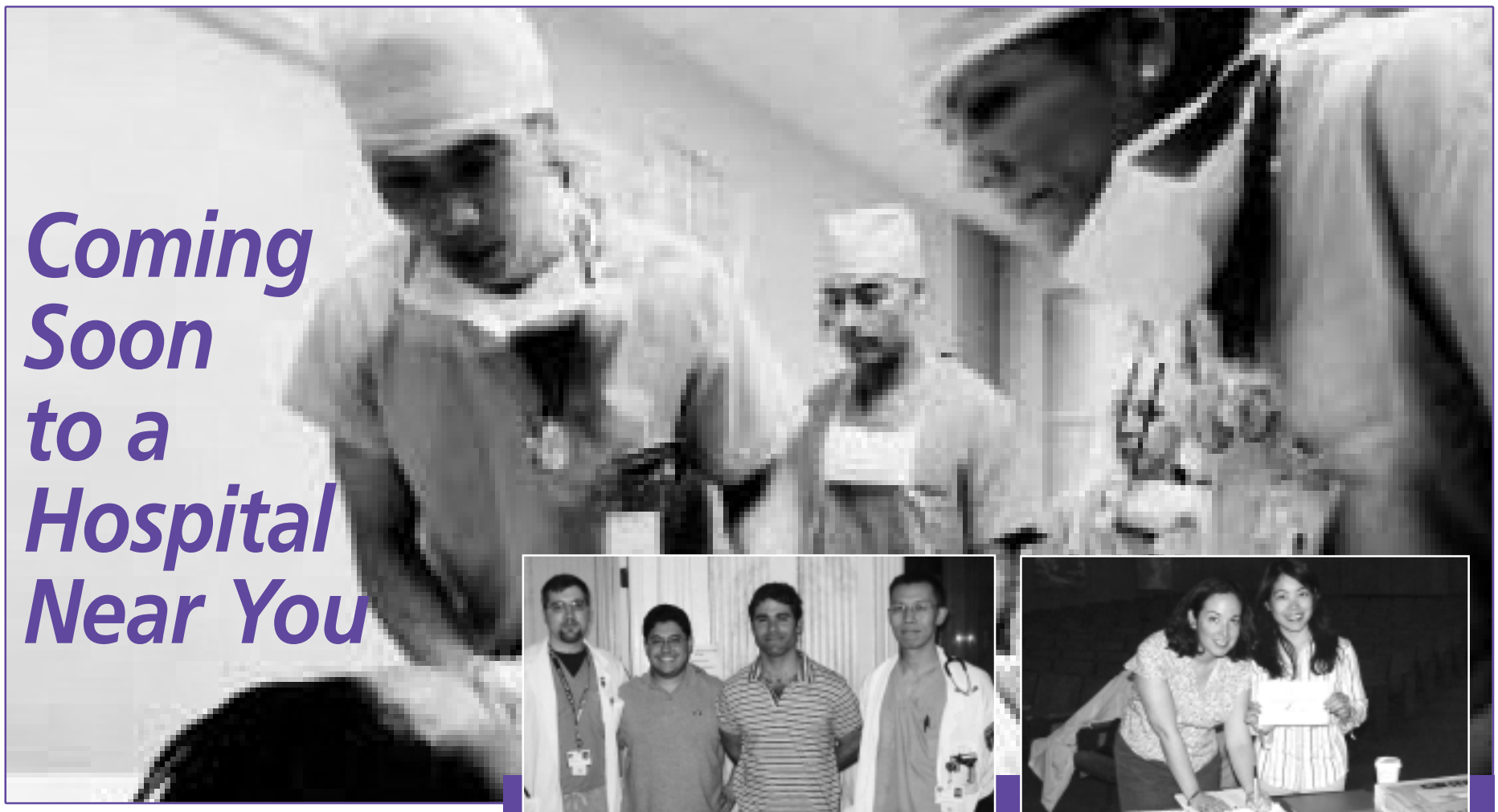
CIR SEIU NEWS
COMMITTEE OF INTERNS AND RESIDENTS June 2004

WELCOME NEW MEMBERS!

Special Orientation Section
Pages 5-10

CIR Benefit Plan Information
Special Section, Center

HEALTH CARE CRISIS 2004:



Coming Soon to a Hospital Near You

As resident physicians, CIR members are at the epicenter of the health care crisis. According to the U.S. Census Bureau, nearly 44 million Americans—8.5 million of them children—have no health coverage. That is an increase of 2.4 million more uninsured than last year. As health care costs continue to spiral out of control (increasing 15% in just the past year) working families now comprise 74% of the uninsured.

