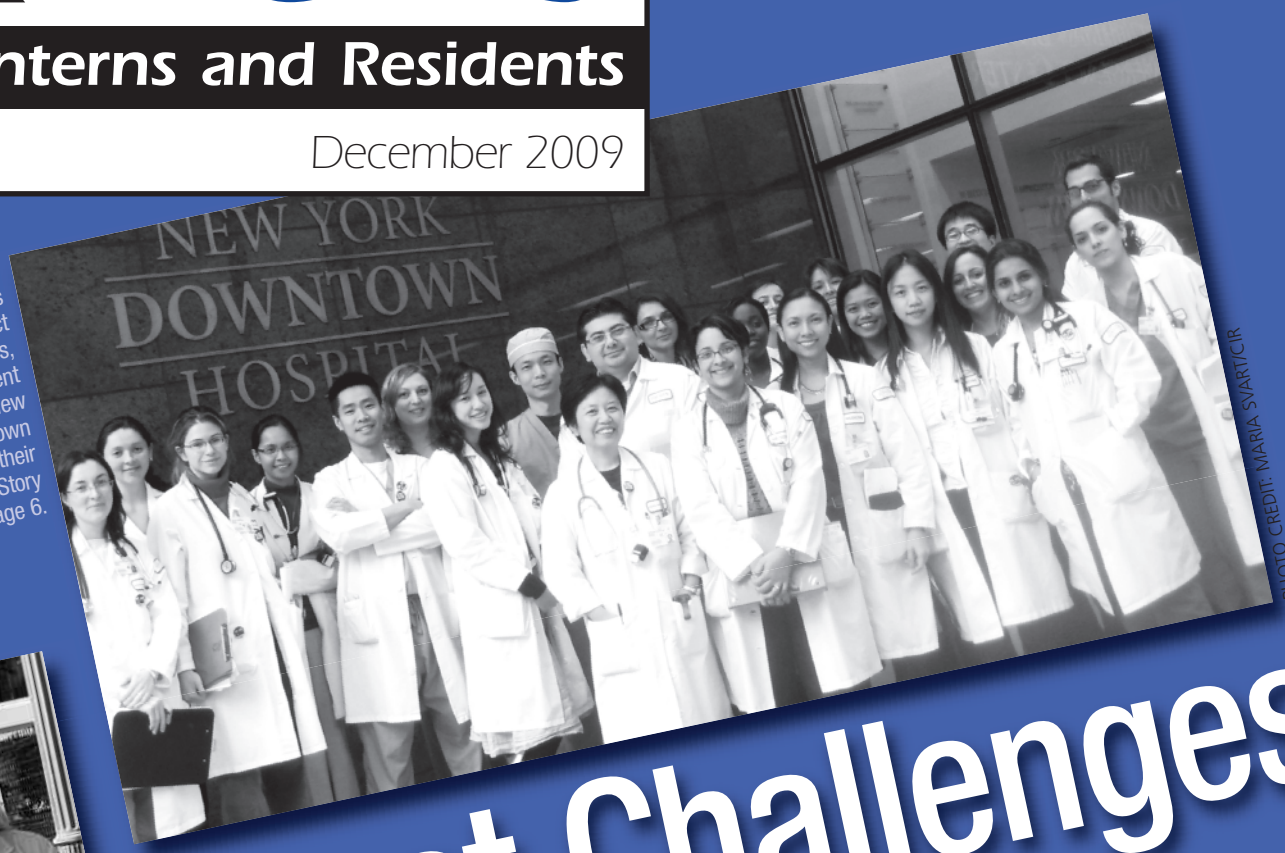
CIR News
Committee of Interns and Residents
SEIUHealthcare®
December 2009

Great Challenges



Faced with months of delays in contract negotiations, resident physicians at New York Downtown are taking their story public. Story on page 6.

PHOTO CREDIT: MARIA SVART/CIR

Jackson Memorial Hospital residents Dr. Maya Green (left) and Dr. Kelly Liker (right) meet with members of Congress in Washington DC

CREDIT: HEATHER APPEL/CIR

CREDIT: JOLLENE LEVID/CIR

Dr. Yadira Caraveo is interviewed on the topic of health insurance reform by KRQE in New Mexico. Story on Page 4.

Historic Opportunities

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PRESIDENT'S REPORT

LUELLA TONI LEWIS, MD

Discovering Our Own Piece of History

When I entered college, the phrase "Discover Yours" served as both a motto and a challenge to those of us embarking upon that next stage of our lives. What was meant as a slogan also contained an important truth. This wouldn't be anyone else's experience – it would only be mine. Though many were walking a similar path, it was up to me to discover what my unique path would be.

I think about those words still. As resident physicians, it's often tempting to live life one problem at a time, one patient at a time, one shift at a time, or even one PGY at a time. The pace of our work can be frantic. The demands on our time can be overwhelming. Sometimes it's all we can do to keep our focus on the task at hand, put one foot in front of the other, and do whatever it takes to get through the day. That's completely understandable. But we should also take some time to remind ourselves to appreciate the moment we're living in.

