglass wrote bitterly "colored man can find under no obligation to hold out in a strike with the whites as the latter have never recognized them." Needless to say that the ruling class have always been able to keep wages down by dividing workers along racial divisions. In south Carolina a judge when sentencing 23 Irish construction workers 2 months imprisonment for conducting a strike against the use of slave labor told them not to "make war on the Negroes for the slaves are, preeminently, our most valuable property - their rights center in the master which he will vindicate to the bitter end." When White workers at the Tredegar Iron Works in Richmond, Virginia went on strike over the increased use of slave labor they were prosecuted for conspiracy against their employers. They were never rehired. The company used almost exclusively slave labor except for the bossmen. This action also allowed the company to keep unions out of the company.

Frederick Douglass in pointing out the significance of racial prejudice wrote "the slaveholders by encouraging the enmity of the poor, laboring white man against the blacks, succeeded in making this said white man almost as much as slave as the black man himself... both are plundered and by the same plunderers. The slave is robbed by his master, of all his earnings about what is required for his physical necessities; and the white man is robbed by the slave system, of just results of his Labor,

During the 1700's and 1800's blacks dominated work as teamsters, warehousemen and dockworkers (stevedores/longshoremen) from Boston to San Francisco, New York to New Orleans and points in between. Prior to the mass influx of immigrants from Europe and the subsequent violent displacement of blacks, we worked at most crafts both as free and enslaved workers. The 1834 riot in Philadelphia was caused by white workers believing that they could not find work because employers preferred to hire blacks.

Prior to the Civil War in New York one of the areas dominated by black workers was waiting tables in restaurants, hotels and saloons. Low wages and poor working conditions led black waiters to form the Waiters Protective Association of New York. They were so successful in winning concessions from the employers that their leaders were invited to attend union meeting of white waiters in order to advise them of how they might do the same. They were never invited to merge unions and build solidarity.

According to the famous southern novelist Thomas Nelson Page in 1865, " blacks held without rival the entire field in industrial labor throughout the South." Page claimed that " ninety five percent of all the industrial work of the southern states was performed by blacks. While that number is an exaggeration, it affirms the importance of slave labor in

the development of industry and wealth in the southern states. Enslaved Africans and their descendants represented fully half of the total population in the southern states.

On January 13, 1791 the newspaper reported that “many of our small tradesman, cart-men, day laborers and others dwell up on the borders of poverty and live from hand to mouth.” These conditions lead many to organize themselves into guilds for the purpose of improving wages and working conditions. As far back as the 1700s workers understood what was the cause of their socio-economic condition and the benefits of being organized. It was recorded that black cart-men were among the volunteers in the defense of New York City during the war of 1812. We were patriots in our nations struggle to establish a just Republic, as well as loyal to our comrades in this struggle for workers rights.

John Langston, agent for the Freedman’s Bureau reported that there were at least two craftsman for every one white craftsman in Mississippi and six negro mechanics for every white mechanic in North Carolina. In the South on several occasions White workers joined with Black workers in strike activities while choosing not to open their unions to black workers. One example of black and white Unity in strike activities occurred in New Orleans in 1865 when laborers struck together for higher wages. The New Orleans Tribune the first black daily newspaper and United States supported the joint action and was also a champion for the eight hour day. The Workingmen's Central Committee of New Orleans representing 11 trades that excluded Negroes demanded that the Tribune limit the eight hour demand to white workers only. The newspaper rejected this demand and in doing so asked the question" how will you get justice, if you yourselves are unjust to your fellow laborers?" Later that year the White brick layers went on strike and refused to include Black brick layers needless to say they lost the strike. The Tribune in making an appeal to the white bricklayers said" Labor equalizes all man; the handicraft of the worker has no color and belongs to no race. The best worker not the whitest is that honor and pride of his trade.”

At the Convention of the National Labor Union in Baltimore wrestled with the issue of admitting blacks into the unions on an equal basis. At the end of the convention remained in different to the plight of black workers and maintained the prohibition on the membership by black workers. In 1867 only one union the Carpenters and Joiners Union #1 of Boston admitted blacks on an equal basis.

In October 1865 White ship caulkers and quite ship carpenters went on strike in Baltimore insisting that all blacks be removed from the waterfront. Supported by city government and the police the strikers succeeded and driving Black caulkers and longshoreman from the shipyards.

Outside of a very narrow group of craft unions, serious organizing takes off after the Civil War. With the Emancipation of African Americans came a freedom of all workers to begin to organize. The Noble Order of the Knights of Labor is organized in Philadelphia

in 1869. These craft unions continue today night blacks an opportunity to join their union ranks.

Though blacks were sometimes denied the right to vote and exercise power, there is evidence of organization among black Teamsters. The Coachmen's Benevolent Society was organized in 1822. In New York, the cart-men were organized. While marching to the polls in 1834, organized workers sang "mechanics, cart-men, laborers, must form a close connection and show the rich aristocrats their power at this election." By August 1853 teamsters had formed trade unions in San Francisco. Later the car drivers union was formed in New Orleans. Lucien Sanial, leader of the socialist Labour Party, wrote in 1879, that trade Union assemblies in the cities of Galveston, Houston, Savannah and New Orleans admitted unions of Negro workers on an equal basis. In these cities Federation of drayman, yard man and longshoreman admitted workers on an equal basis. These trade assemblies in San Francisco and of the major cities promoted major organizational drives among beer bottlers, coal haulers cart-men as well as other trades.

The Knights of labor was the first successful major National union. At the 1886 Convention of the Knights of labor the general secretary-treasurer John W Hayes reported, "rapid strides have been made in the south come especially in Virginia, the Carolinas, Georgia and Alabama. The colored people of the South are flocking to us, being eager for her organization and education; and where and thoroughly imbued with our principles are unswerving in their fidelity.' Between one third and one half of the membership of the Knights Of labor in the south are Black. By 1886, Black and white draymen and the yardmen were admitted to membership in the Federation of Dockworkers is the ports of Savannah, Galveston and New Orleans.

On May 1, 1886 interracial solidarity reached a high point when 340,000 workers demonstrated for the eight hour day and 200,000 went on strike. While only 42,000 gained the eight hour day immediately, most workers gained a shorter work week than they had before.

The fall of the Knights of labor gave rise to the American Federation of labor. In the 1890s the AFL started to organize in New Orleans. Despite the racist attacks by the owners and the newspapers, unions were able to build black white solidarity in the south.

The New Orleans general strike of 1892 was proof of the interracial solidarity built by the workers. 49 unions affiliated with the AFL went on strike. 25,000 workers walked out for four days. Many of the unions were organized in the summer of 1892. They were united in the Workingmen's Amalgamated Council.

Among the recently organized unions in New Orleans were the Teamsters scales man and Packers. They were known as the triple alliance. On October 24, 1892 3000 workers struck because the board of trade refused to grant them a 10 hour day, overtime pay and preferential Union shop. I'm November 8 1892 after a intense divisive

racial pressure the working man's amalgamated Council call a general strike. The general strike was led by a committee of five, one of whom was James E Porter, assistant State organizer of the car drivers union. Governor Foster called out the militia but ultimately the employers had to fold. Workers won a 10 hour day, overtime pay, adjusted wage schedules and an end to discrimination against union men.

C. Silvera

An Open Letter to Mayor Eric Adams
Regarding Municipal Retirees' Healthcare Coverage

We are calling on Mayor Eric Adams to cancel the proposed Medicare Advantage Plus plan and continue to support the current Medicare/Senior Care health insurance coverage for municipal retirees.

As elected officials, as public servants, as fellow New Yorkers, we share your concern about the relentless rise in health costs. It is both an individual burden and a millstone for the city.

But we will not solve the city's problem by slashing access to care for older New Yorkers nor by privatizing public goods. For New York City to shift municipal retirees from public Medicare insurance to a private, for-profit Medicare Advantage Plus plan makes no economic sense and is bad public policy.

We estimate that the new Medicare Advantage Plus plan will spend \$3,400 less caring for each person than is now being spent through Medicare and Senior Care. The City's retirees deserve better than this cut-rate health care.

Furthermore, the new plan is inequitable. The current Medicare plan is available to all. Under the new plan, higher income retirees will be able to opt out, pay the \$2,300 annual premium for the new Senior Care, and stay on Medicare. Those with lower incomes, most particularly retirees who are women and those who are black and brown, will have to accept this inferior private plan.

People will die so that the City can save money short-term, so for-profit insurers like Empire can enjoy a windfall, and so leaders of "non-profits" can award themselves exorbitant salaries.

Those who have served New York City deserve better. Thanks to an influx of federal money, the City does not have to eliminate its support for its retirees' care. There is no excuse for this attack on the wellbeing of retirees.

The City can find other ways to save money on health care. A number of them, including self-insurance by the City for coverage of its current employees, were identified in the 2018 agreement between the City and the Municipal Labor Committee and could save even more for the City than this damaging move.

Instead of going backwards to privatize retiree health care, the City should continue to support Senior Care as the Medicare supplement so its retirees can remain on public Medicare, which works for all of them.

Councilmembers, Committee on Civil Service and Labor:

My name is James Collins. I retired from HRA about 30 years ago. Thanks to my pension, Social Security, Medicare with Senior Care and reasonably good health till now, I've been able to enjoy a second career as an advocate for older persons, leading to a January 26 Guest Essay in the Daily News titled "the tough truth on city health plan". At the conclusion of the piece, I listed 3 public policy issues embedded in this dispute over the city's plan to drastically alter retirees' health plan coverage. 2 of the 3 should concern the Council.

First, who legally can represent and negotiate for retirees? A U.S. Supreme Court case and numerous New York State cases establish that unions represent current employees, not retirees. The stark conflict of employee interests and retiree interests in the city's plan is clear to all. You must be aware that DC37 approved the plan while the DC37 Retirees Association has donated \$5,000 to the organization fighting the plan. Retirees in the private sector are similarly vulnerable as described in a December 27, 2021 Wall St Journal article on AT&T retirees.

I am not aware that this issue has ever been addressed, so I suggest the Council hold hearings on this topic, inviting the legal community, government officials at all levels, as well as retirees to present their views.

Second, does New York City really want to or need to financially coerce 200,000 of its retirees out of Senior Care (supplementing Traditional Medicare) into a Medicare Advantage plan they don't want? Does the NYC Council agree that from now on, when an employee retires she has to take the Medicare Advantage plan or pay a \$191.57 (\$383.14 for couples) monthly "penalty" to use Judge Frank's term to enroll in Senior Care? Is the Council comfortable with the inequities here? What does it say to defenders of traditional Medicare and proponents of Medicare for All here in this Council and around the country that NYC instead wants **all** its retirees in a Medicare Advantage plan and will no longer pay for Senior Care?

This is such bad policy from every angle that the Council must do whatever lies within its powers to (1) maintain retirees' real freedom of choice between the \$0 premium MA plan and the \$0 premium Senior Care plan, and (2) oppose the federal waiver that would allow NYC to auto-enroll retirees into its MA plan unless they opt-

out. Enrollment into the MA plan should only be on an opt-in basis for those who want it.

Finally, I can only condemn the cruel, callous, hardhearted, shameful actions of the union leaders, OLR officials and Alliance leaders who would knowingly throw thousands of vulnerable retirees in their 70's, 80's and 90's across the country, many in terminal medical conditions, or fighting life-threatening illnesses, or suffering from Alzheimer's or other forms of dementia out of a medical plan they have enjoyed and used for decades – in order to put money into something called a Health Stabilization Fund!

And shame on you, Councilmembers, if you don't do something about it!

From: Jeanne DAlessio <jeannedalessio@yahoo.com>
Sent: Tuesday, February 22, 2022 8:02 AM
To: Testimony
Subject: [EXTERNAL] For civil service and labor committee

As a DC 37 retiree I feel I must speak out. Some 20 years ago I made a decision to work for the DOE.

I left private industry for two reasons..The possibility to work with children in an educational setting, a place where I felt I could do some good in shaping the lives of future citizens. And , even though the pay and perks were substantially less, I'd trade them for a secure retirement with excellent health benefits(Straight up Medicare A and B)

I just retired this past July, given COVID, a really difficult do-it-yourself process that reduced me to tears more than once. As soon as that process was completed the health care switch came to light. If I had known about the punitive \$195.00 charge to stay with Medicare I would not have retired!

Too Late!

As things stand now the choice is a difficult one. I have been more than happy with my health care benefits and I see this privatization as a betrayal of a choice I made 20 years ago.

My pension is very small and to reduce it by 195.00 a month is to make me make the choice between excellent, care free health care and eating.

I thought I made that choice years ago.

Jeanne Dalessio
DC37 retiree
School Aid

Sent from my iPhone

From: jeff levin.ws <jeff@levin.ws>
Sent: Wednesday, February 23, 2022 10:22 AM
To: Testimony
Subject: [EXTERNAL] NYC MAPP

Date: 2/23/2022

Re: NYC MAPP

To: The City Council's Committee on Civil Service and Labor: Strengthening Workers' Rights.
testimony@council.nyc.gov

Dear Council Committee,

I am writing concerning the new MAPP Health Plan that the city wants to force on all city service retirees. The following is a summary of why this should not be allowed to happen.

New York City Retired employees worked for the Health Insurance that we presently have, Medicare and a supplemental plan like GHI Senior Care, not a privately owned for profit plan that is the new MAPP.

We deserve to have the Health Care plan that we retired into, free of charge, which the city is obliged to provide us, not an inferior one. Extra premiums and co-pays are a charge- not free.

The new MAPP is inferior to the present plan(s) that we have. This is especially true with regard to the need for per-approvals unlike Medicare. This can be disastrous for retirees who are often frail or infirm, cannot advocate for their rights or who have multiple medical conditions requiring treatment.

Postponing treatment, while permission is sought, can lead to further complications or even death. It is effectively denial of care. Gym memberships and car rides do not equal better coverage.

The city has been insincere in explaining the above to retirees.

Every time there is a postponement of care there will be another copay when the patient returns.

The Daily News on August 13, 2021, cited Dr. Leonard Rodberg, Professor Emeritus, Queens College/CUNY, as saying that people of color and women will have no choice but to be placed into a Medicare Advantage Plan because of the costs. These groups will have to pay up to \$5,000 to buy a Medigap plan or be forced into an inferior Medicare Advantage Plan.

Many retirees who made low salaries when working for the city and those who retired long ago will also not be able to afford to stay in their current plan, and will be forced into the MAPP.

Over 50,000 retirees, apx. 1/5 of the 250,000+ retirees who have their insurance through the city, have already opted out of the plan - an indicator of just how unpopular this new medical plan is.

The incentives for managing care are backwards. The more care is denied the more money the insurance company makes.

Anthem, parent company of Blue Cross Blue Shield, is presently being sued by the Federal Gov't for fraud.

Thank you for your attention to this matter

Sincerely,

Jeffrey Levin

NYC Dept. of Edu. Retired.

68th Avenue, Forest Hills, 11375

jeff@levin.ws

Dear City Council Member,

You're aware that we were underpaid but stayed with the City because we were promised to keep our benefits upon retirement so I won't go into that again.

I am a cancer survivor who must go for yearly follow ups at Sloane Kettering Hospital and I am currently receiving **all day** IVIG infusions every 2 weeks for an unknown cause of Peripheral Neuropathy at Hospital for Special Surgery. My neurologist has informed me that I will likely have to go for these treatments for the rest of my life. There are now over 100 procedures on the preauthorization list of the new MAPP plan (and by the way it says it's not a complete list; just use them as a guide, really???? so do you honestly believe that a **for profit company** is going to approve my infusions and yearly followups at Sloane? If you do, I have a bridge I'd like to sell you.

You know my story isn't mine alone; there are countless of other retirees who have similar or far worse circumstances as I and my heart breaks for them. Not to mention the countless retirees who still have no clue that this is even happening to them because they are not on social media nor have email access.

I and thousands of others have or will opt out because we feel we have no choice. Who would willingly pay almost \$400 a month (because my husband has to go into this plan with me) to keep what we worked for and were promised? This is a travesty.

But, more importantly, besides this being a horribly inferior plan, I want you to ask yourselves **why** the City would sign a Contract with a Company who they knew was being sued by the DOJ for Medicare fraud since March, 2020?? There is something seriously wrong here. Would you sign up for your health/life/home/car

whatever insurance with a company that was being sued for fraud,?? Come on.....

This is just wrong on so many levels and I'm asking you to dig deep into your hearts and consider if you'd want this to happen to you, your parent or your grandparent? You know this isn't fair and you can do something about it. All we want to do is live out the rest of our time on earth in peace. Please help to make that happen.

Respectfully, Joanne MacDonald NYC Retiree - 2014

Testimony: Committee on Civil Service and Labor
Wednesday February 23 at 1pm Hearing on Strengthening Workers'
Rights

Julie Schwartzberg
Retired Public Health Epidemiologist 2002, NYC Department of Health
former Executive Vice President, Local 768 DC 37 Health Services Employees

Regarding the switch of City Retirees from Medicare to an Inferior Medicare Advantage Plan

I worked for the City of NY for 23 years as a teacher and a Public Health worker. My co-workers and I proudly carried people with TB to the City clinic on our backs, helped figure out how HIV was transmitted and staffed fantastic high schools for drop-outs.

I signed up to work for the City because I care about people, and because I saw my father die when he didn't have any decent health insurance. I took lower pay because I knew I would get great benefits when I retired. And that it was guaranteed by contract!

AND NOW the City sold me out and threw me under the bus just when I'm 78 years old and need good healthcare the most. The good news for me is I can afford to opt out of this privatized plan and keep my Medicare— which is the best insurance I ever had in my life. No co pays. No pre authorization. No expensive administrative costs. No waiting for a life-saving MRI or echocardiogram.

But my biggest concern is for my DC 37 brothers and sisters who represent the largest contingent of lower wage, lower pension retirees—and who are overwhelmingly women and people of color. Many cannot afford to opt out at \$300 a month like I can—-And many cannot pay the endless co pays that this “great Insurance” requires. Copays are significant when you think about how many specialist visits and tests and PT appointments a 78 or 88-year-old can have in a year; at \$15 a pop, that's a chunk of change out of a small pension.

And how many can “pre-pay” for an emergency MRI with the promise that an insurance “concierge” will help get the procedure reimbursed.? This is life and death. And this is why people all over the country opt out of Medicare Advantage in the last year of life.

For example, I have a friend who had many tests for a number of serious symptoms—and finally an MRI showed a heart condition that needed immediate surgery. Waiting for a pre-authorization would have killed her. This is no joke folks.

I have not even touched on any of the facts about how this switch could have been avoided, and about all the lies and being told about who takes it and who benefits from it. I'm sure you've heard plenty about that.

My main ask to you right now, is that you use your oversight power to investigate how the City decided to give a multi-billion dollar contract to an insurance company, Anthem, while they are being sued by the federal government for overcharging Medicare by millions of dollars.

Thank you!

Thank you for this opportunity to testify.

I spent my career working for the Department of Consumer Affairs helping consumers obtain the goods and services they were promised. I did so based in part on the promise by the City to employees that in our retirement we would have our health care continued at no cost.

K. Miller
University of Florida

Testimony of Leonard Rodberg, PhD
before the NYC City Council Committee on Civil Service and Labor on Changes to
Municipal Retirees' Healthcare Plan

February 21, 2022 (Originally delivered October 28, 2021)

I am Leonard Rodberg, Professor Emeritus of Urban Studies at Queens College/CUNY. I am also Research Director of the NY Metro Chapter of Physicians for a National Health Program.

