



CIR News

Committee of Interns and Residents

SEIUHealthcare®

September 2008

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**“We are here today because our patients need access to health care NOW!
Not four years from now, not three years from now.**

**“As a doctor, I see patients every day who suffer because they lack access to
care. No one should have to choose between food and medication; between
paying an electric bill or being able to purchase medicine they need for their
chronic health care problems.”**

Dr. Brittney DeClerck, CIR delegate,
speaking at Health Care for America NOW! kickoff rally in
Los Angeles on July 8, 2008 in front of LAC + USC hospital



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PRESIDENT'S REPORT

LUELLA TONI LEWIS, MD

Participate & Make It Yours!

I'm pleased to let you know that CIR has jumped into the world of social networking with our new Facebook group: "I'm proud to be a CIR doctor." Just launched in July, we are now close to 250 members – and hope to see you there, too! The beauty of Facebook is that it can be anything that you – our members – want it to be.

For a long time, CIR's primary means of communicating with members were this quarterly newspaper, our www.cirseiu.org website, and occasional emails or text messages from your CIR organizer. But recently, we've been adding more and more tools like Facebook, Flickr, YouTube and Email Action Alerts. Why? Because we want to make it easier for you to be involved and for you to communicate with your fellow residents across the country.

After all, this is *your* union, and we want to hear what you have to say. That's why we just completed an online survey of member interests and priorities. Thank you to all 1,200 of you who participated! You told us that by a huge margin – 71% – you want CIR to become more involved in healthcare reform over the coming year, followed by resident work hour reform (52%), and student loan debt (44%). Key findings are now posted on our homepage.

By participating, your interests and priorities help shape CIR. There is room for members to join in whatever way they want – by posting articles, discussion topics, photos, blogging...and more!

Have you noticed the email action alerts in your inbox this spring and summer? We've asked you to write letters or sign petitions on the topics you care about – and do so in a way where it only takes a couple of minutes to make a difference. Many of you have gotten involved, writing to Congress about ways to reduce med student debt; blocking cuts to GME funding, preserving money for SCHIP (State Children's Health Insurance). Not receiving the emails? We may not have your correct email address – let us know at info@cirseiu.org if you would like to receive our action alerts (you can opt out at any time).

Please join our new
Facebook group,
"I'm proud to be a CIR doctor."



Also be on the lookout for more flyers/newsletters in all of CIR's regions, so you can stay better informed on the local level. If you like to write or have a news item to contribute – talk to your CIR staffer. We will also be post-

ing more videos on our Web site and Facebook page as well – after all, if a picture is worth a thousand words, a video must be worth even more!

So, please accept the challenge – there is a place for you here. Remember – this is a year to be big and focused. November 4th,

regardless of who is elected President, is not the end, but just the beginning of trying to move an agenda that includes healthcare reform, and support for resident physician issues. Be a part of it, and continue to tell us what you think — as we create more venues for members to talk to each other about what matters.



CIR'S FIRST-EVER PHOTO CONTEST:

What does residency look like through your eyes?



You know residency is hard, you know it's challenging; but it can also be full of surprises, accomplishments, and meaningful bonds with patients* and colleagues.

Enter CIR's first-ever photo contest with your photo that shows us something about what it's like to be a resident physician. The contest is open to all CIR members. You can enter more than one photo, and your photo can be digital or print, b/w or color, serious or goofy.

1st place winner: \$250

2nd place winner: \$100

3rd place: \$50

Email your digital images to: cmetz@cirseiu.org or send your photos to:

Photo Contest, CIR News

520 Eighth Avenue, Suite 1200 • NY, NY 10018

Photos will be judged by a team that includes CIR editorial staff, resident physicians, and professional photographers.