We see the tragic effects of the lack of health care every day—the patient who dies because he did not seek medical attention until it was too late, or who suffers serious complications "stretching" her medication, taking it once every three days instead of daily, because she can't afford to pay for it. Emergency rooms, safety net hospitals and trauma centers, the last resort for treatment of the uninsured—are teetering on the brink of financial viability, and, in increasing numbers, facing cuts and closures. The insured suffer, too as ERs and trauma centers shut their doors or cut their staffing to subpar levels.

In this election year, with concerns about our health care system on everyone's mind, the presidential candidates have very different solutions. In the September issue of *CIR News*, we will examine those plans in detail. In the meantime, you can add your voice to those demanding a solution to the health care crisis by joining the "Bridge the Gap" marches taking place across the country on June 19th (see www.cirseiu.org for more information).

St. Vincent's, Manhattan Joins CIR

It's a win, by a landslide!

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Housestaff change how decisions are made at a Brooklyn hospital.

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President's Report

Barbie Gatton, MD, CIR President

Crisis & Opportunity Ahead

Welcome to CIR — the Committee of Interns and Residents.

For those of you just beginning your training or moving on to a fellowship in a CIR-affiliated hospital—you will experience for the first time what it means to have a strong, organized voice in your workplace.

Today we CIR members—interns, residents and fellows—number 12,000. We work in 70+ teaching hospitals, public and private, in Massachusetts, New York, New Jersey, Washington, D.C., Florida, Puerto Rico and California.

We are men and women, young and not-so-young, single, married, raising families, gay and straight. We speak many languages and come from a myriad of different ethnic, racial, religious and political backgrounds. In fact, you'd be hard pressed to find a more diverse group of people. And yet, we are all going through this incredibly unique, uniquely challenging, life-altering experience called residency training.

When I started my emergency medicine residency at Methodist Hospital in Brooklyn, I was attracted to CIR for the same reasons that I hope you will be. I wanted to be part of an organization that has as its central goals improving resident quality of life, medical education, and the quality of care we provide to our patients.

Housestaff delegates to our 8th annual National Convention in Washington, D.C. on May 21-23 can attest to CIR's impressive accomplishments over the last year. We renegotiated collective bargaining agreements in every region and won a first contract at Maimonides Hospital here in New York. We sponsored national workshops on resident work hours reform, testified in favor of hours legislation, established the HoursWatch website with AMSA and spread the word about hours "best practices." When residents at St. Vincent's in Manhattan decided they needed a voice at work, they turned to CIR and organized themselves into our newest chapter with a landslide vote on May 21st.

We fought tooth and nail to restore budget cuts, prevent hospital and residency program closings, and to expand access to health care for our patients and the estimated 44 million Americans who are currently uninsured. We have launched the CIR Care Fund from the voluntary contributions of CIR members who want to strengthen our efforts on legislative issues that affect our patients and our training, on issues ranging from safe staffing levels to adequate funding of our hospitals and reasonable work hours.

Increasingly, it is this larger political reality that affects the care we are able to provide to our patients. Even our very right to have a union (see *CIR News*' convention coverage of keynote speaker, Attorney Sarah Fox, on backpage) is threatened by the National Labor Relations Board. The majority members of this federal panel are historically appointed by the sitting president.

We are resident physicians at a pivotal time in this country's history. Every day, newspapers and medical journals speak of a health care crisis that must be confronted. At the convention, CIR Executive Director Mark Levy pointed out to delegates that the Chinese word for 'crisis' is comprised of two parts: "danger" and "opportunity." In the coming year, we will be working with SEIU, our national affiliate and the largest health care union in the country, to turn that crisis into opportunity. In every way we can, CIR will continue to stand up for quality, affordable and accessible health care for all.

We hope you will join us, and thousands of other health care workers and advocates on Saturday, June 19th in San Francisco, New York, Boston and Miami as CIR takes our place in the "Bridging the Gap" marches highlighting the need for "Health Care For All" in this election year. (See www.cirseiu.org for information on a "Bridging the Gap" march near you.)

Come on board—there's lots to learn, lots to do, lots to achieve—and we can't do it without you!

