



CIR News

Committee of Interns and Residents

SEIUHealthcare®

December 2008



INSIDE:

CIR Member Survey:
You Told Us What Matters to You!
CENTERFOLD

Important information about rights under
the VHHSBP, HSBP, PEP, and CIRLS Welfare Benefit
Plans and ERISA, to be read and retained for
future reference.
SEE SPECIAL INSERT

Supporting Our Safety-Net Hospitals

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and Residents
of *SEIU* Healthcare®

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Cover photo of SGH Drs. Hani Khaddus,
Dana Karlsberg, and Jimmy Chen
by Julia Donahue/CIR.

PRESIDENT'S REPORT

LUELLA TONI LEWIS, MD

Making Healthcare Reform a Reality

Here we are, halfway through the residency year, and about to start 2009 with a new president in the White House and an energized Congress on Capitol Hill.

This is both an exciting and a transformational time – it is our responsibility to make good use of it! Americans have voted overwhelmingly for change. It is time to use our expertise in healthcare to make an impact. We know all too well the problems in our healthcare system — where it breaks down for our patients and for physicians.

We have already started the work. In the past year we have:

- talked about healthcare reform in our regional chapters;
- provided testimony and spoken at rallies for increased access to healthcare;
- worked for greater funding for programs like the State Children's Health Insurance Program (SCHIP);
- lobbied to prevent devastating cuts in Medicaid and Medicare, including a 10% cut in physician reimbursement and the elimination of GME funding;
- been on the Road to American Healthcare bus tour;
- visited both the Democratic and Republican National Conventions and met with leaders there;
- shared what a day in the life of a resident looks like with an elected official in SEIU's *Walk a Day in our Shoes* program.

We held house parties throughout our regions to compare the positions of both candidates on our key issue of healthcare. Many of you took part in those house parties, and many more took part in CIR e-mail action alerts to expand access to healthcare.

Our actions had an impact: President-elect Barack Obama has signed on to the principles of "Health Care for America Now" — a powerful coalition of 600 organizations, including CIR and our international union, the 2-million strong Service Employees International Union (SEIU). The principles include guaranteed access to affordable, quality healthcare for all.

Now that we have new leadership in Washington, how

So, now that we have new leadership in Washington, how do we seize this moment and make sure our goals for reforming healthcare become reality?

Important Medical Debt Repayment Info: Apply for One Last 20/220 Deferment BEFORE July 1, 2009!

Beginning July 1, 2009 the federal government will replace the familiar 20/220 formula for determining eligibility for economic hardship deferment. *However, applications for the 20/220 deferment will still be accepted through June 30, 2009.* Contact your lender and submit your application to see if you are eligible for one more year of this benefit!

The new Income Based Repayment (IBR) plan allows residents to cap their monthly repayments at 15% of their income that exceeds 150 percent of the poverty line for individuals or the borrower's family size (\$15,315 for an individual). CIR knows this formula will hit many of our members hard, forcing some into forebearance.

CIR will work hard in the coming months to include the issue of medical student debt in the legislative efforts in Washington to bring much-needed healthcare reform.

For more information on the IBR, including sample repayment examples, go to the Association of American Medical Colleges website – www.aamc.org/first.



do we seize this moment and make sure our goals for reforming healthcare become a reality? It will take a lot of work because there are powerful forces resistant to change. Health insurance and pharmaceutical companies have found our current situation extraordinarily lucrative, so we know they will be mounting large campaigns to fight any change to the status quo.

We also know we are facing an incredibly difficult year ahead due to the massive federal financial crisis affecting city, state, and county budgets throughout the country — from NY, facing a record four-year \$47 billion budget deficit, to California, facing an estimated \$28 billion shortfall by 2010. Our states and

our hospitals will be feeling the pain.

Nonetheless, we are as committed as ever to expanding access to healthcare. Our sorely inadequate system, with 47+ million uninsured, deserves help as much as Wall Street does. We will be working together with SEIU to bring legislation to Congress that ensures access to healthcare for all. That will mean you have the opportunity to jump in and participate where you can – whether it's online activism, writing to Congress, or speaking in public forums, CIR will continue to provide ways to empower your voice to make change.

Let me know your thoughts on this, and on any other issues you have, whether it be the contract at your hospital, O.R. safety, or other concerns. As always, you can contact me at llewis@cirseiu.org. Watch your inbox for email alerts, talk to your CIR delegate about what's going on, and be ready to make your voice heard in the national discussion on healthcare reform.

Late breaking news:

The IOM issues Report on Resident Work Hours and Patient Safety

On December 2, 2008, the Institute of Medicine (IOM) issued its report on Resident Work Hours & Patient Safety. One of the key recommendations was for a 16-hour work schedule. CIR participated in the hearings leading up to the report by providing testimony, and was there for the press conference. For more news on this groundbreaking event, visit www.cirseiu.org.

SUPPORTING OUR HOSPITALS



Turning out to support SF General Hospital were Otolaryngology residents Betty Tsai, MD and Matthew Russell, MD, who were pleased to see Prop A win on November 4.

Prop A Passes by a Landslide *Bond Measure to Retrofit SF General Hospital*

CIR doctors turned out to support San Francisco General Hospital (SFGH) on September 15, 2008, alongside Mayor Gavin Newsom and other city leaders, and CIR made a substantial contribution to the campaign. We saw our efforts pay off on November 4th, when Prop. A passed by an overwhelming 85% margin. The bond measure will raise \$887.4 million to pay for a new hospital that meets seismic standards. SFGH is the only top-level 24/7 trauma center in the city. It is also the only alternative for the uninsured and Medi-Cal patients, as well as the medical home for the new “Healthy San

Francisco” program which provides basic care to all SF residents.