Most of us became physicians to make a difference and to save lives. Whether you chose a career in medicine from your earliest age or changed your career plans to get here, you are now making that difference every day.

"You'll read stories of residents just like you who not only found their way to stay focused on their work within the hospital, but also challenged themselves to go further and to seize their own piece of history."

That's the moment you're living in. But we are also living in an unprecedented time for this country, both in its challenges and its potential. The shocking economic downturn has made this a difficult climate for our safety-net hospitals, and makes having a voice in the workplace even more necessary to hold onto what we have gained through our contracts. At the same time, the current push for health care reform is a once-in-a-generation opportunity, one that could bring long-sought change to our dysfunctional health care system.

I'm truly thankful to be president of an organization where so many have risen to the challenge and seized this moment of opportunity. Throughout this issue, you'll read stories of residents just like you who not only found a way to stay focused on their work within the hospital, but also challenged themselves to go further and to seize their own piece of history.

You'll read about Dr. Tony Tarchichi, a New Jersey resident who made the most of his chance to advise a member of Congress on health care reform.

You'll read about Dr. Anyka McClain, a Regional Vice President of New York, who found herself at the intersection of her career, her advocacy for health care reform, and the history of her own family.

You'll read about the residents of Boston Medical Center who were so intent to have a strong voice in their hospital ten years ago that they took their argument that residents should be considered employees, not students, all the way to the National Labor Relations Board. In the process, they won a big victory for residents in private hospitals throughout the country.

These are but a handful of the hundreds of stories of resident physicians balancing work, family, and play, but pressing on to discover their own CIR, even if it takes them out of their comfort zone. Maybe this issue will give you some ideas on how you can look at the opportunities available to you as a front-line provider of care and as a member of CIR, and to truly "Discover Yours."

Bringing the Physician's Voice to the Doorsteps of Congress

Through Children's National Medical Center and St. Elizabeth's Hospital, CIR already has a steady presence in Washington DC. Perhaps we should add Capitol Hill to that list as well? Resident physicians from CIR have made frequent appearances in the nation's capital this autumn to advocate on behalf of quality, affordable health care for all.

On September 21, CIR National President Dr. L. Toni Lewis and Massachusetts Regional Vice President Dr. Michael Mazzini (pictured, left) participated in a press conference with representatives from 13 other physician organizations to call attention to the breadth of doctor support for health care reform. On October 5, CIR joined AMSA and the National Physician Alliance for a National Grand Rounds and White Coat Lobby Day. On October 27, CIR testified at a hearing for the Congressional Progressive Caucus (see the story on page 3). Finally, CIR joined AMSA, the NPA, and Doctors for America on December 2 to deliver posters to all Senate offices to urge speedy passage of the comprehensive health care reform bill.

PHOTO CREDIT: NEW PARTNERS CONSULTING, INC.

Lessons from the Past, Shared Ideals for the Future

CIR Regional VP Reflects on 65 Years of Progress in Her Own Family

By Anyka McClain, MD

Within days of media reports that the proposed health care reform bills might exclude a public health insurance option, I was among other physicians and community members meeting with Representative Sheila Jackson Lee, House Judiciary Committee Chairman John Conyers, Jr., and civil rights icon and former congressman Walter E. Fauntroy at hearings to advocate for that element of reform.

On the Amtrak train from New York to Washington, DC, I called my parents with my latest good news. My family had always been the first to learn about my career milestones, from acceptance to Spelman College and Howard University College of Medicine, to matching in emergency medicine at Lincoln Hospital, to my election as NY Regional VP for CIR and appointment as Chief Resident. Now, I let them know I was awaiting an offer letter for a faculty position at the University of Maryland. Mom was elated. She said that my 90-year-old cousin, Erla McKinnon, should be the next to know.

In an enlightening phone conversation, I heard Erla's story for myself. In 1944, 10 years before the milestone *Brown vs. Board of Education* decision which ended legal segregation in the nation's schools, Erla applied to the University of Maryland to pursue a master's degree. She was denied admission because she was black. She said that in those days, segregation and discrimination were so firmly entrenched that Maryland legislators set aside state money to fund tuition, transportation and accommodation for black students to earn advanced degrees *anywhere* but in Maryland. She told me: "They paid you. You could go anywhere — except the University of Maryland."

Getting to New York City was convenient, so Cousin Erla opted for classes at NYU. She started in 1945 with one course per semester, and in 1950, after six years of weekend train trips from Baltimore, earned her Master Degree in Elementary Education. A sympathetic principal excused Erla from teaching early each Friday to catch the 2 p.m. train to New York for class from 6-8 p.m. Class continued on Saturday morning, and she studied while on the train back to Baltimore. Sundays were for preparing lesson plans and completing college assignments. When I asked about her motivation under such trying circumstances, she responded: "I thought I could save the world. I always wanted to save somebody, help somebody." That's our shared ideal; it has remained a driving force as I chart my course in life.

