

Office of Collective Bargaining

In the Matter of the Impasse

between

THE CITY OF NEW YORK

and

LOCAL 237, INTERNATIONAL BROTHERHOOD OF
TEAMSTERS

REPORT AND RECOMMENDATIONS
of

IMPASSE PANEL

Case No. I-107-773
Electroencephalographic Technicians (EEG's)

I-107-73

On November 27, 1973, the Office of Collective Bargaining determined that an impasse existed in the collective bargaining between Local 237, International Brotherhood of Teamsters, hereinafter referred to as the Union, and the City of New York, hereinafter referred to as the City, and appointed the undersigned as an impasse panel to hear and report and make recommendations for the resolution of the dispute. A hearing was held on December 7, 1973 at which the parties were given full opportunity to present evidence, testimony and argument in support of their respective positions. The Union was represented by Bert Rose, its Director of Organization, and the City was represented by Robert H. Pick, Esq., Associate Director of Labor Relations. Also present at the hearing were the following: Christine Foreman-Bronx Municipal Hospital, Edith Fox-City Hospital, Elmhurst, Stanley Cutchins-Kings County Hospital Center.

The dispute is concerned with the unresolved issue of salaries in the negotiation of an agreement for a term beginning January 1, 1973.

The bargaining unit consists of approximately 15 electroencephalograph technicians, hereinafter referred to as EM'S.

On June 25, 1970, the Office of Collective Bargaining issued an order consolidating certifications MR-10-66 (Electrocardiograph Technicians), M-2-67 (Electroencephalograph Technicians, Radiation Technicians, X-Ray Technicians and Senior X-Ray Technicians) and MR-16-67 (Senior Radiation Technicians and Supervisors of X-Ray Technician Services).

It is the expectation of the parties that the various components of the consolidated unit will have their separate collective bargaining agreements with the City terminate on June 30, 1974, so that a single agreement can thereafter be negotiated embracing the consolidated unit.

Under the existing Personnel Order, the salary range of the EEG is \$7,450 to \$9,775. The present incumbents range from \$6,982 to \$9,225 and averaged \$8,225 per year as of May 26th 1972. The negotiations between the parties have proceeded to the point where the only issues remaining unresolved are the salary increases and the starting salary.

The Union's major complaint is that the City has not recognized the changes that have happened in the field of EEG technology. It points to the fact that the current classification specifications for EEG Technicians were formulated almost eighteen years ago, July 1st 1956. It asserts that the EM Technician is now required to have much more training and performs his duties with more sophisticated equipment and techniques. In this connection, the Union submitted written statements by Roger Q. Gracco, M.D. 9 Professor of Neurology and Head of the Division of Clinical Neurophysiology at State University Hospital and Kings County Hospital and by Dr. Jerome Engel, Jr., Assistant Professor of Neurology and Director of EW at Bronx Municipal Hospital Center.

Dr. Gracco stated that the duties and responsibilities of EEG Technicians are not fully understood. He asserted that it takes six months to one year of full time training to become a competent EW Technician. The course of instruction includes the application of electrodes, recording Procedure, artifact recognition and elimination, field potential theory,

elementary electronics, and certain aspects of neuroanatomy, neuropathology, neurophysiology and clinical-pathological EEG correlation.

Dr. Engel stated that he thought it was inequitable to compare EEG technology with electrocardiograph technology. The duties of the latter consist of routine stereotype procedures carried out with relatively simple equipment and an EM Technician can be trained in a few months. On the other hand, the EEG Technician does not follow routine procedure. He must constantly evaluate the EEG record and vary the procedure according to his evaluation. He must understand more about the medical indications for and the significance of the examination which is being performed in order to produce a record that is meaningful to the physician. Technically, the EEG job is more demanding. Twenty-two rather than five electrodes are applied and must be kept in good recording condition.