“Now that Proposition A has passed, we can keep the doors of SFGH open and continue to provide service to those who have little access to healthcare,” said CIR leader Belinda Magallenas, who is a PGY 3 at SFGH in Family and Community Medicine. “It would not have been possible without the hard work of the many who worked on this community effort, including the resident physicians of CIR who knocked on doors, phone banked, and rallied to pass this measure.”

CIR Backs UNM Hospital

In another CIR Western Region state, CIR members helped out with a campaign to pass the Mil Levy, a voter bond measure to continue funding for the University of New Mexico Hospital, the only Level 1 Trauma Center in New Mexico. It is also New Mexico’s only teaching hospital, and has its only Level 1 Pediatric Trauma Unit.

Dr. Noah Zuker, a CIR delegate and PGY 3 in Surgery said that, “When we were approached by UNM Hospital and the Health Sciences Center, CIR housestaff jumped at the opportunity to work as a team to make sure the Mil Levy passed. By working together with the hospital community, housestaff have helped to ensure that patient care is adequately funded.”

CIR made a generous financial contribution towards the campaign which distributed lawn signs and door hangers, and educated the public about the Mil Levy, followed up with a *Get Out the Vote* effort. “I want to commend the outstanding efforts of the interns and residents of CIR in helping us achieve a dramatic 63% majority win for the Bernalillo County Mil Levy,” said Bill Sparks, Executive Director of Communications for the University of New Mexico Health Sciences Center. “Over the next eight years, it will contribute almost \$700 million, 14% of the annual budget, to UNMH. We sincerely appreciate the financial and individual support shown throughout the campaign.”



CIR leaders Amy Garcia, MD, CIR Regional Vice Pres. John Ingle, MD, and CIR Delegate Shadi Battah, MD present CIR's financial contribution to UNMH CEO Steve McKerran (center, with check), to help ensure the passage of the Mil Levy for funding of their safety-net hospital.

Long Island College Hospital Residents Seek to Join CIR *....and Save their Programs, Hospital from Closure*

Despite being a well-used and well-regarded community hospital, the Manhattan-based management of Brooklyn’s Long Island College Hospital (LICH) planned to close down multiple programs, and sell off some of the hospital’s buildings. LICH interns and residents, along with CIR staff, testified at hearings at Community Board 6 and at a public forum for Brooklyn Borough President Marty Markowitz, and met directly with State Senator-elect Daniel Squadron in an effort to prevent what would be devastating closures to the hospital’s obstetrics, neonatal and pediatrics departments.

On October 16, 2008, a group of 15 residents brought a petition with the signatures of 90% of the 220 residents into the office of the new CEO of Long Island College Hospital, in Brooklyn, NY. Their petition stated, “We are seeking to improve our lives and the lives of our patients, and are ready to have a voice with CIR.”

Dr. Lilliam Villafredez, a PGY 2 in Internal Medicine, in photo, right, said, “I was part of a CIR union chapter in Miami, and it definitely makes a difference. It’s our right as residents to have a voice.” Dr. Kyu Oh, a PGY 2 in Radiology, said, “With all of the changes in the hospital, residents need a voice in determining what



is going to happen to our training programs.”

On November 12th, the National Labor Relations Board held a hearing and set an election date of December 10th for the 130 residents who are based at LICH. CIR will continue to work with and win union representation for the remaining 90 residents, who are paid by LICH but mostly working at other hospitals.

Good news came on November 18th, when the State Department of Health denied management’s request to end obstetrics, neonatal and pediatric services at LICH.



Dr. Lilliam Villafredez, a resident in Internal Medicine, knows the advantage of CIR representation from prior experience at Jackson Memorial Hospital in Florida. Below: a large group of residents gathered to bring their union petition to the new CEO of the hospital.

CIR’s First-Ever Photo Contest

What does residency look like through your eyes? Send us your best photos. Email your photos to: cmetz@cirseiu.org. Photos will be judged by a team that includes CIR editorial staff, resident physicians, and professional photographers.

1st place = \$250; 2nd place = \$100; 3rd place = \$50

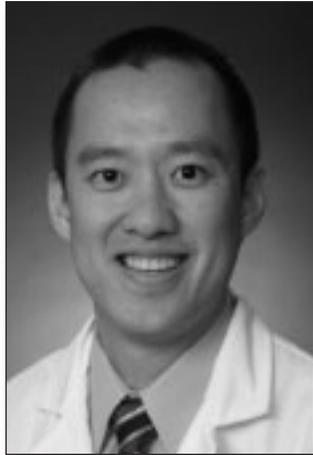
For details visit www.cirseiu.org

CIR MEMBER SURVEY: YOU TOLD

When it comes to CIR's commitment to better patient care through political advocacy, 2009 is bound to be a watershed year. A new president will enter the White House, and there promises to be more support for the State Children's Health Insurance Program (SCHIP), and expanding funding for Medicaid. Each day brings a new headline about legislative leaders gearing up to propose healthcare reforms at the start of the next Congress. CIR members will have a large role to play in the upcoming national debate.

"I am fairly satisfied with the current practice of medicine and look forward to the many changes that are revolutionizing our field.

