

UFT EXECUTIVE BOARD REPORT – 1/23/23 BY FARRAH ALEXANDER

<https://unitycaucus.org/there-is-no-i-in-union-well-actuallythereis>

“Affordable healthcare! President Mulgrew used a metaphor about homework to intimate the consequences of not doing it. Passing a resolution without doing the fiscals would not be smart. After the fiscals were done – we realized it would “blow a hole” in the state budget. So how do we push for something we know will hurt us?”

But where are the FISCALS, Mr. Mulgrew?

It's not as if membership hasn't asked for the specifics. In the October 24th Executive Board meeting, the High School Division (newly elected via the United for Change slate), [asked for the “fiscals” or projected models that Mulgrew consistently points to](#) as to why he is trampling on the decisions of the Delegate Assembly.

Ronnie Almonte: Question about data and the NY health act. Where are the so-called numbers that leadership has said that says the NY health act will be too expensive for the City? Only numbers come from the pro-charter Manhattan Institute – at least those are the only numbers I've seen.

Joe Usatch: Can't speak to it, but I've heard discussions in MLC...

Assurances were made at this meeting that UFT leadership would get back to the executive board with the internal model projections as to why the officers are disregarding the DA's 2015 resolution.

Yet, as of February 2023, Mulgrew and UFT leadership have still not shared their homework.

Rank and File Members have peppered Mr. Mulgrew for receipts but we are left with bluster in his answers to why he's usurped decision making from duly elected delegates who hold ultimate decision making powers :

Q&A October 2021 DELEGATE ASSEMBLY

Q--NY health act--Delegate Assembly supported it, but UFT ran ad against it. Why are we paying COPE dollars against things we supported.

A--We will not support NYHA. Will take thousands of dollars out of UFT pockets. If we can get our health care at no cost, we would do it. Not what NYHA will do. I know facts on social media are what people go on. **But our lawyers say otherwise.**

<https://iceuftblog.blogspot.com/2021/10/mulgrew-descends-to-yelling-at.html>

Q&A October 2022 DELEGATE ASSEMBLY

Question: DC solution for universal healthcare from DC. UFT passed a resolution to support New York Healthcare Act. What is our position now?

Answer: New York Healthcare Act **would blow a huge hole in the NYS budget.** We can't lobby for something that would hurt every UFT member. **We modeled it out and would look at changes.** We are not lobbying for it.

<https://iceuftblog.blogspot.com/2022/10/live-blogging-from-october-22-delegate.html>

10-3-22 Executive Board Meeting

We looked at a state level and decided that **if we did it as a state we would 'destroy ourselves as a state.'** Something must be done at the national level or **we'll destroy ourselves.**

<https://newaction.org/2022/10/03/healthcare-healthcare-healthcare-uft-executive-board-minutes-10-3-2022/>

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<https://newaction.org/2022/10/03/healthcare-healthcare-healthcare-uft-executive-board-minutes-10-3-2022/>

1-23-23 Executive Board Meeting

Healthcare: Michael Mulgrew gave a speech suggesting that UFT leadership plans to fight the city from lowering our options. A battle may be readying. On the other hand, he stated that our resolution on supporting NYHA was short sighted, because we hadn't done a cost analysis yet. **Once we did, he realized it was too expensive to have universal healthcare in NY state and such a bill would likely hurt education funding as a result. That's why UFT leadership disregarded the resolution we passed.** He also said ultimately we need a federal solution to healthcare.

<https://newaction.org/2023/01/23/healthcare-and-charters-exec-board-1-23-2023/>



New York State Legislature

Richard N. Gottfried, Chair, Assembly Health Committee
Gustavo Rivera, Ranking Member, Senate Health Committee

Memorandum

November 19, 2018

To: Municipal Labor Committee

From: Richard Gottfried, Chair, Health Committee, NY State Assembly
Gustavo Rivera, Ranking Member, Health Committee, NY State Senate

Re: Labor Concerns Regarding the NY Health Act – November 26 meeting

The growth of health coverage costs is unsustainable. It is a burden on patients, taxpayers, workers, employers and especially on unions. The NYHA would address the problems with today's unsustainable system more effectively and equitably than any other proposal. The situation with NY-Presbyterian is a good example of something that would never happen under NY Health.

The members of the MLC are key stakeholders in this process. We've discussed the NYHA with leaders of a number of public employee unions, to better understand and be able to respond to concerns about the impact of the NYHA on their organizations and members.

The November 26 meeting is an important opportunity to share with you our responses to the issues we've heard so far, offer some proposals we've drafted, and hear from you. We look forward to continuing the discussion and working together.

We are lifelong supporters of organized labor and its members. It is vitally important to us that the NYHA promote the interests of the MLC.

This is a critical moment for the bill. We believe if we work together it can enormously benefit your members and all New Yorkers.

The NYHA would provide complete health coverage to all New Yorkers without deductibles, copays, restricted provider networks, out-of-network charges, or other out-of-pocket expenses. It would cover all medically necessary services, including but not limited to: primary, preventive, specialists, hospital, mental health, reproductive health care, dental, vision, hearing, prescription drugs, lab tests, medical supplies, plus long-term care (home care and nursing home care) and any benefit currently required by state insurance law or provided by the current state public employee health plan, Medicare, or Medicaid or added later by the plan.

The system would be funded by a progressively graduated payroll tax, of which the employer would pay at least 80% (we'll talk about how that can be 100% for MLC employers), as well as a progressively graduated tax on all taxable non-payroll income (interest, dividends, capital gains). For most workers who will pay part of the payroll tax, it will be substantially less

Peter Lamphere of MORE in a well-written critique writes:

Quote 1: Blatantly flaunting [established union policy in favor of the act](#), President Mulgrew has criticized it for providing worse coverage than existing plans and replacing hard-fought existing benefits. “We will not give away tens of millions of dollars,” [he has exclaimed](#). This is true, of course, but not in the way Mulgrew meant it. The union leadership benefits from large salaries and patronage jobs by managing close to [half a billion dollars of Welfare Fund](#) benefits (with 10% overhead spent on “administration”). But rank and file members do not benefit from the [competitive insurance market that ends up forcing worse and worse coverage](#) on all of us.

Quote 2: Basically the only argument left to UFT leaders is the one of simple selfishness – we got it, and therefore no one else should have it. Instead of working to expand access to health care for the students and communities we serve, our union is fighting to restrict access to a minority of unionized employees. Unions should advocate for the entire working class, not just their own members.

Of course, the fact that they might lose control of lucrative welfare funds, or no longer be able to get sports tickets with fancy law firms (or insurance executives?) may play a role in the unions’ decision making. (The unwillingness to reimagine welfare funds as providing things other than dental, vision or pharmaceuticals is stunning. Mental health care anyone?).

Union leaders argue that they would lose control over the administration of health care (they say employers and unions would hold only 5 seats on the 31 member governing board), and that the bill would undercut the “pivotal role of public sector labor unions” play in providing benefits.