PHOTO: COURTESY OF DR. ANYKA MCCLAIN

Dr. Anyka McClain (right) was offered a position at the same university that rejected her cousin Erla McKinnon (left) because of her race 65 years ago.

The State of Maryland abided by *Brown vs. Board of Education*, and in 1954 the university enrolled black students. My cousin had an illustrious 35-year career in the Baltimore City schools while keeping up her civic and political activity outside of school. In 1977, Governor Marvin Mandel proclaimed July 29th "Erla McKinnon Day." Now, in 2009, sixty-five years after Cousin Erla was denied admission as a student to the University of Maryland, I have an opportunity to accept a faculty position there.

Reforming health care is an arduous task that crosses racial lines, and these are different days. A lot has changed. Barack Obama is president of the United States, and I am living Martin Luther King's dream. But the ideal of helping others unites my cousin and myself across the years. Advocacy — this time for equal access to health care — must continue. Cousin Erla showed us what persistence can produce; it is the lesson for our times.

From NJ Med-Peds Resident to Physician Advisor for a Congressman

by Tony Tarchichi, MD

There's no question that health care reform will strongly impact the careers of all of us in residency. It's arguably one of the most important public debates of our lives. Like so many of you, I've spent time in a state university hospital which is overrun with patients who cannot afford follow-up outpatient care and end up back in our ER. I've seen good people who've fallen on hard times who just can't get the care they need. It's not right.

> **"How can we as physicans sit by and allow health care costs to be the number one cause of bankruptcy in America? Who understands better than us the need for health care reform?"**

Before you think that I'm just another liberal, let me give you a little background information: I'm a registered Republican and very fiscally conservative. I believe in small government, was against the bailouts from the beginning, and have read all of Dave Ramsey's books. Nevertheless, I strongly believe that a healthy population is a productive population, and we need a productive population to be competitive in this global market. Many of the country's major businesses—including the recently bailed-out car companies—have said in order for them to be viable, we must do something about our rapidly increasing health insurance costs.

How can we as physicians sit by and allow health care costs to be the number one cause of bankruptcy in America? Who understands better than us the need for health care reform? How have we allowed the front line of primary care to be reduced to such an unattractive level that we are seeing our US medical students run full speed in the other direction?

It's time for a change. I'm for health care reform, including a public option that competes fairly with insurance companies, a greater emphasis on primary care through higher reimbursements, greater student loan service repayment options, and malpractice reform.

CIR has allowed me to get involved and get my hands dirty. Congressman Bill Pascrell from NJ's 8th district asked for a physician to be a speaker at one of his town hall meetings. Having seen these Town Halls on TV, you might think it was more of a punishment than an honor, but it was an amazing experience for me. I stood up in front of a hostile crowd, having watched two previous speakers get booed off the stage. And you know what? The crowd listened. Since then, I have spoken once more at a Veterans' fair with the congressman, and have been able to talk to him one-on-one about my views on health care reform. How many people can say that? This is all completely due to CIR.

As physicians, our voice needs to be heard. We have learned this through our experiences on the front lines. As CIR members, we don't just negotiate contracts; this organization is committed to helping residents make an impact for the national good. They helped turn this average Med-Peds resident into a physician advisor for a congressman — imagine what CIR could do if we all got involved.

NY Delegate Testifies Before Congress on the Public Option

Dr. Greg Dodell, a PGY 3 in Internal Medicine at St. Luke-Roosevelt Hospital and CIR delegate, joined other physicians on October 27, 2009 to testify on the public health insurance option as proposed in the House health care reform bill. The informal hearing was convened by Reps. Sheila Jackson Lee and John Conyers on behalf of the Congressional Progressive Caucus.

Residents Tell Congress

It's Time to Deliver on Health Care Reform

On October 20, 2009, the phone lines in every Congressional office lit up, as CIR and many other organizations contributed to an estimated 317,000 calls to tell Congress it was "time to deliver" on health care reform. On that same day, resident physicians amplified the message by appearing at Town Hall meetings, rallies, and media events across the country.

The national day of action, coordinated by SEIU, Health Care for America Now!, Organizing for America, Doctors for America, and other organizations, came at a crucial moment, just days after the Senate Finance Committee passed their bill out of committee, and right before the House of Representatives released its final bill.

In addition to the phone calls, CIR doctors helped spark media coverage for the day of action, describing the challenges their patients face every day.

In Southern California, CIR Vice President Dr. Mike Jolley was part of a roving "Time to Deliver Health Care Reform" Rally that made five stops and included an interview with Fox 11 News outside LAC+USC. Additionally, a teach-in on health reform that evening featured Dr. Linda Sharp, a resident at Harbor-UCLA Medical Center.

PHOTO: OSCAR LOPEZ/CIR

CIR Regional Vice President Dr. Michael Jolley participated in a "roaming rally" for health insurance reform as part of a National Day of Action on October 20.