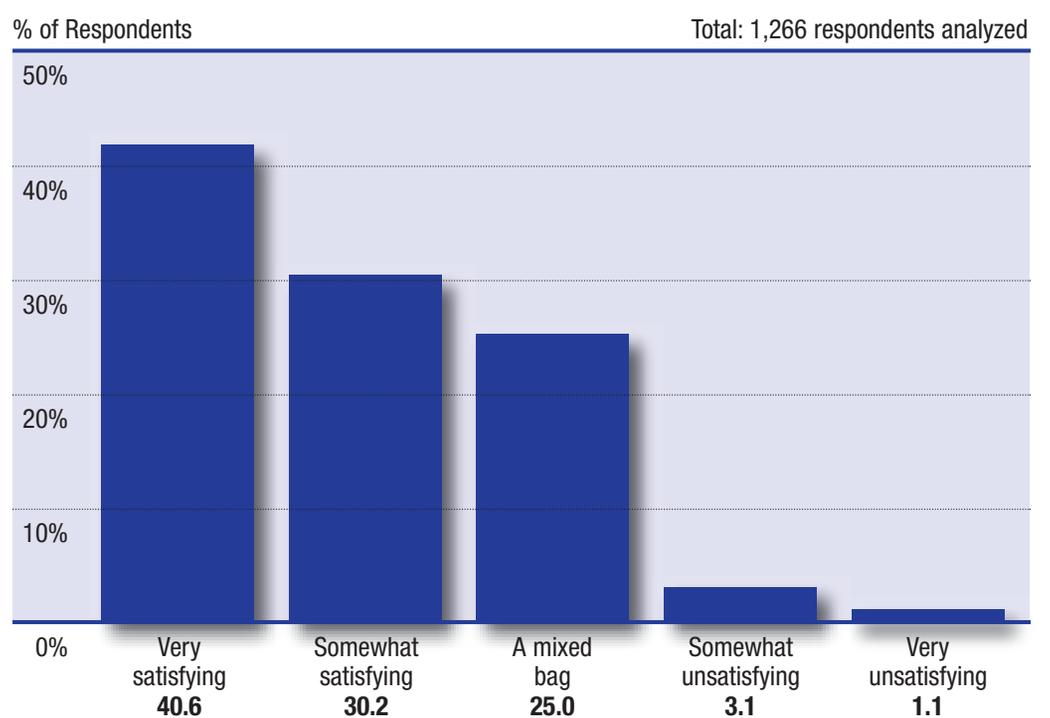
"As a family doctor, I enjoy the ability to provide comprehensive and long-term care for my patients and their families. Furthermore, the ability to affect individual change and at the same time advocate for our patients' health on a community level is truly rewarding. However, the frustrations that come with the practice are mostly rooted in the business of medicine, when profits override patient's health. Such examples include pressures to see more patients in less time, denial of essential labs, tests and services by insurance companies and the lack of access to healthcare because of the inability to pay."



DR. JIMMY CHEN

PGY 3, Family & Community Medicine
San Francisco General Hospital
San Francisco, CA

OVERALL EXPERIENCE PRACTICING MEDICINE



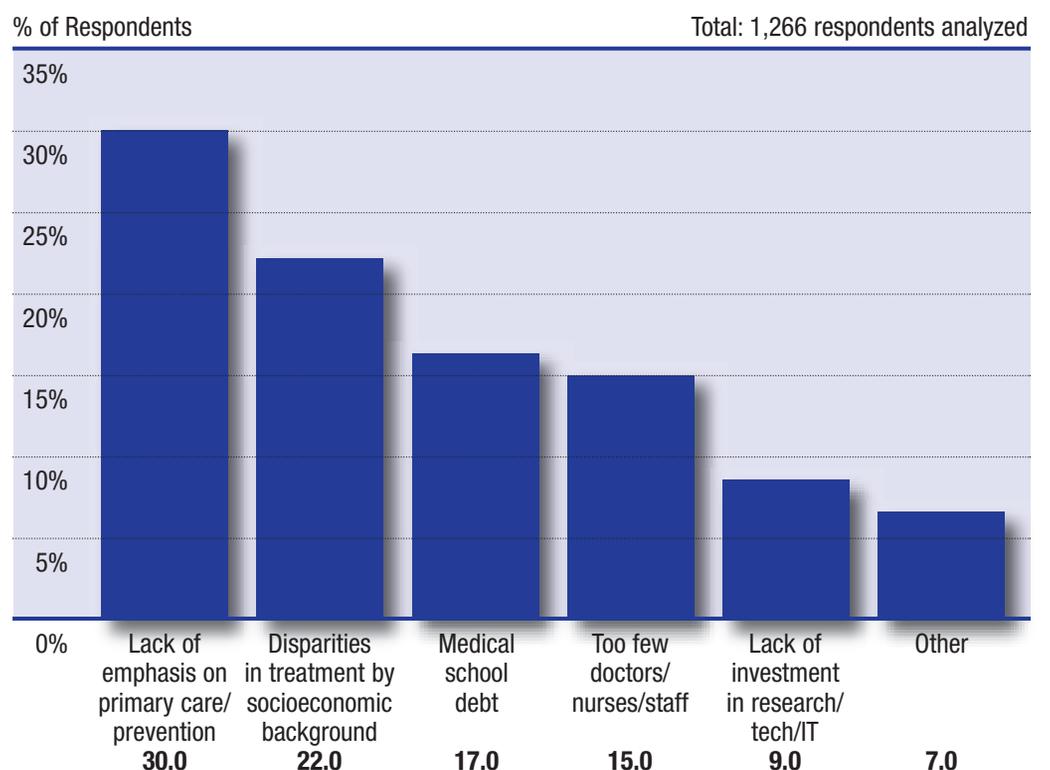
"Quality health care begins with primary care. We've all seen patients with health conditions that are costly to treat, but completely preventable if they'd gone early to a primary care physician. If we want to extend quality, affordable health care for all, we're going to need more doctors and health care workers in primary care, and more support for those already in the system."



