

WELCOME NEW MEMBERS!

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at NYC Public Hospitals
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CIR Celebrates 50th Anniversary at Convention



With workshops on close-to-home topics like, "Negotiating 101" and "When the Work Doesn't Flow," and big-picture topics such as, "What is Big Pharma Feeding Us?" and "Health Care Reform & Single Payer," CIR delegates gained insights and traded ideas.



Above: A lighter moment during the regional report where CIR chapters get the chance to exercise their bragging rights over the year's achievements and reflect on next year's hopes and dreams.

Left: Delegates take the oath of office and are reminded of their responsibility as the "face of the union" and their role as link between membership, staff and elected officers.



This year, to mark CIR's 50th, alumni leaders from all previous decades had the opportunity to mingle with current leaders and share both the highlights and low points of their residency experiences. There were flashes of humor and more poignant memories, mixed in with the usual convention experiences – learning from engaging keynote speakers, electing leadership for the year to come, and approving an annual budget.

Story continues on page 12.



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President's Report

SIMON AHTARIDIS, MD, MPH

50 Years of Sleepless Nights and Picket Lines

But when your goals are improving patient care and medical training, it's what the doctor orders

If you are a new intern, you are probably sick of being 'welcomed.' Welcome to the program, welcome to the wards, welcome to the OR... Very soon the welcoming sentiment fades as the pressures of the work day hits. "Let's go, you are taking too long." "No, you are doing it all wrong, haven't you done this before?" This is the July trial by fire that interns have survived for decades.

Let us welcome you to CIR, and we promise our welcoming demeanor is no facade. You are joining us as CIR's celebrates its 50th anniversary. Whenever you start something new, it is always important to take a moment to look back and understand the roots of where your organization came from.

We are called "residents" because in the old days residents literally lived in the hospitals they worked in. They received no salary and were not allowed to marry due to the rigors of their training; many were reduced to selling their blood in order to be able to afford essentials like shoes. Too often we took care of innumerable patients in deplorable conditions, with inadequate supervision, in poorly maintained facilities.

And so, fifty years ago, conditions were ripe for forming a union for resident physicians – both to improve patient care, as well as resident living and working conditions. The year was 1957, and the impertinent residents who had those ideas formed an organization called the Committee of Interns and Residents (CIR) in New York City's public hospitals.

As our union blossomed in the 60s and 70s, there were "Heal-Ins," and yes, even strikes (to say 'Enough' to the madness of working every other night, 'on-call in the hospital'). Later we relied more on late night contract negotiations, press conferences, public testimony before city councils and state legislatures, federal bills and OSHA petitions – all while somehow still managing to show up for work every day (that would be 6-7 days a week) on the wards, the clinics, the operating



rooms and emergency rooms of some of the busiest teaching hospitals in the country.

Today CIR has grown to 12,500 members with chapters in New York, New Jersey, California, New Mexico, Florida, Puerto Rico, Washington, DC, and Massachusetts. We are the oldest and largest union of resident physicians in the U.S., and are now affiliated with the 1.8 million-member Service Employees International Union (SEIU).

We've come a long way, but there's still so much to do. For starters, those of us who train in private teaching hospitals only recently (1999) won the right to be considered employees (not students) and with that, the right to organize and have our voices heard. And in 2003, CIR's hard work helped win the first ever limits on resident work hours, though the "limits" still allow for 80 hour work weeks and marathon shifts of 30 hours at a stretch.

Not surprisingly, studies have found that sleep deprivation is linked to medical errors. CIR is trying to do something about that, through state and federal legislation, and by spearheading 'best practice' innovations that cut down on hours while simultaneously finding ways to improve patient care and education.

As we celebrate our landmark 50th year, CIR also continues to feel the urgency to help solve our growing health care crisis – the results of which we see all too tragically in the plight of our patients. Currently 47 million Americans are uninsured and they are sicker and die younger, due to lack of access to health care. Resident physicians still provide a disproportionately large share of care to the uninsured and poor. The

existing system of health care for the poor is disruptive and focuses on treating complications rather than prevention.

Often, the hospitals we work in are under considerable financial strain, due to the number of patients without insurance. CIR's campaigns to defend these important safety net hospitals span the fifty years of the union's history. Residents are still frequently called upon to fill in gaps in hospital staffing by performing activities such as transport or phle-

"As we celebrate our landmark 50th year, CIR also continues to feel the urgency to help solve our growing health care crisis – the results of which we see all too tragically in the plight of our patients."

botomy. These activities often compete directly with the time that residents spend learning the increasingly complex skills needed to become competent clinicians.

The more things change, the more they stay the same. As CIR looks forward to the next half century, it is clear that providing health care to traditionally underserved communities and maintaining educational standards are, as from our founding days, inextricably linked. If we want to have a health care system centered on patient care and one that trains the doctors to be the best they can be, we all need to work for universal access to health care.

PHOTO: BILL BURKE/PAGE ONE PHOTOGRAPHY

NYC Public Hospital Victory Yields Big Gains for 2,000 Residents

CIR members at nine Health & Hospital Corporation (HHC) public hospitals in New York City reached an agreement with city negotiators after five months of negotiations on March 16, 2007. The agreement covers approximately 2,000 resident physicians at Bellevue, Jacobi, Coney Island, Gouveneur, Harlem, Kings County, Lincoln, Metropolitan, and Woodhull hospitals in New York City.

The contract scored CIR residents a large retroactive pay increase stretching back to October 2005, when the previous contract expired. It also included an additional salary increase which took effect in May, for overall salary gains of more than 10%.

Contract gains include:

- Retroactive pay
- Overall salary increase of more than 10%
- Orientation pay

The CIR bargaining committee successfully pushed to secure a new provision providing a stipend for incoming interns attending HHC's two-week orientation. Previously, orientation was uncompensated.

