

# City Council Hearing on the Admin Code

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Testimony by Jen Gaboury

I teach gender studies and politics at Hunter College where I also serve as chapter chair for the PSC CUNY.

The City pays too much for medical care. That's not a secret – or it isn't to those of us who work alongside health care experts like Professor Barbara Caress of Baruch College.

While we're the largest local buyer, here we are still failing to use our power and fix the actual problem.

You-all – or the Mayor – are attempting to find a few hundred million – to scrape it off of a pile of 10 billion dollars in health care charges (not necessarily the real costs of care) and you may be successful squeezing some dollars out of a broken system this year.

To do so, you're breaking the deal that was made; retroactively altering an agreement to people who have already paid in with their labor.

I work in a unit where our Dept Asst will soon retire. She's an African American woman who will have worked for CUNY for more than 40 years. She's not in my union; she's in DC37. There's no

way she can find \$2400 to preserve real Medicare. She and her spouse have never made a significant amount in wages; they have the jobs they do in part for the benefits.

We know these “savings” don’t come from some brand of private bizness magic. If you get this money, you’ll be denying care and/or delaying treatment to your own people, older City workers.

I might be able to find the money to stay on Medicare right now at my current salary if I had to. My coworker would not. What’s being proposed is a racist potentially multi tier system in our benefits where some people will be able to keep better care and others can’t.

You have the opportunity to lead, to resist this even if others will go ahead. Even if others push you to do this, to change the code under duress. You are not boxed in by the arbitrator.

You are legislators. Protect us and live by our agreement and respond – legislatively! – to say you want to study and fix the real problem. Look at hospital reimbursements and control medical costs. Others have done it.

If we go down this road, this fight has only just started.