DR. DAVID KESSLER

PGY 5, Pediatrics
Bellevue Medical Center
New York, NY

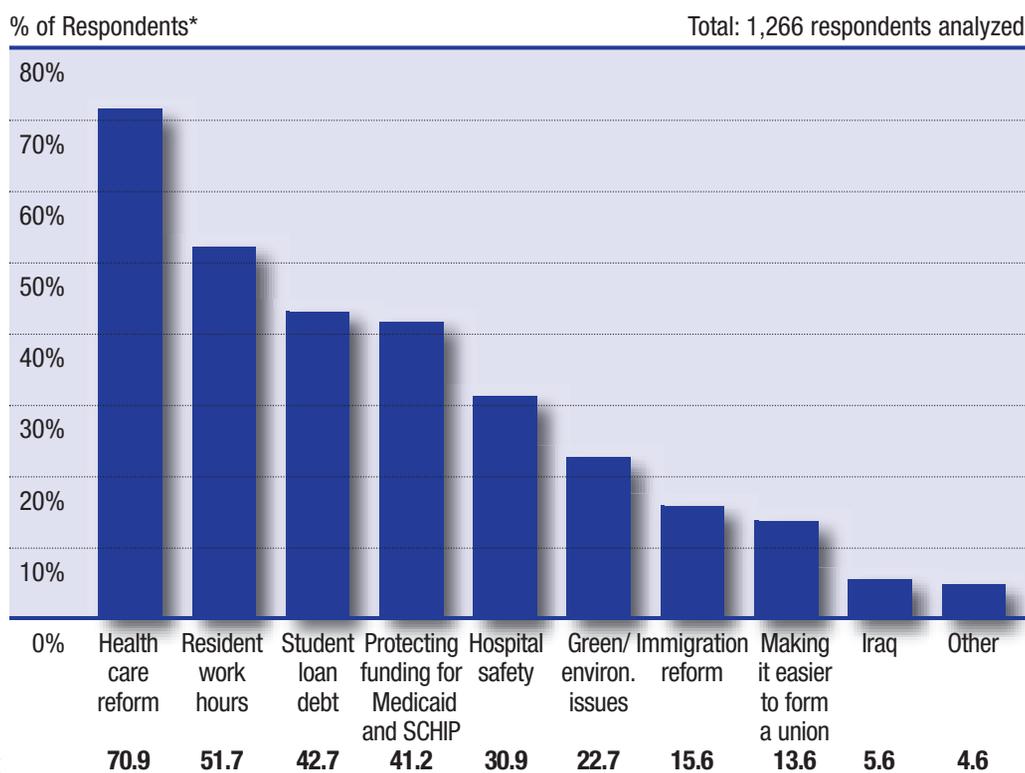
WHICH HEALTHCARE ISSUE NEEDS MOST URGENTLY TO BE ADDRESSED?



TELL US WHAT MATTERS TO YOU!

CIR's policy positions flow from the feedback we receive from members at the local and national levels, and from the deliberations of your colleagues who are elected to the CIR Executive Committee. This past summer, we conducted an online poll so that we could hear from a large number of CIR doctors at once on issues relating to healthcare. Your responses have already begun to focus CIR's political activism for the year to come. Below are some of the major issues facing residents today – according to you, our members!

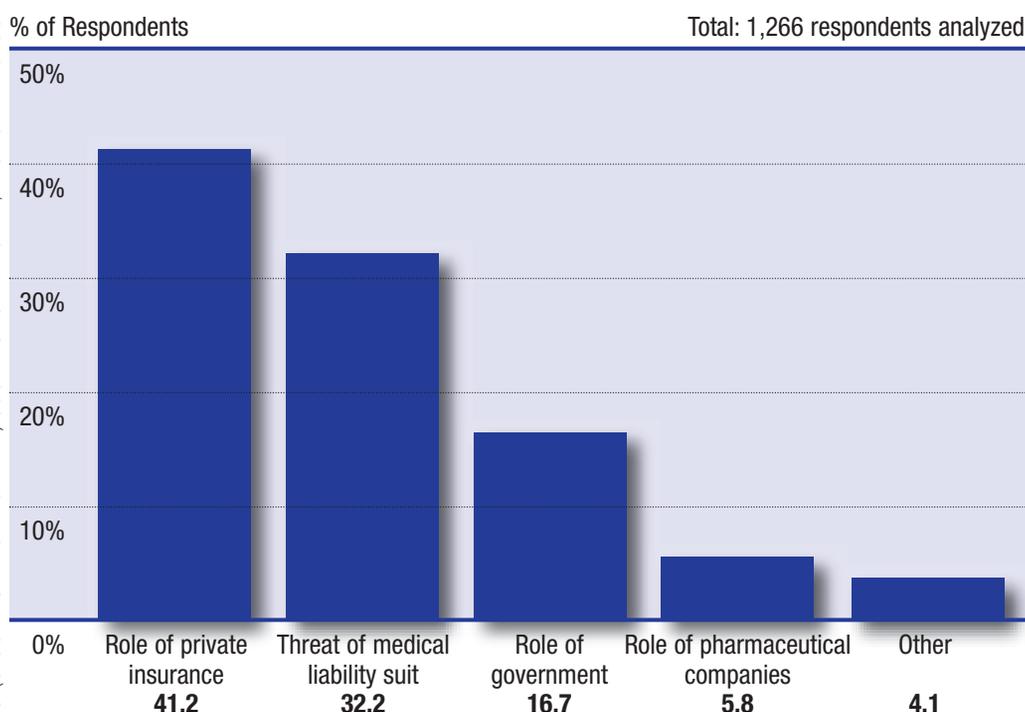
ON WHAT ISSUES WOULD YOU LIKE TO SEE CIR MORE INVOLVED OVER THE NEXT YEAR?



“For me personally, where I’m going to choose to practice after my residency will be impacted by medical debt. I would find it gratifying to practice in a community of need, which is why I came to Jackson, where I can have a broader impact on my community. In my area, psychiatry, there are barriers to trust, and I think it’s valuable to my patients to have doctors who reflect back who they are. It’s valuable to have more people of color, and women, in medicine. I came into medicine to help people, and it’s rewarding to help, but the reality is that I owe \$100,000.”

DR. JANETTA DOMINIC CURETON
 Psychiatry Fellow, and CIR Florida Vice President
 Jackson Memorial Hospital
 Miami, FL

WHEN IT COMES TO AMERICAN HEALTHCARE, WHICH FACTOR ARE YOU MOST TROUBLED BY?



