



THE RABBLE



MAY 2025

GENERAL MEMBERSHIP MEETING THURSDAY, MAY 15TH 6:00 PM

This will be the final 696 meeting before our contract expires. The editors and contributors of the Rabble will do our best to keep you informed, but we are relying on you, the general membership, to turn out in big numbers as a show of support for our contract negotiation.

DC33 CONTRACT EXPIRES JUNE 30TH

We do not currently have any updates regarding the ongoing contract negotiation except one: At the March 2025 General Membership Meeting, President Dinkins announced that we would not need to go through the process of a strike vote. According to him, the vote we took in 2024 still applies to this contract.

We expect there will be more news at the May 15th meeting.

MARCH MEETING NOTES

Notes for the March 2025 Local 696 meeting are available online at our website 696rabblrouusers.com or at the QR code below.

FLEX HMO — CUI BONO? // WHO DOES OUR HEALTHCARE PLAN REALLY WORK FOR?

By Dan B.

Recently, I had a doctor's appointment at my Jefferson Health primary care physician, and was referred to Jefferson Radiology for an X-ray. When I arrived at 850 Walnut, I was turned away because I lacked the proper referral to have my X-ray covered by insurance. This was surprising to me because I had just been told by my PCP that Radiology takes walk-ins and on every previous occasion when I had been referred to a specialist, they had taken me without issue.

There is also the fact that I had gone from one Jefferson location to another, with my insurance card in hand and a script written by a Jefferson doctor — that should be enough to get an X-ray.

A few days earlier, this would have been beyond my comprehension but it just so happened that the previous night, I watched the 2002 movie *John Q* in which a hardworking father (Denzel Washington) is forced to take drastic measures when insurance won't pay to save his dying son.

During one lull in the action, a sympathetic nurse explains to John how his son's heart failure could have gone unnoticed in previous doctors' visits. "You've got an HMO right?" he says, "HMOs pay doctors not to test — that's how they keep costs down." There I was the next morning, being refused a test at the front desk of Jefferson Radiology, staring at the words on my insurance card: FLEX HMO. It all started to click. The purpose of an HMO — the purpose of all these referrals and primary care visits we have to deal with to see the specialists we need — is to keep costs down for hospitals and insurers, even if it means patients delay care, get sicker, or even die while waiting for their insurer's permission to receive treatment. The woman at the Radiology front desk, who was very nice, told me **to check before you leave your PCP that a referral to a specialist has been issued.**

I wish I had known that sooner, and I wish all DC33 members learned it on day one. To be clear, this is not our union's fault. Our powerful health and welfare fund means we have negotiating power with insurers, and thankfully don't have to deal with the high out of pocket costs and deductibles that our colleagues in the private sector have. Nonetheless, it is important for each of our members to understand how our health plan works and who really benefits so it doesn't come as a surprise if you get sick. We need more education and advocacy related to the health plan and healthcare system from our union at every level. We need a district and national leadership that isn't afraid to demand more from politicians who won't say a peep about universal or even affordable healthcare. We need to share our experiences so that members don't face the same preventable problems, and we should always be thinking of new ways to use our collective power to apply pressure when members aren't getting the care they need.

The healthcare system works best for its profiteers when patients are confused, exhausted and isolated. It works best **for us** when **we stand together.**