Join CIR Contingents in San Francisco, New York, Miami and Boston

Join with us to achieve common-sense solutions that increase access to reliable, affordable health care coverage for ALL. Thousands will participate in concurrent actions across the U.S.

www.ImAHealthCareVoter.org

CIR News Awarded Top Honors by Metro NY Labor Communications Council

In the 2004 Metro New York Labor Communications Council Competition, CIR News garnered awards in General Excellence, Best Feature Writing, Best News Writing, Unique Performance and Best Website. The competition includes national and local unions in the New York area.

PHOTO: BILL BURKE/ PAGE ONE PHOTOGRAPHY

St. Vincent's, Manhattan Residents VOTE TO JOIN CIR

Housestaff at St. Vincent's Manhattan hospital voted overwhelmingly—by a five-to-one margin—to unionize in an election held May 21st at the Greenwich Village hospital. Residents decided to organize when working conditions and benefits began to deteriorate at the financially troubled hospital. St. Vincent's is part of the Catholic Medical Center system, and is affiliated with CIR in its Brooklyn-Queens division. There are 345 residents at the facility.

"Although the administration worked cooperatively with residents in the past, last year the administration made decisions which began to negatively affect housestaff recruiting and benefits," said Todd Harris, a PGY 4 in General Surgery. "When the hospital increased the rent in hospital-owned housing, we realized that we needed to formally organize," he said.

A group of St. Vincent's housestaff first contacted CIR at the end of the 2002-2003 residency year, citing concerns about ancillary staffing shortages, layoff of attending physicians, and housing costs. Securing a legally binding vote at the hospital took almost one year. CIR staff and resident leaders began by reaching out to members of 1199SEIU and the New York State Nurses Association at St. Vincent's to identify common concerns and ask for their support. During the winter, residents circulated a petition to show strong support for organizing among the housestaff. In the spring, 1199SEIU was able to help CIR negotiate an agreement to hold an election with the hospital.

"Interns often end up filling the cracks in the system," said Grace Zeng, MD, a PGY 1 in Internal Medicine. "We don't mind working hard and learning to do things like IVs, but we shouldn't be the primary workforce for these tasks."

During the residency year, many newer interns and residents joined the campaign more actively. "With the hospital in such a dire financial situation, interns began to realize that we needed a stronger voice," said Susannah Kurtz, an intern in Internal Medicine. "I got involved after some other interns told me that we had the possibility of joining a union," she said.

First-year Psychiatry resident Dimitry Malkin, MD, says that his colleagues are eager to begin negotiations with the hospital. "We've debated this course of action all year long. Now it's decisively settled, and the hard work of negotiating protections and improvements begins."

"Although the administration worked cooperatively with residents in the past, last year the administration made decisions which began to negatively affect housestaff recruiting and benefits."

**Todd Harris, MD,
PGY 4,
General Surgery.**

"Interns often end up filling the cracks in the system. We don't mind working hard and learning to do things like IVs, but we shouldn't be the primary workforce for these tasks."

**Grace Zeng, MD,
PGY 1,
Internal Medicine.**

"These are tough times, and doctors in general don't have much of a say in addressing our needs. Unionizing is not about specific administrators, it's a way to have an institutional voice to protect medical education."

**Lisa Schwartz, MD
PGY 3,
Internal Medicine**

"We need to ensure that the residents have a voice. No one is going to stand up for us but ourselves."

**Ross Goldberg, MD
PGY 1,
Surgery**

Above: (l. to r.) Drs. Jim Feeney, PGY 4, Surgery; Ross Goldberg, PGY 1, Surgery; Hank Gerson, PGY 2, Psych; and Leon Li, PGY 1, Med/Peds, following the vote count announcing that St. Vincent's in Manhattan voted to join CIR.

PHOTOS: JUSTIN WOOD/ CIR AND REBECCA OLERICH/ CIR

First Contract at Maimonides

Housestaff Change How Decisions Are Made At A Brooklyn Hospital

"I would tell anyone else going through a first contract process not to lose confidence," said negotiating team member Ira Nemeth, MD, CIR NY vice-president and a PGY 2 in Emergency Medicine at Maimonides Medical Center in Brooklyn's Borough Park.

Dr. Nemeth, was referring to a lengthy negotiating process that finally resulted in a first contract at 2 AM on April 22, 2004. The CIR negotiating team persevered through several changes in administration negotiating teams, and marathon negotiating sessions. But in the end, the 412 interns, residents and fellows at this 705-bed teaching hospital accomplished what they set out to do.