A second inequitable treatment of the EEG Technician, according to Dr. Engel, is that their jobs have been evaluated on descriptions determined many years ago when EEG technology was a relatively new field and the work was done by MD's or PHD's with the EEG Technician acting as a helper. Not only has the discipline grown more complicated and sophisticated but the EEG frequently works independently of the physician.

The record indicates that the City has recognized the increased skill of the EEG's, at least as compared with the EKG's, despite the fact that it has not changed the classification description of the EEG Technician job. The history of the salary relationship between the EEG and the EM Technician, submitted as City Exhibit No. 4, indicates that both were in Salary Grade 9 in 1964 and in 1967 the EEG's had a salary range of \$4,850 to \$6,790. compared with the EKG's of \$4,825 to \$6,465. Thereafter, the gap between the two increased with the present salary range for the EM Technician at \$7,450 to \$9,775 compared with the EEG Technician at \$6,600 to \$9,255. The average salary for the EEG Technician is \$8,225 compared with \$7,732 for the EM Technician.

In my recommendations herein, I have recognized the validity of the argument that the EEG Technician requires greater skill and training than

the EKG Technician. Nevertheless, the two fields are so related that the EKG Technicians' salary must be considered in determining the salaries of the EKG Technician. No evidence was submitted which requires that the gap between the two jobs be substantially widened. We have no basis for believing that the gap has increased measurably since the last negotiations between the City and the Union. Accordingly, it would seem that the salary increase to be recommended for the EEG Technicians should be similar to that of the EKG Technicians.

The record indicates that the salary of EEG's at entry level compares favorably with that paid in a sampling of private hospitals. The comparison was made by taking the entrance salary, the employer's pension cost and health insurance cost and the value of leave benefits for each of these hospitals. The City computes that an EEG Technician working for the City at entry level costs the City \$11,343 as of July 1, 1972, which is better than Roosevelt Hospital's composite cost of \$9,385 on January 1, 1973, or St. Vincent's Hospital's cost which was \$10,504, on 12/10/72 and \$11,030 on 12/10/73 or New York Hospital at \$10,654 on 7/1/73. The only hospital which pays more than New York City is Mt. Sinai which on July 1, 1973, a year later than the City's totaled \$12,563.

Another factor which must be taken into account in comparing the City EEG with other EEG's is the health benefit provided by the Employer. The cost to New York city for health benefits is \$746 for each EEG Technician compared to \$539 for Mt. Sinai Hospital, \$609 for Roosevelt hospital, \$451 for New York State and \$234 for the Federal government.

New York city leave benefits amount to forty-seven days which equals or exceeds all the other agencies with which it was compared. Finally, New York City's pension benefits far outstrip those of the private hospitals or that granted by New York State or the Federal government. For example, an EEG Technician who retires at 55 years with 30 years of service will

receive a pension of \$9,902 from the City, \$1,794 from Roosevelt Hospital, \$1,692 from St. Vincent's Hospital if covered by the Local 1199 contract but if not, would receive \$2,541 at age 66. New York Hospital pays a pension of \$3,249 at age 55 after 30 years of service. The State of Now York pays \$9,001 and the Federal government \$8,438.

Since the level of compensation paid by the City is equal to or in excess of that of the private hospitals, the State and the Federal government, the only relevant factor is the increase given to comparable jobs within the City civil service, and the most relevant is that of the EKG's. My recommendations, therefore, are similar to those which have been granted to the EKG Technicians, adjusted to reflect the greater training, skill and performance required of the EEG Technician.

I hereby make the following

RECOMMENDATIONS

1. The duration of the agreement shall be from January 1, 1973, to June 30, 1974.
2. A general increase on January 1, 1973, of \$750.
3. A prorated cash sum of \$375 for the period January 1, 1974, to June 30, 1974,, to be paid as determined in consultation with the Comptroller of the City of New York for those EEG Technicians on staff on December 31, 1973.
4. The starting salary shall be increased to \$8,600 on January 1, 1973, and to \$8,850 on January 1, 1974.

Dated: January 29, 1974

Respectfully submitted,

BENJAMIN H. WOLF, IMPASSE PANEL