"I remember personally how hard it was during orientation, having to pay to stay somewhere in the city and come into the hospital, but not yet be on payroll," said Dr. Bilal Naseer, a PGY 3 in Internal Medicine at Harlem Hospital and a member of the bargaining committee. "At CIR, we always try to look at the broader

picture and not be selfish. Anything we can do for incoming housestaff is important to us."

He added that the stipend will strengthen the hospitals' ability to attract talented prospects to their residencies, because orientation compensation "has become a standard in most good hospitals."

The new contract was overwhelmingly approved by CIR members in early April at the nine HHC hospitals covered in the agreement. "All my colleagues are extremely excited and enthusiastic about the contract," said Dr. Naseer.



CIR's HHC bargaining committee, made up of representatives from nine NYC public hospitals, secured a strong new contract agreement in March.

CIR Members Meet with Gov. Richardson in New Mexico



Democratic Presidential Candidate and New Mexico Governor Bill Richardson explains his vision for health care with CIR members Elizabeth Burpee and John Ingle.

Dr. Elizabeth Burpee, PGY 2, Internal Medicine, and John Ingle, PGY 1, Otolaryngology, from the University of New Mexico Hospital met with Democratic Presidential candidate and New Mexico Governor Bill Richardson on May 2, 2007 to discuss his proposals for expanding health coverage so that every American is insured.

The CIR representatives shared their first-hand experience as frontline health care providers at UNM, and told the Governor how their experience illustrates not only the problems with the current health care system, but also the possibilities that exist for solutions.

.....
"Working at a safety-net hospital, we see the human face of our country's health care crisis every day...we need to provide health coverage to all Americans."

**—Dr. Elizabeth Burpee
 PGY 2, Internal Medicine**

HHC Best Practice Award

One good idea leads to another at Kings County Hospital where award \$ funds international elective away



From right, CIR NY V.P. Spencer Nabors, MD presents a plaque for the HHC Best Practices Award to Dr. Jeanne Macrae, Residency Program Director, and Dr. Edmund Bourke, Professor and Chair, Dept. of Medicine.

The Department of Internal Medicine at Kings County Hospital, in Brooklyn, NY won CIR's 2006-2007 HHC Best Practice Award of \$20,000 with innovative scheduling that reduces work hours for all PGY levels.

Medicine floors now have night float coverage every night, with no overnight call. In-house call is Q5, and goes from 7 AM to 9 PM; residents have a day off each weekend, and interns have a day off either on the weekend, or during the week. During night float rotations, residents work a maximum of five nights per week, on a 13-hour shift.

Residents now work 10-12 hour days instead of 24-hour call, with more time for studying, publications, seeing family, and having a personal life. "It's made our environment much more conducive to patient care and clinical education," said CIR NY Vice Pres. Spencer Nabors, a PGY 3 in Internal Medicine/Emergency Medicine at Kings County.

The idea for the work hour innovations came from both housestaff and faculty. Dr. Ifeolowa Okusanya, a PGY 2 in Internal Medicine, wrote up the application for the Best Practice award, and brought it to the rest of the housestaff in the department; out of 160 residents,

135 signed on. "We realize that building on housestaff ideas is a recipe for success at all our hospitals," said Dr. Jeanne Macrae, Residency Program Director.

After winning, housestaff came up with another innovative idea, and are using the award as seed money to create an international medicine elective away program at their hospital. Attending physicians at Kings County have shown their support for the idea, with pledges of an additional \$10,000. A fundraising goal of \$75,000 has been set to support the ongoing international elective away.

At a Grand Round lecture April 26, 2007, Dr. Guy Theodore presented the work of his clinic in Pignon, Haiti, where housestaff can do their elective away. In a medically underserved, rural area, Dr. Theodore's clinic has lowered the rate of maternal and infant mortality significantly compared with Haiti's national figures, and dramatically increased immunization rates. "Exposure to programs such as this one in Haiti can inspire residents to explore the fundamental principles of medicine as a commitment to service, which both housestaff and faculty believe are integral to comprehensive medical training," said Dr. Nabors. For more info, see www.pignon.org.

CIR Doc Helps Find a Pollution Solution in LA Ports

Each year, more than forty percent of all goods imported into the U.S. move through the twin ports of Los Angeles and Long Beach. But with those goods comes Southern California's greatest source of pollution – and markedly higher rates of asthma in the communities surrounding the ports.

Enter the Coalition for Clean and Safe Ports and CIR delegate Dr. Shipra Bansal, MD, a Family Medicine resident at Harbor-UCLA Medical Center. The Coalition unites truckers, environmentalists, labor unions, religious leaders, community groups, and public health advocates seeking ways to reduce port pollution.

Dr. Bansal became involved after seeing evidence that port pollution was causing negative health effects in people living nearby, including "preliminary results of a survey done around the port community which showed asthma prevalence

rates 1.5 times that of Los Angeles County.

"We know that air particulates 10 microns in diameter and smaller exacerbate asthma. Some data is now suggesting that they may actually cause asthma," Dr. Bansal explained.

"I know of several asthmatics who developed more severe symptoms after moving into the area. Unfortunately, they are not able to move out, often for economic reasons," she said, reflecting on her experience at Harbor-UCLA. She added that "medications are only a bandage if an asthmatic is constantly living in and breathing in pollution that exacerbates his condition."

Dr. Bansal was a featured speaker at an early press conference and rally held by the coalition in the fall of 2006. According to Rafael Pizzaro, one of the leaders of the port campaign, "Dr. Bansal spoke up at a crucial point, when the port administration was not accepting



Dr. Shipra Bansal, CIR activist and Harbor-UCLA Family Medicine resident addresses a Coalition for Clean and Safe Ports rally. According to environmental advocates, each day the port sends more pollutants into the air than half a million cars, a power plant, and a refinery combined.

how important a health issue this was to the community."