“Private insurance companies are what they are... They are risk-management funds, businesses whose goal is to increase their profits... by studying a population at risk and determining the cash flow they need to profitably manage that risk. They are not in business to adequately assure healthcare access for all. They are not in business to provide adequate or fair reimbursement to providers... That is probably what makes most physicians uneasy about insurance companies; we don't share the same values or have the same goals.”

DR. MIKE MAZZINI
 CIR Massachusetts Vice President and PGY 7, Cardiovascular Medicine
 Boston Medical Center
 Boston, MA

PHOTOS: (CLOCKWISE FROM TOP LEFT) COURTESY OF DR. CHEN; PAGE ONE PHOTOGRAPHY; MARIA SVARTY/CIR; CARA METZ/CIR

The Healthcare Reform... YOU WOULD LIKE TO SEE

As healthcare emerged as a major issue in the '08 Presidential election, CIR members wanted to be well-informed about the two candidates' plans for healthcare reform, and how their different approaches stack up from a physician perspective. In response, CIR jumped into action, helping to organize healthcare discussions or "house parties" in nearly all of our regions throughout the fall. The events culminated in action. Participants wrote to their members of Congress and asked them to sign the *Health Care for America Now* pledge to guarantee quality, affordable healthcare for all. CIR members in New Mexico made their case for comprehensive healthcare reform to their Congressional candidate, while members in Florida heard directly from experts in the field.

"I can't tell you how many times I've heard from other doctors how embarrassed they are that they know so little about the differences

"I want to stand for a different model of healthcare, one in which people are treated based on their health needs, not on the depth of their pocketbooks."

**Anthony Fleg, MD, PGY 1, Family and Community Medicine
UNM Hospital**

between the two candidates' plans," said Dr. Raj Khandwalla, a PGY 4 in Internal Medicine at NYC's Bellevue Hospital, who led a discussion October 14 with a PowerPoint presentation on the complexities of healthcare policy. House parties were held in five other hospitals



Discussing healthcare reform at Bellevue Hospital in NYC.

throughout the NYC area.

In Los Angeles, residents from a variety of specialties at LAC + USC Hospital met at a nearby restaurant October 9 to discuss the candidates' plans. Among the topics touched on was how tying physicians' pay to outcomes would result in a decrease in care for extremely ill patients. There was also staunch opposition to any cuts to Medicare.

In San Francisco, CIR Regional VP Rachel Kreps-Falk held the event at her house September 12, where members from throughout the Northern California region had a chance to share their ideas. Pediatrician and Family Medicine residents discussed how the different plans would affect children and adults.

In New Mexico, CIR members met for a house party on October 15th, and also met with Congressional candidate Martin Heinrich in September to share their views on what is important in reforming the US healthcare system. "I am entering a healthcare system that makes it impossible for me to provide the care



A house party discussion in New Mexico.

that I want for my patients," said CIR member Anthony Fleg, MD, a PGY 1 in Family and Community Medicine at the University of New Mexico Hospital. "As a CIR physician, I want to stand for a different model of healthcare, one in which people are treated based on their health needs, not on the depth of their pocketbooks," Dr. Fleg said. In November, Heinrich was elected to Congress.

CIR President L. Toni Lewis, MD, joined Massachusetts CIR residents for a dinner healthcare discussion held at Boston Medical Center on October 22. Much of the discussion focused on the paradox that market-



Picking up presentation materials in Florida.



Dr. Danielle Martin holds up her Canadian Medicare card, entitling her to free coverage.

driven healthcare has resulted in not enough care for the uninsured and too much (or the wrong) care for many people with insurance.

HEALTH CARE FOR AMERICA NOW
Read the pledge and learn more at www.healthcareforamericanow.org

CIR Regional VP Janetta Dominic Cureton, MD and CIR Delegate Dylan Steen, MD gave introductory remarks at a healthcare discussion in Miami, Florida on September 18. Experts from the U.S. and Canada covered a wide variety of perspectives.

The more than 100 attendees included housestaff from Jackson Memorial Hospital, students, faculty and staff from the University of Miami and Miami-Dade College Medical Campus, the GMEC chairperson, program directors, nurses and others. They heard from Dr. Danielle Martin, President of the Canadian Doctors for Medicare. Other speakers included Dr. Cecil B. Wilson of the AMA Board of Trustees; and Dr. Fred Ralston, Jr., Chair of the ACP's Health & Policy Committee.

New Mexico's First Housestaff Appreciation Day

To the strains of live country, western and mariachi music, more than 130 interns, residents, and fellows at the University of New Mexico Hospital enjoyed a beautiful clear day, a delicious feast of enchiladas, rice and beans, and some very targeted stress reduction, as a

thank-you for the hard work, skills, compassion and dedication that resident physicians show every day on the job.

The event was the first-ever Housestaff Appreciation Day, held on October 17, 2008, and organized by CIR UNM, along with the Khatali Physician Alumni Association and the UNM Resident Council. Dr. Amy Garcia, a PGY 3 in Pediatrics and the CIR leader who got the ball rolling to create the event, gave a welcoming address. "Working with CIR, residents have been able to accomplish some terrific things, including this Housestaff Appreciation Day, which gives resident physicians some recognition for our long hours and commitment to our patients," she said.

Other speakers included UNMH CEO Steve McKernan, GME Associate Dean Dr. David Sklar, and Associate Dean of Health Sciences Center Dr. Jeffrey Griffith. They recognized UNM housestaff and proclaimed the day a great event that should continue annually.

That stress-reduction mentioned earlier? It was delivered via five massage therapists on hand to give free back massages. Why can't every day be Housestaff Appreciation Day?