On July 14, the Municipal Labor Committee, representing the City employee unions, voted to approve the plan to move the City's retirees from government-provided Medicare to a private Medicare Advantage plan. That day the Mayor's office released a statement which said "As long as the provider takes payment from Medicare, they are obligated to accept the NYC Medicare Advantage Plus Program payment." That statement is a lie – and it still appears on the Mayor's web site. Many providers refuse to join Medicare Advantage plans, and it is their perfect right to do so.

A principal reason for their resistance is that these insurers cut their costs by requiring prior approval of any test or procedure likely to be costly. For seniors, many tests and procedures are needed. Doctors cannot treat their patients properly when they need permission from an insurance company that is eager to limit their spending..

In fact, the new Medicare Advantage plan will be spending \$840 million less on providing medical care for the City's retirees than is now being spent through Medicare plus Senior Care. Not only is the City eliminating its subsidy of their care, but for-profit Empire Blue Cross and non-profit Emblem Health continue to pay extraordinary salaries to their high level staff – Emblem's CEO just received a 66% raise to \$5.3 million.

The current public Medicare plan which retirees have is equally available to all. The new private Medicare Advantage plan will increase the inequities in our health care system already displayed in the past year's pandemic crisis. Higher income retirees will be able to opt out, pay the \$2300 premium each year for the new Senior Care, and stay on public Medicare. Those with lower incomes, the black and brown retirees, the women, will have to accept this inferior private plan.

The cut of nearly a billion dollars in health care spending will have real consequences for retirees: Less access to care. More illness. People will die so the City can save money, insurers like Empire can enjoy growing profits, and leaders of so-called non-profits can make millions.

The people who have served the City deserve better. Thanks to an influx of federal money, the City is in good financial shape. There is no excuse for this attack on the wellbeing of its retirees. Instead of going backwards to privatize retiree health care, the City should continue to support Senior Care so its retirees can remain on public Medicare, which is working for all of them. Meanwhile, we should all be working toward the best way to contain the rising cost of health care, through a comprehensive government-funded program like the NY Health Act which will make affordable health care available to all New Yorkers.

I have submitted this testimony electronically along with documentation for everything I have said here. Thank you.

NYC COUNCIL COMMITTEE ON CIVILSERVICE & LABOR

COUNCIL MEMBER CARMEN DE LA ROSA, CHAIR

OVERSIGHT HEARING, HOW TO STRENGTHEN WORKERS’

RIGHTS ACROSS THE NEW YORK CITY WORK FORCE

FEBRUARY 23, 2022

Good Afternoon, Madam Chair and Members of the Committee, including my Council Member, Erik Bottcher.

My name is Lisa Young Rubin and I am a New York City retiree (formerly employed at the New York City Council). I submit my testimony to voice my fears about the City’s latest retiree health insurance scheme and its impact – not only on me – but also, my fellow City retirees as well as City employees who are future City retirees.

Forcing Medicare-eligible City retirees to be auto-enrolled – without their signed consent and even possibly without their knowledge – into a

Rubin, Lisa Y.

February 23, 2022

Medicare Advantage plan and thus auto-disenrolling them from Medicare and their City Medigap policies or penalizing them by almost \$200 per person per month sets a dangerous precedent for all. It also entails the first time that a mayor of a major US city would help promote Medicare privatization.

Medicare-eligible retirees are among the most vulnerable group, due to age and disability status, and it is particularly risky to force this scheme on us during what is still a Public Health Emergency – as declared by President Biden. Many retirees are not necessarily using the internet or closely following local news, and may thus be caught unaware of their having lost their Medicare and Medigap insurance until they try to access medical or pharmaceutical services.

And those of us who are aware have been left scrambling, trying to balance the cruel and oppressive choice between giving up our Medicare

Rubin, Lisa Y.

February 23, 2022

and Medigap insurance, possibly some of our health care providers and grappling with the complex and potentially dangerous waiting policies of as many as 87 types of pre-authorizations, or staying with our current insurance and paying an unaffordable penalty.

I thus urge this Committee to vote against this proposed scheme if it is presented with it and to also to pass a resolution against the implementation of this scheme in its current form.

Thank you.

#

Lisa Young Rubin
W. 24th St.
NYC, NY 10011
lisa.rubin@live.law.cuny.edu

DAILY NEWS EDITORIAL

Praying the bias away

Within the space of a week, Mayor Adams has tapped two former pastors with histories of anti-gay remarks to high-ranking administration positions. He should recognize the legitimate pain this causes in the city's LGBT community and have Fernando Cabrera and Erick Salgado sit with and hear from gay and lesbian New Yorkers.

Salgado, a pastor who ran for mayor in 2013, will serve as an assistant commissioner in the Office of Immigrant Affairs. Back in 2013, he lambasted the city's Parks Department for building statues honoring non-Jewish victims of the Nazis, including homosexuals and political prisoners. This, Salgado said, was "a betrayal of the community and even worse, disrespectful of the memory of those who perished in the Holocaust." But gays were among those specifically targeted by Hitler; an estimated 10-15,000 "socially aberrant" men were sent to concentration camps, where most were killed.

Remarks by Cabrera, a pastor and former councilman named senior adviser in the newly formed Office of Faith-Based and Community Partnerships, were also reprehensible. In an early 2014 YouTube video filmed

in Uganda — whose leader had called gays and lesbians "sick," and which later that year was roundly and rightly condemned by human rights watchdogs for cruel legislation outright banning homosexuality — he praised the country for its approach to gays and supposed moral clarity.

We appreciate that Adams, who has an admirable record on gay rights, says he will not countenance discrimination by anyone who works for him, and we are glad that both men have apologized. But apologies are easy. Genuine personal growth is harder.

To be clear, there is nothing wrong with Adams bringing into the fold Christian leaders with a more conservative streak on social norms. Many New Yorkers take their faith seriously, a fact that some progressives would rather ignore. Nor do we reflexively equate personal opposition to same-sex marriage with unpardonable bigotry.

But these two men have gone further, embracing vitriolic rhetoric. They and Adams owe leaders of the city's 700,000-strong LGBT community an open and ongoing conversation. If Salgado and Cabrera haven't evolved, now's the time to start.

Give 'em hell, Harry

We thought business turnaround expert Harry Wilson was terrific when he ran for state comptroller a dozen years ago. So did the Times and the Post, the first time that the three papers endorsed a statewide challenger since we all backed Pat Moynihan's first Senate run in 1976. Wilson lost narrowly in 2010, but he had the best showing of any statewide Republican since George Pataki's final gubernatorial victory in 2002. Now, Wilson is aiming for governor himself and putting in millions of his own fortune.

We welcome this intelligent, pragmatic, not-at-all-Trumpified Republican into the race and hope he drags the field toward the sensible center. Already in the pool in advance of next week's GOP state convention are Long Island Rep. Lee Zeldin, ex-Westchester County Executive Rob Astorino and Andrew Giuliani, son of a certain mayor and former White House aide to a certain president.

The GOP should want to prevail in November. That will mean winning over Democrats and independents in a state where Republicans are outnumbered by

those other two categories more than three to one. We aren't endorsing Wilson or any of the contenders; we are supporting a vigorous debate leading up to the June primary.

The Democrats are having their own debate, with city Public Advocate Jumaane Williams and Congressman Tom Suozzi both challenging Gov. Hochul, the former from the left and the latter from the right. The competition will make whoever emerges stronger.

His party rivals will likely call Wilson a RINO for working for President Obama or giving a contribution to Manhattan District Attorney Alvin Bragg. But Wilson's Obama job was running the highly successful American auto industry rescue. Did they oppose that? As for Bragg, they were college acquaintances; Wilson's \$1,000 contribution was a full year before the divisive DA primary.

Wilson is a fixer of businesses. His present task is seeing if he can fix an out-of-touch state GOP. He's not a salesman, like a certain former New York Republican, now of Florida, but it will be up to rank-and-file voters to decide if they are buying.

Into the weed

In enacting a new law to allow the state's existing hemp farmers to begin cultivating cannabis for adult use on a limited license, Gov. Hochul and the Legislature are taking a positive step to speed up what has been an unnecessarily slow rollout of the regulatory infrastructure to get the state's recreational marijuana market up and running.

Holders of the new licenses would be able to grow cannabis as well as manufacture and distribute derivative products through June 1, 2023. The law demonstrates that lawmakers can devise ways to expedite the development of the legal pot industry without sacrificing oversight and regulation.

It's not a free-for-all allowance to start growing marijuana willy-nilly, but rather establishes clear rules and standards for who can participate and how much pot they can grow, while also compelling them to cultivate their product sustainably and mentor people from diverse backgrounds on how to enter the industry. This helps solve the problem of supply, particularly

as a skittish Congress and the feds keep failing to act on cannabis' ridiculous Schedule I drug designation, making legal interstate shipping impossible.

Lawmakers should consider similar solutions to the other side of the coin, distribution, which has been hampered by a sluggish process to develop regulations and licensing procedures for retail sellers and dispensaries. While it's good that the cultivator license will allow growers to distribute, what the state really needs is a robust third-party retail sector that can market and sell cannabis in cities and towns, producing those sweet tax revenues that the state is already counting on.

It's ironic that New York is now attempting to crack down on so-called gray market dealers — those who, for example, have gotten around the current lack of marijuana business licenses by offering the product as a "gift" with the purchase of another item — when it has provided no real alternative, or even a firm timeline of when distributor and dispensary licenses will be available, and what they'll entail. Let's make that a high priority.

NYC retiree health plan lays an egg

BE OUR GUEST

BY MARCIA BIEDERMAN

The city's plan to move municipal retirees off their current health coverage into a jerry-rigged Medicare Advantage plan has yet to begin. But the show has been in previews, the word has gotten around, and the audience is heading for the exits.

By crowdsourcing standards, the plan has failed even before its projected April 1 launch date. As of last week, more than 45,000 retirees had opted out of the plan. They chose to keep their current coverage even though it will cost them thousands of dollars annually to do so.

That number is likely to mount fast. Thousands of retirees in many states and Puerto Rico have been watching videos made by three former emergency-service workers. The trio patiently answers questions about opting out, by phone or online. Lines to the plan's so-called welcome center seem jammed with goodbyes. On a recent day, one caller was twice placed on hold and disconnected.

Municipal Labor Committee Chair Harry Nespoli has dismissed opponents as "only a small fraction of the retiree community," insisting that "the vast majority of retirees understand the benefits of the new plan." But of the quarter-million people set to be moved into Medicare Advantage, nearly one in five are willing to pay the high price of rejecting it. Nespoli needs to do the math, this time with a calculator.

Among the refusers are the hundreds of retirees who rallied near City Hall on Valentine's Day, asking Mayor Adams to halt the impending health care switch. And the 1,800 who signed their names to a "Wall of Broken Hearts," displayed at the event.

Nespoli is partly right, however: Most retirees will land in the new plan, like it or not. Many can't pay the stiff new premiums to keep their current coverage, which for most is traditional Medicare and a supplement. Others could be trapped while searching for an escape. If, as expected, a court-ordered stay on the plan's launch is lifted next month, the city will toggle masses of former firefighters, teachers, cops and clerks into the brand-new NYC Medicare Advantage Plus plan.

Some won't know what hit them until their Medicare Advantage cards are turned down by the doctor's office. Those wanting out of the new plan will find it's like a Roach Motel: easy to check into but tough to check out of. That may be why the city, under the guise of a "trial period," is offering a second opt-out deadline of June 30. Unwitting enrollees could be mired for months.

The three former emergency-services workers have made videos

pointing the way out. They are board members of the NYC Organization of Public Service Retirees, whose lawsuit won a temporary stay on the plan's rollout, which a Manhattan judge called "irrational." Next week, lawyers for both sides will argue whether the city has the authority to make this change, with a ruling expected next month.

The group's leaders are optimistic about the outcome. But given the difficulties of disenrollment, they advise those wanting to opt-out to act now, before the glue sticks.

Like FDR's fireside chats, these evening advice sessions have calmed retirees in a time of adversity. Some viewers can't opt out, some are thinking of giving the new plan a whirl, others want to switch to a different Medicare Advantage plan, still offered by the city for a limited time. The chat hosts don't judge, leaving that decision up to each retiree.

If only the municipal unions took that attitude. Having raided a city fund meant for health benefits to fund money for workers' raises, the unions are desperate to save costs on retiree coverage. Hence, we find Michael Mulgrew, president of the United Federation of Teachers, dismissing the worries of the many retirees whose doctors say they won't accept the new insurance.

"They don't know what network they're in. Their billing departments do," Mulgrew said in an October webinar. Indeed, when one of Mulgrew's own doctors said he wasn't in the new plan, Mulgrew refused to believe him. "He had no clue," the union president said. Why else would the doctor be listed in the plan's provider directory?

Because mistakes happen, as Memorial Sloan Kettering discovered. After lengthy negotiations, MSK signed a short-term contract with the city's new plan. Yet it continued to print bills warning that no Medicare Advantage plans were accepted, alarming retirees. As this paper reported, that was a hospital error, since corrected.

That didn't prevent Mulgrew, so trusting of billing departments, from pointing his finger elsewhere. In an email to UFT retirees, he wrote, "The spreading of misinformation by the plan's opponents has got to stop. Our retirees are getting hurt."

Yes, they are. Mr. Mulgrew, Mr. Nespoli, and Mayor Adams. Legions of resisters have sent you a message: This plan has got to stop.

Biederman is a writer and member of the Cross-union Retirees Organizing Committee. In 2016, she retired from teaching for the Department of Education.

1. What is the legality of the MLC negotiating on behalf of retirees who are no longer part of the unions that the MLC represents?
2. What provisions the City Council putting in place to see that the purported \$600 million-a-year savings actually occur?
3. If the MAP goes into effect, the Alliance -- Emblem/Empire/Anthem -- will be the only City-provided health care insurance agent available to retirees, whether they go with the MAP or opt out to Senior Care. How will the City Council monitor the quality of coverage provided by the Alliance, which will now have no other competition? Will the City Council step in if the Alliance raises its Senior Care premium dramatically year by year?
4. For those City Council Members who have stated their support for Medicare for All, the New York Health Act, or other forms of publicly funded and managed health care coverage, how do you square your beliefs and public statements with the privatized for-profit health coverage now being offered to 250,000 City retirees and their families?

M. Cameron

NYC City Council Hearing, Committee on Civil Service and Labor' Oversight Hearing at 1:00 pm, February 23, 2022: Municipal Retirees' Healthcare

My name is Robert Rendo, I am the spouse of a retired NY City retiree, and I reside at Rockledge Avenue Ossining, NY 10562.

TESTIMONY:

I am expressing my fierce opposition to NYC's intended implementation of a Medicare Advantage Plan for NYC retirees. There are many incongruencies in this agreement that leave many unanswered questions and warrant an official investigation.

1. For starters, of grave concern is the monthly premium for the Emblem Health Express Scripts Prescription plan. James Collins. Former chair NGO Committee on Aging at the United Nations, NY writes in the Daily News/January 4, 2022:

Facts and figures

The Medicare Advantage plan the city is seeking to impose on its retirees includes enrollment in the Emblem Health Part D pharmacy plan. By law, that plan provides actuarially exactly the same coverage as all other Part D plans, which vary only in how plan members reach the \$7,050 true out-of-pocket drug purchases before catastrophic coverage begins. The Medicare Rights Center reports that the average monthly premium for a Part D drug plan in 2022 is \$33.37/month, a little more than \$400/year, while the Emblem drug plan collects a \$125 monthly premium (\$1500/year) from almost 200,000 NYC retirees.

Why do the city and the unions allow Emblem to enjoy this excess profiteering of close to \$200 million a year?

Why does the city subsidize this outrageous monthly premium through payments to union benefit funds that reimburse retirees for a portion of that excessive premium?

Who is guarding the public purse?

This Medicare Part D information was just posted on the Medicare Rights Center's website (along with Part A and Part B info):

Part D (Prescription drug coverage)

- National average Part D premium: \$33.37 per month
- Part D maximum deductible: \$480 per year
- Coverage gap beings: \$4,430
- Catastrophic coverage begins: \$7,050

The Emblem Health Part D pharmacy plan provides actuarially exactly the same coverage as all other Part D plans- plans vary only in how plan members reach the \$7050 "true out-of-pocket" drug purchases before catastrophic coverage begins. See page 30 of the Enrollment Guide.

But note that Emblem also collects a \$125 monthly premium (\$1500/year) while the average plan collects only \$33.37/month, a little over \$400/year.

Additional commentary from a fellow retiree:

“This document is worth reading. The premiums do not jibe as measured by NYC OLR charges of \$125.

Will the city council investigate if retirees have been overpaying for a prolonged period of time?

express-scriptsmedicare.com was first indexed by Google in September 2012

<https://www.express-scriptsmedicare.com/pdf/medicare/medicare-part-d-2021-evidence-of-coverage.pdf>

Fundamentally the MIC has no transparency or individual accountability for their actions.

There should be a thorough investigation as to why retirees were historically paying what they did for part d insurance. And how they arrived at the mysterious \$125 rate when the cost should be half of that. This deserves a microscope examination by a forensic accountant”

2. The City and taxpayer are NOT realizing any true savings with this MAP! Relative to the above mentioned use of Welfare Fund monies to reimburse retirees for overpayment for the prescription plan: Jonathan Rosenberg’s testimony to the City Council Hearing on October 28, 2021, which states:

The MLC and the city plan to utilize the savings from the transfer of the retiree health plan to Medicare Advantage Plus to provide the Stabilization Fund with an alternate revenue source. This new revenue source defers any need to deal with the fundamental issue facing the Stabilization Fund—the cost of annual obligations being financed with an unreliable stream of income. The agreement to move to Medicare Advantage continues the use of the Stabilization Fund as an off-budget transfer of city dollars to a special-purpose fund that has little or no budgetary oversight.

3. There has been severe misinformation to retirees and the public on behalf of NYC and MLC/UFT attorney Alan Klinger: Susan Pulice, UFT administrator of the official UFT Retiree FB Page, posted UFT representative Bob Zuckerberg's transcript of the presentation for the UFT Healthcare Committee by MLC/UFT attorney Klinger, Mulgrew, and the Emblem Health representatives in an online meeting. In this meeting, information was accurately misrepresented to the public. The transcript was posted on July 9, 2021. The following are some excerpts from Mr. Zuckerberg’s transcript:

Q: Will there be a public hearing about the plan? (See snapshot #3).

A:

Alan Klinger: **No.**

In addition, Mulgrew acknowledges that this is a done deal.

Q: What will be the cost if we do not sign up for this plan? (See snapshot #1)

A: The cost of maintaining the current, GHI SeniorCare supplemental package that the City now offers you for free will be **\$180** per month per person.

Q: Will we continue to receive Part B and IRMAA reimbursements, even if we do not accept this plan, stay with traditional Medicare, and buy our own supplemental insurance? See snapshot #1

A:

Alan Klinger: **Yes.**

Here are my comments about the above questions:

Q #1 - Why would a very large contract that impacts 1/4 million elderly NYC former employees not be subject to a hearing?

Q #2 - Cost to maintain current Senior Care insurance is \$194.40 per month plus \$15 copays for every single service. This is a penalty for choosing to remain in traditional Medicare, the program that all of the retirees contributed to throughout their working lives. Please note that UFT retirees will be paying \$319.40 per month per person. Retirees from other unions have lower fees. UFT is the highest out of pocket charge.

Q #3 - This is contrary to what is currently stated. The response now should be the same as that provided in July 2021 by Alan Klinger, MLC/UFT attorney. This subject is addressed in **Local Law 39** which states that the requirements for reimbursement of Medicare Part B and IRMAA are twofold: to be Medicare eligible and receive a NYC pension. These responses listed above are either incorrect or differ from the information currently provided.