"It can get discouraging when the other side says, 'we can't do it,' but don't give in to their opinion as to what is possible," advises Dr. Nemeth.

This first CIR Maimo contract, covering salaries, hours and working conditions, was overwhelmingly ratified by the residents on April 29th. But the effort to get that first contract really began two years before, when residents called the CIR organizing department with an SOS.

Sabine Thomke, MD, during negotiations.

Residents at Maimonides had many issues that were being ignored by the administration, Dr. Nemeth explained. "The administration would stonewall, so there was nothing left to do but organize a union. There were money issues—we are significantly underpaid compared to other residents in New York, as well as problems with on-call rooms, and faculty being dismissed that residents were unhappy about."

"I had a sense of injustice, after being on the Coney Island Hospital payroll (which is a CIR-affiliated hospital)," said Dr. Yael Robson, a PGY 3 in Pediatrics at Maimonides. "My salary went down $6,000 in my second year—that was like a bucket of ice water thrown in my face, and I saw a lot of my health benefits decrease. That motivated me to better everyone's situation here, including my own," she said.

"I think this first contract is a really good start, Dr. Robson said. "I'm really happy with it, with the salaries, the medical education benefits, the grievance procedure, it's all good," she said. Dr. Nemeth agreed, saying, "It gets us a good beginning on pay, and there's good language on discipline in adverse actions. It's a good leap forward across the board." The first contract provides for a 5% raise in 2004, retroactive to April 1; a 3% raise in the second year, followed by a staggered 5% in the third year, and 2% in the final year.

Other important gains included a uniform meal policy throughout the hospital, reimbursement for parking, taxis and a shuttle service between Coney Island and Maimonides hospitals, and improved medical education benefits, holidays and leave time.

"I wanted to facilitate a better working relationship between the administration and residents," said Dr. Prashant Shah, a PGY 3 in Surgery. "I look back very positively on the experience of negotiations. The fact that we resolved so many issues—salary, benefits, housing—they are all important, and each individual issue is important to different people. But most important of all was establishing an open dialogue between residents, fellows, and the administration about how to implement change," he said. "It required a lot of long nights to discuss various options, but looking back, everything worked out quite well, it was an amicable and very beneficial process."

"I felt I needed to be involved in negotiations and see how contracts get finalized," said Dr. Nemeth. "I would like to get involved in spreading the union to other places, and seeing how battles are fought at other hospitals. As a group, residents are very powerful—together, we can bring an end to some of the difficulties that we encounter in our work environment. Residents all come from different experiences and ultimately we all have the same goal. Different hospitals have different ways to do things—we can bring suggestions and discuss them with each other and change the way the administration makes decisions."

"It can get discouraging when the other side says, 'we can't do it,' but don't give in to their opinion as to what is possible."

Ira Nemeth, MD,
PGY 2, Emergency Medicine

"I look back very positively on the experience of negotiations. The fact that we resolved so many issues—salary, benefits, housing—they are all important…but most important of all was establishing an open dialogue between residents, fellows, and the administration about how to implement change."

Prashant Shah, MD,
PGY 3, Surgery

Housestaff group during the contract ratification vote.

PHOTOS: CARA METZ/CIR

CIR SEIU
Committee of Interns & Residents

SPECIAL ORIENTATION SECTION

Welcome to The National Voice of Housestaff

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

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

Fortunately, the Committee of Interns and Residents, the largest and fastest-growing organization of housestaff in the U.S., will be behind you as you face each new challenge. For 47 years, CIR has been the national voice of residents and fellows, protecting and advancing housestaff rights, education and working conditions, and defending quality patient care.

This Special Orientation Section of CIR News will help acquaint you with CIR. We urge you to take time to read these pages to learn about your rights and benefits as an employee of your hospital, the history of CIR and some of the current issues confronting housestaff, and how you, as a member, can participate in CIR within your department, your hospital, and as a representative on CIR elected bodies.

HOURS WATCH

Housestaff: Are ACGME Hours Guidelines Enforced at Your Hospital?

If not, contact your CIR contract administrator and CIR's HoursWatch website

HoursWatch.org is a website co-sponsored by CIR and AMSA. HoursWatch is the place for both residents and medical students to write in and share their experiences relating to work hours, and read up on how it's covered in the media.