**Just remember: if your photo includes a patient – and their face is visible – you must get written approval/permission for it to be used. Some hospitals will request prior approval for any photos that show patients.*

INSTITUTE OF MEDICINE STUDIES RESIDENT WORK HOURS & PATIENT SAFETY

The Institute of Medicine has trained its sights on resident work hours. Best known for its seminal 1999 report "To Err is Human," the IOM responded to a request from Congress and the Agency for Healthcare Research and Quality to convene a Committee on Optimizing Graduate Medical Trainee (Resident) Hours and Work Schedules to Improve Patient Safety.

"CIR was honored to be among the Committee's first presenters at a public hearing on December 3, 2007 in Washington, DC," says CIR President Dr. Luella Toni Lewis. "As a union, we have been active for more than thirty years in highlighting the critical connection between our long hours, patient safety and resident education and well-being.

"In 1975, CIR forced an end to across-specialty every other night call in New York City's public hospitals. In 1987-89 we pressed for New York State hours regulations in the wake of the Libby Zion tragedy. And CIR joined with the American Medical Student Association and Public Citizen in 2000-02 to press for federal work hours legislation and OSHA protection. This activism culminated in the ACGME's decision to establish across specialty 'duty hours' in July 2003."

Dr. Lewis said that CIR's message to the IOM was simple: look at the overwhelming evidence before you that links acute and chronic sleep deprivation with significant attentional and performance deficits, increased medical errors and danger to residents who are exposed to an increased risk of needlesticks and post-call car crashes. AMSA, Public Citizen and Harvard sleep scientists Drs. Charles Czeisler and Christopher Landrigan also presented testimony calling for the IOM committee to act on the evidence and recommend that the hours of resident physicians be reduced to safer levels.

"It's time for the ACGME to recognize," said Dr. Lewis, "that its current rules, which allow for shifts of 24+6 hours in the hospital without sleep,



mented work schedules that would be banned in other industries entrusted with the public's safety, such as trucking, the airlines and nuclear power plants.

In its verbal and written presentations at both IOM public hearings, CIR made three key recommendations to the Committee:

- Act on the scientific evidence and recommend shifts for resident physicians that are no greater than 16 consecutive hours;
- Recognize that change will not occur unless all teaching hospitals are required by law to adhere to the same safe hour limits;
- Insist on rigorous enforcement of work hour limits by an external agency that has no economic self interest in perpetuating the status quo.

Proponents of Status Quo Weigh In

The IOM committee has also heard from many hospital CEOs, residency program chairs and program directors who adamantly oppose any further reduction in resident work hours beyond what the ACGME currently sanctions. They maintain that an increase in patient hand-offs and deploying of the current number of residents more thinly would increase medical errors. Others pointed to the cost of hiring additional healthcare providers as prohibitive. Two presenters – from St. Luke's Roosevelt Internal Medicine in New York City and Harbor-UCLA General Surgery in Los Angeles – reported on how they had reduced residents' work hours after the ACGME's new limits in 2003 through innovative scheduling and some additional financial resources – all with positive results. But their presentations were overwhelmed by those arguing for the status quo.

"We recognize that this is a complicated situation – this juggling of patient safety, resident education, economics and culture," testified Dr. Lewis. "A rigid reduction in hours worked without analyzing how the work is organized is doomed to failure. That's why CIR stresses the need to re-engineer how the resident workday is organized....We applaud medical educators who recognize that reducing resident work hours is actually an opportunity to re-think the entire training paradigm. It can be done and it must be done."

The IOM committee is scheduled to release its report at the end of 2008.

Excerpts from Remarks by IOM Study Sponsor

Carolyn Clancy, MD

Director

Agency for Healthcare Research and Quality

"As you know, some of our colleagues continue to believe that there is no correlation between the extended work hours of graduate medical trainees and quality of care. They say the long hours are part of the training and reduction would put these trainees at risk of missing valuable learning opportunities. You and I know better....

"I think the bottom line is that there must be change. The era of graduate medical trainees being exposed to extended hours for no good reason is about to come to a close. The reasons for keeping this going are not rooted in science. They are based on opinion and tradition – perceived rather than actual barriers to change....

"With this committee we have a chance to go beyond providing answers. We can provide solutions. We can send Congress recommendations that can have an impact in the quality of care across the nation. Thank you very much for being a part of this panel. I am already looking forward to reading your report next year."