In the February 24, 2021 MLC General Membership Meeting minutes, Alan Klinger stated, "A committee was set up in order to work with the City to effectuate savings without harming quality of care and without resorting to member contributions to premium.

See the attached report by Len Rodberg, Professor Emeritus at Queens College, that the NYC Medicare Advantage plan will reduce retiree health care by 24%.

Also recorded in the MLC minutes, the representatives, Chris Calvert and Len Spangher, of Segal Company, a benefits consulting firm hired by the MLC, stated that "A Medicare Advantage Plan will mirror the coverage that Senior Care provides today, it is **not going to increase co-pays**, it is not going to change networks. If your doctor accepts Medicare today, and you go to them through the Senior Care plan, that Medicare doctor will accept it and you can go to that Medicare Advantage plan tomorrow."

The information cited above as provided by Segal Company is confusing and incorrect.

Harry Nespoli repeated this exact misinformation when he advised in his letter to the City Council members, "The City and the MLC worked for a year with the help of nationally recognized health-care consultants to arrive at a plan that not only mirrors the existing Senior Care program utilized by most retirees....."

4. A clear-cut demonstration by the City that City officials and Union official do not understand the particular nuances and mechanisms of Medicare and how Medicare works: Background knowledge on how traditional Medicare functions is imperative before attempting to evaluate any of these proposed changes. In traditional Medicare, Medicare is your primary, your secondary is the supplemental plan aka the Medigap plan. The Senior Care (Medigap) plan picks up the 20% that Medicare does not cover. Contrary to Segal Company representatives' declaration you do not go to a provider through the Senior Care plan. Additional copays have been made a feature of both the MAP and the out-out choice, despite there being no copays currently. The Medicare Advantage plan does not mirror the current Senior Care plan by the very nature of what each of these plans is.

Claire Levitt, Deputy Commissioner of Healthcare Cost Savings, stated in an email conversation with me that "the copays are nominal. She stated additionally that, "no one will be disenfranchised." I referred her to the NBER study, The Health Costs of Cost Sharing, in which, "we documented a large mortality burden attributable to cost-sharing."

5. This MAP creates a two-tier healthcare system for retirees: I submit for your review an additional paper by Dr. Leonard Rodberg, that reports on how this MAP creates a two class health system, harming particularly people of color and women.

https://www.pnhpnymetro.org/opposing_creation_of_a_two_class_healthcare_system_for_the_city_s_retirees

6. There has been a lack of all transparency and accuracy of information at Town Hall and informational meetings: I attended four or more webinars, zooms and Town Halls with regard to these changes in the spring and early summer of 2021. Copays were not mentioned in even one of these presentations. How is it that the OLR is now insisting that the copays were slated to begin before Covid and that the pandemic got in the way of the implementation.

Attempts have been made to FOIL the MLC minutes without success. These documents should be available to FOIL, rather than kept hidden from the public eye. If there was nothing to hide, these documents would be easily accessible.

7. Now is a rare window of opportunity to do the right and moral thing: This is the only industrialized democratized nation where money and greed drive health care. We, the retirees, are no longer considered purposeful to NYC, and are being tossed aside. Now is your critical window in which to show the city that you can create a legacy of decency and integrity instead of this pool of corruption.

Sincerely,
Robert Rendo

I took an oath when I was sworn into city service that said” I do solemnly affirm that I will faithfully discharge the duties of my position according to the best of my ability, and perform my duties in a manner consistent with the constitution of the United States and the constitution of the state and city of New York....and then I paid my 15 cents oath fee (in 1973....)

And then I attended many trainings and many benefits sessions....that led me and all my fellow civil service inductees to understand that We had a reciprocal relationship with the boss...NYC government.

I had a clearly defined job description and the city had a clearly defined description on how I, as a civil servant was to behave and be treated and what I could expect, as a worker and as a retiree...for I had to read the city rules of conduct, pick my medical care provider, sign on for pension, and join a union and learn my job, within just weeks of being hired.

Civil servants, city workers are a dedicated and caring group. We are representative of the various people and communities that we serve. We work to make the city run the best way it can because we live here, and our families and communities are here and we want to make a positive impact on the world by doing the best we can.

We often make personal sacrifices to work in jobs that make the city work!

During transit strikes, I found my way into work, during snow storms, and fires and riots in the 1970's I found my way into work, and working for the NYC DOHMH, I and fellow

coworkers worked day and night to bring HIV/AIDS Prevention programs to life...through focus groups, program development, grant applications and needle exchange and gay rights protests.

Many civil servants put their lives and health on the line daily, so the city can run. Most work very hard to maintain and develop services, provide for the health and safety of the people and educate children and adults, as well as govern and create and protect the laws of the city.

And during anthrax events, and 9/11 terrorist attacks, many sacrificed health and lives and their well being, for the good of the city....

And the expectation, the promise, the understanding, has always been that there would be 'benefits' that would help us get through the adversities that could arise as a result of our jobs, and those benefits would be our reward for our sacrifices and would remain with us even into retirement.

So here we are, I and 250,000 fellow retirees, with the understanding that we would have original MEDICARE and a medigap plan to carry us through our retirement.

But suddenly we are being forced to make health care decisions without an agency benefits office to guide us. We are being forced into a new program, with no NYC track record, while having additional surprise costs being foisted upon us, all while we all have no way of earning the additional funds needed to remain in the

better original MEDICARE program that we currently have and are used to.

The city, our former boss, is breaking its promise to us, after we kept our promise to the city.
This is unconscionable.

When current workers see how easy it is for the city to go back on its commitments, how will those workers feel about making sacrifices for the city any more?

R. Gonzalez

Testimony for City Council Committee on Civil Service and Labor hearing on Feb. 23, 2022 re:

From: Sarah Shapiro

smshapiro@hotmail.com

My name is Sarah Shapiro. I worked for NYC for 27 years as a teacher. I retired in July 2021 and I am now a member of the Cross-union Retirees Organizing Committee.

Harry Nespoli, Chair of the Municipal Labor Committee, recently referred to us as a small rump group. However, I am here to tell you that thousands of municipal retirees: teachers, firefighters, plumbers, secretaries, college professors, doctors, nurses, lawyers, and many other city workers are here today in spirit and we are all committed to fighting against this diminishment of our health benefits.

We didn't hear about this shift until the beginning of May 2021. The unions never asked for our input during the 3 years that the Municipal Labor Committee and the City and our union leadership sat behind closed doors planning to privatize our Medicare.

Mike Mulgrew, President of the UFT, made a deal with de Blasio, the mayor in 2014, to remove \$ 3.4 billion from the city's Health Stabilization fund. This money was misappropriated to pay teachers their retroactive pay leaving the Stabilization Fund broke. To replenish the fund, a deal was brokered to save the city \$600 million dollars a year in healthcare costs on the backs of us retirees. We say, " don't cut costs on the backs of retirees who gave years of service to this city and are now on a fixed income.

I wonder why other cost cutting options were not chosen. The negotiations were supposed to look into 8 different options including self insurance which many cities use now. I wonder why they decided on the one option to privatize our traditional Medicare. I wonder why Gregory Floyd is a voting member on the MLC while he also sits on the board of Emblemhealth. I call this a conflict of interest.

I wonder why the City declares that healthcare costs needed to be cut in the first place after having received billions of dollars of federal aid from the American Rescue Act last spring. Where did that money go?

When Eric Adams was running for office, he called this a "bait and switch" and he rightly stated that, "we didn't become civil servants to become billionaires. We took lower paying city jobs to have stable health care and a stable life." Now, the City and our union leaders that promised us that are upending our lives.

I wonder why the previous mayor gave this huge bid to Anthem, the healthcare conglomerate that is being sued by the US Justice Department for overcharging Medicare by millions of dollars. How did a criminal enterprise like that get a NYC

contract worth billions of dollars? Did the city know this when they chose Anthem to administer this new Medicare Advantage plan? That shows how little they regard us retirees who gave years of service to this city.

Mayor Eric Adams says he thoroughly reviewed this situation and has decided that this “ is in the best interests of NYC retirees.” Yet, he never bothered to meet with or speak to us retirees.

This healthcare change is unjust, inequitable and discriminatory. Those retirees with higher paying jobs and now with higher pensions will most likely be able to pay the \$191.57/month and added copays to keep their high quality traditional Medicare. Those retirees (mostly women and people of color) with lower paying city jobs and therefore lower pensions will be forced into this inferior Medicare Advantage plan. This will create a two-tiered healthcare system.

This Medicare Advantage Plus plan is inferior to our traditional Medicare plan. This Medicare Advantage plan will require prior authorizations for 87 medical treatments and procedures. I don't want a clerk working for a for profit enterprise to decide what medical treatment I can or cannot receive.

We deserve rock solid healthcare after having devoted decades of service to this city. Unfortunately, now we retirees have to make a choice: do we keep our high quality traditional Medicare and spend \$2400/year or do we save our money and go with the inferior plan and risk delays and denials for treatments we need? Neither is a good choice. I never thought NYC would treat us with such little regard.

Thank you for having this public hearing. This change to our Medicare plan will have a profound effect not only on our health but also on our standard of living. I urge you to use your oversight power today to stop this injustice! NYC workers, past and present, need and deserve the quality traditional Medicare that we already have.

From: sw <sharonwagner@optonline.net>
Sent: Tuesday, February 22, 2022 5:07 PM
To: Testimony
Subject: [EXTERNAL] Strengthening Workers' Rights

To whom it may concern:

I am a retired NYC special education teacher. My husband is a retired NYC teacher too. Together we have served the children of this city for 55 years.

As active teachers, we were promised a certain level of health insurance when we retired. We paid for that. It was one of the wonderful reasons we joined and participated in our Union.

We felt at ease and reassured that we'd be protected as we aged, and health issues developed.

A Medicare Advantage Plan is a for profit plan. There are non-medical agents, whose goal it is to save money, making healthcare decisions for those they insure.

We have read about and heard first hand how the pre-authorizations of a MAPP reduce the quality of healthcare- but saves money.

We have dozens of sworn affidavits that state that many doctors refuse to participate- yet are listed that they do.

We know that the company who will be managing our very lives is being sued by the Federal government for fraud- as we speak.

This switch is not what we paid for, not what we were promised, not what we want.

We don't care about an occasional free meal, or Silver Sneakers. We care about having an important cat scan without waiting or being denied, or have physical therapy for 3 weeks, not 1.

My husband is 83 years old, in a wheelchair, with cognitive impairment. I'm 67 with type 2 diabetes, hypertension and a replaced hip. We don't know what the future holds.

We don't want our health and lives in the hands of some clerk at a desk who is told some statistics she has to follow and says that a certain procedure won't be covered.

We are the City's Workers. We did our jobs. We held up this City during plenty of super difficult times.

The City can only be as strong as the morale of its workers- not when it plays bargaining games behind their backs.

We're also the elderly of the City. It's immoral to save money off of us at our most vulnerable time in life. It's a betrayal.

So let us be strong together -

and do not force us with frozen pensions and Social Security to have to suddenly pay a huge amount of money to protect ourselves.

Being moral, ethical and legal, taking proper and promised care of those who gave of themselves - that is strength.

Thank you.

Sharon Wagner

UFT

2201139

Sent from my iPhone

From: Sid Kivanoski <skivanoski1@gmail.com>
Sent: Tuesday, February 22, 2022 9:16 AM
To: Testimony
Subject: [EXTERNAL] Written testimony for 2/23 hearing on Strengthening Workers' Rights

Sent from my iPad

>
> Thank you for accepting my written testimony for the Feb. 23 Open Hearing of the Committee on Civil Service and Labor of the NYC City Council with regards to workers' rights.
>
> My name is Sid Kivanoski and I was a NYC teacher for 22 1/2 years. I retired in 2016 having had urgent spinal surgery during my last year. I had two more spinal surgeries (three more related hospital stays in all) since then).
>
> I still have spinal issues that potentially could lead to paralysis. Needless to say, there could very well be further surgeries in my future.
>
> My concerns with the new plan include the risk of extended pre-approval times. My surgeries were all time-sensitive and long waits for approval could have proven catastrophic. This would be the same for any future surgeries.
>
> I, like many of my fellow retirees, will not opt out of the new plan, but not because we like it. We will accept the new plan out of financial necessity. I would have to pay \$400 per month for myself and my wife to stay on my regular Medicare plan. I cannot afford that.
>
> Teachers are not paid a lot but we were promised that at least in retirement we would have reliable health care and a good pension. This promise is being broken.
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> Sent from my iPad

From: Terry Cashin <tcashin308@verizon.net>
Sent: Tuesday, February 22, 2022 11:22 AM
To: Testimony
Cc: Nycorgofpublicserviceretirees@gmail.com
Subject: [EXTERNAL] Fwd: Civil Service and Labor Committee Hearing

>
> Good morning,
> I am sending my testimony in reference to the City Council's Civil Service and Labor Committee hearing.
> I am a retired civil servant. I was in the service to the citizens of New York City for 35 years as an employee of the Fire Department. I have been retired for the last 4 years and have been a Medicare recipient for the same amount of time. My wife will become Medicare eligible in this current year.
> When I was hired in 1983 I knew I was not going to receive the much higher salaries of those in the private sector. Yes, the salary as a civil servant was much less but I was rewarded with the pride and self respect of helping to protect the lives and property of the citizens of New York City.
> I saw many city contracts with small percent raises and even some contracts with zero percent raises. Yet, we persevered. We continued because we knew that the benefits that the City provided, in lieu of higher salaries, would provide for my family and for myself and my wife in retirement. This is what I worked for. This is what I saw for my wife and I in retirement, as living out our senior years together with knowledge that the health care we knew and trusted could be still there for us. Now that may be in jeopardy.
> We, over 250,000 city retirees, are now forced with making a choice on our health care. And this may be an extremely expensive choice for retired senior citizens who have no voice in the negotiations for their medical care. The proposed Medicare Advantage Plus Plan (MAPP) that the city is placing us in, unless we opt-out, is an untried plan with no track record. Medicare has a successful track record and it's a record we are familiar with. Our Doctors accept Medicare. Many Doctors won't or don't accept the MAPP. I have seen many of the recent webinars and read the literature the City has sent out. It all looks and sounds great but it is not Medicare. When I asked my Doctors about the Medicare Advantage plans their response was "don't give up your Medicare". I trust their advice.
> As a Medicare recipient, I pay a monthly fee of \$147.00. (\$1764.00 annually) I want to continue with Medicare. I trust Medicare. With the City's options, if my wife and I continue with Medicare for 2022 onwards it will cost us \$9200.00 annually! I did not sign onto this when I was hired by the City of New York almost 40 years ago. I had no voice in the negotiations for the MAPP. The City must not change the course in the midstream of retired senior citizen health care. If the City wants to institute the MAPP going forward in the future it should negotiate with active employees for their health care in retirement, not force the current retirees to switch to a plan that we did not have any say in its negotiations.
> We are in our hard earned Golden Years. Do not tarnish these precious few years we have.
> Thank you.
> Terence Cashin
> FDNY (retired)

From: elaine levin.ws <elaine@levin.ws>
Sent: Wednesday, February 23, 2022 12:18 PM
To: Testimony
Subject: [EXTERNAL] MAPP

Dear Council Members,

Please endorse the goal of NYC Public Service Retirees to prevent the City, along with our unions, from forcing retirees into a so-called Advantage plan.

Without the knowledge or consent of those involved, retirees are due to lose their traditional Medicare Health Coverage.

The for profit managed care companies are notorious for denying tests, treatments and services prescribed by medical doctors for their patients.

In addition, the provider that NYC has chosen to administer their advantage plan, Anthem - the parent company of Blue Cross Blue Shield- is currently under Federal investigation with charges of Fraud and misuse of Medicare funds.

I would not choose to have my well-being within their purview.

Thank you for your service and your time.

Elaine Levin

Retired NYC Special Education Teacher

From: Rona Armillas <ronazee@gmail.com>
Sent: Wednesday, February 23, 2022 11:27 AM
To: Testimony
Subject: [EXTERNAL] Proposed Medicare Advantage Plus plan for retirees
Attachments: NYC's retiree health plan lays an egg.docx

I am a retiree from the Department of Education having served for about 30 years. Throughout the wage freezes and other vicissitudes of my service, I could always count on my health insurance. Now, in my retirement, I am being put in a very insecure position when I may need it the most. The "bait and switch" tactic that is the foundation of this proposed change to municipal retirees' health plan is unconscionable. The rollout has been chaotic and secretive. The information available is full of inaccuracies and false promises.

As many retirees, I have opted out because I see no security in the Medicare Advantage plan the city is foisting on us. And why are we restricted to Senior Health or this Medicare Advantage plan? What guarantees are there that changes will not be made to rates and doctor participation in the immediate future? And why has the city elected to pay for a private company when we know that a public plan is less expensive and more equitable?

I urge the Council to investigate the lack of oversight on the implementation of this plan in view of the fact that it definitely weakens workers' rights.

Rona Armillas

NYC's retiree health plan lays an egg

By Marcia Biederman

New York Daily News, Feb 23, 2022

The city's plan to move municipal retirees off their current health coverage into a jerry-rigged Medicare Advantage plan has yet to begin. But the show has been in previews, the word has gotten around, and the audience is heading for the exits.

By crowdsourcing standards, the plan has failed even before its projected April 1 launch date. As of last week, [more than 45,000 retirees had opted out of the plan](#). They chose to keep their current coverage even though it will cost them thousands of dollars annually to do so.

That number is likely to mount fast. [Thousands of retirees in many states and Puerto Rico have been watching videos made by three former emergency-service workers](#). The trio patiently answers questions about opting out, by phone or online. Lines to the plan's so-called welcome center seem jammed with goodbyes. On a recent day, one caller was twice placed on hold and disconnected.

Municipal Labor Committee Chair Harry Nespoli has dismissed opponents as "[only a small fraction of the retiree community](#)," insisting that "[the vast majority of retirees understand the benefits of the new plan](#)." But of the quarter-million people set to be moved into Medicare Advantage, nearly one in five are willing to pay the high price of rejecting it. Nespoli needs to do the math, this time with a calculator.

Among the refusers are the hundreds of retirees who rallied near City Hall on Valentine's Day, asking Mayor Adams to halt the impending health care switch. And the 1,800 who signed their names to a "Wall of Broken Hearts," displayed at the event.

Nespoli is partly right, however: Most retirees will land in the new plan, like it or not. Many can't pay the stiff new premiums to keep their current coverage, which for most is traditional Medicare and a supplement. Others could be trapped while searching for an escape. If, as expected, a [court-ordered stay on the plan's launch is lifted next month](#), the city will toggle masses of former firefighters, teachers, cops and clerks into the brand-new NYC Medicare Advantage Plus plan.

Some won't know what hit them until their Medicare Advantage cards are turned down by the doctor's office. Those wanting out of the new plan will find it's like a Roach Motel: easy to check into but tough to check out of. [That may be why the city, under the guise of a "trial period," is offering a second opt-out deadline of June 30](#). Unwitting enrollees could be mired for months.

The [three former emergency-services workers](#) have made videos pointing the way out. They are board members of the NYC Organization of Public Service Retirees, whose lawsuit won a temporary stay on the plan's rollout, which a Manhattan judge called "irrational." Next week, lawyers for both sides will argue whether the city has the authority to make this change, with a ruling expected next month.

The group's leaders are optimistic about the outcome. But given the difficulties of disenrollment, they advise those wanting to opt-out to act now, before the glue sticks.