CIR SEIU
Committee of Interns & Residents

Stronger Together

1957-2004: 47 YEARS OF

Today, through CIR collective bargaining agreements, more than 12,000 interns, residents and fellows in New York, New Jersey, Massachusetts, Washington, D.C., Florida and California enjoy salary, benefits and working conditions that are the envy of their colleagues in non-unionized hospitals. They also have a strong, unified voice to advocate for their patients in their local hospitals, and in the state and federal arenas, where health care policy is forged.

But it wasn't always that way. Getting to this point has taken 47 years of commitment and collective activity by housestaff in public and private hospitals across the country. Here is our story.

1930-1960

1934
First housestaff organizing efforts begin in New York City and the Interne [sic] Council of Greater New York is formed. For the first time, interns receive salaries—$5 per month.

1957
The Committee of Interns and Residents (CIR) is founded, representing housestaff in New York's municipal hospitals.

1958
The first CIR contract with New York City increases annual salaries from $852 to $1212 a year for interns and from $1260 to $1500 a year for residents. It also defines enforceable grievance procedures and provides benefits while establishing living-out allowances, PGY levels, and guaranteed on-call rooms.

1965
CIR negotiates The House Staff Benefits Plan, a union-administered benefit fund for New York City-paid housestaff that provides supplementary health benefits in addition to the already existing basic city-wide hospitalization and major medical insurance.

1970

1970
CIR begins organizing in New York City's private—"voluntary"—hospitals. Under the State Labor Relations Act, residents at many of the major voluntary hospitals vote to approve representation by CIR.

1974
The National Labor Relations Act is amended to include employees of voluntary hospitals. CIR begins negotiating with the League of Voluntary Hospitals on working hours, out-of-title work, and the quality of training programs. The negotiations prove difficult and continue to stall through year's end.

1975

1975
With negotiations over the work and training issues stalled, CIR leads the first multi-hospital strike of doctors and dentists in New York history. The strike, which uses the slogan "Our hours make you sick," receives AMA and media support. The settlement is a landmark victory; it eliminates every-other-night on-call, improves working conditions, and places housestaff on hospital committees.

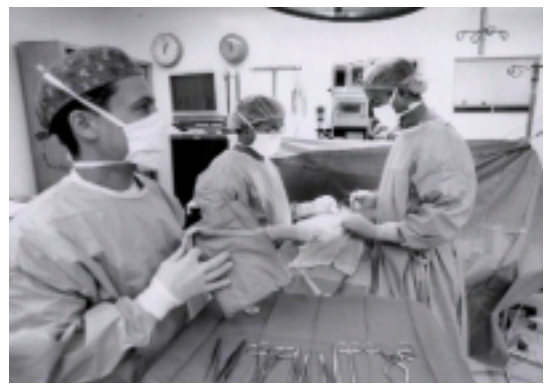
1976
The National Labor Relations Board, in the Cedars-Sinai *decision, rules that housestaff are "primarily students." Housestaff in the private sector have to now rely on their own collective strength to secure union recognition. Housestaff pressure wins back CIR contracts in some hospitals but others are lost.*

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

1979
CIR leads a one-day protest against funding cutbacks in New York City health programs. The action receives broad community and labor support. CIR successfully rebuilds in the private sector, gaining 1,000 new members and contracts with six voluntary hospitals. The Voluntary Hospital Benefits Plan is formed for housestaff from private sector hospitals.

1980

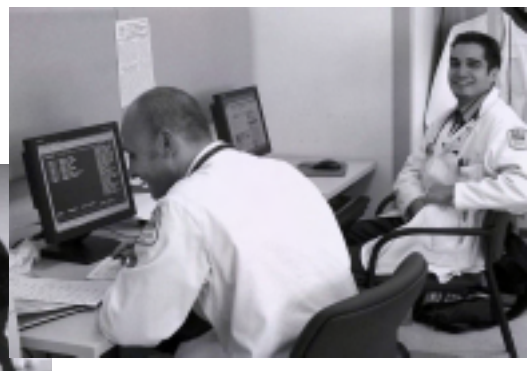
1980
CIR institutes CIRLS, offering pre-paid legal services to members. Contract negotiations with New York City establish the $200,000 HHC Patient Care Trust Fund to purchase needed equipment and supplies for city hospitals.



1981
Protesting severe understaffing and equipment shortages, CIR undertakes a strike to establish staff and equipment standards involving more than 2,000 doctors at ten hospitals. Although the action does not lead to the hoped-for contract language, it dramatically increases public awareness of the issues.