Thanks to these coalition efforts, port administrators opened discussions with the Coalition and ultimately committed to reducing truck pollution. In April, the neighboring ports announced a joint "Clean Trucks Program," which incorporated nearly all of the policy recommendations proposed by the port campaign. As the program is phased-in, the ports expect that within five years 80% of the trucks

servicing the ports will include new emission-restriction features making them 90% cleaner than the older model trucks making up the majority of the ports' current trucking fleet.

Dr. Bansal is eager to continue working with coalition partners to reduce port pollution. "As doctors, we often see patients after much of the harm has been done," she said. "If we want better health for our patients, we can be more effective when we look at the bigger picture and find out what is causing and exacerbating our patients' conditions."

Joining the Fight for Children's Health Coverage

CIR pediatric residents from California and New York pitched in this spring to help expand federal funding for one of the most successful health care access programs in recent years. SCHIP (State Children's Health Insurance Program) provides health coverage to approximately 6.6 million kids across the country who would likely otherwise be uninsured.

In order to maintain SCHIP, and expand it to cover more of the 9+ million children still uninsured in the U.S., Congress needs to provide \$50 billion in new funds this summer. CIR has taken up this political fight for SCHIP funding, joining in a national campaign coordinated by our parent union, SEIU.

On Mother's Day weekend, Drs. Hung Tran, Rusha Pearson, and Mikhaela Cielo, CIR members at Oakland Children's Hospital, joined California Congressman Pete Stark and representatives from SEIU United Healthcare Workers-West at a public rally for SCHIP funding at Children's Hospital. The event's message was clear: This Mother's Day let's give all moms the peace of mind of knowing that their young ones have health coverage.

Two weeks later and 3,000 miles away, CIR member Dr. Natasha Tejwani, a pediatric resident at Jacobi Medical Center in the Bronx, NY, highlighted the importance of fully funding SCHIP at a May 31st press conference. "Working in a pub-



Dr. Natasha Tejwani joined with NY Representatives Crowley and Nadler as well as other union leaders to make the case for increased funding for children's health coverage.

lic, safety-net hospital, I see firsthand how vulnerable many children are through no fault of their own, but due to a system-wide failure," she proclaimed. "There is a lack of access to simple vaccinations and basic preventive care. SCHIP helps overcome this glaring deficit."

At the conference, Dr. Tejwani's call was echoed by representatives from the hospital industry and New York Congressmen Joe Crowley, Eliot Engel and Jerrold Nadler, who told the crowd that, "Too many children will never see the inside of a doctor's office. That is unacceptable in America today."

"I don't think you can be a proud human being walking on this Earth

without worrying about our children and prioritizing them," said George Gresham, president of the hospital workers' union 1199/SEIU.

.....
"Too many children will never see the inside of a doctor's office. That is unacceptable in America today."—Rep. Nadler

CIR plans to be active in ensuring that SCHIP is fully funded, as a step toward guaranteeing quality, accessible health care for all Americans, especially children.



In Oakland, CA, Drs. Rusha Pearson and Hung Tran tag-teamed with Rep. Pete Stark to carry the message that healthy kids are an investment in our future.



SPECIAL ORIENTATION SECTION



Welcome to The National Voice of Housestaff

Congratulations! You are about to begin what will be the most exciting, harrowing, excruciating and thrilling experience of your life. *You are now a resident physician!*

Congratulations, too, to those of you who arrive as fellows, beginning another arduous but rewarding year of training.

Fortunately, the Committee of Interns and Residents, the oldest and largest union of housestaff in the U.S., will be behind you as you face each new challenge. For 50 years, CIR has been the national voice of residents and fellows, protecting and advancing housestaff rights, education and working conditions, and defending quality patient care.

This Special Orientation Section of *CIR News* will help acquaint you with CIR. We urge you to take time to read these pages to learn about your rights

and benefits as an employee of your hospital, the history of CIR and some of the current issues confronting housestaff. Learn how you, as a member, can participate in CIR within your department, your hospital, and as a representative on CIR elected bodies.



**Is your hospital in compliance with hours regulations?
Are the changes made in the best way?**

If not, contact your CIR organizer and check out the HoursWatch website.

www.HoursWatch.org is co-sponsored by CIR and AMSA.

Today, through CIR collective bargaining agreements, more than 12,500 interns, residents and fellows in New York, and working conditions that are the envy of their colleagues in non-unionized hospitals. They also have a strong, patient care policy is forged. But it wasn't always that way. Getting to this point has taken 50 years of commitment.



● **1957:** CIR founded in New York City's public hospitals to improve salaries, working conditions, and the quality of patient care delivered by the city's 2,000 resident physicians. One year later, their first contract brings salaries up significantly; affiliates the public hospitals with medical schools to improve education and patient care; establishes a grievance procedure, and improves call rooms.



● **1970:** Back in NYC, CIR branches out from the public hospitals, and begins organizing in the private or "voluntary" hospitals.



● **1976:** The National Labor Relations Board (NLRB) in the *Cedars-Sinai* decision, rules that housestaff are primarily "students" rather than employees. CIR maintains recognition at some voluntary hospitals, but loses others.

A TIMELINE OF

● **1965:** First "Heal-In" held in Los Angeles County Hospital, as residents refuse to discharge patients. They garner massive press attention, and win raises and improvements to patient care, as well as help to usher in a decade of resident activism nationwide, with other Heal-Ins held at Boston City Hospital in 1967, and at DC General in Washington, D.C. in 1968. All three housestaff groups will affiliate with CIR in the 1990's.