Read Dr. Clancy's complete remarks on www.cirseiu.org (Policy)

"We applaud medical educators who recognize that reducing resident work hours is actually an opportunity to re-think the entire training paradigm. It can be done and it must be done."

**CIR President Luella Toni Lewis, MD
IOM Testimony**

are too long and unenforceable because they depend solely on resident self-reporting – not generally something residents are willing to risk their careers to do."

Dr. Nailah Thompson, CIR's Executive Vice-President, attended the IOM's second public meeting held in Irvine, CA on March 3, 2008. During the public comment period, she urged the IOM to "take under consideration the dangers that the nation's 100,000+ resident physicians pose to themselves and the general public when they get behind the wheel of a car in an impaired state due to acute and/or chronic sleep deprivation."

Dr. Thompson stressed the growing public awareness of the dangers of 'driving while drowsy' and the number of states with proposed legislation to criminalize DWD. This type of legislation poses particular risks for residents with docu-

Go to the CIR website
www.cirseiu.org
and click on Policy to find more details
on the IOM study,
and don't forget Hours Watch,
the website for resident work hour
resources and information at
www.hourswatch.org.

Bringing HEALTHCARE REFORM to our Nation's Top Political Conventions



CIR Secretary-Treas. Elizabeth Burpee, MD, spoke to the crowd at the Healthcare Reform NOW rally in Denver, urging them to “work together to fix our broken healthcare system.”

As the United States counts down to an historic election this fall, the debate about healthcare reform in this country has taken on a sense of urgency for both political parties. Never has the voice of frontline providers of care been more critical in the national debate on healthcare reform. In recognition of this, CIR doctors were among the participants at SEIU events at both the Democratic National Convention in Denver, CO and the Republican National Convention in St. Paul, MN.

CIR delegate Dr. Almari Ginory, a resident at Jackson Memorial Hospital, flew in from Miami, FL to attend an SEIU reception saluting GOP activist members and SEIU-supported Republican elected officials at the Republican National Convention. “I learned so much from this experience,” Dr. Ginory said. “I was able to attend SEIU-sponsored events and learned that SEIU donates to both the Democratic and Republican

political parties, making it one of the most influential unions in the U.S. The goals of SEIU are to encourage healthcare for all, and so they support politicians who share this vision.

“The most important thing I learned is that it doesn’t matter if you’re a Republican or a Democrat when it comes to healthcare reform – it’s a national issue, and as Americans, we need to band together to reduce healthcare disparities and obtain healthcare for all. As a delegate for CIR, the leaders of SEIU were very receptive to my thoughts, and encouraged communication between unions,” she said.

The previous week, CIR doctors attended the Democratic National Convention on August 27 and 28, 2008. CIR doctors boarded vans in Albuquerque, NM at 4 AM on Wednesday and drove 7+ hours up Route 25 to rally with their fellow SEIU members.

The Denver rally featured music by Death Cab for Cutie and Chuck D of Public Enemy, and speeches by SEIU President Andy Stern, Rep. Jan Schakowsky of Illinois, NPR commentator Jim Hightower, and an array of union and healthcare advocacy groups including Dr. Elizabeth Burpee, CIR’s Secretary-Treasurer, and a resident at the University of New Mexico Hospital.

Since she had embarked on a 450-mile van ride just to be there, Dr. Burpee was an instant hit with the crowd. She urged them to work together to fix our broken healthcare system and stressed how impor-

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CIR Members P

CIR leaders stepped up to the podium and spoke to labor, community groups, doctors, nurses, and



“I see children using the Emergency Room for their basic healthcare needs because their insurance has lapsed and they have nowhere else to go...As the state falls into a deeper and deeper fiscal crisis and funding for these vital programs is cut or lost, where are these patients going to go?”