Like FDR's fireside chats, these evening advice sessions have calmed retirees in a time of adversity. Some viewers can't opt out, some are thinking of giving the new plan a whirl, others want to switch to a different Medicare Advantage plan, still offered by the city for a limited time. The chat hosts don't judge, leaving that decision up to each retiree.

If only the municipal unions took that attitude. Having raided a city fund meant for health benefits to find money for workers' raises, the unions are desperate to save costs on retiree coverage. Hence, we find Michael Mulgrew, president of the United Federation of Teachers, dismissing the worries of the many retirees whose doctors say they won't accept the new insurance.

"They don't know what network they're in. Their billing departments do," Mulgrew said in [an October webinar](#). Indeed, when one of Mulgrew's own doctors said he wasn't in the new plan, Mulgrew refused to believe him. "He had no clue," the union president said. Why else would the doctor be listed in the plan's provider directory?

Because mistakes happen, as Memorial Sloan Kettering discovered. After lengthy negotiations, MSK signed a short-term contract with the city's new plan. Yet it continued to print bills warning that no Medicare Advantage plans were accepted, alarming retirees. [As this paper reported, that was a hospital error, since corrected.](#)

That didn't prevent Mulgrew, so trusting of billing departments, from pointing his finger elsewhere. In an email to UFT retirees, he wrote, ["The spreading of misinformation by the plan's opponents has got to stop. Our retirees are getting hurt."](#)

Yes, they are. Mr. Mulgrew, Mr. Nespoli, and Mayor Adams. Legions of resisters have sent you a message: This plan has got to stop.

Biederman is a writer and member of the Cross-union Retirees Organizing Committee. In 2016, she retired from teaching for the Department of Education.

From: Jeanne M Jimenez <jmcj757@hotmail.com>
Sent: Wednesday, February 23, 2022 1:14 PM
To: Testimony
Subject: [EXTERNAL] Retiree healthcare

Dear Council Person,
250,000 NYC retired civil servants are in danger of losing their Medicare Part B benefits by being dumped into a for profit Medicare Advantage Plan approved by the Adams Administration.
The Daily News on August 13, 2021, cited Dr. Leonard Rodberg, Professor Emeritus, Queens College/CUNY, as saying that people of color and women will have no choice but to be placed into a Medicare Advantage Plan because of the costs. These groups will have to pay up to \$5,000 to buy a Medigap plan or be forced into an inferior Medicare Advantage Plan.

Having to pay \$191 if we opt-out to stay in our current Senior Care is a PENALTY! In addition, having to wait for preapprovals may result in death to many of these retirees.

Please support the efforts of many retiree organizations across the City and the State to override this cruel objective to strip us of our health care benefits, for which we gave loyal service to New Yorkers for decades.
Sent from my iPhone

From: Jean Stabinsky <happydaya7o23@mac.com>
Sent: Wednesday, February 23, 2022 2:51 PM
To: Testimony
Cc: Vernikov, Inna; Jean Stabinsky
Subject: [EXTERNAL] Fwd: Opposition to the NYC Medicare Advantage Plus plan

To Committee on Civil Service and Labor, Hearing at 1pm on February 23, 2022:

Sent from my iPad

Begin forwarded message:

From: Jean Stabinsky <happydaya7o23@mac.com>
Date: February 23, 2022 at 12:17:30 PM EST
To: IVernikov@council.nyc.gov
Cc: Jean Stabinsky <happydaya7o23@mac.com>
Subject: Opposition to the NYC Medicare Advantage Plus plan

Dear Councilperson Vernikov,

Congratulations on your election to the New York City Council. I am a constituent in Brighton Beach. Please see my attached emailed testimony opposing the NYC Medicare Advantage Plus plan. I hope you will help preserve traditional Medicare and Part B benefits for NYC municipal retirees. Thank you. Jean Stabinsky, retired teacher, UFT
(718) 891-6059
(917)224-7614

Committee on Civil Service and Labor Oversight Hearing Oct. 28, 2021, Changes to Municipal Retirees' Healthcare Plan: Testimony on "Inadequate information, misinformation re: "Opt-Out" procedures of "Alliance" NYC Medicare Advantage Plus plan.

To Committee on Civil Service and Labor,

I hope this finds you well. As one of 250,000 NYC municipal retirees I hereby offer this email testimony to document the inept, cruel, and disgraceful rollout of the "Alliance" NYC Medicare Advantage Plus plan. My testimony concerns the misinformation and lack of information related to the "opt out" procedures foisted by the Municipal Labor Committee, Office of Labor Relations, and the "Alliance" NYC Medicare Advantage Plus plan on NYC municipal retirees who wish to remain in traditional Medicare. I am a retired teacher, age 65, and a member of the United Federation of Teachers.

The UFT and MLC issued FAQs (Frequently Asked Questions documents) to encourage NYC municipal retirees to accept being switched into the "Alliance" NYC Medicare Advantage plan, while inadequate and confusing information was presented by the UFT, MLC, and Office of Labor Relations (OLR) to UFT members who were deciding whether or not to "opt out" of the "Alliance" NYC Medicare Advantage Plus plan.

I asked the UFT and others for help on the “ opt out “ questions on July 15, August 31, October 20, October 23, and October 25, 2021. I never received satisfactory replies to any of my emails, some of which are included below with this testimony. I was forced to decide whether or not to “ opt out ” based on misinformation, inadequate information, and confusing, conflicting information.

The burden of “ opting out “ should never have been placed on any NYC municipal retirees in that the “ Alliance “ NYC Medicare Advantage Plus plan is a “ bait and switch ” tactic, whose purpose is to deny promised traditional Medicare to 250,000 NYC municipal retirees.

The cruelty of the haphazard switch to the “ Alliance ” NYC Medicare Advantage Plus plan is most devastating to poor, elderly, and infirm NYC municipal retirees. On October 25, 2021, I heard a 90 year old NYC teacher, retired since 1964, speaking on the radio. The NYC retiree said she could not afford to “ opt out” of the “ Alliance “ plan.

I strongly oppose the flawed process, the incompetent rollout, and the false promises inherent in the proposed switch to “ Alliance ” NYC Medicare Advantage Plus plan. All eligible NYC municipal retirees should be able to stay in traditional Medicare without incurring hefty financial penalties, and without having to undergo the confusing and burdensome “ opt-out “ processes of the half-baked “ Alliance “ NYC Medicare Advantage Plus plan. Thank you. Sincerely, Jean Stabinsky, Brooklyn NY

Sent from my iPad

Jeff Vockrodt

Executive Director, Climate Jobs NY

Testimony to February 23, 2022 Civil Service and Labor Committee Oversight Hearing

Good afternoon, Chair De La Rosa and Committee members. My name is Jeff Vockrodt, and I'm the Executive Director of Climate Jobs NY, a coalition of labor unions that spans every sector of New York's economy. Our member unions represent approximately 2.6 million workers in the state and are committed to driving climate action at the scale and pace that science demands, creating good union jobs and careers, and building more equitable communities and a more resilient New York.

I appreciate the chance to talk with you today and to be part of this hearing, which has been both sobering and inspiring. And I want to build on what Mr. Ocasio was just talking about.

As you may know, earlier this month we released a report in partnership with Cornell University's ILR School, titled Climate for Change, A Climate Jobs Roadmap for New York City. The report includes recommendations in the energy, buildings, and transportation sectors, as well as work force development — recommendations for climate action that expand access to jobs with strong labor protections as well as good, family-sustaining wages and benefits. You'll hear from one of the authors of that report today, Melissa Shetler.

I want to focus on one key recommendation from that report, which relates to the right to a safe and healthy workplace, and that is our recommendation to invest in retrofitting NYC school facilities.

There are many reasons to invest in retrofitting schools — an impact on emissions that would be the equivalent of taking 161,000 cars off the road, creating tens of thousands of good union jobs, saving schools more than \$70 million a year in energy costs. But a core reason to invest in New York City schools is the urgency of making schools healthier and safer for students and workers.

The right to a safe and healthy workplace is a crucial component of strengthening workers' rights.

It's no secret that many public-school buildings in New York City are in serious need of repairs and upgrades — from antiquated heating and air conditioning systems, to deteriorating rooftops, to faulty plumbing and outdated electrical grids.

That is especially true in too many Black and Brown communities that have been historically underserved and where schools are most in need of investment.

The members of the unions on our Carbon Free and Healthy Schools campaign steering committee know the conditions of the schools well — from cleaners and handypersons

represented by 32BJ SEIU; to workers in school kitchens and across the school system represented by District Council 37; to teachers represented by the United Federation of Teachers. And you just heard Angel Ocasio from 32BJ give a vivid description of what it means to work in aging schools.

It is time to get serious about investing in NYC schools and promote a safe and healthy place for the school community to work and learn.

Thank you again.



How to Strengthen Workers' Rights Across the New York City Workforce

Testimony by *Debipriya Chatterjee, Ph.D., CSS Senior Economist*

Before the NY City Council Committee on Civil Service and Labor

February 23, 2022

Thank you for providing the opportunity to testify today on the issue of strengthening workers' rights across the New York City workforce. My name is Debipriya Chatterjee, and I am a Senior Economist at the Community Service Society of New York (CSS), a nonprofit organization that works to promote economic opportunity for New Yorkers. We use research, advocacy, and direct services to champion a more equitable city and state, including strengthening workers' rights.

We have championed workers' rights, for 175 years. Most recently, we worked to [pass paid sick leave](#) laws- statewide and in New York City, secured [half-price transit fares](#) for New Yorkers in poverty and made rent-relief available through the [Emergency Rental Assistance Program](#), or ERAP. We also advocated, [alongside our partners](#), for the passage of the package of bills that strengthened financial stability and improved workplace protections for [food delivery workers](#).

Today, my testimony will focus on actionable recommendations for policies to advance and strengthen workers' rights.

Why do we need to strengthen workers' rights?

For most of the past half century, workers' rights and workplace protections have been degraded by corporations seeking to maximize their bottom lines. Researchers at the Economic Policy Institute [publish a graph](#), updated every year, that shows that up to 1980, increases in workers' compensation, i.e., wages and salaries, matched the increases in worker productivity, i.e., the contribution of their labor. But since late 1970s, there has been a marked divergence between these two series—while workers have become more productive, their compensations have stagnated. The result is ballooning inequality in incomes as corporate owners have been able to keep an increasing share of the 'fruits of workers' productivity' as profits, enriching themselves.

One of the reasons behind this observed divergence, and consequently, in the observed inequality of incomes, is that workers' rights have been eroded, their claims dismissed, their health and safety compromised, and their well-being ignored. The chart that I referred to, uses national data, but the same facts emerge when we look closer home: workers in New York City have been short-changed in similar ways because the four million strong city workforce is affected by the same anti-worker, deregulatory forces operating in the rest of the economy.

What are some of the ways in which workers' rights are being weakened?

The primary channel through which anti-worker forces operate is through dismantling of unions and collective bargaining platforms. Research shows that [de-unionization](#) was a major factor in suppressing wage growth and fueling wage inequality, especially by depressing wages of [workers without college degrees](#), [women](#), and [racial and ethnic minorities](#).

The second channel through which workers are further disadvantaged is the practice of contracting and sub-contracting out work and misclassifying workers, often intentionally, as independent contractors. This practice, described as [‘fissuring of work’](#), enables employers to avoid accountability for violating labor standards, as well as deny employees benefits and protections enjoyed by regular employees. App-based gig workers are an extreme example of the fissured workplace, where each worker is an independent contractor and is thus ineligible for even the most essential rights and protections.

What are the harmful consequences of weakened worker rights?

The consequences of weakened labor rights are manifold, and they tend to have both short-term and long-term impact. Perhaps the most prevalent and deleterious consequence of weak worker rights is ‘wage theft’. Wage theft can take many forms- from denying employees the minimum wage standard, to not compensating them for overtime, to making illegal deductions from their paychecks (e.g., the cost of a uniform), to mishandling of tips. The annual toll of wage theft on low-income workers is estimated to be around [\\$50 billion](#).

Beyond remuneration, weakened workers’ rights often imply inadequate and insufficient employer provided benefits and workplace protections. CSS’s 2021 Unheard Third survey¹ of low-income New Yorkers shows that around 37 percent of low-income workers (and around 60 percent of moderate to high-income workers) receive paid vacation and/or paid sick leave. The share of workers who received paid family leave to care for a newborn or a seriously ill family member was even lower at only 27 percent for low-income workers and 44 percent for moderate to high-income workers. While 60 percent of moderate to high-income workers had access to a retirement plan (pension and/or 401 (K)), the share of low-income workers with an employer provided retirement plan was only 28 percent. Employers provided employee health insurance coverage to only 37 percent of low-income workers (and 60 percent of moderate to high-income workers). The rates of employer provided health insurance coverage for the workers’ family were more dismal—a mere 26 percent of low-income working families (and 44 percent of moderate to high-income working families) received employer provided coverage. The recent pandemic and the public health crisis that ensued from employees lacking paid sick leave should serve to recenter and underscore the need for these protections for all employees.

Finally, weakened worker rights have enabled corporations to use [‘non-compete’](#) clauses in contracts, engage in overt and covert [discrimination](#) against minorities and women, impose irregular and unpredictable scheduling, unfairly terminate workers, and force workers to settle outside of courts through [mandatory arbitration](#). Each of these problematic practices can be further unpacked to reveal their adverse effects on workers and their families, especially among workers living paycheck to paycheck.

What should be done to strengthen workers’ rights?

While there are any number of policy changes that can be made to address each of the specific problems mentioned above, I would like to focus on the following

- Secure workers’ rights and benefits for all low-income workers, including app-based gig workers and ensure that all workers have access to paid sick leave, overtime pay, and unemployment insurance. The [essential workers’ bill of rights](#) that had been introduced in March 2020 by then Councilmembers Brad Lander (currently the Comptroller) and Ben Kallos, had aspired to address misclassification issues by calling on the State to standardize the use of the ‘ABC’ test in determining employee status, and had proposed paid sick leave for gig workers. We urge the Council to pass [Intro 1926](#) which would expand the definition of an employee under the city’s paid sick leave law to cover gig workers and other workers misclassified as independent

contractors who have been excluded from this important workplace standard.ⁱⁱ Our 2021 Unheard Third survey found that 54 percent of workers dependent on app-based gig work as their main source of income said that they lacked paid sick leave, compared to 24 percent of other conventional employees who said they lacked this key benefit. CSS's [previous research](#) on the app-based gig workforce has highlighted the consequences they face when they work without a single paid sick day: nearly 4 out of every 10 app-based gig workers we surveyed last year reported that they or a family member had been infected by COVID-19.

- Develop and publicly host a portable benefits model so the benefits would be tied to a worker rather than being tied to their job. This would allow workers to own and access their benefits regardless of the nature of their employment. The concept of portability is especially important for many low-wage workers who may have multiple jobs or change jobs more frequently, and such a system would allow workers to keep their benefits when they transition between employers or go through periods of unemployment/underemployment. Portable benefits is not a new idea—Social Security is an example of a program providing portable benefits. Mayor Eric Adams, when he was Brooklyn Borough President, had penned a [powerful op-ed in the Daily News](#) imploring the use of a portable benefits system modeled after the Black Car Fund, to cover freelancers and independent workers.
- Improve awareness and enforcement of existing rights and protections: Seven years after the city's paid sick days law took effect, data from our 2021 Unheard Third survey shows that 42 percent of low-income workers covered under the law say that they still don't receive paid sick time from their employer, more than double the share of those with moderate to higher incomes. The Department of Consumer and Worker Protection (DCWP), to its credit, has ramped up its public education and enforcement efforts in recent years, especially during the pandemic. In 2020, DCWP held nearly 200 worker-focused public education events and resolved 18 COVID-related sick leave violations that led to \$42,000 in restitution for workers. But [low awareness of the city's paid sick leave policy](#) persists nonetheless, and may be preventing New Yorkers from exercising their rights under the law. According to the 2021 Unheard Third, half of low-income workers we surveyed still haven't heard about the city's paid sick time law. Increasing awareness of new labor standards is a critical part of employer compliance because enforcement is largely complaint-driven and workers unaware of their rights are much less likely to file a complaint against their employer. For this reason, we urge the City Council to pass [Intro 1797](#), a bill that would require DCWP to produce posters for voluntary ongoing display at pharmacies and health care locations around the city informing New Yorkers of their right to paid sick leave.
- Pass resolutions supporting state level legislations: The Council pass resolutions supporting the following legislations at the state level: (1) [S734](#), introduced by Senator Biaggi that seeks to prohibit and restrict the most egregious uses of non-competes in the state; (2) [S808/A2244](#), also introduced by Senator Biaggi and Assembly member Cruz, that seeks to eliminate sub-minimum wages for restaurant wait staff; (3) [S1848A](#), introduced by Senator Hoylman that empowers aggrieved workers to file claims on behalf of the state against an employer for any violation of State labor law; and (4) to fully fund the "[NY HERO Act](#)" that guarantees workplace protections and hazard pay to essential workers as well as making it easier for small businesses to implement health and safety upgrades.

In addition to these recommendations, I would like to remind the Council that we need active and engaged attention to addressing the unique set of challenges facing women workers in the city. Women in paid workforce, primarily those in low-wage industries, are paid less than their [fair share](#) in compensation, while having to tolerate harassment and discrimination on a regular basis. The last two years have been especially challenging as women have had to balance work and caregiving, often at the same time while working from home. No wonder that [one million women](#) are still missing from the labor force, nationally, even as men's labor force has returned to its pre-pandemic average. Thus, an immediate imperative to strengthen the city's workforce and make it more productive is to address the childcare situation by providing quality, affordable care to the city's next generation of denizens.

Thank you again for the opportunity to offer our comments. For more information or if you have any questions, please feel free to contact me at dchatterjee@cssny.org

ⁱ The 2021 Unheard Third is a scientific telephone survey of 1,762 New York City adult residents reached by cell phones and landlines from July 8th through August 10th, 2021. It was designed by Community Service Society in collaboration with Lake Research Partners, who administered it using Random Digit Dialing and professional interviewers. The sample included 1,110 low-income residents (up to 200% of federal poverty standards, or FPL), and 653 moderate and higher-income residents (above 200% FPL). Interviews were conducted in English, Spanish, and Chinese. The margin of error for the entire survey is +/- 2.3 percent, for the low-income component is +/- 2.9 percent, and for the higher income component is +/- 3.8 percent, all at the 95% confidence interval.

ⁱⁱ At the state level, Senator Robert Jackson and Assemblymember Deborah Glick introduced legislation (S6699A/A08721A) in 2019 that would reclassify more gig workers as employees using the ABC test. The bill has been re-introduced in 2021-2022 legislative session ([S1999/A5772](#)).



**NEW YORK CITY
CENTRAL LABOR COUNCIL, AFL-CIO**

President
VINCENT ALVAREZ
Secretary-Treasurer
JANELLA T. HINDS

Testimony of Vincent Alvarez

President, New York City Central Labor Council, AFL-CIO
before the
NYC Council Committee on Civil Service and Labor
regarding
How to Strengthen Workers' Rights Across the New York City Workforce.

February 23, 2022

Good afternoon Chair de la Rosa and members of the Council's Committee on Civil Service and Labor. My name is Vincent Alvarez, and I am the president of the New York City Central Labor Council, AFL-CIO. I am joined today by various affiliates of the CLC who will be submitting their own testimony focused on issues impacting their specific members and industries. My testimony will focus on the status of NYC's workers more generally.

The CLC appreciates the attention the Council and this committee are giving to understanding the state of workers in all sectors of NYC's economy and making it the subject of the first hearing of the Committee. The COVID-19 pandemic has highlighted the inequalities present in our economy that hurt the city's working families.