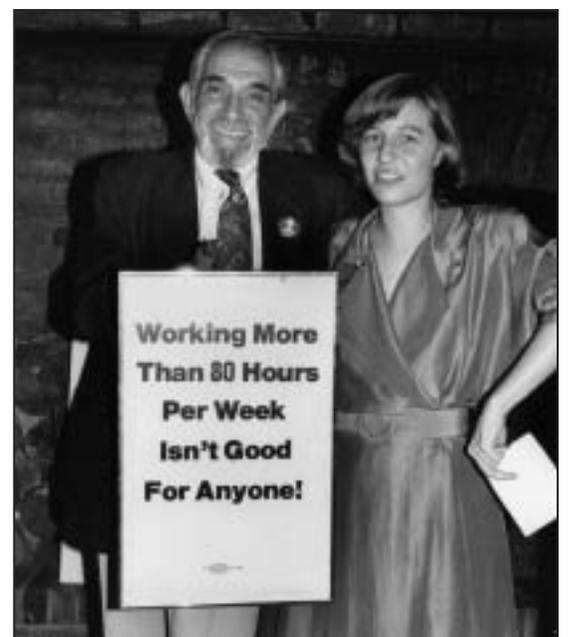


● **1975:** CIR leads the first multi-hospital strike of doctors in U.S. history, affecting 15 voluntary and six city hospitals. The strike, which uses the slogan, *Our Hours Make You Sick*, gains the support of the AMA and local media. The settlement is a landmark victory that eliminates every other night on-call, and improves working conditions. In California, L.A. County housestaff create the first-ever Patient Care Fund to address unmet patient needs. That fund grows to \$2 million per year, and inspires other CIR members to create funds of their own.



● **1978:** Over 900 housestaff at the College of Medicine and Dentistry of New Jersey (now UMDNJ) vote to join CIR.

● **1989:** CIR helps to establish the 405 or "Bell Regulations" and New York becomes the first state to set limits on residents' work hours at 80 per week, averaged over four weeks.



New Jersey, Massachusetts, Washington, D.C., Florida, California, New Mexico, and Puerto Rico enjoy salary, benefits unified voice to advocate for their patients in their local hospitals, and in the state and federal arenas, where health and collective activity by housestaff in public and private hospitals across the country. Here is our story.



● **1993:** Cambridge and Boston City Hospital House Officers Association join CIR.

● **1996:** Nearly 1,000 residents at Jackson Memorial Hospital in Miami vote to join CIR by a 4-to-1 margin.



● **1999:** CIR and Boston Medical Center housestaff file a legal challenge to overturn the 1976 *Cedars-Sinai* NLRB decision. The challenge is successful with the NLRB ruling that private sector housestaff are employees, and thus guaranteed collective bargaining rights. Organizing picks up in the years to come.



● **2004:** CIR members in Northern California follow suit with a referendum in Oakland that raises taxes to support the safety net hospitals and clinics providing access to care for all.

CIR HISTORY

● **1997:** A CIR-initiated campaign succeeds when NY's Supreme Court blocks Mayor Guiliani's plan to privatize NYC public hospitals. In Los Angeles an independent housestaff association, JCIR, joins CIR. At CIR's 40th anniversary, delegates vote to join the Service Employees International Union (SEIU).

● **1998:** In Northern California an independent housestaff association, CAIR, joins CIR.

● **2001:** 1,000 new members organized in the NY region; in Puerto Rico, housestaff vote to affiliate with CIR.

● **2002:** In Los Angeles, CIR members, in coalition with community and labor groups, win continued funding for safety-net hospitals and clinics. "Measure B" is the first referendum in which voters decide to raise their own taxes since California's Prop. 13 was passed 25 years earlier.

● **2006:** CIR builds a labor-community coalition and launches the successful "Save Our Safety Net" campaign in NY to fight hospital cuts and closings.

● **2007:** Election at the University of New Mexico Hospital in Albuquerque brings the benefits of representation to 497 housestaff, and adds a new state to CIR's roster.

Shouldn't Resident Physicians at Children's Hospital Oakland Have a Say in Your Child's Health Care?





Who We Are & What We Do

An informed and involved membership is our greatest strength. Below is some information to better acquaint you with CIR.

Who We Are

CIR—the Committee of Interns and Residents—is the oldest and largest housestaff union in the United States. CIR represents 12,500 interns, residents and fellows in New York, New Jersey, Massachusetts, Florida, California, New Mexico, the District of Columbia and Puerto Rico. Since 1957, CIR has negotiated collective bargaining agreements with over 70 public and private hospitals. These agreements improve housestaff salaries and benefits, hours of work and working conditions and the quality of care we deliver to our patients.

In 1997, CIR affiliated with the 1.8 million member Service Employees International Union (SEIU), with 900,000 health care workers across the country. As the national affiliate of physicians within SEIU, CIR housestaff continue to set our own policies, decide our own priorities, elect our own officers and negotiate our own contracts—all with considerable economic and political backup from SEIU which adds to CIR's own resources.

Why We're Needed

Housestaff across the country need an organized voice to stand up for our rights and the rights of our patients. CIR enables residents to voice their concerns as a group. CIR collective bargaining agreements carefully spell out housestaff rights and benefits. Experienced staff work with residents to improve and enforce the gains negotiated in each contract. Because residents are at an important and busy stage in their careers, they find that being in CIR is an effective way to work together for improvements in working conditions, residency programs and patient care. In addition, established due process provisions, including grievance procedures,



arbitration, and representation rights, ensure that each housestaff officer gets a fair hearing when he or she needs that kind of support.

Look What We Have Achieved

CIR has 50 years of experience with the problems and concerns of housestaff in public and private hospitals. This organizational experience is critical.

- CIR contracts set the standard in their geographic areas, with higher than average salaries and benefits, including, in many hospitals, CIR's own comprehensive health and welfare plan.

