Where the PSC Stands on Health Care Reform

The coronavirus pandemic exposes as nothing else has the bankruptcy of America’s health care system, if indeed it is appropriate to apply the word “system” to the chaos we confront. And all indications are that the health and dollar costs of this chaos will soar. The pandemic drives home the urgency of comprehensive reform.

With more than 16 million Americans having lost their jobs in the pandemic, the injustice of a system that ties health insurance to employment is clearer now than ever before. It is also clear that transformation of American healthcare must happen nationally. The Professional Staff Congress/CUNY renews its support for universal healthcare—not simply health insurance—on a national level, throughout the United States.

The PSC also strongly supports the goals of the New York Health Act. The PSC leadership has been outspoken among other New York unions, in meetings of both the Municipal Labor Committee and the NYC Central Labor Council, in calling for unions to work together to resolve the questions that remain regarding this transformative piece of legislation. The PSC president has consistently taken the position that the labor movement must fight for the interests of all working people, not just the members of each union, and that it is possible to achieve that goal while building on the healthcare gains already won by unionized workers.

Access to health care should be everyone’s right. But members of the PSC and our sister unions have had to fight and sacrifice economically for whatever healthcare coverage we have won. Proud and protective as we are of our healthcare coverage, the coverage PSC-represented employees receive is not the same as universal and complete healthcare. While the PSC-CUNY Welfare Fund has been able to enhance supplemental benefits, members continue to experience increasing co-pays, contraction of some medical plan networks, and the effects of profiteering by pharmaceutical corporations. And we have better coverage than most.

As CUNY faculty and staff, we are acutely conscious of how much greater the healthcare burden is for most of the 250,000 working-class students and their families we serve as part of the CUNY community. In advocating reform, PSC honors an obligation to speak for those we serve as well as for ourselves. We cannot fulfill our responsibility to educate “the children of the whole people,” CUNY’s mission, if our students and their families lack access to the healthcare they need, are overburdened by its cost, and forced to choose between the care they need and the other necessities of life.

Our union believes that the only solution to the healthcare crisis is a publicly funded single-payer system that covers everyone and includes all forms of care. A uniform national system is the goal. The fight for such a system includes local initiatives such as the Campaign for New York Health which backs the New York Health Act, otherwise known as the Gottfried-Rivera Bill (A.5248; S.3577). New York has the resources to serve as a working model for a national plan.
PSC supports the principles embodied in the New York Health Act and views this legislation as a work in progress.

Organized labor was not at the table when the Act was drafted, but it is not too late—and is newly urgent—for organized labor to be part of any decisions made about the Act now. There are a number of questions that should be addressed before the legislation can achieve the full labor support healthcare reform should command. Clearer information is needed on the costs and who bears them. How will the economic tradeoffs that unionized public and other employees have negotiated be valued? Is the assertion realistic that every benefit currently available to any unionized worker in New York will be continued or expanded under the Act? We need to know more about savings and to whom they accrue. How will currently covered employees transition to a new public plan with minimal disruption? Will NYC employees who currently pay no co-premiums have to bear the economic burden of the tax currently proposed? Will retirees who move to other states retain coverage? Are those who lose jobs in the private insurance and health care industries be sufficiently protected? And what will happen to the benefits and assets of the PSC-CUNY Welfare Fund in such a transition? These are not unresolvable obstacles, but issues that must be addressed with a conquering spirit to make single-payer health care a reality.

It is critical that PSC continue to participate with our sister unions in discussions with legislators when vital decisions on the draft legislation are made. The pandemic should provide new momentum for serious negotiations. The current health care system is broken beyond patchwork repair. If a universal single-payer program can provide health care for all and end the manifest suffering of so many, it is worth our effort to grapple with the difficult questions that remain unresolved.