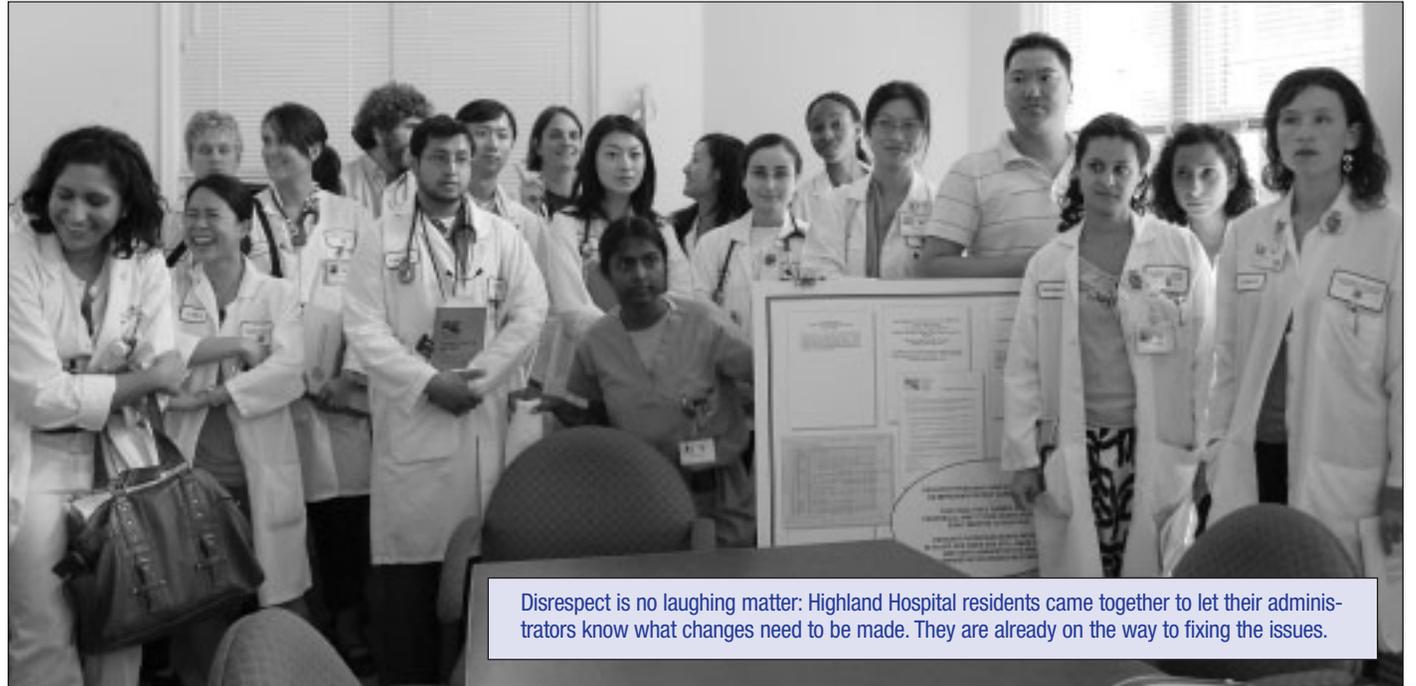
The Peds Team turned out to enjoy Housestaff Appreciation Day.

ON THE JOB WITH CIR

Winning R-E-S-P-E-C-T at Highland Hospital

For CIR members at Highland Hospital, in Oakland, CA, the final straw came the day a homeless man was found sleeping in their call room, which didn't have a functioning lock. When the situation had not improved one week later, they decided it was time to take action! On August 21, 2008, over 35 residents from Internal Medicine made a surprise presentation at a labor-management meeting. Their security and other concerns had been ignored for two years, and the hospital had been stalling for eight months on 2007 Patient Care Fund requests.

Dr. Tamina Isolano-Nagarvala began with an account of her frustration with hospital neglect. Dr. Davida Flattery, CIR delegate and chief resident, presented a "Timeline of Disrespect" on an enormous poster board that chronicled the empty promises made by hospital administration. Dr. Chetachi Okereke followed up with her concerns about inaction on security issues, and Dr. Doug Do spoke about the many times that CIR has worked with the hospital, most recently to fight CMS cuts. To wrap up, Dr. Tanya Hamidi invited management to sign a large commitment card asking for a productive and respectful relationship.



Disrespect is no laughing matter: Highland Hospital residents came together to let their administrators know what changes need to be made. They are already on the way to fixing the issues.

Their action has already produced some positive outcomes, with working locks on all call-rooms, forward movement on the Patient Care Fund items, a commitment by the Chief Medical Officer to meet monthly with CIR members, a hot and cold water cooler (one of the residents' demands), and better overall communication between residents and the administration.

CIR Launches OR Safety Task Force

Dear Surgical Colleagues!

The very nature of our work in the OR exposes us on a daily basis to occupational injury and the possibility of contracting a blood-borne disease – HIV, HCV or HBV. Too often, however, we respond to that danger with denial.

Learn more about the scope of the problem and what we as residents can do to protect ourselves and our surgical team members in the OR. Get up-to-date information on the American College of Surgeon's new Statement on Sharps Safety, learn about safety equipment you may never have seen before – and read the research from surgical mentors who are leading the way to a safer OR.

Visit the CIR OR safety webpage TODAY! <http://safety.cirseiu.org>.

CIR OR Safety Task Force Chairs:

Jori Carter, MD
OB-GYN PGY 4
Boston Medical Center

John Ingle, MD
Otolaryngology PGY 3
University of New Mexico

Matthew Harris, MD
Orthopedics PGY 3
Westchester Medical Center

Vaughn Whittaker, MD
Transplant Fellow
Columbia Presbyterian

CIR Wins Food for EM Residents at UMDNJ

Emergency Medicine residents at the University of Medicine and Dentistry of New Jersey - School of Medicine (UMDNJ-SOM) won't go hungry in the night, thanks to an important victory CIR recently won in arbitration against UMDNJ.