Dr. Rachel Kreps-Falk
CIR Northern California Vice President
PGY 3, Pediatrics
Children’s Hospital Oakland
At rally in San Francisco, CA



“We are a... research, e... increased l... Americans... difficult de... medication... to work, or... for chronic

“The most important thing I learned is that it doesn’t matter if you’re a Republican or a Democrat when it comes to healthcare reform – it’s a national issue, and as Americans, we need to band together to reduce healthcare disparities and obtain healthcare for all.”

Dr. Almari Ginory
PGY 2, Psychiatry
Jackson Memorial Hospital, Miami, Fla.

Attendee at SEIU Salute to GOP members

Shown here, at le



Above left: Standing tall, with the Road to Healthcare Reform bus behind them are CIR Drs. Elizabeth Burpee, CIR's Secy-Treas., Nailah Thompson, Exec. VP, Kate Aberger, NY VP, Julie Craig (back row) of UNM, CIR Pres. L. Toni Lewis, Joe Livingston and Sheila Modi, of UNM.
 Left: CIR leaders Kate Aberger, MD (left) and Nailah Thompson, DO, let the crowd know that doctors, too, can be in unions, and have strong ideas about what's wrong with our current system, and how best to fix it.
 Above right: Dr. Almari Ginory, CIR delegate from Jackson Memorial Hospital in Miami, (second from right) attended the SEIU salute to GOP activist members before the RNC, and learned that, "SEIU donates to both Democratic and Republican political parties... They support politicians who share this vision (of healthcare for all)."

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 tant it is for doctors and other healthcare professionals to be engaged and hold their elected officials accountable. "The bottom line for us in our work is the quality of care we can give to our patients... We caregivers can make sure that healthcare reform gets done right, once and for all!" she said.
 Along with Dr. Burpee on that roadtrip were two vanloads of resident physicians, doctors, nurses, and

other healthcare professionals converging on the DNC with one thing in mind: healthcare reform. Chuck D and Jim Hightower, co-emcees, told the crowd that grassroots activists have the power to make quality, affordable healthcare a reality.
 On Thursday, CIR doctors were among the 85,000 to attend the day's festivities in Invesco Field, including Sen. Barack Obama's acceptance speech.
—For more coverage see www.cirseiu.org

Press for Healthcare for All

Spoke at events in six cities as part of Health Care for America Now, an unprecedented coalition launched on July 8th 2008 uniting small businesses, faith-based organizations, and others with the goal of ensuring high quality healthcare and access for all.



ation with great innovation, evidence-based medicine, lifespan, and wealth, but many are being forced to make decisions – purchase food or, fill up their gas tanks and get go to the doctor to be treated medical problems."

"I had a patient who was recently hospitalized because he had a heart attack. He had not been taking his blood pressure or cholesterol lowering medications, not because he did not want to take them, but because he could not afford them. Now he may no longer be able to live independently."

"What is a patient to do when they have insurance, but it doesn't cover 'pre-existing conditions'? Or their insurer denies or delays treatments to see if they can avoid paying for care for a seriously ill subscriber?"

"We are on the frontlines of our broken healthcare system...and we are here today to say, it's time to commit to guaranteed, affordable healthcare for all! Let's see what we can accomplish if we work together towards this goal, starting today."

Dr. Janetta Dominic Cureton
 CIR Florida Vice President
 Psychiatry Fellow
 Jackson Memorial Hospital
 At rally in Miami, Florida

Dr. Caitlin Chestnut
 PGY 2, Family Practice
 University of New Mexico Hospital
 At rally in Albuquerque, NM

Dr. Snehal Bhatt
 CIR New Jersey Vice President
 PGY 4, Psychiatry
 Robert Wood Johnson University Hospital
 At rally in Trenton, NJ

Dr. L. Toni Lewis
 CIR President
 Geriatrician and Family Practitioner
 trained at Caritas Health Care, Inc.
 At rally in Albany, NY

California Members Stand Up for Safe Staffing



From left to right, Drs. Rachel Kreps-Falk, CIR N. California V.P., Davida Flattery, and Amy Mao met with State Senator Carole Migden, who was sympathetic to the need for adequate ancillary staff.