In Albuquerque, Dr. Yadria Caraveo, a CIR leader at UNM, was interviewed by KRGE-TV in an early morning segment about the day of action. CIR and Health Care for America NOW! had planned to host a "Don't Get Sick Rally" later that day, but it was postponed due to bad weather. At the rescheduled rally October 27, CIR leader Dr. Anthony Fleg, gave a satirical sermon quoting from "the Book of Aetna." Dr. Caraveo ended the rally with a serious speech highlighting the reasons why her patients need health care reform now.

In New Jersey, CIR and HCAN delivered a petition to the office of Rep. John Adler, a crucial swing vote, asking him to support the House reform bill.

New York was also a flurry of activity on October 20. Dr. Katrina John, a resident at Maimonides Hospital, spoke at a Town Hall in Staten Island hosted by Rep. Mike McMahon. Dr. John, who was raised in England but is now married to an American citizen, compared health care in the UK and the US, and stressed the need for universal coverage.

That evening, CIR members and staff joined nearly 200 activists at a rally outside the Hammerstein Ballroom, where President Obama was scheduled to speak. Chanting and waving signs, they made sure the president also heard the message that it was time to deliver on health care.

CIR Testifies at MA State House Hearing on Regulating Resident Work Hours

In an effort to make Massachusetts only the second state in the nation to regulate resident work hours, an internationally recognized sleep scientist and five CIR and AMSA members gathered at a State House hearing on November 3, 2009 to testify in favor of Senate Bill 845, the Safe Work Hours for Physicians in Training and Protection of Patients Act.

> **"There are also enormous implications for resident physicians themselves: an increased risk of depression, of needlesticks and subsequent exposure to HIV and Hepatitis C, and an increased risk of car crashes, which also endangers the driving public."**
>
> **Dr. Jessica Eng**
> **Internal Medicine Resident**
> **Boston Medical Center**

The proposed legislation, sponsored by State Sen. Richard Moore, would direct the state Department of Public Health (DPH) to begin the process of regulating the number of hours that resident physicians in Massachusetts are scheduled to work. It calls on DPH to convene an advisory council of stakeholders, including the hospital industry, medical educators, residents, sleep scientists, and consumers. The advisory council would then make recommendations to DPH as it develops evidence-based regulation, including enforcement mechanisms and penalties.

Charles Czeisler, PhD, MD, gave members of the Joint Committee on Public Health a crash course in sleep science and the considerable evidence linking the extended shifts that resident physicians routinely work with increases in preventable medical errors. "In a nationwide survey of 2,737 resident physicians, our group [Sleep Medicine Division, Brigham and Women's Hospital] found that one out of five first-year residents reported making a fatigue-related mistake that injured a patient," Dr. Czeisler reported, "and one out of 20 first-year residents reported making a mistake that resulted in the death of a patient."

"There are also enormous implications for resident physicians themselves," testified Dr. Jessica Eng, a third-year Internal Medicine resident and co-president of the Boston Medical Center CIR chapter. She pointed to "an increased risk of depression, of needlesticks and subsequent exposure to HIV and Hepatitis C, and an increased risk of car crashes, which also endangers the driving public."

Dr. Eng described to committee members the grueling 30-hour shifts that are currently permitted by the Accreditation Council for Graduate Medical Education (ACGME) and referenced the 2008 Institute of Medicine recommendation that on-call shifts be limited to no more than 16 consecutive hours.

"Given [the ACGME's] reluctance to reduce resident hours and the fierceness with which its constituents – hospitals and program directors – are objecting to the IOM report, we have no confidence that change will occur without a bill like S. 845," Dr. Eng said.

That resistance was evident in the testimony from a representative of the Council of Boston Teaching Hospitals and Dr. Debra Weinstein, a member of the ACGME Board of Directors.

Both said the ACGME was reviewing the IOM recommendations and that the current oversight is effective, citing as an example the fact that the general surgery program at Massachusetts General Hospital (a Partners hospital) was now on probation for duty hours violations. Dr. Alex Ding, chair of the Massachusetts Medical Society Resident Fellow Section warned against the unintended consequences of reducing hours, citing "a de-emphasis of the professional ethos and too many hand-offs."

But in his testimony, AMSA Health Justice Fellow Dan Henderson affirmed to committee members that "it is the duty of all doctors to practice within the known limits of safety, and that means recognizing the evidence that there is a direct connection between fatigue and error."

3 Case Studies

Reducing Resident On-Call Shifts to ≤ 16 Hours

When the Institute of Medicine released a report last year recommending that on-call shifts be limited to 16 hours, many skeptics argued it couldn't be done, or that it would come at a cost—more signouts, and less continuity of care.

However, some residency programs have already made the transition to shifts of no more than 14 or 16 hours, with great results.

Here are three case studies from Washington State, Ohio, and New York, where programs have redesigned their work hours to fit the evidence that a 16-hour limit is safer for resident physicians and their patients.