"Housestaff at UMDNJ-SOM felt strongly that it was unfair that Emergency Medicine residents were excluded from the meal allowance housestaff in other departments received when they worked overnight or 12-hour shifts," said Dr. Mark Reutter, a PGY 4 in EM, and CIR leader who was involved in seeing that the issue was resolved. "After all, we also need to eat! We got together with CIR and filed a grievance which was resolved October 10, 2008," he said.

The dispute centered on the meals language in the CIR-UMDNJ collective bargaining agreement. Although the contract requires UMDNJ to provide a meal or \$20 cash equivalent to any UMDNJ resident who works an overnight shift of six or more hours, or an extended shift of 12 or more hours, UMDNJ refused to provide this benefit to the EM residents at SOM. UMDNJ contended that EM residents were not entitled to meals because they never worked call. Thus, for nearly two years, the EM residents were denied meals, regardless of the timing and length of their shift.

CIR filed for arbitration with the New Jersey Public Employment Relations Commission and the case

was set for hearing before an impartial arbitrator. After analyzing evidence presented by both CIR and UMDNJ, the Arbitrator ruled that UMDNJ violated the collective bargaining agreement by refusing to provide meals, ruling that eligibility was not limited to only those residents who worked call shifts. The Arbitrator also ruled that EM resi-



Dr. Mark Reutter, EM, PGY 4

dents who were improperly denied meals during the period of August 2007 to October 2008 were entitled to \$20 for each meal denied.

"This showed me that when we get together, we can win what is rightfully ours," said Dr. Reutter.

CIR “Alumni” Put Their Idealism to Work

Drs. Anje van Berckelaer and Ira Nemeth were activists during their residency – she as CIR co-president at Harbor-UCLA, and he as a CIR regional vice president from New York. So it was no surprise that their engagement with the world would continue when residency was done.

For Dr. van Berckelaer, that meant a volunteer stint with Doctors without Borders in Niger and in the Central African Republic (CAR). For Dr. Nemeth, it was beginning a fellowship in Disaster Management in Dallas just two months before Hurricane Katrina hit. He is now Dallas County’s Public Health Preparedness Medical Director. They shared their experiences with *CIR News* recently.

DR. ANJE VAN BERCKELAER: “It was an eye-opening experience. Working in an L.A. County hospital you see a lot of poverty and social challenges, but there’s just no comparison. We ran outpatient feeding centers [in Niger] five days a week, each day in a different site located near a village with a high percentage of malnourished children...There are tens of thousands of malnourished kids, and simple interventions make a huge difference. We treated them with therapeutic food, which is a peanut butter paste, heavily enriched with milk powder, sugar, vitamins and minerals.

“In CAR, we treated some malnourished children, and also worked in a rural general hospital in a conflict situation. My role was to ensure the quality of medical care with four doctors and 35 nurses.

“Doctors without Borders is mostly funded by small contributors like you and me. The organization’s principles of neutrality help maintain safety for volunteers. There’s a tremendous amount of satisfaction from seeing ...these very sick kids get well. The teamwork was a tremendously invigorating part of it, too. I worked with many clinicians who are exceptionally skilled, and learned a lot from them. And you live with your teammates, so it’s more than a job.”

Dr. van Berckelaer has started a fellowship at the Robert Wood Johnson Clinical Scholars Program in health policy research, but says she “hopes to do this again someday, maybe at the end of my career.”

DR. IRA NEMETH: “Relief work is rewarding in lots of different ways. You’re providing care in situations where it’s difficult to get things done. You have to establish a whole new pathway that’s not ordinarily set up, and the ability to coordinate that is amazing — to let people who want to see patients do that, and if it’s at a convention center, to establish a new healthcare clinic in a day, in a place that’s never had one. You have to have the pieces pre-understood, where supplies will be stored, the connections to pharmacies must already be made, so when you tell them you want to begin tomorrow, you can.”

Dr. Nemeth has since worked on Hurricane

Gustav and Ike, but Katrina was the biggest, with 30,000 evacuees. “We set up a clinic with 9,000 visits in a three-week period. It was a total immersion. It definitely showed me what is possible. I figured I would be doing some basic training first, but the practical piece happened so soon. I felt, now that I’ve seen it, how do you make it better for the next time? That’s been my impetus ever since. I’m definitely of the opinion that there will be more disasters in the future due to global warming, and raising preparedness is my goal.

“I think this will always be a part of what I do, but I also want to keep a hand in the healthcare system, so I still work shifts in the Emergency Department. It’s probably as many hours as resi-



Dr. Anje van Berckelaer in Niger

idency was, but not all concentrated in one area – it crosses over into surgery, administrative discussions, planning meetings, so it keeps things varied. It’s a great mix.”

CIR testifies on Driving While Drowsy study

On November 6, Boston Medical Center residents Jessica Eng, MD (PGY 2, Medicine) and Nadia Huancahuari, MD (PGY 2, EM) represented CIR at the MA State House on the issue of driving while drowsy. The MA Department of Public Health held a hearing to review a draft report on the impact of drowsy driving.

Dr. Charles Czeisler, a sleep researcher at Harvard University, told the panel that an estimated 600 sleep-related crashes each year seriously injure, or kill Massachusetts residents.

Dr. Eng testified about residents’ frequent accidents and near-misses when driving home post-call, and spoke to the challenges facing residents trying to get home after a marathon shift.

CIR has been a strong supporter of legislation to regulate resident work hours. MA VP Mike Mazzini, MD was on the Commission and alerted it to resident issues. The panel’s report concurred, and among the recommendations were passage of resident work hour legislation, driver education, law enforcement training,



Residents Jessica Eng, MD (middle) and Nadia Huancahuari, MD (right) speak with Senator Richard Moore (left) after the hearing.

rumble strips, and improving rest stops.

“Hospital employers should be prohibited from scheduling employees to work dangerously long shifts – or bear the liability,” said Dr. Eng.