CIR members from the north to the south of the state have joined with fellow SEIU Healthcare members to work for safe ancillary staffing levels. On August 18, 2008, CIR leaders traveled from the Bay Area to Sacramento (photo, left) to lobby for a bill that would mandate safe staffing levels at hospitals throughout the state. They visited six state senate offices to discuss the dangers of understaffing, and distributed a brochure that included a survey of nearly 500 CIR California members on the importance of ancillary staffing.

In Los Angeles, Psychiatry residents at LAC + USC met with hospital management and the Dept. of Health Services on July 28, 2008, along with SEIU 721 members, to express their grave concern over the lack of social workers at their hospital. They have lost more than 50% of their social work staff over the past two years, resulting in 15 social workers in place of 43. Each social worker cares for 80-100 patients. "This gross understaffing is dangerous to our patients, as social workers are imperative to patient flow and overall well-being," said CIR Psychiatry Representative Dr. R. Scott Bailey.

CIR Members Continue to Push for Promised Raise in Puerto Rico

CIR members in Puerto Rico held their press conference at the island's legislature on June 20, 2008 to push for a raise of \$250 a month that was agreed to by the University of Puerto Rico and the Dean of the School of Medicine. Despite that commitment, the salary increase was not included in the University's budget, which was sent to the legislature earlier this year.

The press conference gained the attention of the governor, legislature, and University administrators. "Nobody here wants to have to leave their jobs or their work," Dr. José Franco told *El Vocero* newspaper, stressing that the salaries are much too low. "We are here to call on the legislature and the governor, and see that this matter does not fall on deaf ears," said Dr. Clarimar Borrero, as quoted in *El Vocero*. There are 361 resident physicians at the University of Puerto Rico, and 70 at the Department of Health, and both groups have been working without an increase in salary for three years.

On September 8, 2008, residents held another press conference, and Dr. José Rivera told the assembled media that there would be a general membership meeting on September 11th, to talk about escalating their campaign for union recognition and a salary increase.



Front row, Drs. José Rivera, Internal Medicine delegate, José Franco, Psychiatry delegate and Clarimar Borrero, Pediatrics alternate delegate, at June 20th press conference for improved salaries and working conditions.

CIR Contract Roundup

Over the spring and summer, CIR members have come together in negotiating committees, canvassed their colleagues for issues most important to them, and hammered out differences with hospital administrators to come up with new three-year agreements! Here's what has been most recently accomplished:

Caritas Health Care, Inc., Queens, NY

On June 17, 2008, after six months of negotiations, CIR members ratified their new contract, which goes from November 1, 2007-October 31, 2010. Highlights for the 183 residents here include:

- 2% raises for the first two years of the agreement on January 1, 2008 and January 1, 2009; and a 3% raise on January 1, 2010; including retroactive increases on July 15, 2008, October 15, 2008, and December 15, 2008.
- 6% increase in the third year of the contract to the Health and Welfare Benefits Fund to cover healthcare benefits.
- An additional 2 sick days per year, which can be converted to child care leave; and
- Improvements to educational allowances for equipment, conferences, Board review programs and exams.

St. John's Episcopal Hospital South Shore, Far Rockaway, NY

On May 14, 2008, CIR members at St. John's Episcopal Hospital South Shore ratified their new three-year contract, which covers 140 members, and goes from November 1, 2007 – October 31, 2010. Highlights include:

- 3% wage increases for each year of the 3-year agreement, beginning July 1, 2008.
- Increases to the meal allowance, occurring on July 1 of each year beginning in 2008.
- Increases to the book/journal allowance for each year of the 3-year agreement.
- 16 additional computers in the ER with Sunquest system for resident usage.
- "Extras" including new TV and microwave in the resident lounge, and new locks on Medicine call-room doors.