While many white-collar workers were able to, and in many cases continue to work remotely, for many essential workers that was simply not an option. On the front lines from the early days of the pandemic through the waves of the Delta and Omicron variants, thousands of essential workers—both municipal employees and private sector workers—contracted COVID-19, and hundreds died, all while serving this city and keeping it running.

Moreover, even with so many of these workers having protections of a collective bargaining agreement, health insurance, retirement benefits, job protections, and a mechanism to ensure a safe workplace and lifesaving personal protective equipment, we were still ill prepared to meet the demands of this crisis and adequately compensate our workers. Nevertheless, there were also thousands of workers with no such protections and we must be prepared to do better.



Although the worst of the pandemic seems to be behind us, the disparity between workers in unionized and non-unionized workplaces is not. And if we are ever to truly recover from the pandemic, the recovery must be broad, equitable and attainable by all. Empowering and protecting workers should be a moral imperative and sufficient reason to focus on these issues, but there are also significant policy and economic benefits to doing so that could result in higher wages and benefits, safer workplaces, less dependence on government provided benefits, and workers engaging collectively and democratically to determine the terms and conditions of their employment.

I am encouraged that during this period of great strife, we also have seen a tremendous increase in worker actions. It should not come as that much of a surprise that in order to respond to the challenges of the pandemic and protect their rights, workers across the city have turned to the labor movement to help secure a voice at work.

Workers United is organizing Starbucks workers not only in NYC and Long Island but throughout the country. RWDSU is supporting the workers of REI SoHo to combat the union-busting tactics the company has employed. Workers at the American Museum of Natural History filed a petition with the National Labor Relations Board to be represented by DC37 last month. Staff at the New York Times and the Financial Times are organizing, and leaked messages revealed that the New York Times employed an aggressive anti-union strategy in response. And in Brooklyn, the Teamsters continue to be on strike at United Metro Energy for nearly a year.

Lastly, the CLC is very encouraged by progressive messages emanating from all corners of the Council and looks forward to integrating the work of our affiliates in order to advance that agenda. It's also important, however, to remind the Council of the longstanding dispute at Charter Spectrum, where 1600 union members have been on strike for several years. Just as the franchise process can be used effectively to create and protect high-quality jobs, it can also, as in the case at Charter Spectrum, be used to destroy those same good-paying jobs.

In every situation where workers are trying to improve their lots, city government has the opportunity to assist their efforts and fulfill the original intent of the National Labor Relations Act to encourage collective bargaining. Indeed, there are many recent examples where city government has done just that. In the last term, the City Council passed a number of worker protection laws that directly and immediately improved the lives of workers: from the labor peace requirement for



city contractors to the displaced hotel worker severance law to prohibiting the wrongful discharge or layoffs of fast-food workers.

This Council has the opportunity to continue passing similar laws that will improve the conditions for the city's workers. To that end, the CLC and our affiliates welcome the opportunity to work with you in doing that, and I encourage you to speak to us regularly and in advance so that we may collaborate in designing the most effective ways to support workers.



*NYC City Council Hearing, February 23, 2022 at 1pm
Strengthen Workers' Rights Across the New York City Workforce.
Testimony by Patricia Campos-Medina, Executive Director, the ILR Worker
Institute at Cornell*

Good afternoon,

My name is Patricia Campos-Medina. I am the Executive Director of the Worker Institute.

The Worker Institute is part of the School of Industrial and Labor Relations Extension Programs here in NYC, in fulfillment of the land grant mission of Cornell University. We are the New York State School of Industrial Relations founded by the NYS Legislature.

On behalf of Dean Alex Colvin and my colleagues at ILR, I want to thank City Council Speaker Adrienne Adams, and Labor Committee Chair Carmen de la Rosa for holding this critical hearing.

At the Worker Institute, we bring together researchers, educators, and students with practitioners in labor, business, and policymaking to confront growing economic and social inequalities in the interests of working people and their families.

The importance of our work became clear during the crisis of the pandemic, when we became a hub of information and support for leaders seeking strategies to address the seismic shift in employment relations due to the impact of the Covid-19 pandemic.

Our research and training programs advance the notion that solutions to our growing crisis of inequality must be based on evidence, research, and policy solutions developed in collaboration with workers, worker leaders, and in response to larger economic shifts in our employment relationships.

Our Research and Training programs lead innovative research for low-wage workers in the gig economy; a report on app delivery workers in NYC, done in collaboration with the Workplace Justice Project and Los Deliveristas Unidos, led the way for this public body to enact bold legislative action to address the concerns of frontline essential workers during the last two years of this worldwide pandemic. We are grateful for the impactful partnership we made with the Workplace Project and with you to make significant workplace rights transformation for app food delivery workers in NYC.

This model of worker engaged research extends to our upcoming report on the Nail Salon Industry, an area of employment rights in dire need of innovation to secure the health and safety of this mostly female and immigrant workforce. The Nail Salon Industry report will be released next month, and we look forward to working with our community partners and you to advance policy solutions for this important workforce.

We are also doing critical work advancing equity in job creation on the climate crisis through our Labor Leading on Climate program, done in partnerships on the ground with key building trade unions in NYC. You have heard Melissa Shetler speak on this program already, so I won't expand on it here, other than to say that we at the WI are committed to advancing policy innovation that includes equity in climate jobs creation and apprenticeship expansion.

Another critical area of programming is Equity at Work, under which we have advanced research on sexual harassment and domestic violence prevention programs in the workplace.

My comments today, however, will focus on the result of our 2020 national Just Recovery Survey report, a research project we began in September of 2020 focusing on the experiences of low wage workers during the pandemic.

Our report based on the [Just Recovery Survey](#) findings revealed the following findings:

- 1. Employers are practicing wage theft during the pandemic** and they are stealing wages from Black workers at higher rates than from white workers. Since March 2020, 8% of all workers report that their employers have denied them wages they had earned. The share of Black workers experiencing wage theft (14%) is more than twice the share of white workers, with Latino workers being the second highest.
- 2. Employers and government agencies denied workers, and Black workers more frequently, access to critical supports during the pandemic.** Since March 2020, 28% of Black workers who have applied for paid sick leave or family leave said their employer denied their request, compared to 9% of white workers. 34% of Black workers, 26% of Latinx workers, and 14% of white workers who applied for unemployment assistance have been denied it during the pandemic.

- 3. Banks and landlords are targeting Black workers for eviction and foreclosure at higher rates than white workers.** Since March 2020, banks and landlords are much more likely to have subjected Black workers to eviction, foreclosure, or notice of either, than white workers (10% vs. 2%). Among the lowest income quartile, half of Black and Latinx workers (50% and 51%), and 39% of white people are concerned about losing their homes in the next year
- 4. Workers of color – and Black women in particular – fear that if they become seriously ill, healthcare providers will subject them to substandard care due to their race.** 48% of Black workers, 29% of Latinx workers, and 15% of Asian workers fear receiving substandard health care due to their race if they become seriously ill, as opposed to 4% of white workers. Among Black workers, women (55%) are substantially more likely than men (38%) to report such concerns.
- 5. Workers across the board, but especially Black and Latinx workers, experienced devastating deaths tolls in their personal networks.** Compared to 23% of white workers, 42% of Black workers and 40% of Latinx workers said they knew someone who died from COVID-19.
- 6. More Black and Latinx women anticipate losing paid work due to taking on unpaid caregiving responsibilities.** 52% of Latinas, 44% of Black women, and 34% of white women said unpaid care would negatively affect the amount of paid work they were able to do for the rest of 2020, compared to 30% of all men and 26% of white men
- 7. Black and Latinx workers are most concerned about employer retaliation for speaking up about unsafe workplace conditions and for standing up during instances of sexual harassment and gender violence in the workplace.** 34% of Black workers and 25% of Latinx workers report concerns about employer retaliation, compared to 19% of white workers.

Policy Implications of Survey Results:

Results from the Just Recovery Survey speak to a broad array of challenges confronting working people—in the workplace, within households, and in the healthcare arena, reflecting patterns of institutionalized racism that are contributing to unequal outcomes in the pandemic environment.

However, this legislative body can make specific policy interventions to address the following:

1. **Enforcement of wage and hour protections.** Engage in stronger enforcement of wage and hour protections—including co-enforcement strategies in which government administrators partner with worker and community organizations¹—to ensure that all working New Yorkers are paid what they are owed.
- **Ensure the functioning of existent whistleblower protections and education of employers' responsibility to safeguard workers safety in the workplace.** It is notable that workers of color are more likely to express fears of retaliation for responding to instances of health & safety violations and sexual and gender violence abuses in the workplace, despite living in a state with relatively well-developed anti-retaliation legal protections like NY.² Education and training on the roles and responsibilities of managers and workers in your municipal workforce is essential to making sure current protections in the law are abided by and enforced.
- **Provide support for overcoming administrative barriers to accessing key healthcare and other benefits.** The data point to the importance of addressing administrative barriers and providing targeted support aimed at closing racial and other disparities in access to health care benefits.
- **Extend childcare and long-term care supports.** The survey results indicate that a substantial share of the working population has had to take time off from paid work during the pandemic to provide unpaid family care. Black and Latinx women, despite comprising a highly disproportionate share of the direct care workforce, have experienced the biggest impacts in this regard. Bolstering widespread access to childcare and long-term care will help to boost overall employment while advancing greater equity in the world of work and systems for social care.
- **Defend the right to organize at work.** Unions in New York, which make up one of the most powerful statewide labor movements in the country, have experienced widespread member attrition during the pandemic due to

¹ See <https://equitablegrowth.org/strategic-enforcement-and-co-enforcement-of-u-s-labor-standards-are-needed-to-protect-workers-through-the-coronavirus-recession/>

² See <https://s27147.pcdn.co/wp-content/uploads/Retal-Report-6-26-19.pdf>

employment disruptions.³ defended by allies of the labor movement across the state.

We at the ILR Worker Institute at Cornell are committed to working in collaboration with all of you and our community partners to advance research and evidence-based policy innovation. We believe that research, together with education and training opportunities, give workers and employers the tools to advance a fair and just recovery in New York City.

Thank you for the opportunity to testify today.

Link to our recent reports on these issues can be found here:

1. Foundations for a Just Recovery:

[Foundation for a Just and Inclusive Recovery \(nelp.org\)](https://nelp.org)

2. Power and Voice at Work: New Yorkers View Employer Retaliation as a Barrier to Address Workplace Problems:

[NELP-ILR-Worker-Institute-Power-Voice-Work-Employer-Retaliation-New-York.pdf \(pcdn.co\)](https://pcdn.co)

3. Seizing the Moment to MaKe our Care Systems more Equitable:

[Seizing the Moment to Make Our Care Systems More Equitable - Gender Policy Report \(umn.edu\)](https://umn.edu)

³ See <https://slu.cuny.edu/wp-content/uploads/2020/09/CUNY-SLU-Union-Density-Report-2020pdf.pdf>

From: Cheryl Jackson <chryljcksn54@aol.com>
Sent: Wednesday, February 23, 2022 5:36 PM
To: Testimony
Subject: [EXTERNAL] Change in health in health insurance for retired civil service employees

I am writing to protest the change in medical insurance for currently retired civil service employees. It is my understanding that retirees who reside in NYC were mostly covered under Empire Blue Cross Blue Shield/GHI. However, many of us have retired in other states and do not have the above mentioned insurance. I have retired in North Carolina and this insurance is not nor has it ever been available here. I have contacted my doctors and the hospitals where I receive medical care. They have never heard of it and it is not an insurance that's familiar to the state.

All of my medical care is administered through Duke Hospital in Durham, North Carolina. They have never heard of this insurance. They are not getting this insurance. If I cannot have medical insurance I would have to pay for all procedures out of pocket. I cannot afford to do that. What will happen to me? And others like me? As a matter of fact, I went to the doctor yesterday and was placed on a Statin medication for my heart. Without insurance I would have to forgo this course of treatment.

When I call the insurance representative I am told that I can see any doctor I want and submit the bill. Even if the insurance covered my expenses where would I get the money for the up front costs? And, since I have to get prior approval there's a real possibility that some of the procedures or course of treatment recommended by my doctors may be denied. What happens to me and all the others in the same situation?

I feel betrayed and tossed out like an old rug. I have been trying to get answers but your representatives say one thing and the Insurance Dept. at Duke Hospital is not singing the same song. This is not what the unions promised us. We were told that we would have health insurance for life but if this new plan becomes permanent that will not be the case. I implore you to reconsider this plan, keep the promises that were made to us when we were civil servants and take the time to understand the fear, uncertainty and financial turmoil many of us will experience if you go through with this.

Cheryl Jackson
chryljcksn54@aol.com

From: cef1972 <cef1972@gmail.com>
Sent: Tuesday, February 22, 2022 6:17 PM
To: District3; Dinowitz; District15; District40; District49; Moya, Francisco; District22; District37; distrcit10@council.nyc.gov; Testimony
Subject: [EXTERNAL] NYC Medicare Advantage Program for NYC Retirees

Dear Council Members of the Committee on Civil Service and Labor:

I am sending this email to ask that you not approve the Medicare Advantage Program that our unions are trying to force upon us. It is not the health plan you would want upon retiring or any of your friends or family members to have.

If retirees do not want this new MAP, retirees must opt out and pay a much higher premium for the health care plan they are currently in. For many, myself included, the impact will be financial. This on top of the new co-pays going into effect come 4/1/2022.

Many retirees are opting out under duress for fear of loosing their doctors/hospitals that they know provide the health care they need and have come to expect.

This new MA plan has been rushed through without proper notification to doctors and hospitals. Alliance claims all doctors and all hospitals are in acceptance. I have spoken to all my doctors and none knew of this plan until I told them/showed them documentation of said plan. Only some of my doctors are accepting this plan which in effect expires on 12/31/2022. Many doctors do not accept Medicare Advantage Plans because of the prior authorizations required which often get refused. Many doctors do not have the time or staff for getting prior authorizations.

Retirees are being forced to make decisions based on faulty/incomplete information.

- MSK is in the plan only until 12/31/2022--then what??
- HSS ???
- ALL hospitals nationally are in the plan---not true--retirees who live outside NYC--their hospital either never heard of the new MA or do not take MA plans.
- ALL doctors who take Medicare are in this plan--not true--doctors do not have to accept Medicare. Many doctors don't take MA plans period.

Doctors and hospitals who opt into this plan can leave at any time. Many will due to the constast paper work and phone calls required to get services for their patients. Where does that leave the patient [retiree] covered under the new plan--out in limbo--looking for new doctors.

I urge all members of the Committee on Civil Service and Labor not to put this new plan into effect.

Thank you.

Sincerely,
Cynthia Falletta
Retired Teacher

From: Dana Simon <dana2cat@gmail.com>
Sent: Tuesday, February 22, 2022 10:36 PM
To: Testimony
Subject: [EXTERNAL] Dana Simon testimony

Dear City Council:

I am a New York Public retired librarian. When this issue about changing our Medicare to a privatized advantage care plan came out last summer my first reaction was to call my local 1930 to find out what was going on. The president of local 1930 told me they could not do anything. That retirees should do what they do best go out and protest and make noise. That is why I am writing to the council members today.

You may not know this about me but I have a hearing loss and it was getting worse back when I worked for the library.

I was on an Empire advantage insurance plan.

I needed a cochlear implant and I got my first one and it was so successful it helped me so much at the reference desk.

But when I went for my 2nd cochlear implant I ran into problems.

The night before my surgery at NYU Medical Center was scheduled after going through the pre-op, I received a call my surgery was canceled by the insurance company.

!

I was told that their doctor thought the surgery was experimental.

My doctor who was the head of NYU, Ear, Nose and Throat department; a very esteemed doctor helped me fight my appeal. The insurance company fought every step of the way and according to my doctor they were using data and studies from the 1980s very old data.

We went all the way to the NYS insurance commission, where 3 doctors ruled that my surgery was indeed necessary and I was allowed to have the surgery, this took months.

This is what we mean when an insurance denies your surgery or your care

Another complaint is that we are being penalized by having to pay \$194 addition in premiums per person on top of what we already pay Medicare for part B. This will be at least \$2400 per year each for me and my husband. I have already opted out and this is going to be a big burden as we live on social security and my pension. Also, we are being charged higher co-pays than the Advantage care plan. Our current plan and other Medicare plans have no co-pays.

Lastly, my husband's doctor who is a pain management doctor is listed as being on the plan but he is not taking the plan. He is only taking original Medicare, our GHI Senior care plan. He has some Advantage care patients now and he says he gets paid too little and their insurance company places too many restrictions on his special treatments. He is not going to accept Advantage care plans. If my husband sees him out of network, we would have to pay his fee and get only partial reimbursement from the insurance company. We would have to submit claim forms each month and his treatments probably won't be covered because they are not pre-authorized.

Please do not approve this inferior Medicare plan, retirees worked hard for the city, there are other ways the city can save money.

Dana Simon
Union Street
Brooklyn, NY 11215
Dana2cat@gmail.com

From: Denise Rickles <deniserr187@gmail.com>
Sent: Saturday, February 26, 2022 2:33 PM
To: Testimony
Subject: [EXTERNAL] Committee on Civil Service and Labor hearing on Feb. 23rd

I'm opposed to the Medicare Disadvantage Plan. Yes, I am angry about this bait and switch plan being promoted like a snake oil sales pitch.

The MLC has made poor choices over the years. They raided the health stabilization fund to pay for teachers's raises. This resulted in greatly diminished health care coverage and lessened the cost to the City but increased the cost of health care payed my working union members. Now the MLC and the City are going after retirees with the same intention of minimizing the City's financial responsibilities to pay for health care. Thus they sold our traditional medicare to a for-profit corporation. Along with the diminution of health coverage (I'm not fooled by selling tactics), and the increase of out of pocket costs for retirees living on a fixed income.

Then insult to injury the MLC with supposedly due diligence chose Anthem, a corporation that the DOJ is suing for fraudulent billing practices.

"The [complaint indicates](#) that Anthem received profits in excess of \$100 million or more per year in additional revenue just based on the inaccurate code submissions alone. The head of the Medicare Review and Reconciliation group at Anthem even referred to the program as a "cash cow" for the company because it "consistently produced a 'return on investment' of up to 7:1."

I choose to opt out of the disadvantage plan. For me, a single person I will pay \$2,400/yearly for premiums and a few hundred dollars more in copays. Money that was never factored into my yearly expenses when I retired but I know that I will get the care that I need with going through pre-authorizations and appeals. Many of us cannot afford opt out and will be placed in an inferior health plan.

As municipal workers we were charged with maintaining the health, safety, education and overall well being of all people, within the communities of people that live and work in New York City. There's no financial profit making motive in being a municipal worker. There is some level of security in benefits especially at retirement for city workers. That could be a trade off for profits and so what since the vast majority of civil servants really like what they do and how they contribute to maintaining and strengthening the fabric our society.

The trashing of our retirement health benefits to shore up the budget deficit could have been accomplished in many different ways. One example would be to amend the overly generous tax abatements and land giveaway to the real estate lobby. I'm sure there could have been many other solutions. The city goes after retirees, living on fixed incomes rather than facing a powerful lobby that fills the coffers of political campaigns in NYC. It's also no secret that the MLC is in lock step with for-profit health Insurance corporations.

The alliance between the MLC and NYC speaks volumes to the planned trajectory of distancing itself from paying retirees health care. It parallels what they doing with the health care plans for working municipal employees.(See written testimony by the OLR to NYCC Committee on Finance, Civil Service and Labor dated April 1, 2015)

It happened to us and what makes you think it won't happen to you, your family and community? So my ask is which side of the fence are you on?