Virginia Mason Medical Center, Seattle, WA

Since 2007, Virginia Mason Medical Center has operated a night float system in its Internal Medicine residency program, enabling residents in the ICU to achieve and maintain a maximum shift of 13.5 hours. The internal medicine program is made up of 35 residents – 10 per PGY and an additional 5 preliminary medicine interns.

The key to Virginia Mason's transition was redesigning the resident rounds. According to Program Director Dr. Alvin Calderon, the redesign focused on two areas: 1) creating an inpatient rounding schedule, and 2) defining what happens in each rounding encounter.

For example, each bedside encounter was designed to ensure that the patient's concerns were talked over, the nurses' concerns were discussed, and the resident's learning needs were addressed. This enabled the physicians to use their time efficiently, so that they were not trying to squeeze more work into a shorter amount of time.

Dr. Calderon said residents' active participation and investment in the redesign has been key.

"They understand patient-centeredness," he said. "And it's not about trying to work less. It's about doing the right work."

> **"[Residents] understand patient-centeredness. And it's not about trying to work less. It's about doing the right work."**
>
> **Dr. Alvin Calderon, IM Program Director, Virginia Mason Medical Center**

Summa Health System, Akron, OH

"Really, we just looked at various opportunities to cut the number of hours that residents spent here without reducing the amount of work they were doing or the number of patients they were seeing," said Dr. David Sweet, Program Director in Internal Medicine at Summa Health System, which runs Akron City Hospital. "So even today on a 16-hour plan, we see more patients than we saw in 2003-2004, and we have the same number of residents that we had at that time."

The program gradually introduced night float, and also addressed continuity of care concerns through a team model.

Residents were enthusiastic about the move away from 30-hour shifts. "We've become much better about handing off patients," said Dr. Jonathan Hlivko, a resident in the program. "I don't feel like I'm missing out on learning because, even though I go home at 6:30 or 7 pm and the night team comes and takes over, I'm back in to round on those patients the next morning."

Dr. Hlivko and many of his fellow residents said they feel like that they can go home and read about a case, learn a little bit more, and come back in the morning armed with fresh information.

The internal medicine program at Summa Health System was accepted into and recognized by the ACGME's Educational Innovations Project (EIP) for its creative approach to restructuring work hours.

St. Luke's-Roosevelt Hospital Center, New York, NY

For several years, St. Luke's-Roosevelt Hospital's internal medicine residents have worked a maximum shift of 14 hours, and that's only in very intensive rotations like ICU or the "medical consult" done by third-years.

"Nothing is longer than 14 hours," said Dr. Farbod Raiszadeh , a NY CIR Vice President and recent alumnus of St. Luke's internal medicine program. "There may be exceptional cases where people stay longer, but the attendings and program directors are committed to getting people out on time," Dr. Raiszadeh said.

He credits Dr. Ethan Fried, Medicine program director and head of GME, with making the change. "Without Dr. Fried, these changes wouldn't have happened," Dr. Raiszadeh said.

Like the other programs, introducing a night float at St. Luke's was necessary in order to put an end to 24-hour call.

St. Luke's-Roosevelt also continues to address the challenges of improving signouts. Dr. Fried has developed a template to standardize the signout and make sure certain elements are included, Dr. Raiszadeh said. "The second step he took was he wanted to make sure signouts are done face to face, between residents who are in a calm environment, not rushed, and without interruptions."

> **"I don't feel like I'm missing out on learning because, even though I go home at 6:30 or 7 pm and the night team comes in and takes over, I'm back in to round on those patients the next morning."**
>
> **Dr. Jonathan Hlivko, Summa Health System**

Preparing for "the Business Side of Medicine" After Residency

The devil is in the details when it comes to negotiating an employment contract, planning for one's financial future, and managing debt. That was the main takeaway for CIR members who attended post-residency life workshops in November.

Throughout the month, CIR hosted Post Residency Life Workshops at Jackson Memorial Hospital in Florida, Harbor-UCLA and LAC + USC Medical Centers in Los Angeles, and Highland Hospital and Children's Hospital in Oakland. Residents heard from experts like attorneys Mark Richard and Henry Fenton, and financial specialist and CPA Mitch Freedman, who highlighted what to watch for in navigating the business side of a medical career.

Residents found the workshops eye-opening. "I'm sad to say as a doctor that I know nothing of the business side of medicine," said Dr. Leslie Coello, an Internal Medicine/Pediatrics resident at Jackson Memorial Hospital. "Unfortunately that is true for many doctors."

As a result, he found the workshop to be both educational and useful. "It is nice to know that when I do go into a contract I will have an idea of what to look for and will not go in blindly," Dr. Coello said.

PHOTO CREDIT: HEATHER APPEL/CIR

Residents and fellows get expert advice on negotiating a post-residency employment contract at a CIR-sponsored workshop.