1984
CIR housestaff at University of Medicine and Dentistry of New Jersey hospitals conduct a series of protests that lead to a vastly improved contract. In April, CIR initiates a loose federation of local housestaff unions from around the country.

COMMITMENT & LEADERSHIP



1985

1985
Doctors at Interfaith Hospital in Brooklyn successfully strike to retain CIR as their chosen representative.

1986
CIR negotiates precedent-setting protections on maternity leave and an additional $850,000 for the NYC HHC Patient Care Trust Fund.

1987
The New York State Department of Health announces plans to reduce residents' hours and CIR wins inclusion of weekly and daily hours caps and ancillary staffing levels as essential parts of the proposal. CIR grows into Washington, D.C., as Children's Hospital Housestaff Association votes to join.

1988
CIR's "Long Hours Are Bad Medicine" campaign sets the tone for a national discussion on changes in residents' work lives. Thanks to CIR's efforts, New York State residents assigned to Emergency Room duty become the first in the country to benefit from regulations limiting hours. The new State regulations limit residents' work hours and set standards for ancillary staff and supervision. The transition goes smoothly.

1989
Despite significant resistance on the part of many program directors and hospital administrators, New York remains firm in its intention to implement an 80-hour weekly hours cap and a 24-hour consecutive hours cap. CIR signs a new three-year contract with HHC that raises PGY-1 pay rates above $30,000.

1990

1990
CIR undertakes a number of organizing campaigns. Doctors at Bronx Lebanon Hospital strike to win recognition and a CIR contract. Housestaff at the District of Columbia General Hospital and Prince George's Hospital in Maryland vote to affiliate with CIR.

1991
Organizing success continues in the District of Columbia as residents at St. Elizabeths Hospital vote to join CIR. The New York State Supreme Court upholds hours regulations. Studies on the effect of reduced hours on residents and their patients show hours reform is working. CIR/HHC Patient Care Trust Fund contributions top $1,000,000.

1992
CIR brings legal suits blocking New York City from closing HHC dental clinics, outpatient pharmacies, and employee cafeterias. This challenge protects jobs, patient care, and hospital workers' rights from the budget axe.

1993
House Officers Associations at Boston City Hospital and Cambridge City Hospital vote to affiliate with CIR.

1994
CIR's TV, radio, and bus and subway ads help to build the community-based New York City "Save our Public Hospitals" campaign against budget cuts and privatization.

1995

1996
Newly merged Boston Medical Center recognizes HOA/CIR as collective bargaining agent for combined housestaff at formerly public and private entities. CIR wins legal decision establishing "employee" rights for Florida housestaff at Jackson Memorial Hospital in Miami. Jackson housestaff vote for CIR by 4-to-1 margin in largest election ever held by doctors in U.S.

1997
CIR and Boston Medical Center housestaff launch legal challenge to overturn National Labor Relations Board 1976 Cedars-Sinai *decision. CIR-initiated campaign gets New York Supreme Court to block Mayor Rudolph Giuliani's plan to privatize NYC public hospitals. The 1,600-member Joint Council of Interns and Residents of Los Angeles votes to affiliate. On its 40th anniversary, CIR holds National Convention, where delegates vote to join the Service Employees International Union, AFL-CIO.*

1998
L.A. housestaff represented by Joint Council of Interns and Residents/CIR win their first salary increase in 7 years with 1st-year interns getting 15.85% raise. In Miami, Jackson Memorial residents win first contract in Florida history; PGY 1 rates increase 25 percent by end of contract.

1999
The NLRB upholds the CIR challenge at Boston Medical Center and rules that private-sector housestaff are again guaranteed collective bargaining rights. The California Association of Interns and Residents (CAIR) at four northern California hospitals affiliates with CIR. CIR participates in legislative efforts by SEIU for safe needles and adequate staffing levels. Massive lobbying and media campaigns by SEIU and 1199SEIU win legislation to strengthen enforcement of New York State's hours regulations, safeguard funding for graduate medical education, and extend healthcare coverage to one million uninsured. The Doctors Council union joins SEIU.

2000-2004

2000
Organizing accelerates in response to NLRB and PERB decisions. 300 residents at Brookdale Medical Center in Brooklyn, N.Y. win voluntary recognition. CIR establishes a new region for housestaff in Puerto Rico. CAIR/CIR at San Francisco General wins breakthrough contract, including new $120,000 Patient Care Fund. SEIU wins state/federal funds to save Los Angeles County health system, sponsors Universal Health Security for All Americans Act in Congress and successfully lobbies for federal Safe Needle Act.