Respectfully Submitted by Denise Rickles

From: ellen baskin <ellenb626@yahoo.com>
Sent: Tuesday, February 22, 2022 5:15 PM
To: Testimony
Subject: [EXTERNAL] DON'T APPROVE THE MEDICARE ADVANTAGE PLAN

Dear Council Members,

I am writing to you as one of the NYC retirees who is receiving health benefits from Traditional Medicare and Senior Care. It is a wonderful program and I have access to excellent medical institutions and doctors. I was told I would have these benefits when I retired from my job as a teacher in NYC public schools and now the city is playing bait and switch with senior citizens(retirees) health benefits. Some years I didn't get a pay raise, my TDA fixed amount went down from 8% to 7%, I became an ATR because somebody at the Department of Education decided the city didn't need Reading Teachers (any teacher could teach reading skills to remedial learners and dyslexics, and phonics). NOT TRUE BUT I DIGRESS. I worked hard for my salary and benefits. This Medical Advantage plan is a diminution of benefits. Pre-approvals for CT scans and other scans, medically necessary tests for a doctor to make a proper diagnosis and pre-approvals for elective surgery,hip replacements, cataracts is regressive and in some cases dangerous to the patient that needs them. In traditional Medicare if the doctors accepts Medicare he will be paid and Senior Care pays the other 20%. It is accepted at all hospitals. This Medical Advantage Plan gives you additional worries because not all doctors accept it and not all hospitals accept it. It limits you access to both doctors and hospitals no matter what the sale rep tells you. The MCL decided on this without any input from retirees. A fitness tracker, silver sneakers gym membership when Covid is still prevalent, free rides to the doctor(will I be late for my appointment or have to waits hours for my ride home), free frozen meals when I come home from the hospital if I meet certain criteria, and having an Medicare Advantage Plan that won't let me go to the best rehab facility or nursing home if I need to, are not going to replacement Traditional Medicare and Senior Care. Many NYC retirees are in their 80's and 90's and are not computer literate, have grown children making sure their elderly parents get proper healthcare, have smaller pensions because of when they retired and cannot afford to opt out, does NYC care about them? It is not the job of the federal government to pay for NYC retirees health care that should come from city money. We retirees worked for NYC, took pride in our jobs and now that we are retired we are entitled to the benefits we were promised and told we would have when we retired. DON'T THROW US UNDER THE BUS AND TAKE AWAY OUR TRADITIONAL MEDICARE AND SENIOR CARE. IT SHOWS THAT NYC DOESN' T CARE ABOUT IT WORKERS. WHO WANTS A CITY JOB IF ALL THEY DO IS DIMINISH YOUR BENEFITS, DON'T GIVE YOU PAY RAISES SO YOU CAN KEEP UP WITH THE COST OF LIVING AND THEN PLAY BAIT AND SWITCH WITH YOUR BENEFITS AND TELL YOU ITS SIMILAR TO WHAT YOU HAVE NOW WITH A FEW MEANINGLESS ENHANCEMENTS. SIMILAR DOESN'T MEAN SAME.

Think about future city workers or prospective worker, would they want a job with benefits that diminishes your benefits as you grow older and towards retirement age, Traditional Medicare and Senior care works leave it alone. Based on this bait and switch I would tell any young person thinking about taking a city job to think again.

Sincerely,
Ellen Baskin
Retired Reading Teacher, UFT

From: ellen baskin <ellenb626@yahoo.com>
Sent: Tuesday, February 22, 2022 6:54 PM
To: Testimony
Subject: [EXTERNAL] Medicare Advantage plan

Dear Council Person,
250,000 NYC retired civil servants are in danger of losing their Medicare Part B benefits by being dumped into a for profit Medicare Advantage Plan approved by the Adams Administration.
The Daily News on August 13, 2021, cited Dr. Leonard Rodberg, Professor Emeritus, Queens College/CUNY as saying that people of color and women will have no choice but to be placed into a Medicare Advantage Plan because of the costs. These groups will have to pay up to \$5,000 to buy a Medigap or be forced into an inferior Medicare Advantage Plan.
Please support the efforts of many retiree organizations across the City and the State to override this cruel objective to strip us of our health care benefits, for which we gave loyal service to New Yorkers for decades.
Sincerely,
Ellen Baskin

From: Gary Goff <garygoff696@gmail.com>
Sent: Tuesday, February 22, 2022 10:30 PM
To: Testimony
Subject: [EXTERNAL] Proposed Changes to NYC Retirees' Health Benefits

To whom it may concern,

As regards changing NYC retirees' health coverage to Medicare Advantage, I have two observations:

I marvel at the head of my former union, DC 37, pushing Medicare Advantage. Just a few years ago, the leaders of the union were warning us that Medicare Advantage was a scam. What am I to make of this change in attitude? There have been no significant changes in the nature of Medicare Advantage. It still costs people more and for a lot less health care coverage. The only significant change has been the union leaders' relationship to their members.

My other observation is about the mostly secret negotiations for changing my health coverage as a retiree. Nobody involved in those negotiations represented me. Leaders of my former union participated but I'm no longer a member of that union. I'm a member of the DC 37 Retirees Association, which is not affiliated with DC 37. This is not just a matter of grammar, it's a matter of law.

Sincerely,

Gary Goff, former VP, Local 2627, DC 37, AFSCME

From: Jeanette Heistein <jeanetteheistein@gmail.com>
Sent: Wednesday, February 23, 2022 8:58 PM
To: Testimony
Subject: [EXTERNAL] Do not allow the city to impose the MAP health plan on the retired city workers

To whom it may concern,

I am writing to express my outrage at the proposed MAP health insurance that the city is trying to impose on its retirees. To begin with, one of the benefits of working for the city is the health insurance, guaranteed for life, we were told. Especially as one gets older, knowing one has guaranteed health benefits alleviates a source of anxiety, especially after hearing horror stories of insurmountable medical bills which some people suffer from after serious illnesses. Now, the city is asking us to pay \$600.00 for a couple just to keep the same insurance that we have always had. This is so unjust! And, to move to the Medicare Advantage Plan is not doable, as it requires pre-approval for tests (MRI, cat scans) that are somewhat routine for most illnesses. Awaiting the approval for some of these tests can be life and death in some cases.

Second, by imposing this insurance plan upon us, the city is, in essence, creating a two class system - those who can afford to opt-out and those who cannot. The \$600.00 required for a couple to opt-out is simply not possible for those who retired at lower salaries or who retired years ago on presumably lower salaries. Anyone who was a lower salaried worker who lives on a fixed income cannot opt out and will be forced into the MAP plan, to which they never agreed. Those retirees simply have no choice.

Third, the city is denying some people the ability to retire to different areas of the country, as many areas do not have doctors and hospitals that accept the Medicare Advantage Plan. For those retirees who want to move to different areas of the country, whether it be to be closer to their children, better climate or whatever reason, they will be forced to stay in this area for medical care, which had been guaranteed to them and which is now being taken away.

Fourth, the medical care for all of us is being taken away, as, contrary to what the MAP people are telling us, many, many doctors and hospitals are NOT ACCEPTING it. To have to change physicians after years of care at one practice and to not be able to be treated at a hospital of your choice is, again, egregious behavior on the part of the city.

Please do not allow NYC to impose the MAP plan on its retirees.

Best,
Jeanette Lifschitz Heistein
Former Assistant District Attorney
Queens County, New York

February 22, 2022

North Conduit Avenue
Ozone Park, NY 11417

To the Honorable City Councilmembers Committee on Civil Service and Labor:

In March of 2020, two days prior to my 70th birthday, I was diagnosed with breast cancer. Based on recommendations of my doctors and good health insurance, I was able to find top doctors in their fields. All testing and surgery had been completed within less than five weeks and radiation treatment began in June. If I had NYC Medicare Advantage pre-authorization could have delayed my surgery and my cancer could have spread. I was blessed.

In late June 2021, I was diagnosed with A Fib. The doctor placed me on a cardiac monitor for 72 hours and it showed irregularities. My cardiologist immediately referred me to a cardiologist electrophysiologist who placed me on a 30- day heart monitor. Again, because pre-authorization for this was not required, testing and treatment were available to me, along with top quality doctors. Within a short time, an ablation was performed and loop recording device inserted to monitor my heart condition 24/7. Again, the NYC MAP could have delayed my surgery and care.

Last month I was diagnosed with osteoarthritis of the right knee. My doctor discussed my options which were:

1. Do nothing
2. Gel shots
3. Knee replacement

If I were at the mercy of the NYCMAPP, I would still be waiting approval for the shots or a knee replacement.

Even though I am approaching 72 years of age, I am, aware of what the previous administration was attempting to do to retirees. It is pathetic to hear the city really believes this plan is equivalent to our current healthcare benefits. When my son was young and trying to persuade me to give him his own way, I would tell him pass the bread, here comes the baloney. The same applies to this bait and switch scheme.

The MAPP works for profit. How do you get profit? In this case, it is by cutting necessary medical benefits and care to seniors. These are the seniors who served this city. We are men and women with families and obligations. My golden years were based on my pension and benefits. The possibility of having to pay for my own healthcare never crossed my mind. This unexpected expense will cause me financial hardship. How are Retirees expected to survive?

How many seniors will suffer and possibly lose their life because of the delays due to the required pre-authorizations? It is shockingly unacceptable to see the city has a complete lack of respect for seniors and our lives.

Respectfully,

Joanne M. Cutitto
NYC Department of Education
PAA, (Principal Administrative Associate) Level III
August 2012

Testimony to the New York City Council Committee on Civil Service and Labor

Submitted by email:

Elga Joffe

Pelican Drive

New Bern, NC 28560

Email: ejoffe@gmail.com

February 22, 2022

Dear Honorable Committee Members,

Thank you for your invitation to attend an open hearing of the New York City (NYC) Council Committee on Civil Service and Labor on February 23, 2022. Although I cannot attend the open hearing in person, I am submitting my comments in opposition to the NYC Medicare Advantage Plus/Alliance Medicare Part C Program for the Committee's consideration.

As a retired NYC educator, I presented testimony to the NYC Council in opposition to the contract between New York City and the NYC Medicare Advantage Plus/Alliance Medicare Part C Program (the Alliance) on October 27, 2021.

For my family nothing has changed between then and now. This is despite the vast amounts of taxpayer money NYC has spent falsely promoting the Alliance's health care insurance as a national health insurance program that is equal to or better than the Medicare Parts A and B insurance I presently receive for myself and my husband as a NYC retiree.

The reasons I say that nothing has changed for my family and for the hundreds of thousands of NYC retirees and their families are:

- 1) **The alliance health care insurance plan itself has not changed.** Extensive and onerous lengthy preapprovals and co-payments for non-primary care physician visits remain integral to the Alliance coverage. This is not the case with the Medicare/Senior Care insurance NYC has provided since my retirement.
- 2) **The hospitals and health care providers in the communities where my family lives and spends time are not in the Alliance Network. My family will be Out of Network and Out of Pocket for our health care costs.** The contention by the Alliance and in the Office of Labor Relations (OLR)'s Q&A that out-of-network claims will be paid is misleading. Only an uncertain amount of out of network claims may be paid. And out of network providers are not obligated to treat patients covered by the Alliance.

I have been informed by the billing and insurance departments of my family's health care providers that Medicare Part C payments for out-of-

Testimony to the New York City Council Committee on Civil Service and Labor

Submitted by email:

Elga Joffe

Pelican Drive

New Bern, NC 28560

Email: ejoffe@gmail.com

network claims are not commensurate with traditional Medicare Part A and Part B payments, and that I would be responsible for paying the difference. The Alliance program is a Medicare Part C program. My signed affidavits documenting what I learned are on file with the NYS Supreme Court.

Additionally, the Alliance and the New York City Office of Labor Relations (OLR) state that any unpaid out-of-network claims should be submitted to the Alliance for consideration. Consideration is not an assurance of payment.

If as the Alliance contends, out-of-network claims are paid at 100% of Medicare rates, and in network and out of network coverage are commensurate, why would a retiree be left with unpaid balances on out-of-network claims? And why, then, would there need to be a provision to send unpaid balances on out of network claims to the Alliance for consideration?

3) Implementation of the Alliance's "opt out" process has been for me and my family what I can only describe as an irrational mess of confusion, and incompetent data management. Irrational implementation has not changed since the program's roll out.

NYC's roll out of the Alliance Medicare Part C plan allows retirees to "opt out" of the Alliance plan to retain their current coverage. This is consistent with what Medicare Part C allows for government and group sponsored Medicare Part C plans.

The Alliance established a special customer service number for providing information and for allowing retirees to exercise their "opt out" option. However, many retirees reported being subjected to months of conflicting information about coverage and how to "opt out," i.e., by USPS, by fax, by email, or on the Alliance website, and incompetent data management regarding retirees "opt out" status. I will illustrate the Alliance's irrational administration and incompetent data management by sharing my "opt out" experiences.

Kim Parker, the Alliance Account Executive, in an Alliance informational seminar, suggested the best way to "opt out" was through the Alliance website. She demonstrated how to do this.

Testimony to the New York City Council Committee on Civil Service and Labor

Submitted by email:

Elga Joffe

Pelican Drive

New Bern, NC 28560

Email: ejoffee@gmail.com

So, I “opted out” for myself and my husband through the Alliance website. Then in a follow up call to the Alliance customer service line to confirm my “opt outs” I learned that the “opt out” for myself and my husband submitted through the Alliance website did not show in the system.

The customer service representative submitted my “opt outs” for me again on that call. Calling back to follow up several weeks later the next representative told me my “opt outs” did not show in the system. She said that I would have had to opt out by USPS or by fax for the system to show the “opt out.” Declining to send social security and Medicare numbers by USPS or fax, the customer service representative again submitted my “opt outs” over the phone. But she also told me emailing “opt outs” would be the surest way to know my “opt outs” were received. So, I “opted out” once again by emailing completed “opt out” forms for myself and my husband. Following up a week or so later, I was advised my “opt outs” were not showing in the system. This all took place between early October 2021 and mid-December 2021.

In mid-January and early February 2022 I again took up the cause of confirming my “opt outs.” It was only then after two lengthy phone calls I was assured my “opt outs” were in place. However, when I asked for written confirmation of my “opt outs” I was further assured that I that the Alliance could not send written confirmation of this by email or by USPS mail. Pressing the matter again on a later call, I finally received a letter confirming my “opt out.” The letter was addressed to “Dear Retiree.” My husband did not receive a USPS letter, he received an email confirming his “opt out.”

Given the Alliance’s incompetent and confusing data management regarding “opt outs” and the letter I received addressed to “Dear Retiree” how can I be certain that my family is indeed “opted out” of the Alliance Medicare Part C plan? How can I be comfortable that the Alliance is up to administering a health insurance system for more than 250,000 NYC retirees?

- 4) An onerous fee of almost \$200 per retiree per month announced with the roll out of the Alliance plan remains in place for NYC Retirees who choose to “opt out” of the Alliance Medicare Part C Program. This high fee is coercive toward accepting the plan, and is a penalty imposed on retirees who decide to or need to “opt out” of the Alliance plan.**

" ... retirees have been given a deadline (of October 31) to either do nothing in which case their health care plan will change, or to stay in their current plan in

Testimony to the New York City Council Committee on Civil Service and Labor

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Elga Joffee

Pelican Drive

New Bern, NC 28560

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which they will likely have to pay what can only be described as a penalty.”
(Judge Lyle Frank, October 2021)

I believe the NYC Alliance plan is a breach of the promise NYC made to me, to all NYC retirees, to NYC employees who were disabled in the line of duty, and to the NYC employee widows and widowers of the 9/11 attacks. We were all promised health care coverage for life by NYC at no cost. The cost of co-pays for specialist office visits, the additional cost burden on retirees forced to accept out of network coverage, and the potential cost to life and limb that may result because of the plan's very long list of procedures that require a lengthy preapproval process, are not free.

NYC and my union's (the United Federation of Teachers) promotion of the Alliance plan, glossy Alliance user guides, and full page newspaper ads with misleading claims that the Alliance is a national plan that is equal to or better than what NYC now provides retirees are nothing more than bait and switch. I know that if my family takes the bait we are reading in rosy promotional materials, we will suffer the switch when we are forced to accept out of network coverage because there are no Alliance in network hospitals or health care providers in our community.

Mayor Adams called it right when he first learned about the Alliance plan on the campaign trail. He called the plan a bait and switch. There is no rational or justifiable reason for NYC to see it any other way now.

My family will suffer irreparable harm financially and to our health and wellbeing if the Alliance's Medicare Advantage plan is implemented as proposed.

Please do not approve this plan.

Respectfully submitted,

Elga Joffee /s/

NYC DOE Retiree

From: Lee R <lee3333@gmail.com>
Sent: Tuesday, February 22, 2022 5:32 PM
To: Testimony
Subject: [EXTERNAL] The cities proposed Medicare 'Dis'Advantage Plan

Below is the letter I sent to Mayor Adams. It explains my view, as well as the view of hundreds of thousand of other retirees. But remember that this will also affect every active city employee, since they will also retire from their jobs eventually.

As you can see, over 50,000 of us have already opted out. This is an excellent indicator of just how unpopular this new medical plan is. Keep in mind that there are many, many others who would like to opt out but can not afford to. Additionally, many retirees are not even aware of what is going on, since they are not on social media. They only know about this through the information sent to them by the unions, which is inaccurate and misleading as evidenced by the judges decision following our lawsuit.

And furthermore, the unions have had the audacity to change our original plan to initiate co-payments. So as it stands now, even after we pay over \$191 per person to keep the plan we were promised, it still is not as good since it is now much more costly.

Bottom line-the city should keep their promise and allow all city employees to retain the original plan. We work for less money than private sector jobs, sacrificing immediate income for security when we retire. However, if the city really wants to change things, then it should only apply to NEW employees. Then they will at least have the opportunity to decide for themselves if they want to work for less money and these specific health benefits. For both retirees and current employees, it is too late to change our minds. We deserve to get what we were promised.

Thank you for your consideration and reading this.

Dear Mayor Adams,

To say that I am disappointed with your decision to endorse the city's new Medicare Advantage Program, the Municipal Labor Committee and especially my Union (DC37) is an understatement. I grew up believing that Unions represented their members-both active and retired. I thought they would fight for our best interests. I always believed that if any important decisions were made, then the Union would discuss it with it's members, including giving us the opportunity to vote on it. Instead, what they have done to us is unconscionable. For the last 4 years, they began secretly negotiating with the Office of Labor Relations, and came up with a plan that replaces the original Medicare/supplemental insurance that we were promised with a Medicare Advantage Program which is not as good. In other words, as they smiled to our faces, they were actually stabbing us in the back.

For over 40 years, the understanding was that if you worked for the city, then when you turned 65 years old you would get original Medicare plus a supplemental insurance plan like Emblem Health Senior Care. (After all that time, I believe that would create an implied contract.) We would not have to pay for it, plus we would no longer be responsible for co-payments. This was important to us; municipal jobs typically pay less than private sector jobs, so the main reason people are willing to work for the city is because of the health benefits we will receive after we retire. In other words, the money the city saved by paying us a lower salary went into our future health insurance. Had we known in advance that we would not get these specific health benefits, many of us would not have agreed to work for the city.

The justification for this whole thing is insane. In 2014 the unions wanted to give the NYC teachers a raise. I agree that they were entitled to make more money. However, the way it was handled was wrong. Taking 1.2 billion dollars out of our health care reserve fund to pay for teachers salaries is inexcusable. The true irony here is that they had no idea that their raise was in exchange for their excellent future health benefits.