CIR Contracts Stay Strong in Tough Times

The economic downturn dominates the headlines and is a source of concern across the country. But for safety-net hospitals, including most hospitals staffed by CIR resident physicians, the bad economy brings twice the trouble. More people are losing their health insurance when they lose their jobs and relying on public programs like Medicaid or joining the ranks of the uninsured. This means more people depending on our hospitals. At the same time, tax revenue is down at the state, county, and city level, causing governments to cut their budgets for health care precisely at the time when more people are using these services.

Throughout the year, CIR negotiating teams have struggled to keep hospital management from rolling back our hard-earned contracts. With smart organizing and hard work, residents have delivered strong contracts in these tough economic times.

St. Vincent's, New York

On August 23, 2009, housestaff at St. Vincent's Catholic Medical Center in New York City voted unanimously to ratify their new contract. Highlights include 3% wage increases, an increased "living out" stipend, new medical education benefits, a patient care fund, and CIR supplementary health benefits.

St. Vincent's is located in Greenwich Village in Manhattan and trains 345 housestaff in 27 specialties and fellowships. The hospital recently emerged from bankruptcy and is planning an ambitious new facility that would be the largest new development in the historic district. But the hospital has been slowly selling off resident housing to move the project forward. "Hospital housing is one of the biggest attractors of residents to this program," said Dr. Xavier Jimenez, a PGY 2 in Psychiatry. "Going into negotiations, we knew housing was going to be one of our top issues."

CIR members won a variety of increases, including an improved housing stipend. The stipend, provided for residents in non-hospital housing, increased from $2,000 to $3,000 and will go up to $3,500 if the hospital closes another housing building.

Dr. Jay Mathur, a PGY 2 in Internal Medicine, said success was the result of the committee's efforts to develop a better relationship with the hospital management. "We were firm on the issues that mattered most, but worked with the management and faculty to make the teaching program more competitive." He also noted that negotiating committee members were relieved to make strong gains this year. "Given the economy, it's pretty amazing."

LAC+USC and Harbor-UCLA, California

California has been a state in crisis, with an astounding $20 billion-plus deficit leading to painful cuts in MediCal, CHIP and other services. Nevertheless, around midnight on September 29, 2009, the bargaining team for LAC + USC Medical Center and Harbor-UCLA came to a tentative agreement with the County of Los Angeles on their 2009-2011 union contract. CIR leaders had bargained for seven sessions over key issues like health insurance, maternity leave, and preserving the salaries and bonuses in the 2006-2009 contract. On October 8, resident physicians at both hospitals voted unanimously to ratify the contract.

Resident leaders skillfully retained all the benefits from the previous contract despite a county-wide and statewide budget deficit, and other workers facing furlough days, pay cuts, and layoffs.

"We see this two-year contract as a major victory. We fought hard to keep the salaries and all the benefits that we had from 2006-2009, including the intern bonus, primary care bonus, and patient care fund," said Michael Core, a Harbor UCLA Family Medicine resident and CIR bargaining team member.

Although the economy is beginning to show some signs of improvement, the financial picture for hospitals will remain bleak for some time. However, as resident leaders in New York and Los Angeles have shown, hard work and a unified voice can make all the difference during tough negotiations.

Facing Contract Delays, NY Downtown Residents Launch Outreach Campaign

PHOTO: MARIA SVART/CIR

The housestaff at NY Downtown Hospital are letting the public know about their struggles to win a new, fair contract.

The resident physicians of New York Downtown Hospital have been waiting for their new contract for a very long time. To give themselves a stronger voice in contract negotiations, the 60-plus housestaff voted to affiliate with CIR on April 14, 2009. In the face of continued delays during bargaining, the residents have taken matters into their own hands. In mid-November, they launched an outreach campaign both inside the hospital and outside in the larger Manhattan community, challenging the hospital to "Be Fair to Those Who Care."

For years, the residents at NY Downtown endured low pay, expensive and inferior health benefits, inadequate support for the educational training portion of their residency programs, and most importantly, a lack of respect from the hospital.

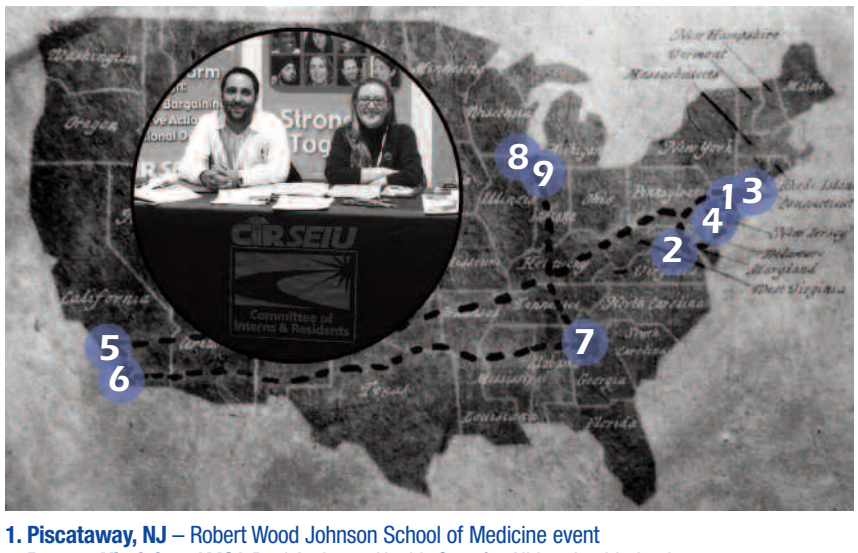
Recently, the situation escalated, with a new requirement that residents must visit the emergency room before they are authorized to take a sick day and a threatened dramatic spike in rent for their housing. Worst of all, the hospital has repeatedly dragged their feet and prolonged negotiations.