St. Elizabeths Hospital, Washington, DC

Residents at St. Elizabeths, in Washington, DC had to endure a time consuming approval process by the DC government in order to receive the salary increases and other improvements in their new contract. They achieved this on August 15, 2008, for a 3-year contract for 45 members that goes from 10/01/07 through 10/1/10. Highlights include:

- 3% wage increases for each year of the agreement, with retroactive pay on 8/29/08 for the period covering 10/1/07 to 8/14/08.
- An increase to the book/educational allowance.

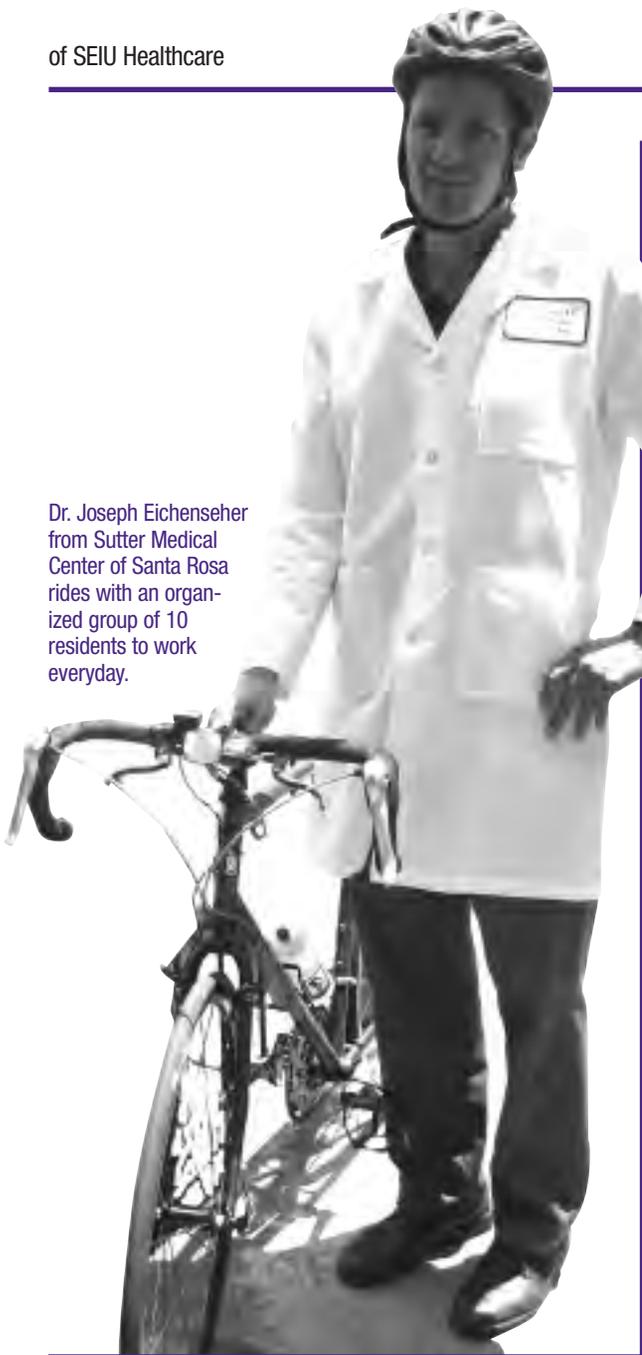
Medisys: Jamaica, Flushing, & Brookdale Hospitals, Queens and Brooklyn, NY

By August 29, 2008, CIR members at all three hospitals which make up the Medisys system had ratified their new contract, which covers nearly 500 residents and goes from April 1, 2008 – October 31, 2011. Highlights include:

- 3% salary increase for each year of the three-year agreement, beginning January 1, 2009.
- Increases to the Health and Welfare Benefit Funds.
- Increase for the Chief Resident differential.
- Increase to the Patient Care Fund/Education Committee to \$3,000/year, which can be rolled over to the next year for a \$6,000 maximum.
- Improved grievance and disciplinary procedures.
- Conference allowances can now be used in the next-to-last year of residency (before was only available in the last year).
- A Computer Committee to look into acquisition and distribution of new computers and other information technology.