- CIR's groundbreaking work on resident hours reform eliminated, across the board, every other night call in New York in 1975. We spearheaded New York State's landmark hours regulations in 1987. We've worked with SEIU to put added teeth into those regulations in 1999. CIR's current contracts provide additional limits on excessive work hours and an internal enforcement method.

- CIR's negotiated "extra on-call pay" is a first in the nation. It guarantees that hospitals pay housestaff additional salary when they are required to cover for an absent colleague.

- CIR's contractually negotiated Patient Care Funds funnel millions of dollars of hospital funds to the patient care needs that housestaff are best able to identify.

- CIR is in the forefront of efforts to support hospital funding, access to care for the uninsured, and to oppose the ravages of managed care and hospital mergers. We work for quality patient care and superior residency education.

How Are Contracts Negotiated?

All CIR members are covered by a collective bargaining agreement—a contract between CIR and your employer that spells out your salary, benefits and working conditions. CIR collective bargaining agreements usually cover a two to three year period. Toward the end of that period, housestaff at each hospital decide what to include in their proposals for a new collective bargaining agreement. They also select a representative group of their colleagues to work with experienced CIR staff on the negotiating committee, the group that sits down with the hospital's representatives to discuss the terms for the contract. The committee draws upon a full range of CIR research, legal, media and technical resources, as needed.

After the negotiating committee determines that it has reached the best possible agreement, the members covered by the agreement vote to ratify or reject it.

CIR Is Run By Housestaff For Housestaff

Each CIR hospital elects its own local leadership. Elected delegates meet regionally to discuss ongoing issues at their hospitals and to focus on healthcare in their regions. At the annual national convention, CIR delegates come together to discuss issues of housestaff concern, set the direction for the coming year and elect a national Executive Committee. This Executive Committee

What's in a CIR Contract

Negotiated contracts between the employer and the employees are called "collective bargaining agreements." CIR contracts not only document the terms and conditions of employment for housestaff at each hospital, but, very significantly, make enforceable those hard won gains. Because of different local needs and priorities, these collective bargaining agreements vary somewhat from one hospital to another. CIR negotiating committees—made up of housestaff from different departments and PGY levels, working with a CIR staff member—bargain diligently to win the best contracts possible. Among the elements we work to include are clauses covering:

- Salary increases for each PGY level
- Health and other insurance benefits
- Malpractice coverage
- Cap on the number and frequency of on-call periods
- Specific dates for renewal/non-renewal notice of individual contracts
- Vacation and other leave time
- Sick, maternity, and disability leaves
- Fair disciplinary procedures with due process
- Grievance procedures leading to outside, impartial arbitration
- The right to be represented by CIR at negotiations, grievance meetings and hearings
- Protections from excessive assignments of "out-of-title" (non-physician) work
- Prohibition against discrimination based on race, gender, national origin, place of medical education, sexual orientation and age
- Access to one's own personnel records
- Good conditions for on-call rooms and lounges
- Health, safety and security issues
- Program security, ensuring housestaff the right to complete their residency program

—made up of a president, executive vice president, secretary-treasurer, and regional vice presidents—serves as a steering committee between annual conventions.

Who Are The CIR Representatives At My Hospital?

In addition to the CIR delegates from each hospital who attend the annual national convention, each CIR hospital, or chapter, has its own structure to determine policy on local matters. Some chapters elect colleagues to serve as co-presidents and department representatives and most choose members to serve on the Graduate Medical Education Committee and other hospital committees. Local chapter representatives determine the collective bargaining proposals and negotiations process at their hospital.

CIR assigns a staff person to each of the hospitals it represents. The staff person, called an organizer, helps coordinate chapter activities and assists housestaff communications between departments. The organizer works with delegates and department representatives to insure that the collective bargaining is professionally negotiated and enforced. In addition, the CIR organizer handles grievances and other problems that residents may encounter.

What Is A Grievance?

One of the ways to resolve disagreements about your rights or conditions of employment is the grievance procedure contained in your CIR contract. Each CIR contract contains a definition, but generally, a grievance is a complaint that your hospital or department has neglected or a right or benefit guaranteed by your CIR contract that is not provided.

Grievances can be filed by an individual or a group of residents, or by CIR, about almost any matter covered by your CIR contract, but they must be filed within a specified time. (Check your CIR contract for the time limit applicable to your hospital.)

Written grievances are usually preceded by

informal attempts to resolve the question or disagreement with your department or hospital in forums such as “labor-management” committees. Once the grievance is in writing, the CIR contract requires that the hospital adhere to specific procedures and deadlines for responding.

All grievance procedures provide for appealing an unfavorable decision to higher hospital authorities. Most grievances not settled at the hospital can be submitted to a neutral arbiter who will render a final decision, which is binding to both sides.

The union contract is also an essential guarantee of your due process rights to review your personnel file, dispute a complaint about your performance, an evaluation, probation, non-renewal, termination or any other problem you may have with your department.

It is important to act quickly when you have a question, or a problem, even if you're unsure about whether it's a grievance or a due process disciplinary matter. Your CIR organizer will assist you in determining the appropriate steps. Also, if you misplace the CIR contract that is given to you during orientation, ask your CIR organizer for another copy. Read your contract and use it.

What About Dues?

The elected House of Delegates decides membership dues, which provide the only source of

CIR Says, “Check Your Personnel File”

Sometimes adverse letters from patients, hospital staff, or supervisors that make misstatements or are very one-sided find their way into your file. Incident reports and departmental evaluations that you should have been shown (and weren't) often get put in your file.

While the specific language may vary among different CIR contracts, CIR members are guaranteed the right to see and respond to materials put in their files. Most often you are entitled to photocopies.