In response, the residents launched www.downtowndocs.org, a Web site targeted to the communities of Downtown Manhattan, the Financial District, Chinatown and the Lower East Side. Neighbors and patients of the hospital are encouraged to learn more about the residents, to read statements of support from Rep. Jerrold Nadler and other local officials, and to sign a petition supporting the housestaff. Residents are spreading the word by attending local community meetings to state their case and through a Thanksgiving-themed flier within the hospital to announce the new site and solicit signatures on their petition.

With the support of the community, the housestaff are confident they can win a strong new contract and work with the hospital on improving patient care.

Introducing Medical Students to CIR – From Coast to Coast!

It's been a busy quarter for CIR's medical student organizing program, which introduces CIR to med school students and offers support and information on the next phase of their medical career. At conferences and events around the country, CIR leaders and staff ran workshops and gave advice to the next generation of physicians. Here's a look at where the CIR team traveled between September and November of this year.



1. Piscataway, NJ – Robert Wood Johnson School of Medicine event
2. Reston, Virginia – AMSA Paul Ambrose Health Care for All Leadership Institute
3. New York, NY – Columbia Medical School event
4. Philadelphia, PA – AMSA Regional 1,2,3 Conference at Temple University
5. Los Angeles, CA – APAMSA National Conference at UCLA
6. San Diego, CA – SNMA Regional Conference at UCSD
7. Atlanta, GA – AMSA 5,7,9 Regional Conference at Emory School of Medicine
8. Chicago, IL – AMSA 4,6,8 Regional Conference at Northwestern School of Medicine; AMSA Luncheon Event at University of Chicago Medical School; Event at Loyola University
9. Maywood, IL – SNMA Luncheon Event at Loyola Medical School at Stritch – Loyola School of Medicine

Celebrating the 10th Anniversary of the *BMC Decision*

If you ask residents if they are students or employees, most will point to their long hours, job responsibilities, and paycheck and choose "employee" without a second thought.

Yet for decades, this question has been the basis for legal challenges from hospitals to the right of interns and residents to join a union.

December 2009 marks the tenth anniversary of a landmark decision granting employee rights to housestaff training in the nation's private teaching hospitals. The National Labor Relations Board (NLRB) ruled in favor of CIR residents at Boston Medical Center, effectively overturning the 23-year-old Cedar Sinai decision which held that residents were primarily students without the right to form a union. Housestaff in most public hospitals, which are governed by state labor law, have had the right to unionize for decades, but the BMC decision dramatically changed the situation for housestaff in private-sector hospitals.

> **"If you receive a regular paycheck, complete with payroll deductions to the federal government, and you spend upwards of 85 percent of your time performing those duties for which you are paid, you are primarily an employee."**
>
> **Dr. Ladi Haroona, former CIR President**

Then-CIR President Dr. Ladi Haroona hailed the decision, saying it simply acknowledged the reality of resident life. "It is obvious on its face that if you receive a regular paycheck, complete with payroll deductions to the federal government, and you spend upwards of 85 percent of your time performing those duties for which you are paid, that you are primarily an employee."

What changed in the years following the BMC decision? Nearly 2,000 residents joined CIR and won first contracts at St. Vincent's, St. Luke's-Roosevelt, Maimonides Medical Center, Brooklyn Hospital, Brookdale University Hospital, and Our Lady of Mercy (now Montefiore North) in New York, and Oakland Children's Hospital in California.

However, the election of President George W. Bush in 2000 led to a number of anti-union appointees to the NLRB. In this hostile climate, CIR did not want to give the NLRB the excuse to re-open the case and strip away employee status from resident physicians. Instead, CIR focused primarily on organizing public-sector hospitals.

But now, with the election of President Barack Obama, the organizing pendulum has begun to swing back to the private sector. For residents at St. Barnabas Medical Center in the Bronx, the BMC decision extends the hope that their own organizing campaign will be successful. "These residents want to join CIR," notes current CIR President Dr. L. Toni Lewis, "but their votes have been impounded, as the hospital challenges their employee rights once again. The BMC Decision is as important to residents today as it was in 1999. We will prevail."