2001
CIR organizing rolls on, with the addition of almost 1,000 new members from the New York region. Housestaff in Puerto Rico vote to affiliate with CIR. Together with the American Medical Student Association and Public Citizen, CIR petitions the Occupational Safety and Health Administration (OSHA) for emergency regulations to reduce resident work hours and wins Congressional sponsorship for the Patient and Physician Safety and Protection Act (H.R. 3236), which also addresses excessive resident work hours.

2002
Federal hours legislation gains momentum with 60 House and 2 Senate sponsors; state bills are filed in New Jersey, Massachusetts and Puerto Rico. Housestaff at Maimonides Medical Center and Brooklyn Hospital, N.Y. vote to join CIR.

2003
Under pressure from CIR, AMSA and Public Citizen, the ACGME establishes new hours guidelines to begin July 1, 2003. Puerto Rico passes hours limits. CIR co-sponsors two successful conferences in New Jersey and California on work hours reform with the Resident Fellow Section of the AMA. CIR members in Los Angeles join with community groups and other SEIU locals to win continued funding for hospitals and clinics throughout the county. Childrens Hospital housestaff in Oakland, CA vote to join CIR.

2004
CIR members join union-community coalition to win passage of a tax increase to fund public safety net hospitals and clinics in Oakland, CA. Maimonides CIR members win first contract, after 18-month-long negotiations. St. Vincent's, Manhattan housestaff vote overwhelmingly to join CIR.

PHOTOS: BILL BURKE/PAGE ONE PHOTOGRAPHY; JIM TYNAN, CARA METZ/CIR

Who We Are & What We Do

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

Who We Are

CIR—the Committee of Interns and Residents—is the largest and fastest growing housestaff union in the United States. CIR represents 12,000 interns, residents and fellows in New York, New Jersey, Massachusetts, Florida, California, the District of Columbia and Puerto Rico. Since 1957, CIR has negotiated collective bargaining agreements with over 60 public and private hospitals. These agreements improve housestaff salaries and benefits, hours of work and working conditions and the quality of care we deliver to our patients.

In 1997, CIR affiliated with the 1.3 million member Service Employees International Union (SEIU), with 650,000 healthcare workers across the country. As the national affiliate of physicians within SEIU, CIR housestaff continue to set our own policies, decide our own priorities, elect our own officers and negotiate our own contracts—all with considerable economic and political backup from SEIU that adds to CIR's own resources.

Why We're Needed

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

PHOTO: JEANHEE KIM/CIR

Look What We Have Achieved

CIR has 47 years of experience with the problems and concerns of housestaff in public and private hospitals. This organizational experience is critical.

- CIR contracts set the standard in their geographic areas, with higher than average salaries and benefits, including, in many hospitals, CIR's own comprehensive health and welfare plan.
- CIR's groundbreaking work on resident hours reform eliminated, across the board, every other night call in 1975. We spearheaded New York State's landmark hours regulations in 1987. We've worked with SEIU to put added teeth into those regulations in 1999. CIR's current contracts provide additional limits on excessive work hours and an internal enforcement method.
- CIR's negotiated "extra on-call pay" is a first in the nation. It guarantees that hospitals pay housestaff additional salary when they are required to cover for an absent colleague.
- CIR's contractually negotiated Patient Care Funds funnel millions of dollars of hospital funds to the patient care needs that housestaff are best able to identify.
- CIR is in the forefront of efforts to support hospital funding, access to care for the uninsured, and to oppose the ravages of managed care and hospital mergers. We work for quality patient care and superior residency education.

What's in a CIR Contract

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

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

How Are Contracts Negotiated?

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

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

CIR Is Run By Housestaff For Housestaff

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

treasurer, and regional vice presidents—serves as a steering committee between annual conventions.

Who Are The CIR Representatives At My Hospital?

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

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

What Is A Grievance?

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

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

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

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

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

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

What About Dues?

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

CIR Says, "Check Your Personnel File"

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

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

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

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

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

Patient Care Funds: An Achievement for Residents and Patients

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

"We're the people on the front lines of taking care of patients every day, but we felt that nobody listened to our suggestions and complaints. Now we have some power," said Lori Weir, MD, CIR delegate and chief resident in Radiology, at St. Luke's-Roosevelt Hospital, in New York City. "Now we can say what's lacking, and through our Patient Care Fund, we have

$50,000 in the first year of our agreement, $75,000 in the second and $100,000 in the third to purchase necessary equipment."