Massachusetts Senator Richard Moore, chair of the DWD Commission, will re-introduce legislation on resident work hours in the new legislative session for 2009.



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Dr. Ira Nemeth coordinating disaster relief.

Summary Annual Reports for HSBP, PEP, and Legal Services

Every year, CIR updates and publishes the summary of annual reports for the three city funds. Two of the Plans have reported audit results for December 31, 2007. The Professional Educational Plan, which has a June fiscal year end, has presented the audit results for June 30, 2007. The Plans are not required under the Employee Retirement Income Security Act of 1974 (ERISA) to release financial information, but elects to do so for the information of the participants. The annual reports have been filed with the Employee Benefits Security Administration.

Summary Annual Report of the Public Sector: House Staff Benefit Plan

This is a summary of the annual report of the **House Staff Benefits Plan** of the Committee of Interns and Residents (HSBP), Federal Identification Number 13-6203291, for the year ended December 31, 2007.

The Board of Trustees has committed itself to pay accidental dismemberment, optical, newborn benefit, out-patient psychiatric, supplementary dental, short term disability, supplemental major medical, supplemental obstetrical, hearing aid, prescription drug, childbirth education, smoking cessation and conference reimbursements. There are no retirement benefits in this fund.

HSBP has an insurance contract with Guardian to pay all dental claims (\$1,146,552 in total premiums were paid) and with Guardian Insurance for life insurance (\$271,839 in total premiums were paid) and with Guardian Insurance and Standard Insurance for long term disability (\$610,432 in total

premiums were paid).

The value of the Plan assets, after subtracting liabilities, were \$6,836,362 as of December 31, 2007 compared to \$6,281,970 as of December 31, 2006. During the year, the Plan experienced an increase in net assets of \$554,392. This increase included both realized and unrealized gains and losses on securities. During the year, the Plan had total income of \$4,988,630, which included employers' contributions of \$4,555,979, employee contributions of \$28,105, realized gains of \$6,807 from the sale of assets, and earnings from investments of \$397,739. Plan expenses were \$4,434,238. These expenses included \$528,097 in administrative expenses, \$24,052 in investment expenses, \$453,109 in prior period adjustments, \$1,400,157 in benefits paid to participants and beneficiaries and \$2,028,823 to insurance carriers.

Legal Services Plan of HSBP

This plan covers certain basic legal services for the members. The Federal Identification Number is 13-3011915.

The House Staff Benefits Legal Services Plan ended December 31, 2007 with a deficit of \$45,716 (this is the value of plan assets, after subtracting liabilities). This was a decrease of \$81,809 over the prior year, which ended with a surplus of \$36,093. During the plan year, the plan had total income of \$253,918 including employer contributions of \$249,372, employee contributions of \$0, realized gains of \$0 from the sale of assets, and earnings from investments of \$4,546. Plan expenses were

\$335,726. These expenses included \$119,942 in administration expenses, prior period adjustment of \$32,143, \$183,641 in benefits paid to participants and beneficiaries and \$0 to insurance carriers.

Professional Educational Plan (PEP) of CIR

The Professional Educational Plan of CIR (Federal Identification Number 13-4071468) reimburses up to \$600 per year to members for licensing exams, video and audiotapes and certain other job related expenses.

The value of Plan assets, after subtracting liabilities, were \$1,059,434 as of June 30, 2007 compared to \$1,222,429 as of June 30, 2006. During the fiscal year ended June 30, 2007 the plan reported an operating deficit for the year of (\$162,995). During the plan year, the Plan had total income of \$1,445,432 including employer contributions of \$1,287,329 employee contributions of \$0, realized loss \$15,303 from the sale of assets and earnings from investments of \$173,406. Plan expenses were \$1,608,427. These expenses included \$168,347 in administration expenses, \$43,737 in prior period adjustments, \$1,396,343 in benefits paid to participants and beneficiaries and \$0 to insurance carriers.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;

2. Financial information and information on payments to service providers;
3. Assets held for investment;
4. Fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan);
5. Transactions in excess of 5 percent of the plan assets;
6. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call Earl Mathurin, Benefits Plan Manager, CIR Benefits Plan, 520 Eighth Avenue Suite 1200, New York, NY 10018. The charge to cover copying costs will be .25 per page.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan 520 Eighth Avenue Suite 1200, New York, NY 10018.

Summary Annual Report for the Voluntary Hospitals House Staff Benefits Plan (VHHSBP) of CIR

This is the summary annual report for the Voluntary Hospitals House Staff Benefits Plan of CIR, EIN 13-3029280 Plan number 501 for the period January 01, 2007 to December 31, 2007. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$24,902,444 as of December 31, 2007, compared to a \$17,841,788 as of January 01, 2007. During the year the plan experienced an increase in its net assets of \$7,060,656. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year

or the cost of assets acquired during the year. During the plan year, the plan had total income of \$26,170,350 including employer contributions of \$23,890,890, employee contributions of \$531,144, realized gains of \$115,130 from the sale of assets, and earnings from investments of \$1,633,186. Plan expenses were \$19,109,694. These expenses included \$2,577,428 in administrative expenses, \$14,644,244 in benefits paid to participants and beneficiaries and \$1,888,022 to insurance carriers.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report.

- An accountant's report
- Financial information and information on payments to service providers
- Assets held for investment

- Loans or other obligations in default or classified as uncollectible
- Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates
- Insurance information including sales commissions paid by insurance carriers

To obtain a copy of the full annual report, or any part thereof, write or call to Voluntary Hospitals House Staff Benefits Plan of CIR, 520 Eighth Avenue, New York, NY 10018, telephone number (212) 356-8180. The charge to cover copying costs for the full annual report, or any part thereof, will be no more than 25¢ per page.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and

expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the Plan Office at 520 Eighth Avenue, Suite 1200, New York, NY 10018, and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.