Equally laughable is how they attempt to convince us that this is actually a good thing for us. They claim that even though the city will save 600 million dollars by switching us over to this special Medicare Advantage Program created just for NYC employees, our health benefits will also be improved. If this were true, then why the lack of transparency? Why weren't we told from the very beginning that you were working on this plan? And why didn't you go public with it until right before it was scheduled to be implemented? I saw the press release that former Mayor DeBlasio wrote on July 12, 2021. It was never publicly released, nor was it ever discussed in any of his daily briefings. No reporters asked him about it, making me wonder if their questions were screened. In fact, the only reason it came out was because a group of disgruntled retired city workers formed the NYC Organization of Public Service Retirees (for Benefit Protection). Together, we began a campaign to write letters, call our political representatives, and collect donations in order to hire a lawyer and sue the city. Otherwise, it appears the city was attempting to just sneak it on us.

Besides the uncertainty of knowing which doctors, hospitals, and other medical providers will accept this new insurance plan, there is another important issue to consider. After reading the new prior authorization pamphlet for the NYC Medicare Advantage Plus Program, I can see how terrible it is. To call the booklet misleading is an understatement. For example, in the 'Questions About Prior

Authorization' guide, it would have been easier to list the procedures and treatments that DON'T need a preauthorization, rather than the two pages of everything that does (along with a disclaimer saying that the list is "just a guide to help you get the most out of your plan").

(Over please)

The brochure attempts to minimize their prior authorization policy by saying "*Just like the plans for active City employees, certain medical procedures will require preauthorization under the NYC Medicare Advantage Plus Plan*". While this may be true, it glosses over the fact that one of the main reasons people PREFER original Medicare is because they DO NOT need to get preauthorizations for most things. This is more important for seniors than younger people, because as we get older we need more types of procedures and treatments. Having

to get prior authorizations for everything creates added obstacles and adds more time, delaying the services we need.

The second paragraph of the brochure states that *“Prior authorization helps ensure you get the proper care. It helps us work with your doctor to evaluate services for medical necessity before you receive treatment or services.”* What does that even mean? Are they accusing our doctors of referring us for services that we do not really need? Who knows our medical history better than our own doctor? He or she is the person that actually saw us, physically examined us, and is referring us for what they believe is medically necessary. How would clerks working at Emblem Health be able to determine what our condition calls for without ever seeing us? After all, they only have our doctors paperwork to refer to. If they decide against our doctors recommendations, then they are disqualifying our doctors orders, insinuating they know better.

If we decide to opt out and keep our current insurance, it will cost us close to \$200 every month per person, or nearly \$400 per month for a couple. Next to add even further insult to injury, the Municipal Labor Committee negotiated with the Office of Labor Relations to change our old plan and institute co-payments for all doctor and therapy appointments. Prior to this the Emblem Health did NOT require us to make any co-payments. Their negotiations did not help us at all. With negotiations like this from our ‘friendly’ unions, who needs enemies? We are left with the choice of spending more money in both monthly fees plus co-payments to keep our current plan which we all love, or accept the new Medicare Advantage Program with all of its shortcomings.

Finally, most of us do not want any of the “new and enhanced benefits” included with the new plan. They include silver sneaker gym membership, under very specific circumstances meals delivered to us, and 24 one way trips to medical appointments.

Medicare Advantage Programs get a certain amount of money from the government for each participant. The way they make a profit is by spending less than they were allocated, so the fewer doctor visits, therapy appointments, equipment requests, etc. they approve, the more money keep. Do you really think that we are naive enough to believe we will receive the same level of health care as we did with original Medicare? That is truly an insult to our intelligence.

The bottom line here is simple. As the Federal Government pushes for Medicare for All, NYC is doing the exact opposite and taking it away from us. We were happy with the Original Medicare and the secondary coverage we had, and would like to keep it. When we took our municipal jobs, that was in our manuals. We all worked 20 plus years for below-market wages because we were promised this health insurance. After we put in our time, it is inhumane of the city to back out of their end of the deal.

Lee Rottenberg

77 Street

Middle Village, NY 11379

Lee3333@gmail.com

From: Marc Lavietes - Rose Rosal <rosemarc9@gmail.com>
Sent: Wednesday, February 23, 2022 6:06 PM
To: Testimony
Subject: [EXTERNAL] Oppose the Mayor's plan to privatize the health insurance of our city retirees

Dear Chairwoman DeLaRosa:

Thank you for the opportunity to participate in the Council's Committee on Civil Service and Labor hearings earlier today.

My message is simple: reject Mayor Adams' plan to privatize the health insurance of the 250,000 City retirees. Our local chapter of Physicians for a National Health Program has been very supportive of the Cross Union Retirees Organizing Committee (CROC). Our Chapter activist Len Rodberg, whom one of the other speakers on your last panel quoted in her presentation, prepared an affidavit to support the CROC court case.

We are available to consult with you when you are ready to consider the issue of Medicare Advantage. You may reply to me or go to our website:

www.pnhpnymetro.org

Thanks

Marc H Lavietes MD

From: Marcia Michelson <marciamichelson247@gmail.com>
Sent: Wednesday, February 23, 2022 8:18 AM
To: Testimony
Subject: [EXTERNAL] NYC Medicare Advantage Plus Plan

Greetings,

My name is Marcia Michelson, and I live in Manhattan at East 86th St.

Now New York City retirees now have the dilemma of having to choose between quality healthcare and financial hardship.

Working as a nurse in the Dept. of Education, I was led to believe that security in retirement was guaranteed, and that meant quality healthcare after retirement in lieu of a good salary while working.

That meant Medicare plus Emblem Health Seniorcare secondary coverage during retirement.

Since retiring and living on a fixed income, I did not anticipate an extra expense of almost \$200/month or in other words, a \$200/month decrease in my pension to maintain quality healthcare.

Recently I was diagnosed with a condition that necessitates followup by specialists, and tests (and possibly medical procedures) at regular intervals for the rest of my life.

I cannot afford to have anyone other than a physician make determinations regarding my medical care and treatment plan.

Dealing with denials and appeals is time consuming when time may be of the essence.

The multiple pre authorizations that were only partially listed in the information booklet provided by the plan were deceitful, and the full list in the Evidence of Coverage book was only online. It was unavailable when I called and made multiple requests for a hard copy.

Turns out there are over 100 tests and procedures listed in the EOC that require pre authorization.

Pre authorization of these things will cause undue interruptions and delays in patients receiving necessary medical care, and will be a burden on physicians.

Also a lot of the physicians listed as participating in the NYC Medicare Advantage Plus Plan on the plan's website do not actually participate in the plan..

If a retiree opts-out of the MAP and pays the extra ongoing monthly fee for SeniorCare, there also will be numerous copays which increase financial strain also.

For the above reasons I opted out. As a nurse, I think that the Medicare Advantage Plus Plan is really a "minus" plan that will ultimately prove to provide higher costs and lower quality of care.

Many retired dedicated city workers are extremely elderly, live on small pensions, and have numerous medical conditions.

The Medicare Advantage Plus Plan will be their death sentence.

Please reject this plan. The City of New York can do better to provide for the retirees.

Thank you.
Marcia Michelson

Martha Bordman
UFT Retiree

My name is Martha Bordman. My husband, Mark Karwowski and I are both New York City UFT retirees. I retired in 2014. Mark retired in 2008. We are both over 65 and have Medicare/ Senior Care for our health insurance. Emblem Health was our UFT healthcare provider all the years we were working, and before we were 65. During this time, it wasn't always easy to find a well-respected and recommended doctor who accepted our plan. Therefore, in order to make sure we were receiving the adequate medical care we could get for ourselves or our children, we would sometimes go out of network and end up with a partial reimbursement for doctors or other medical expenses. For example, excellent but out-of-network obstetricians delivered both of my children because we knew they could be trusted to do a good job. Not only that, sometimes we would be charged for lab tests that Emblem was supposed to cover, so it would take a lot of communication, time and energy to straighten out the bill.

As a result of so many difficulties with Emblem, we were relieved to finally go on US Government run Medicare as our primary insurance with Emblem as our secondary insurance because so many medical doors seemed to open. Doctors who had not accepted Emblem as our primary insurance accepted Medicare, and we didn't have to haggle over charges anymore. It took such a long time to get to this point, our promised reward after all our years of working for New York City.

Now, based on a backroom deal between Bill de Blasio and the Municipal Labor Committee to switch over and privatize our US Government Medicare and Senior Care insurance, that promised reward has been threatened at a time in our lives that, for sure, will bring more visits to doctors to treat our aging bodies, and it's predictable that at some point, we will need hospitalization too. Instead, the City has decided to save money on our aging backs by pulling the rug out from under us and trying to slip us into a privatized Medicare Advantage plan that is not accepted by many doctors and hospitals that accept US Government run Medicare. A private company will supervise our Medicare and certainly cut costs whenever and wherever possible to make the plan cost effective for the company and New York City, even if this cost effectively threatens our lives.

The roll out of this privatized Medicare Advantage plan has been deceitful and sloppy. The 250,000 retirees the plan covers have received spotty and conflicting information about this privatized plan, especially alarming those who already have significant health issues and depend on their US Government run Medicare to pay for their treatment. It's also frightening that many doctors and hospitals will refuse this Medicare Advantage plan. It's what you call a pig in a poke because nobody knows what's in the plan. According to this contract, "Members" receive the *2022 Evidence of Coverage* booklet when they register for the plan. Since registration is via auto-enrollment, retirees will not know what their rights are, or even what's in

the plan, until *after* they are signed up. In addition, there is no Provider List, so there's also no way to know which doctors really accept the plan.

Many municipal retirees want to opt out of the MA plan but cannot pay the opt out monthly fee since their fixed income pensions and expenses don't give them this option. Therefore, they will end up being stuck with this substandard privatized plan after being promised a lifetime of US Government run Medicare with a supplemental by their unions and the City.

Retirees are fighting back against this Medicare Advantage switch. There have been a series protests and actions, along with a lawsuit and testimony at this City Council hearing today to try and stop it. City Councilmembers, we need you to understand the shortcomings of this MA plan as well as the irresponsibility and deception of the City to even come up with such a plan to sock to the hard-working municipal retirees of New York City.

Testimony of Rachel Cohn

NYC employee for 33 years

co.rachelx@gmail.com

NYC City Council Hearing, Committee on Civil Service and Labor' Oversight Hearing at 1:00 pm, February 23, 2022: Municipal Retirees' Healthcare

To the Honorable Madam Chair De La Rosa and Council Members,

I am expressing my fierce opposition to NYC's intended implementation of a Medicare Advantage Plan for NYC retirees. There are numerous incongruencies in this agreement that leave many unanswered questions and warrant investigation.

Point 1 - Of grave concern is the monthly premium for the Emblem Health Express Scripts Prescription plan. James Collins. Former chair NGO Committee on Aging at the United Nations reports in the Daily News on January 4, 2022 the following:

Facts and figures

The Medicare Advantage plan the city is seeking to impose on its retirees includes enrollment in the Emblem Health Part D pharmacy plan (**see Exhibit A** Page 30 in the Enrollment Guide). By law, that plan provides actuarially exactly the same coverage as all other Part D plans, which vary only in how plan members reach the \$7,050 true out-of-pocket drug purchases before catastrophic coverage begins. The Medicare Rights Center reports that the average monthly premium for a Part D drug plan in 2022 is \$33.37/month, a little more than \$400/year, while the Emblem drug plan collects a \$125 monthly premium (\$1500/year) from almost 200,000 NYC retirees.

Why do the city and the unions allow Emblem to enjoy this excess profiteering of close to \$200 million a year?

Why does the city subsidize this outrageous monthly premium through payments to union benefit funds that reimburse retirees for a portion of that excessive premium?

Who is guarding the public purse?

This Medicare Part D information was just posted on the Medicare Rights Center's website (along with Part A and Part B info):

Part D (Prescription drug coverage)

- National average Part D premium: \$33.37 per month
- Part D maximum deductible: \$480 per year
- Coverage gap begins: \$4,430
- Catastrophic coverage begins: \$7,050

Here is additional commentary from a fellow retiree:

“The premiums do not jibe as measured by NYC OLR charges of \$125. Will the city council investigate if retirees have, in fact, been overpaying for a prolonged period of time. Fundamentally, the MLC and various members have no transparency or individual accountability for their actions. There is a handful of unions that do not offer a zero cost prescription plan to their retirees. How is it that some unions manage to provide very good benefits to their retirees, while others do not come close to that standard? There should be a thorough investigation as to why retirees of certain unions pay such high prices for Part D insurance as well as for the actual prescriptions. How was the new \$125 rate arrived at when the cost should be less than half? This warrants an immediate and in depth forensic audit!”

Point 2 - The City and taxpayer are NOT realizing any true savings with this MAP!

Relevant to the above mentioned use of Welfare Fund monies (used to reimburse retirees a portion of their overpayment for the prescription plan) is Jonathan Rosenberg’s testimony to the City Council Hearing on October 28, 2021, which states:

“The MLC and the city plan to utilize the savings from the transfer of the retiree health plan to Medicare Advantage Plus to provide the Stabilization Fund with an alternate revenue source. This new revenue source defers any need to deal with the fundamental issue facing the Stabilization Fund—the cost of annual obligations being financed with an unreliable stream of income. The agreement to move to Medicare Advantage continues the use of the Stabilization Fund as an **off-budget transfer of city dollars to a special-purpose fund that has little or no budgetary oversight.**”

See “**Exhibit B**” at the end of this testimony for an excerpt of Rosenthal’s testimony.

Point 3 - There has been serious misinformation to retirees and the public on behalf of MLC/UFT attorney Alan Klinger: Susan Pulice, UFT administrator of the official UFT Retiree FB Page, posted UFT representative Bob Zuckerberg's transcript of the presentation for the UFT Healthcare Committee by MLC/UFT attorney Klinger, Mulgrew, and the Emblem Health representatives in an online meeting. The transcript was posted on July 9, 2021. In this meeting, information was misrepresented to the public. The following are some excerpts from Mr. Zuckerberg’s transcript:

1. **Q: Will there be a public hearing about the plan? (See Exhibit C, Snapshot #3)**
A: Alan Klinger - No.
(In addition, Michael Mulgrew acknowledges that **this is a done deal**)
2. **Q: What will be the cost if we do not sign up for this plan? (See Exhibit C, Snapshot #1).**

A: The cost of maintaining the current, GHI SeniorCare supplemental package that the City now offers you for free will be **\$180** per month per person.

3. Q: Will we continue to receive Part B and IRMAA reimbursements, even if we do not accept this plan, stay with traditional Medicare, and buy our own supplemental insurance? (See Exhibit C, Snapshot #1).

A: Alan Klinger - **Yes.**

Here are my comments regarding the above questions:

Q #1 - Why would a very large contract that impacts 1/4 million elderly NYC former employees not be subject to a hearing?

Q #2 - The cost to maintain current Senior Care insurance is stated to be \$191.57 plus \$2.83 per month plus \$15 copays for every single service. This is a penalty for choosing to remain in traditional Medicare, the program that all of the retirees contributed to throughout their working lives. I contributed to traditional Medicare for 44 years. Please note that UFT retirees will be paying \$319.40 per month per person. Retirees from other unions have lower fees. UFT has the highest out of pocket charge, including payment for additional benefits that some unions offer at no cost to both members and retirees.

Q #3 - This is contrary to what is currently stated. The response now should be the same as that provided in July 2021 by Alan Klinger.

This subject is addressed in **Local Law 39** which states that the requirements for reimbursement of Medicare Part B and IRMAA are twofold: to be Medicare eligible and receive a NYC pension. These responses listed above are either incorrect or differ from the information currently provided. (See **Exhibit C**, Snapshots 1 and 3).

Point 4 - February 24, 2021 MLC General Membership Meeting minutes, Alan Klinger stated, "A committee was set up in order to work with the City to effectuate savings without harming quality of care and without resorting to member contributions to premium."

See the following link, which is a report by Len Rodberg, Professor Emeritus at Queens College, that the NYC Medicare Advantage plan will reduce retiree health care by 24%.

https://www.pnhpnymetro.org/city_s_plan_will_reduce_retiree_health_care_by_24

Also recorded in the MLC minutes were the representatives Chris Calvert and Len Spangher of Segal Company, a benefits consulting firm hired by the MLC. They stated that "A Medicare Advantage Plan **will mirror the coverage that Senior Care provides today**, it is **not going to increase co-pays**, it is not going to change networks. If your doctor accepts Medicare today, and you go to them through the Senior Care plan, that Medicare doctor will accept it and you can go to that Medicare Advantage plan tomorrow."

The information cited above as provided by Segal Co. is confusing and incorrect.

Harry Nespoli repeated this exact misinformation when he advised in his letter to the City Council members, “The City and the MLC worked for a year with the help of nationally recognized healthcare consultants to arrive at a plan that not only mirrors the existing Senior Care program utilized by most retirees.....” (See **Exhibit D**: scroll down to the heading “PAGE 3”.)

This is a clear-cut demonstration by the City and Union officials that they do not understand how Medicare works. Background knowledge on how traditional Medicare functions is imperative before attempting to evaluate any of these proposed changes. In traditional Medicare, Medicare is your primary, your secondary is the supplemental plan aka the Medigap plan. Senior Care, which is the Medigap plan, picks up the 20% that Medicare does not cover. Contrary to the Segal Company representatives’ declaration, you do not go to a provider through the Senior Care plan. Additional copays have been made a feature of both the MAP and the out-out choice, despite there being no copays prior to this upheaval. The Medicare Advantage Plus plan does not mirror the current Senior Care plan because:

1. Senior care automatically covers the 20% that remains after traditional Medicare pays it’s 80% portion. There are no ifs and or buts as to whether or not it pays. That is the role of a supplementary plan.
2. The Medicare Advantage Plus plan features more than 87 prior approvals, with accompanying delays and denials. (See **Exhibit C**, Snapshot 2)

Attempts have been made to FOIL the MLC minutes without success. These documents should be available to FOIL, rather than kept hidden from the public eye. If there was nothing to hide, these documents would be readily accessible.

Claire Levitt, Deputy Commissioner of Healthcare Cost Savings, stated in an email conversation with me that “the copays are nominal” and that, “no one will be disenfranchised.” I referred her to the [National Bureau of Economic Research study, “The Health Costs of Cost Sharing”](#), in which it states, “we documented a large mortality burden attributable to cost-sharing.” Ms. Levitt also erroneously told me that any doctor or facility accepting Medicare will be accepting this MAP. That is false. A hospital, for instance, might accept the plan, but the doctors and specialists within it can accept or refuse to participate in it. (See **Exhibit E**).

This MAP creates a two-tier healthcare system for retirees: I submit for your review an additional paper by Dr. Leonard Rodberg, reporting on how this MAP creates a two class health system, harming people of color and women in particular:

<https://www.pnhpnymetro.org/>

[opposing_creation_of_a_two_class_healthcare_system_for_the_city_s_retirees](#)

Point 5 - Inconsistencies in OLR claims: I attended four or more webinars, Zooms and Town Halls with regard to these changes in the spring and early summer of 2021. Copays were not mentioned in even one of these presentations. How is it that the OLR is now insisting that the copays were slated to begin before COVID and that the pandemic got in the way of its implementation?