CIR's Western Members are GOING GREEN!

Dr. Joseph Eichenseher from Sutter Medical Center of Santa Rosa rides with an organized group of 10 residents to work everyday.



emissions. "Though large changes can't be made overnight, the little things we do over time can make a difference for our children's future," said Dr. Karuppana.

Dr. Rachel Kreps-Falk, CIR Northern California Vice President, and a pediatrician at Children's Hospital Oakland, drives a car that operates off biodiesel, a fuel that is non-petroleum-based and made out of renewable resources derived from vegetable oils. As a result, it produces lower greenhouse gas emissions.

"To work towards creating an environmental shift in our society...you can start by making small conscious decisions, from recycling to using

unused back patio was converted into a garden sanctuary with vegetable and herb boxes, potted plants, vegetable trees, and park benches for enjoying the soothing environment. A labor of love, the garden, begun in June 2008, is being built solely from donations and volunteer labor. A future project is being planned to create a similar community garden that patients can participate in.

"Our choices reverberate into the community, and ultimately the environment," said Dr. Eichenseher. In addition to participating in the community garden, Dr. Eichenseher and nine other Sutter residents ride their bikes to work every day.

In Albuquerque, New Mexico Dr. Drew Harrell of Emergency Medicine and his partner Andrea Harrell, an Intensive Care Unit Nurse, go green by riding their bikes to work, composting, reusing collected runoff water, and growing a majority of their own produce in their backyard. They also raise chickens! "Being a part of a larger environmental movement in Albuquerque has fostered a greater sense of community, even at the hospital," states Dr. Harrell, allowing the couple to engage not only with neighbors, but also with patients, attendings, nurses, respiratory therapists, and other colleagues.

CIR leader Shipra Bansal, MD, of Harbor-UCLA Medical Center is active in the Coalition for Clean and Safe Ports, which works to reduce emissions around the ports. She believes that, "we are all interconnected and the actions of one person can impact another on the other side of the world." She subscribes to the philosophy that we should "Live simply, so that others may simply live."

CIR members across the western region have been discussing how to move towards more environmentally safe waste management practices and alternate sources of energy in collective bargaining agreements at their hospitals. The range of suggestions include establishing a recycling program, replacing styrofoam, instituting electronic record systems, turning TVs off at night, and creating greener spaces, such as rooftop community gardens.

—reported by Maureen Ivy Quicho

"Though large changes can't be made overnight, the little things we do over time can make a difference for our children's future."

**Dr. Suganya Karuppana
CIR Southern California VP
Harbor-UCLA Medical Center
Los Angeles, CA**

CIR's environmentally-conscious physicians in our Western region are "going green" to create a healthier, more sustainable environment.

"As a physician, I see the effects of the environment on my patients every day," said Dr. Suganya Karuppana, CIR Southern California Vice President, and Family Medicine resident at Harbor-UCLA Medical Center in Los Angeles. "A majority of my pediatric patients have contracted asthma from the poor air quality caused by emissions from nearby oil refineries," she said, adding that children and infants are among the most vulnerable to negative health effects.

Influenced by what she sees, Dr. Karuppana made the decision to reduce her own eco-footprint by driving a 2005 Toyota Hybrid Prius with a battery-powered engine that reduces pollutant

reusable bags at the grocery store," said Dr. Kreps-Falk.

Dr. Casey KirkHart, a CIR Family Medicine resident at Harbor-UCLA Medical Center, fills his car with waste vegetable oil (WVO). WVO requires an engine conversion, whereas biodiesel requires conversion of the actual vegetable oil. Using alternate fuels, Dr. KirkHart feels, is one important way to go green. His switch "also stems from my desire to not support the behaviors of oil companies with destructive practices."