CIR News

COMMITTEE OF INTERNS AND RESIDENTS

DECEMBER 1999 NATIONAL AFFILIATE OF SEIU VOLUME 28, ISSUE 5

VICTORY!

Landmark Decision Grants Collective Bargaining Rights to Private-Sector Housestaff

Housestaff Rights Victory! Special Supplement:

- Justice is Served
- Meet the Housestaff Who Led the Challenge
- Attendings Greet the Decision
- Frequently Asked Questions & Answers
- Why a National Union?

PAGES 2-9

Housestaff at the Boston Medical Center celebrate their victory from the National Labor Relations Board.

Housestaff throughout the United States won a historic victory on November 26 when the National Labor Relations Board (NLRB) ruled that residents are employees, not students.

The decision, in a case brought by the Committee of Interns and Residents, the country's premier housestaff union, means that over 90,000 interns, residents and fellows working in private hospitals now have the right to form unions and engage in collective bargaining under federal law.

"This is a great victory for resident physicians and their patients," said Ladi Haroona, MD, the CIR President. "Residents in private hospitals will now have the right to a voice in their working conditions. This means they can actively advocate for the highest quality patient care."

The NLRB, the federal agency that regulates private-sector labor-management relations, ruled in a 1997 case filed by the House Officers Association/CIR, the residents' union at Boston Medical Center. The Boston housestaff challenged a 1976 decision by the labor board in a case where housestaff were blocked from organizing a union at Cedars-Sinai Medical Center in Los Angeles.

Following that ruling, several pri-

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CALIFORNIA RULES UC HOUSESTAFF CAN UNIONIZE.
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The December 1999 issue of *CIR News* announces the National Labor Relations Board ruling in favor of the residents at Boston Medical Center

Riverside County Residents Take Their Campaign to the Public

The resident physicians at Riverside County Regional Medical Center (RCRMC) painted a frightening picture to the public and to the Riverside County Board of Supervisors this Halloween. The Inland Empire (the Southern California area made up of Riverside and San Bernadino Counties) faces a doctor shortage of at least 1,140 physicians by 2015. At this rate, there will also be a 40 percent shortage across California.

The residents fear that the current working conditions at RCRMC will only accelerate the crisis. In 2009, not a single Family Medicine resident who trained at RCRMC stayed in the county upon completion of their residency.

To help increase awareness on this disturbing trend, the residents staged a "Trick or Treat" visit to the County officials for Halloween. The message: residents need to have a voice in the hospital to improve working conditions and the quality of patient care.

For two years, the housestaff at RCRMC — the county's only public hospital — have fought to organize a CIR chapter. Through bargaining as CIR, they hope to make their salaries competitive with neighboring county hospitals, negotiate for affordable health benefits, and have a stronger voice in the hospital in order to better advocate for their patients. They also want to address other signs of disrespect, like having paychecks withheld if they fill out a timesheet incorrectly, or not having access to unexpired food during night shifts. The residents filed a petition in November 2007, but the county government has used a series of bureaucratic tactics to delay processing the petition.

Undeterred, the residents are reaching out to the community and the public to tell their story – and to warn about the consequences of further delay. In October 2009, CIR launched a website, www.cir-riverside.org, to tell their story, why they chose to join a union, and how to support them.

"The housestaff are integral to the operation of the hospital," said Dr. Raymond Chan, an Orthopaedic Surgery resident. "It makes sense that we have a united voice in our hospital."

CIR won a legal victory earlier this year, when the Chief Administrative Law Judge for the Public Employment Relations Board ruled in favor of the residents, stating that Riverside County violated state labor laws and ordering that the petition be processed. However, the county immediately appealed the judge's decision and continues to spend taxpayer dollars on legal fees. This waste of public money has caused serious concern in a time when the county faces a devastating foreclosure crisis.

DESIGN BY PATRICIA EVANOFF/CIR

On www.cirriverside.org, resident physicians dramatized how their attempts to organize as CIR could help physician supply concerns in the county.

The American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the

DID YOU KNOW?

American College of Physicians, the American College of Surgeons, the American Medical Association, the American Medical Student Association,

HALF A MILLION DOCTORS

the American Osteopathic Association, Doctors for America, the National Medical Association, the National Physicians Alliance, and SEIU: Committee

SUPPORT

of Interns and Residents, Doctors Council, and National Doctors Alliance stand together for quality affordable health care for all.

HEALTH CARE REFORM

Because our patients can't wait.

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 1, 2008 to December 31, 2008. 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 $31,054,959 as of December 31, 2008, compared to a $24,902,444 as of January 1, 2008. During the year the plan experienced an increase in its net assets of $6,152,515. 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 $25,127,526 including employer contributions of $24,224,107, employee contributions of $662,678, realized loss of $585,047 from the sale of assets, unrealized depreciation of assets of $168,661, earnings from investments of $992,272, and other income of $2,177. Plan expenses were $18,975,011. These expenses included $2,723,627 in administrative expenses, $14,418,229 in benefits paid to participants and beneficiaries, and $1,833,155 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.