CIR staff can assist you in deciding what action would be most appropriate in responding to adverse documents. You might want to insert a written rebuttal, or file a grievance to have the document modified or even removed. CIR can represent you in these steps.

With increasingly stringent credentialing and more aggressive malpractice litigation, you don't want any surprises lurking in your file. You initiate the process of examining your record; we can help after that.

Your right to examine your file may be important to your reputation and your career. Use that right to check your file regularly.

income for CIR to pay for staff and all other expenses necessary to negotiate and enforce our collective bargaining agreements and to run this national organization. CIR dues are set at about 1.5 percent of a house officer's salary and are paid through payroll deduction from members' paychecks and sent to the national office of CIR in New York City. As with our medical training, so with CIR: the more we as residents stick together, pool our resources and work “as a team,” the more we will accomplish and the stronger we will be.

Patient Care Funds: An Achievement for Residents and Patients



Over decades of collective bargaining, CIR chapters throughout the country have won millions of dollars for Patient Care Funds as part of their contracts. These housestaff-administered funds are used to buy essential supplies, equipment and patient amenities that are not included in hospitals' budgets.

Housestaff are on the front lines, taking care of patients every day, but their suggestions for patient care are often ignored. With the Patient Care Fund, residents can say what's lacking.

Patient Care Funds are an innovation that began in the 1970s with CIR residents in Los Angeles. CIR chapters have achieved these funds in contracts at hospitals in Boston, New York City, Cambridge, Oakland, and San Francisco. Recent purchases by CIR Patient Care Funds have included bedside monitors, EKG machines, blankets, video fiber-optic endoscopes, pediatric ventilators, high-tech

microscopes, computer-based image archiving systems, a cardiac chair, and even a fish tank (below) for use in patient waiting rooms, and clothing for homeless patients.

A committee of residents oversees how the money is spent. Residents bring proposals to the committee, and together, the committee gets to decide what is most important. It's a way for CIR residents to step in and fill in the gaps in patient care that they see on a daily basis.



What's in a CIR Contract?

Besides salaries and health benefits, CIR collective bargaining agreements include many provisions that improve working conditions for residents. Below are some samples of actual contract language in different CIR collective bargaining agreements.

Orientation Pay

"All incoming residents shall be paid for orientation and/or work performed prior to July 1st of their first year, or they shall receive equivalent paid time off no later than June 30th of the academic year."

Boston Medical Center

On-Call Meals

"The County will arrange that the food left over from the food prepared daily for house staff and other physicians be packed, stamped with preparation dates and stored at the end of the day so that the food is available for the night meal. The County will prepare sufficient food daily to ensure that healthy night meals are available for all house staff who are assigned to nighttime duty or in-hospital on-call duty."

Los Angeles County Hospitals

Evidence Based Work Hour Scheduling

"The parties recognize the growing body of evidence linking increased medical errors with extended housestaff shifts of greater than 16 hours. These extended shifts have also been found to correlate with an increased risk of serious car accidents among housestaff. In the interest of maximizing patient safety and housestaff well-being, the PHT and CIR agree to form an Evidence Based Scheduling Committee to identify shifts greater than 16 hours and to implement strategies to eliminate these extended shifts six months after ratification of the contract."

Jackson Memorial Hospital, Miami



Ancillary Staffing

"Services will be provided for the movement of patients and materials...seven days a week, 24 hours a day for both routine/stat calls.

Phlebotomy services, including blood culture draws, shall be available twenty-four (24) hours a day, seven (7) days a week. IV Therapy Services, to start and maintain routine IVs, will be provided to all general care inpatient areas 24 hours a day, seven days a week.

"Clerical services will be provided [on inpatient areas] 16 hours a day, seven days a week."

Boston Medical Center

On-Call Pool

"A house staff officer who performs on-call duty for an absent or disabled colleague in addition to his/her anticipated normal schedule shall be compensated according to the following: \$550 weekday, \$650 weekend and holiday."

Westchester (N.Y.) Medical Center

On-Call Rooms

"The County shall provide safe, secure on-call rooms, bathrooms and shower facilities which are readily accessible to patient care areas. On-call rooms shall be designated as smoke-free areas and properly maintained with adequate temperature control. The number of on-call rooms shall be sufficient for all housestaff officers on duty at night.

"On-call rooms shall have functional locks and the room key shall be available to each housestaff officer. On-call rooms shall be properly maintained seven (7) days a week. Where possible, on-call rooms shall be equipped with large-sized lockers for the secure storage of each housestaff officer's personal effects."

Los Angeles County Hospitals

Professional Education Allowance

"Effective January 2007, Trust shall provide each HSO \$1,250 per residency academic year to be used as reimbursement for professional/educational expenses."

Jackson Memorial Hospital, Miami

"A \$1,900 non-taxable, reimbursable professional education stipend shall be paid annually to each House Officer...Any House Officer who has not turned in receipts for the total amount of the annual stipend by May 1st of that year shall receive a payment (taxable) equal to the difference between the total annual stipend and the total reimbursable expenses claimed and documented by said House Officer."