Out of their cars and into the workplace, CIR members have also transformed hospital space into green space. At Sutter Medical Center of Santa Rosa, California, Drs. Sean Zager and Joseph Eichenseher developed a community garden together with their colleagues. The once



Biofuel is available in the east, too!
Boston: <http://www.altenergyoasis.com>
New York and New Jersey:
<http://nyc.tristatebiodiesel.com>
Miami: <http://www.solatlanticbiodiesel.com>



Left to right: Dr. Rachel Kreps-Falk from Children's Hospital Oakland at her biodiesel station, "BioFuel Oasis," a small cooperative in Berkeley, CA.; Dr. Sean Zager and Dr. Joseph Eichenseher posing in their serene community garden at Sutter Medical Center of Santa Rosa; Dr. Suganya Karuppana from Harbor-UCLA Medical Center poses next to her 2005 Toyota Hybrid Prius.

CIR Members Talk About GROWING UP UNION

For some of our members, CIR is their first experience of a union, but others have known about it from the time they were little. Here's what they learned, growing up union.



“There’s strength in numbers. You can do more as a group than as one person. With a group, you can make change.”

**Dr. Jennifer Zaitz
PGY 2, Internal Medicine
University Hospital of UMDNJ
Newark, NJ**

“It’s important to have a sense that we need a unified voice as physicians. As residents, we need to be cognizant of our futures; it’s just a short way away.”

**Dr. Mike Favazza
PGY 2, Pediatrics
Children’s Hospital Oakland
Oakland, California**



“Everyone looked out for everything from safe working conditions, to opportunities and jobs for all. There’s a sense that you’re in it together.”

**Dr. Jennifer Miller
PGY 4, Chief Resident
Psychiatry
Boston Medical Center
Boston, MA**

opportunities, and a sense of brotherhood – colleagues are always referred to as brothers. Everyone looked out for everything from safe working conditions, to opportunities and jobs for all. There’s a sense that you’re in it together.

“Some of my leadership stems from the example my dad set, seeing how he was able to organize people and get them excited

Clockwise from top: Dr. Jennifer Zaitz on graduation day with her dad, Frank, of Teamsters Local 812; Dr. Jennifer Miller’s family has four generations of union roots, from coal miners to carpenters and postal workers; Dr. Mike Favazza’s family has roots in the Longshoreman’s Union (ILWU).

DR. JENNIFER ZAITZ is a PGY 2 in Medicine at the University Hospital of UMDNJ in Newark, NJ, and is surrounded by union family members, beginning with her father, who belongs to Teamsters Local 812 in New York, her brother, two uncles, and grandfather, all of whom belonged to various different unions. Perhaps for this reason, she was very aware of unions. “I was looking for a residency which had a union. The internet is a great tool – I looked up resident work hours, and found CIR and Hours Watch, and learned about CIR.” The reason she felt a union would be important? “There’s strength in numbers. You can do more as a group than as one person. With a group, you can make change.”

The beneficiary of a union scholarship in college, Dr. Zaitz also plans to “give back” in her career. Her dad is a shop steward, and she’s a CIR delegate, looking forward to her first negotiations at UMDNJ. “I think it will be important to listen to everyone’s concerns with the current contract, and represent everyone at the bargaining table. When I’m home, people call me with questions about work issues, and my dad is proud of me – he gets a kick out of it. He says, ‘there you go, it’s all for the union.’”

DR. MIKE FAVAZZA, a PGY 2 in Pediatrics at Children’s Hospital Oakland, in the Bay Area, saw the difference a union made in his family’s life. His dad now holds an elected position in the

International Longshoremen’s Union (ILWU). Before that, he was a tugboat engineer, but joining the ILWU, “moved us up into the middle class. The wages were better, and the healthcare benefits were incredible. I’ve definitely seen the contrast and the benefit that standing together makes. When my dad was in a small company, without the number of people standing together, he had to

about doing things. We kids learned the importance of having people feel valued, supported, and heard. When I came to BMC, I knew it was union, and I was so happy to be a part of it here. CIR really helps support our patients. We have a Patient Care Fund, which helps in our advocacy for patients’ needs. We also have more ancillary services, which means better and more effective care. I feel good that we are all in a union, and that our hospital has a good working relationship with unions.”



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