Point 6 - The Institute for Healthcare Improvement's "Triple Aim" initiative is referenced as this MAP's guidepost in several NYC documents (i.e., OLR Second Health Savings Agreement, FY 2019 to FY 2021 (See **Exhibit F**). Two of the "Triple Aim Initiative" three tenets are to improve population health and patient experience of care. The undue and ongoing stress that has been caused to an already vulnerable and fragile population is clearcut indication that these two tenets are not featured in this MAP. Lack of transparency, gatekeeping practices driven by more than 87 requisite prior authorizations, a high percentage denial rate, and treatment delays contradict the tenets of the "Triple Aim". Dr. Donald Berwick, president and CEO of IHI, developer and creator of the Triple Aim Initiative, stated in his email to me, " I am distressed that I would be cited as supportive of the mandated enrollment in Medicare Advantage." [Prominent elder healthcare expert Diane Archer \(Harvard J.D.\)](#) has reviewed the information provided to me in my correspondence with Claire Levitt, Deputy Commissioner of Health Care Cost Management. Ms. Archer has confirmed that the NYC Medicare Advantage Plus plan shows **no evidence of the Triple Aim features**.

Was the Triple Aim Initiative name used to make the MAP appear to be something better than what it is? (See **Exhibit F** - NYC Health Savings Agreement).

Ours is the only industrialized democratized wealthy nation where money and greed drive health care. We, the retirees, are no longer considered purposeful to NYC, and are being tossed aside. Now is a very rare and brief opportunity in which to show the nation that you can create a legacy of decency and integrity in place of this pool of corruption.

Sincerely,
Rachel Cohn

Exhibit A

EmblemHealth Medicare Part D Pharmacy Coverage

Monthly cost: \$125 per person, per month (deducted from your pension check)

Initial Coverage period	Until you reach your Initial Coverage Limit of \$4,430 for drug purchases, you will pay: \$0 deductible <ul style="list-style-type: none">• Tier 1: preferred generics: 25% of the drug cost• Tier 2: preferred brand: 25% of the drug cost• Tier 3: nonpreferred drug: 25% of the drug cost• Tier 4: specialty: 25% of the drug cost
Coverage Gap period	Once the value of your drug purchases exceeds your Initial Coverage Limit of \$4,430, you will pay: \$0 deductible <ul style="list-style-type: none">• Tier 1: preferred generics: 25% of the drug cost• Tier 2: preferred brand: 25% of the drug cost• Tier 3: nonpreferred drug: 25% of the drug cost• Tier 4: specialty: 25% of the drug cost
Catastrophic Coverage period	After you meet your true out-of-pocket (TrOOP) amount spending limit of \$7,050, you will pay: <ul style="list-style-type: none">• Tier 1: preferred generics: \$3.95 or 5% of the drug cost, whichever is greater• Tier 2: preferred brand: \$9.85 or 5% of the drug cost, whichever is greater• Tier 3: nonpreferred drug: \$3.95 & \$9.85, or 5% of the drug cost, whichever is greater• Tier 4: specialty: \$3.95 & \$9.85, or 5% of the drug cost, whichever is greater

Exhibit B



**THE CITY OF NEW YORK
INDEPENDENT BUDGET OFFICE**

110 WILLIAM STREET, 14TH FLOOR
NEW YORK, NEW YORK 10038
(212) 442-0632 • EMAIL: iboenews@ibo.nyc.ny.us
<http://www.ibo.nyc.ny.us>

**Testimony of Jonathan Rosenberg
Director of Budget Review, New York City Independent Budget Office
To the New York City Council Committee on Civil Service and Labor
Regarding Changes to Municipal Retirees' Healthcare Plan**

October 28, 2021

PLEASE NOTE THERE ARE FOUR PAGES
IN THE ORIGINAL DOCUMENT. BELOW IS
THE LAST PARAGRAPH OF THE FINAL PAGE

Conclusion

Rather than use the savings to supplement existing services or cover other recurring costs, the city plans to use the entirety of this savings to fund benefits provided by the city's unions. Rather than allocating these savings through the typical budget process, the entirety of the savings will be allocated to an off-budget fund. In doing this, the city is forgoing a significant opportunity to strengthen its fiscal position in relation to retiree health costs and relinquishing its fiduciary responsibility for the expenditure of hundreds of millions of dollars.

Exhibit C

UFT Healthcare Committee Meeting July 9, 2021 Transcript of Q and A Alan Klinger UFT/MLC attorney and Michael Mulgrew UFT President responses of concern to questions posed by the healthcare committee members.

Snapshot 1



Bob Zuckerberg

Question and Answer Summary:

Q: I already have two doctors who say they won't accept Medicare Advantage. What will you do when doctors refuse this plan.
A: We will educate them through extensive outreach.

Q: How is money being saved with this plan?
A: It is being saved by Combining Medicare Part A and Part B reimbursements into one reimbursement.

Q: What will the cost be if we do not sign up for this plan?
A: The cost of maintaining the current, GHI SeniorCare supplemental package that the City now offers you for free will be \$180 per month, per person.

Q: Can we opt-in, opt-out?
A: You can opt-in or opt-out during the yearly open-enrollment periods, plus a once-in-a-lifetime opt-in or opt-out outside of the open-enrollment periods.

Q: What is the advantage in joining your Medicare Advantage network?
A: Coordination of care is a plus. Having only one insurance card instead of multiple insurance cards is easier for doctors to deal with. You will have access to a phone number to call for concierge service.

Q: Will we continue to receive Part B and IRMAA reimbursements even if we do not accept this plan, stay with traditional Medicare, and buy our own supplemental insurance?
A: Alan Klinger, MLC/UFT Attorney - Yes.

Q: How about national access to your network?
A: Outside of NY Metro area, Emblem uses the "Blue Card Network." It is the biggest network.

Q: Alan Klinger, MLC/UFT Attorney - Will we still have special access to Memorial Sloan Kettering (MSK) and Hospital for Special Surgery (HSS)?
A: Yes.

Q: Will referrals from a Primary Care Specialist (PCP) be required to see specialists under this plan?
A: No.

Q: Will we be required to have a PCP?
A: No.

Snapshot 2

facebook.com

2:29

facebook.com

special access to Memorial Sloan Kettering (MSK) and Hospital for Special Surgery (HSS)?
A: Yes.

Q: Will referrals from a Primary Care Specialist (PCP) be required to see specialists under this plan?
A: No.

Q: Will we be required to have a PCP?
A: No.

Q: Will pre-authorization be required for certain medical procedures?
A: Yes, they will.

Q: Will this plan affect part D (prescription drugs)?
A: No. Your Part D coverage remains the same.

Q: What will I do when my doctor says he/she will not accept this plan?
A: Call us. We will do outreach.

Q: (From a member who is a mental health therapist) - Mental health therapists get crappier reimbursements than other providers. What about with this plan?
A: You will continue to get the crappy reimbursements.

Item #2
Q: What is your rejection rate for pre-approvals, for imaging let's say?
A: Don't know off hand; gotta get back to you on that.

Q: Will there be an appeals process for rejections?
A: Yes. We will give you phone numbers to call.

Q: This proposal is for a five-year contract. Will you or the City be able to change or renegotiate the terms during the duration of the contract?
A: No, we will not.
A: Alan Klinger, MLC/UFT attorney - No. The City cannot renegotiate.

Item #2
Q: You identify hospitals known as "Centers of Excellence," where we will have special relationships. Your website lists MSK and HSS. Those are both in NYC. Are there other "Centers of Excellence" nationwide?
A: Um, no. Those two are it.

Q: What is the timeline for this plan going into effect?
A: D-Day is January 1, 2022. Until then we will be involved with administrative set-up and educational outreach.

Follow-Up:

Exhibit C

Snapshot 3

Q: This proposal is for a five-year contract. Will you or the City be able to change or renegotiate the terms during the duration of the contract?

A: No, we will not.

A: Alan Klinger, MLC/UFT attorney - No. The City cannot renegotiate.

Q: You identify hospitals known as "Centers of Excellence," where we will have special relationships. Your website lists MSK and HSS. Those are both in NYC. Are there other "Centers of Excellence" nationwide?

A: Um, no. Those two are it.

Q: What is the timeline for this plan going into effect?

A: D-Day is January 1, 2022. Until then we will be involved with administrative set-up and educational outreach.

Follow-Up:

Mulgrew and Murphy thank the committee.

Mulgrew says we will get the answers to our questions put in writing. They both apologize for being less than transparent until recently, citing legal reasons. Mulgrew acknowledges that this is a done deal. Says the signatures will be put on the dotted line, probably next week. The RTC committee will keep meeting on a standing basis. Now the work begins to monitor how the plan works. When asked if there will be a public hearing about the plan, MLC/UFT attorney Klinger says, "No."

Exhibit D

FOR BREVITY, THESE ARE EXCERPTS OF THE MLC MINUTES,
THE 5 PAGES IN ENTIRETY ARE AVAILABLE UPON REQUEST

MLC General Membership Meeting (Virtual) February 24, 2021 Minutes

Harry Nespoli called the meeting to order.

The Chair stated that the minutes of September 23, 2020 were mailed out and need approval. A motion to approve the minutes of September 23, 2020 was made by Juan Fernandez, L. 154, seconded by Nelson Mas, L. 211 and passed unanimously.

PAGE 2

The second major issue was an RFP process for a Medicare Advantage Program and this would succeed the Sr. Care that we have now. We have Chris Calvert and Len Spangher from Segal on the call to brief you on what a Medicare Advantage Plan is and what it is not.

To place the discussion in context, the reason this is on the agenda is that one of the primary missions of the Tri-partite Committee was to obtain savings so that the stabilization fund would not go bankrupt later this calendar year. One of the main ways that we are able to extend out the stabilization fund for one to two years is through the savings of the Medicare Advantage Program, which is upwards of \$600 million.

Chris Calvert, Segal Co., stated that the City has approximately 250,000 retirees in the health plans today. The vast majority of those are in Sr. Care. Sr. Care is actually a third part of the way retirees are covered today. Retirees all have Medicare Part A which covers their hospital expenses, Medicare Part B which covers their doctor expenses and the two of those cover between 70-80% of their total care. Sr. Care then covers the other 20-30% by supplementing the traditional Medicare Plan. Those three combined provide very solid coverage to the retirees.


PAGE 3

A Medicare Advantage Plan will mirror the coverage that Sr. Care provides today, it is not going to increase co-pays, it is not going to change networks. If your doctor accepts Medicare today, and you go to them through the Sr. Care plan, that Medicare doctor will accept and you can go to that Medicare doctor tomorrow in a Medicare Advantage Plan. There are other enhancements from Those \$400-600 million extends the life of the stabilization fund for one or two more years compared to where we are without this Medicare Advantage Plan. The other part is the technical

PAGE 4

matter which we will be working with Harry Greenberg and Robin Roach to make sure that if any changes need to be made to the city administrative code in order to ensure that the city remains obliged to pay for this and we are working on that and the City has agreed that that is something we will need to be comfortable with before this goes forward.

Exhibit E

→  **Claire Levitt**
To: RC >

9/24/21

[EXTERNAL] Re: Response to your inquiry

I should have added below that the program covers any provider that accepts Medicare and that includes Johns Hopkins and Dana Farber even though they are not in the Alliance network. Out of network providers are paid the same as in network providers at the Medicare rates. Both these facilities have a history of working with the Alliance.

Claire Levitt
Deputy Commissioner
Mayor's Office of Labor Relations
22 Cortlandt Street
New York, New York 10007
clevitt@olr.nyc.gov
OFF: (212) 312-7333

Our plan covers everything that traditional Medicare covers. Any denials would be the same as what Medicare would deny. The purpose of prior authorization is to confirm that care is medically necessary and appropriate. Medicare does this after the fact, while our program will do it before a procedure occurs so there are no surprise bills. The prior authorization process is behind the scenes between doctors and the insurer, so there's nothing you have to do.

NYC retirees have a unique plan of benefits practically unheard of today. Lifetime retiree coverage is free and Medicare Part B premiums are reimbursed. While out-of-pocket costs could be \$1470 under this program, under the prior program, there was no cap at all on the out-of-pocket costs so this is an improvement. The minimal copays are not intended to be a deterrent to seeking care and are far less than most retiree plans.

No one will be disenfranchised as a result of this change. The program remains premium free, which eliminates the largest barrier to care since all our retirees have free lifetime health coverage. Material is being mailed and procedures have been put in place for retirees who don't have computer access. There is a call center where everything that can be done on a computer can be done over the phone.

You are correct that the implementation timeline and the opt out period changed as the Alliance adjusted to the challenges of implementing a new program for 250,000 retirees. The City, the Municipal Labor Committee and the Alliance are all working to assure that all retirees have the appropriate information to make decisions.

I appreciate that change is difficult, but we hope that you and other retirees will give this new program an opportunity to prove itself before being so disparaging.

Claire Levitt
Deputy Commissioner
Mayor's Office of Labor Relations

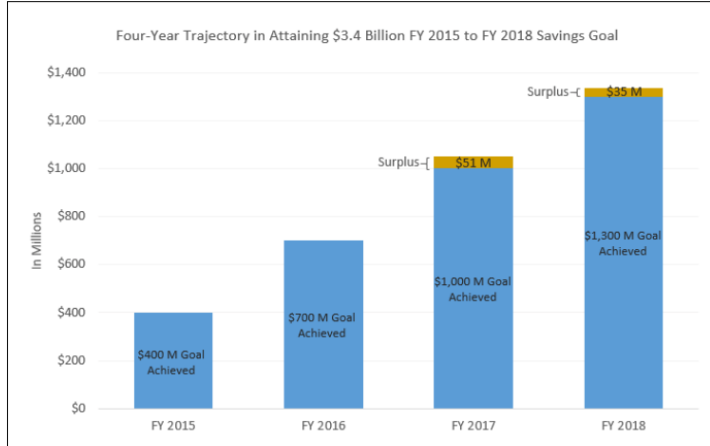
Exhibit F

First Health Savings Agreement (FY 2015 to FY 2018)

In 2014, Mayor Bill de Blasio and Labor Relations Commissioner Bob Linn committed to a respectful and collaborative labor management process, changing the dialogue with

the municipal unions from one of confrontation and deadlock to collaboration and problem solving.

As a result, in collective bargaining, labor and management agreed to address the issue of escalating health care costs by working together to generate cumulative healthcare savings of at least \$3.4 billion over the four fiscal years 2015 through 2018, with at least \$400 million for fiscal year 2015, \$700 million for fiscal year 2016, \$1 billion for fiscal year 2017 and \$1.3 billion for fiscal year 2018.



This plan did not specify exactly how the health care savings were to be accomplished, only that it would be done by an ongoing collaborative effort between the City and its municipal unions, aimed at bending the health care cost curve for NYC health programs. For Fiscal Year 2015 and Fiscal Year 2016, the \$400 million and \$700 million savings goals were met. In fiscal year 2017, the \$1 billion goal was exceeded by \$51 million and in fiscal year 2018 the \$1.3 billion goal was exceeded by \$35 million. Overall, the City achieved total savings of \$3.486 billion exceeding the four year goal by \$86 million. Pursuant to the FY 2015 – FY 2018 Agreement, the participating unions have elected to use the excess to carry over to the next health savings agreement.

The savings initiative was accomplished using the Institute for Healthcare Improvement's "Triple Aim" initiative as its guidepost –improving the population health, improving the patient experience of care (including quality and satisfaction) and reducing the per capita cost of care.

For information on the FY'15 to FY'18 and FY'19 to FY'21 health benefits agreement and details on how the savings are being achieved, please use the links below.

From: R. Pikser <ropiks@yahoo.com>
Sent: Friday, February 25, 2022 10:18 PM
To: Testimony
Subject: [EXTERNAL] Retiree health care attack is just a prelude

To: The Committee on Civil Service and Labor

My name is Roberta Pikser and I worked for more than twenty years teaching English to Adults for the Board, then Department, of Education. Previously, I had worked for Community Based Organizations and had to purchase my own insurance, which became more and more expensive. Because of the irregularities of adult education scheduling, often from 8:30 a.m. to 9:00 p.m., (only actual work hours paid), sometimes having to work Saturdays, and the necessity of travel to all boroughs of the City (travel time unpaid), I could never manage to work enough hours to become tenured. However, I was eventually able to work enough hours to qualify for health benefits. I considered myself lucky because I had health issues. Though my pay level remained low and my pension is small, I felt secure.

I enjoyed my work and I enjoyed helping immigrants to find their way through English, American culture, and New York. I flatter myself that I was good at my job and contributed to the wellbeing of my students. Now I have had to retire. While I was working my health insurance was through the City with H.I.P., which became part of Emblem, and the experience of having a Health Maintenance Organization (HMO) control my care was horrifying. Though I was insured, I ended up paying for necessary medical help that I was refused by Emblem.

My retired colleagues used to boast to me of the benefits of their excellent health care. When I retired, I breathed a sigh of relief, thinking that at least my health care would be not only secure, but better. My sighs soon turned to gasps of horror when I heard that our City unions had betrayed us retirees by moving us to a privatized HMO structure. We are assured that this privatized Medicare is not an HMO, but the plan booklet states quite clearly that the physical therapy I need will have to be pre-approved. I no longer have the money to pay out of pocket for services that an insurer will deny me. To find the money to pay the punitive fee amounting to twenty percent of my pension, just so that I can maintain the decent medical insurance that I was promised upon retirement, is a terrifying prospect.

Many, many others are in the same boat as I am: the lower paid people, those who generally served the public. Many, if not most of these people, are women, and women of color. They will not be able to afford the premiums for the Medigap insurance that used to

be covered by the City and will be at the mercy of Anthem, a company now being sued by the Federal government for fraudulently overcharging Medicare by millions of dollars.

You who are working now feel safe, but once this breach in the City's agreement with its workers is allowed to open, the trickle will become a flood. In-service health care will be cut back – but don't worry, you are working and can pay out of pocket. Pensions will be next – but don't worry, you can play the stock market if you want money to retire on. Maybe you will purchase bitcoin and will become rich, or maybe you will lose everything.

The question before you, before everyone in the City, is how we as New Yorkers, want to treat each other and how we want to care for each other. In this instance, health care, not insurance, but care, could be instituted by either the City or the State. Then all of us could work towards universal, government paid health care for the country. We are all members of one society. The Covid-19 pandemic should have taught us that if health care is not for everyone, it will not be effective. People died teaching us this. We retirees need all the members of this committee and of the City Council to sign on to our letter to the Mayor, requesting that he not approve this travesty.

Further, we need you to use your oversight power to investigate the process by which the City decided to give this multi-billion contract to Anthem. If the City needs to save money, how will it help to give our tax dollars to a corrupt insurance company that, in addition to receiving that money, will make even more by denying services to those who need them?

Finally, if the City pits its workers and the other citizens against each other, we will all go down, not separately, but together.

Thank you for your attention.

*Ms. R. Pikser
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No queremos ayuda. Con que dejen de jodernos es suficiente.

Rosa Luxemburg: The most revolutionary thing one can do is always to proclaim loudly what is happening.

Robert Brockway: "So the new GOP talking point is 'the death toll might be as low as 1%. We should sacrifice the 1% for a working economy.' I agree. Let's talk about which 1%."

From: Susan Immergut <suzyimmergut@hotmail.com>
Sent: Tuesday, February 22, 2022 1:46 PM
To: Testimony
Subject: [EXTERNAL] Let's keep our traditional Medicare

More than 20 percent of the New York City civil service retirees have opted out of the Medicare Advantage Plan, demonstrating how unhappy we are with the inferior Advantage Plan. Don't let the city renege on its promises and responsibilities to retirees. Retirees are the ones who are most in need of a good medical plan, which is what the current Traditional Medicare gives us.

Susan Immergut, UFT
Raymond Shaffer, UFT