Cambridge Hospital, Massachusetts

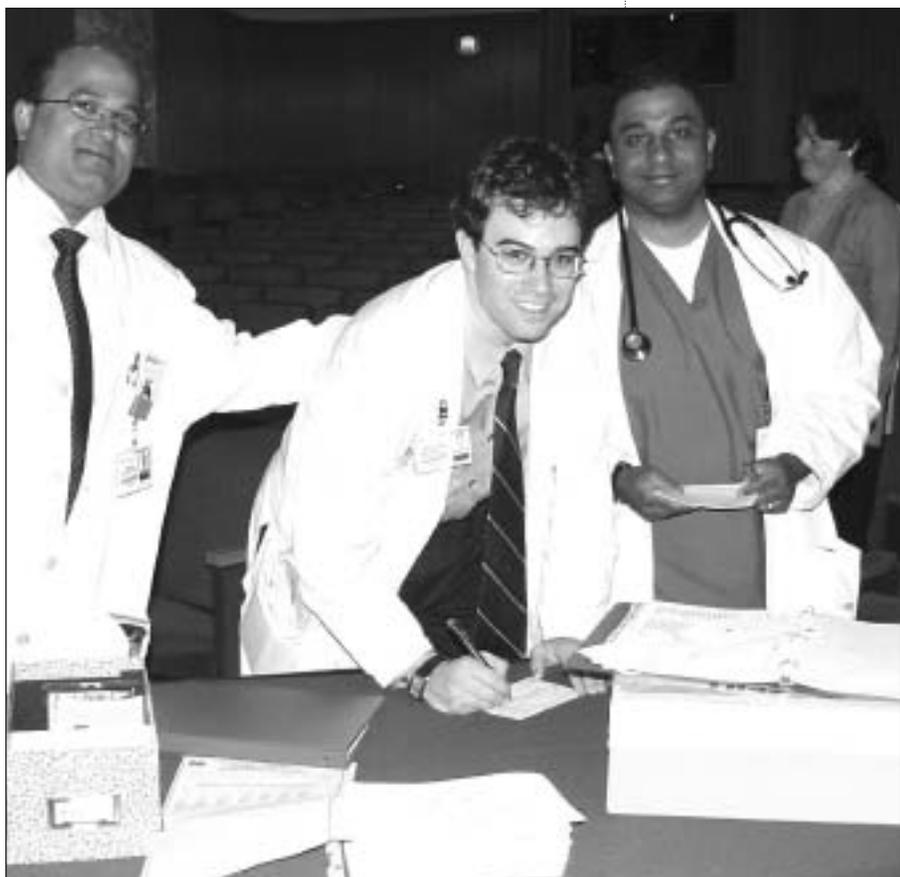
Patient Care Funds

"The amount of the CIR Quality Patient Care Fund will be \$2.2 million each year. Mutual agreement of the administrative 'team' of 5 and a resident 'team' of 5 shall be required to initiate the authority to expand."

Los Angeles County Hospitals

"Effective each April 1st and October 1st, the Corporation shall transfer a sum equivalent to 0.15 percent of the Gross Annual Payroll of housestaff officers to the Patient Care Trust Fund." [This fund, which receives approximately \$130,000 twice a year, is controlled by the CIR Executive Committee members in New York City.]

Health and Hospitals Corporation, New York City



CIR Convention & 50th

continued from page 12

other. CIR National President, Simon Ahtaridis, MD, MPH, welcomed conventioners to his hometown, and recounted his role in forcing a permanent barrier to be placed around the Liberty Bell, a local historical artifact, after a third-grade class trip gone awry.

Workshops: Delegates and Alumni broke out into workshops on topics ranging from local concerns, like negotiating a good contract and creating change in your programs, to broader issues like universal health care and examining the role of the pharmaceutical industry in medicine.

50th Anniversary Banquet: On Saturday evening, delegates, alumni, and guests attended a formal banquet at the College of Physicians of Philadelphia in celebration of CIR's 50th

Anniversary. During the evening's program, attendees viewed a video presentation on CIR's 50-year history, and a short video of interviews from convention attendees about being a part of CIR. President Ahtaridis and immediate past president Barbie Gatton, MD, honored CIR co-founders Herbert Vaughan, MD, and Saran Jonas, MD, who shared his memories of CIR along with other alumni speakers.

Establishment of New Mexico Region: The most celebrated accomplishment at this year's convention was the organization of

CIR's newest chapter at the University of New Mexico. The representatives from this chapter, who impressed everyone with their enthusiasm and sincerity, were greeted with a warm welcome during Saturday morning's plenary. On Sunday, the assembled delegates voted unanimously to officially establish New Mexico as a CIR region in our union bylaws.

SEIU Executive Vice President Mary Kay Henry: CIR was joined in its convention and anniversary celebration by Mary Kay Henry, an Executive Vice President of the 1.8 million member Service Employees International Union (SEIU) of which CIR is an affili-



SEIU Executive Vice President Mary Kay Henry shared ideas and a timetable for achieving universal access to care.



Colleagues had a chance to connect during the Saturday session.

ate. In a brief lunch time address, she spoke about SEIU's commitment to push the need for health care for all into the center of the national political debate, and expressed excitement about the great contribution CIR could make to this effort.

Approval of New Executive Director: Acting upon the recommendation of CIR's Executive Committee, delegates approved Eric Scherzer as CIR's new Executive Director. Addressing the delegates, he expressed gratitude for their confidence in his abilities, and excitement about stepping into a new role after serving nine years as Associate Director.

CIR Business: Sunday morning was the time for CIR's assembled delegates to attend to the nuts and bolts of organizational business, and to set CIR on track to continue to be successful in the coming year. They reviewed and approved CIR's budget for the next fiscal year, and elected candidates to national executive leadership.

Excerpts from Convention Keynote Speakers

Dr. Fitzhugh Mullan

Professor, George Washington University School of Medicine, and pediatrician
Former CIR President and Asst. Surgeon General



"I didn't ever envision the commercial tsunami that was waiting outside the House of Medicine ready to sweep its way in. The result of these commercial forces is the rise of a current in medicine that I express with the metaphor of the 'flat screen.' It is an economic

lust and a push for technology in an only minimally prudent, thoughtful or strategic manner, which is driving medicine in a way that is very deleterious.

"So let's do a gut check about where we're at and some of the things we ought to be concerned about... I feel passionately about what the profession of medicine is, and has to offer. It is the healing art, and the skill set you have is pertinent to all

the 6 billion people on this planet. Not many people can claim that. But we've got to run our business in a way that makes it maximally available to people in the U.S. and the world.

