

We are writing anonymously, out of fear of retaliation, to express our profound concern with the direction PPNYC is heading under its current leadership. Productivity has become the top priority, with changes toward that end being pushed through at a rate that does not allow staff to plan for or implement them thoughtfully or effectively. While a certain degree of conflict between the priorities of executive management and those of staff is inevitable (and perhaps “healthy”), and while there are always areas in an organization’s operations that can be improved, we are seeing an erosion of the very values we thought PPNYC stood for, and an increasingly profit- and ego-driven focus that threatens both employee well-being and patient safety. We are bringing our concerns to you as a last resort, as we have had limited success addressing them to management.

Specifically, we have been alarmed by the following developments:

- Numerous reports of inappropriate behavior by the CEO during interactions with managers and others, including behavior that would not be tolerated from any other employee
 - “temper tantrums” in meetings—e.g., yelling, throwing objects
 - intimidation tactics—e.g., threatening staff members’ jobs (i.e., if they are not readily amenable to any idea she proposes)

On more than one occasion, participants have been seen crying after leaving meetings with the CEO.

- Disregard for staff well-being; unjust working conditions
 - Abrupt announcement of expansion of clinical hours (extending hours to 9pm several days per week beginning a few weeks from when the announcement was made). This change will likely necessitate radical alterations in staff work schedules and seems to have been made without consideration for its impact on employee health and well-being (work/life balance, child care needs, higher education pursuits, etc.)
 - Elimination of holiday weekends off for Tuesday through Saturday employees—i.e., clinical staff—beginning in January 2019. (This was announced the day after Christmas 2018.) Clinical staff will now be required to work on Saturdays over all legal holiday weekends, including Memorial Day, Labor Day, and in 2020, Thanksgiving. (As a reminder, we are not a critical care or urgent care setting.) Under the pretext of “increasing access”, these well-earned and highly valued breaks—which together would translate into less than 60 additional clinic hours PER YEAR—are being taken away from PPNYC’s front-line workers, while executive and administrative staff, who work Monday through Friday, will continue to enjoy traditional long holiday weekends with their friends and loved ones
 - Implementation of a “merit-based” pay scheme. This system is being unfairly applied, depriving many high performers of well-deserved recognition and reward for outstanding service. The majority of clinical staff were not informed of the goals used to measure performance until immediately before the evaluation process began. In addition, we have

heard through various sources that initial performance evaluation scores were rejected by executive management as “too high”, and that supervisors were mandated to downgrade countless employee scores so that they would fall into the “average” range in spite of the fact that actual performance (as per the assessment of their direct supervisors) was outstanding or exceptional.

- Elimination of in-house Call Center. This was announced in the same email communicating the reorganization and expansion of the executive team, essentially announcing the promotion of a small number of highly paid staff at the same time an entire department, staffed largely by women of color, was laid off. The outsourced service has resulted in excessively long hold times, incorrect patient instructions, and incorrectly booked appointments. The net result has been a negative experience for both patients and staff, as well as many productivity hours lost by staff correcting the mistakes of Call Center representatives. Further, many patients have been given incorrect and potentially dangerous medical advice by Call Center employees who have no medical training.
- Unilateral decision-making by executive management; lack of appropriate consultation and consensus-seeking from clinical and medical staff
 - Expansion of clinical hours to include evening surgical abortion procedures appears to have been an “executive order”, made without consultation with key clinical and administrative leaders to determine feasibility and safety (including safe staffing and adequate support personnel).
 - Threatening staff with dismissal when orders are questioned (“if you don’t like it, you can go elsewhere” messaging)
 - The implementation of expanded hours is happening in a rushed manner, to which many staff members are responding with safety concerns that are being brushed aside. Expanding hours, especially of surgical abortion services—which are generally done during the day for safety reasons—is a major change and should be implemented gradually and carefully to ensure patient safety. Many more staff members need to be hired and trained. Appropriate infrastructure needs to be put in to place. We fear that the rushed and haphazard approach the CEO has chosen will create threats to patient safety and staff healthcare licenses.
 - Staff members’ concerns about their personal safety leaving health centers late at night have also been largely ignored in favor of a fast rollout of the new hours, signaling to us once again that our lives are not valued by those in upper management.
- Prioritization of increased patient volume and decreased patient cycle times (increased productivity) over staff well-being and patient safety
 - Pressure on providers to see more patients and to get patients through a given service more quickly has often led to rushing. In the in-clinic

abortion service particularly, this puts patients at risk for potentially serious complications. As an example, at MSC—where pressure to increase patient numbers and decrease cycle times has been most intense—resuctions (required to treat a very painful post-abortion complication where blood is retained inside the uterus) are an almost daily, routine occurrence whereas at the other PPNYC centers they are a relative rarity. The cost to the patient in terms of discomfort and increased visit length in these cases is significant and directly undermines the argument that we are making these changes for the benefit of our patients.

PPNYC cannot simultaneously be a not-for-profit organization dedicated to reproductive and social justice (part of the legacy of our former CEO), and be a profit & productivity driven enterprise premised on corporate health care models, in which health care staff are treated as eminently replaceable and patient care as a commodity. Do we aspire to be a safe haven, where all patients receive high-quality sexual and reproductive care, or do we resign ourselves to be yet another healthcare “mill”? Under current leadership, we fear we are coming to more resemble the latter. And, if we are trying to align ourselves with the tenets of the reproductive justice movement, doesn't it seem a bit inappropriate for a white woman to be unilaterally making decisions that affect the work-life balance of our health center staff, many of whom are single mothers of color who sought employment in an outpatient facility because the hours worked for them and their families? If we cannot embody the values that we espouse as an organization, what are we really fighting for?

We used to be proud to say we worked at PPNYC. We were part of an organization that was special, mission-driven, part of the fabric of the communities that we serve. Sadly, we are less and less these things over time. Regrettably, but not surprisingly, we have seen a mass exodus of staff—including those in key positions and with long tenure at the organization—and we are worried that this loss of staff will continue as morale and confidence in the quality of care we can offer under these circumstances further erodes.

If we did not care deeply about PPNYC, and if we did not see that a majority of our colleagues share these concerns, we would not be reaching out to you in this manner. Likewise, we would not be contacting you if it weren't for the fact that management response to our repeated expressions of concern has been muted at best, suggesting that, out of fear for their jobs, people are unwilling or unable to push back against even the most unrealistic and unnecessary mandates from the CEO. Many in senior leadership who have been very responsive and proactive in the past are now uncharacteristically quiet and standoffish, raising suspicion that they are being subject to threats and intimidation from the highest levels of management.

We respectfully ask that you consider the concerns that we raise, and take action to protect the important work that we do, and the safety of those we serve.

Thank you,
Concerned Staff Members of PPNYC