

ORGANIZATION OF STAFF ANALYSTS

October 17, 2018

Dear Sisters and Brothers:

In our last letter, we promised to discuss our efforts to help you get promoted.

OSA's efforts to get you reclassified to Group 12 did win you "non-competitive" civil service status – and that is good. Better yet, however, is "competitive" civil service status. If you are competitive, you are eligible to promote to a higher title.

We believe the Hospitals Corporation was always wrong to go around creating a seemingly endless series of Group 11 titles. Being called "management" is not wonderful if it means low pay to start, no pay for overtime, and neither job security nor any route to advancement.

For our last contract, we chose, starting in September of 2014, to ask for more. Specifically, we asked for four special demands. The one related to your advancement had to do with moving some of our non-competitive members into competitive jobs. We sought to have the City agree to your being eligible to take a promotional exam for an Analyst job equal to or higher than your current position.

Virtually all OSA members who work in the Hospitals are doing work that is typically done in City agencies by Analysts. We expect an Associate Staff Analyst exam to be given next year. We want our Health+Hospitals members with appropriate educational credentials to be allowed to take that exam on a "promotional" basis. (Nearly 100% of our current members have the needed credential of a college degree.)

We have a commitment from the Office of Labor Relations to support our efforts in this matter, but we will need the cooperation of the Department of Citywide Administrative Services and the Hospitals Corporation as well.

If we are successful, you will be offered a chance to take the exam and, if you pass, to be promoted to your new title at your facility. This may or may not result in a salary increase

(depending on your current salary), but it will provide you with permanent competitive civil service status. Permanent competitive status gives you eligibility to take higher exams and greatly increases your job security.

We do not know if we will succeed in this effort, but when we discussed it with Hospitals CEO Dr. Mitchell Katz, he responded very favorably. From his point of view, he felt our suggestion would result in greater retention of experienced staff. That, he felt, would be good. We agree.

RETIREMENT. DC 37's organizers are at last making the rounds to meet you and the other Patient Representatives. You and your fellow Patient Reps, in turn, call us up to ask if what DC 37 is saying is true.

Often, the answer is both yes and no. There is usually a grain of truth but a lot less than the impression given.

For example, Patient Reps at both Bellevue and Elmhurst have told us that DC 37 claims to be responsible for our retirement benefits.

Actually, of course, the New York City Employees Retirement System (NYCERS) is in charge of our retirement benefits in the form of a defined benefit pension.

However, the DC 37 organizers may instead be referring to annuities. Many DC 37 locals chose to divert monies from raises some years ago in order to create individual annuities for payment when members retire.

At the following link, you will find two short articles that appeared on OSA's website in 2014 and 1998 discussing annuities.

http://www.osaunion.org/online/patrep/annuities.pdf

Please note, as the articles explain, that getting an Annuity (in the future) requires giving up a pay raise (now).

Also note that the accounts are individual, so there is no money in any account for any Patient Representative at present, and there will not be in the future – unless money is diverted from raises or other income equity to fund the account.

LOCAL UNION. Our last letter led to some Patient Representatives asking the DC 37 organizers if it was true that they would be placed into Local 1549, Clerical and Administrative Workers. The DC 37 organizers said no, the local to which the Patient Representatives would be assigned would be determined after the election.

Really? There are two things wrong with that answer.

First, please take a look at the Office of Collective Bargaining decision granting Patient Representatives the right to vote for the union that will represent you. You can read it at this link:

http://www.osaunion.org/online/patrep/ocbpatientrep.pdf

All the arguments given by DC 37 before OCB cite Local 1549 and no other local. We assume their lawyers were telling the truth.

Second, there are over 50 separate locals within DC 37. Dues rates can vary dramatically from one local to another. Services can vary, depending on history, governance and other factors.

An old folk saying warned us not to buy "a pig in a poke." It meant, know what you are buying before you buy it. (A "poke" is an old name for a bag or sack.) The phrase dates as far back as the year 1530, but still makes sense. And yet, DC 37 organizers are asking you to vote now and to learn what you will get later.

As we already said: Really?

We will save for the next letter our responses to other arguments offered by our brothers and sisters in Labor.

Please keep in mind that OSA and DC 37 are not enemies. Most of us at OSA came out of DC 37 as we moved up. We like them. We differ with them on some points (such as organizing), but basically we are very much on the same side.

In Solidarity

Bob Croghan, Chair Iris Bailey, Lead Organizer

P.S. We have posted on our website (http://www.osaunion.org) all of the emails and letters we have recently sent to you, along with other information about why you should vote for OSA as your union in the upcoming collective bargaining election. There are also four embedded videos, in which OSA Chair Bob Croghan describes OSA's Welfare Fund benefits. Please be sure to watch them. We believe they are informative.

To review the material, click on the orange "Weekly Newsline" button on the left of the screen. The page is headlined OSA NEWSLINE - Special Update for Patient Representatives.