"Whatever you do professionally, don't let the pursuit of flat screens be what drives you; let it be the pursuit of love, caring, and the humanitarian values of medicine."

Dr. Elisabeth Paice

Professor and Dean Director, Postgraduate Medical and Dental Education for 8,500 residents, London, UK



"The European Working Time Directive legislation has driven change that would not have happened otherwise. The maximum work week for Junior Doctors [residents] is now 56 hours – it will be 48 in 2009 – and the maximum shift length is 11 hours.

"A key concept we developed is a single, multi-professional team. Critical to this is a coordinator...to screen all the pages so that none of them go directly to the doctor, and to be the single route of identifying what needs to be done.

"The advantages include: reducing the number of doctors at night, releasing more doctors to work by day where you get more training; the work that is done at night is improved by teamwork, and early outcomes have shown that it is safer.

"The intention is to deliver better trained doctors, delivering better care, and safer care: it's all about humane training for humane doctors, which is what I believe passionately in."

CIR Officers for 2007-08

Convention delegates elected the following officers for the coming year:

- President:**
Simon Ahtaridis, MD, MPH, Internal Medicine/Cambridge Hospital
- Executive Vice President:**
Luella Toni Lewis, MD, Family Practice/Caritas Health Care
- Secretary-Treasurer:**
Rajani Surendar Bhat, MD, Pulmonary & Critical Care Medicine/Albert Einstein College of Medicine, Montefiore Medical Center
- Regional Vice Presidents:**
 - NORTHERN CALIFORNIA**
Nailah Thompson, DO, Internal Medicine/Highland Hospital
 - SOUTHERN CALIFORNIA**
Suganya Karuppana, MD, Family Medicine/Harbor-UCLA Medical Center
 - Gregory Taylor, MD**, Internal and Geriatric Medicine/LAC+USC
 - MASSACHUSETTS**
Hillary Tompkins, MD, Internal Medicine/Boston Medical Center
 - FLORIDA**
Sergio Badel, MD, Psychiatry/Jackson Memorial Hospital
 - NEW JERSEY**
Snehal Bhatt, MD, Psychiatry/Robert Wood Johnson University Hospital
 - NEW YORK**
Kate Aberger, MD, Emergency Medicine/Lincoln Hospital
 - Karen Morice, MD**, Physical Medicine & Rehabilitation/St. Vincent's Catholic Medical Center, Manhattan
 - Spencer Nabors, MD, MPH, MA**, Emergency Medicine/Internal Medicine/Kings County Hospital
 - Nichele Nivens, MD**, Family Medicine/Jamaica Hospital Medical Center
 - Joel Waring, MD**, Anesthesiology/ Maimonides Medical Center

Here's to Fifty Years and Many More

Convention and Anniversary a Chance to Look Back and Strive Forward

Delegates, alumni, and invited guests gathered in Philadelphia, PA on May 18-20, for CIR's National Convention and 50th Anniversary Celebration. It was an opportunity to celebrate our past achievements and to plan for continued growth and success in the years to come.

The convention's 260+ attendees

brought together delegates from over 60 CIR hospitals across the country, including representatives from the new chapter of 500 residents at the University of New Mexico, who received a warm welcome to CIR. CIR alumni present included past presidents spanning CIR's five decades, co-founder Dr. Saran Jonas; and Dr. Fitzhugh Mullan, former

president and Assistant Surgeon General, who presented a keynote address. Other invited guests included Dr. Judith Paice, Dean Director of 8,500 residents in London, U.K. and the convention's other keynote speaker; and international representatives from housestaff and attendings' unions from Canada and New Zealand.

For those of you who weren't in Philadelphia, here is a wrap-up of the National Convention and 50th Anniversary Celebration's wall-to-wall events:

Welcome Reception: Friday evening's welcome reception was an opportunity for delegates, guests, and alumni to get to know each other. *continued on page 11*



Delegates step up to the mikes for Q&A.



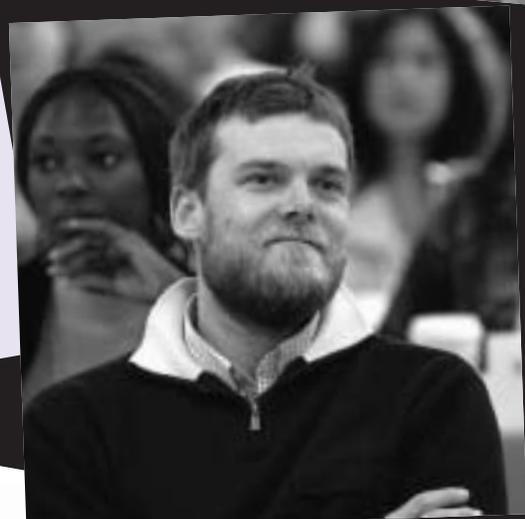
Plenary sessions (top and left) included reports from the regions and from CIR's president, and brought delegates up to date on the union's priorities.

*Being a resident is definitely hard! Having CIR around makes the possibility of an improved resident life so much better. Happy 50th!
Nicole Hayde PGY 2
Jackson Memorial Hospital
Miami, FL.*



Workshop on how CIR can help when the work doesn't flow.

*Jeff Okunaga
May 19, 2007
I feel like I'm part of history in the making. I have been inspired by the advocacy of past CIR members and what they accomplished. I hope I will be able to make an impact or at least be involved in the health care reforms to come.
Long live CIR/IRU*



Some chose to take in the very odd and unusual exhibits at the Mütter Museum of the College of Physicians on Saturday evening.



At Saturday evening's reception there was time for jazz, and meeting old and new friends.