Patient Care Funds are an innovation that began in the 1970s with JCIR residents in Los Angeles. CIR chapters have achieved these funds in contracts at hospitals in Boston, New York City, Cambridge, Oakland, and San Francisco. Recent purchases by CIR Patient Care Funds have included bedside monitors, EKG machines, blankets, video fiber-optic endoscopes, pediatric ventilators, high-tech microscopes, computer-based image archiving systems, a cardiac chair, and even a fish tank (above) for use in patient waiting rooms, and clothing for homeless patients.

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

PHOTOS: TOP: SANDY SHEA/CIR; BOTTOM: JANE JOSE/CIR

What's in a CIR Contract?

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

Limitations on Working Hours

"Housestaff working their 'scheduled 24-hour in hospital call' shall not be assigned normal clinical duties (i.e. clinic, operating room duties, and/or new patient assignments), except under unusual circumstances, following an on-call period.

"Scheduled on-call, in hospital duties should not be more frequent, on average, than every 3rd day.

"When averaged over any 4-week rotation or assignment, residents must have at least 1 day out of 7 free of patient duties."

Los Angeles County Hospitals

"Housestaff officers shall not be regularly required to work in-house more than 160 hours biweekly. Housestaff officers shall receive a minimum of 24 consecutive hours off per work week, i.e., duty free, except on those occasions when the medical needs of a patient require transition between the housestaff officer and an oncoming physician.

"Housestaff assigned to the Emergency Room shall not be required to work a total of more than a maximum of twelve (12) hours in any twenty-four (24) hour period and maximum of sixty (60) hours per week."

Jackson Memorial Hospital, Miami

Ancillary Staffing

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

"Seven daily phlebotomy rounds in all inpatient areas will be provided seven days a week, 365 days a year. Twenty-four phlebotomy was instituted June 1, 2004.

"IV Therapy Services, to start and maintain routine IVs, will be provided to all general care inpatient areas 16 hours a day, seven days a week.

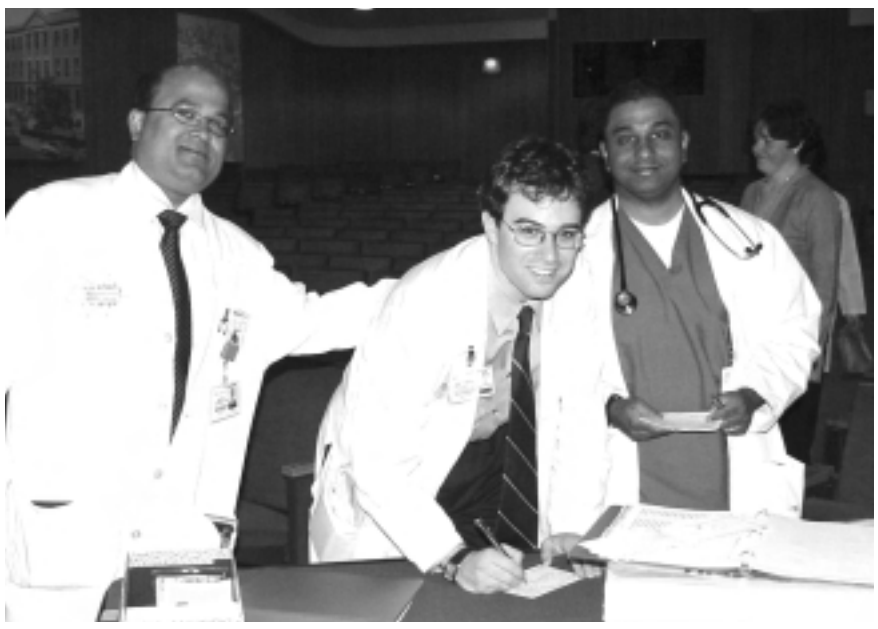
"Clerical services will be provided [on inpatient areas] 16 hours a day, seven days a week."

Boston Medical Center

Orientation Pay

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

Boston Medical Center



On-Call Pool

"The [employer] shall fund an extra on-call pool in the amount of $85,000 per annum. If an officer is required to work an extra on-call in excess of the hour limitations set forth above, he/she shall be compensated at the rate of $300."

Jackson Memorial Hospital

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

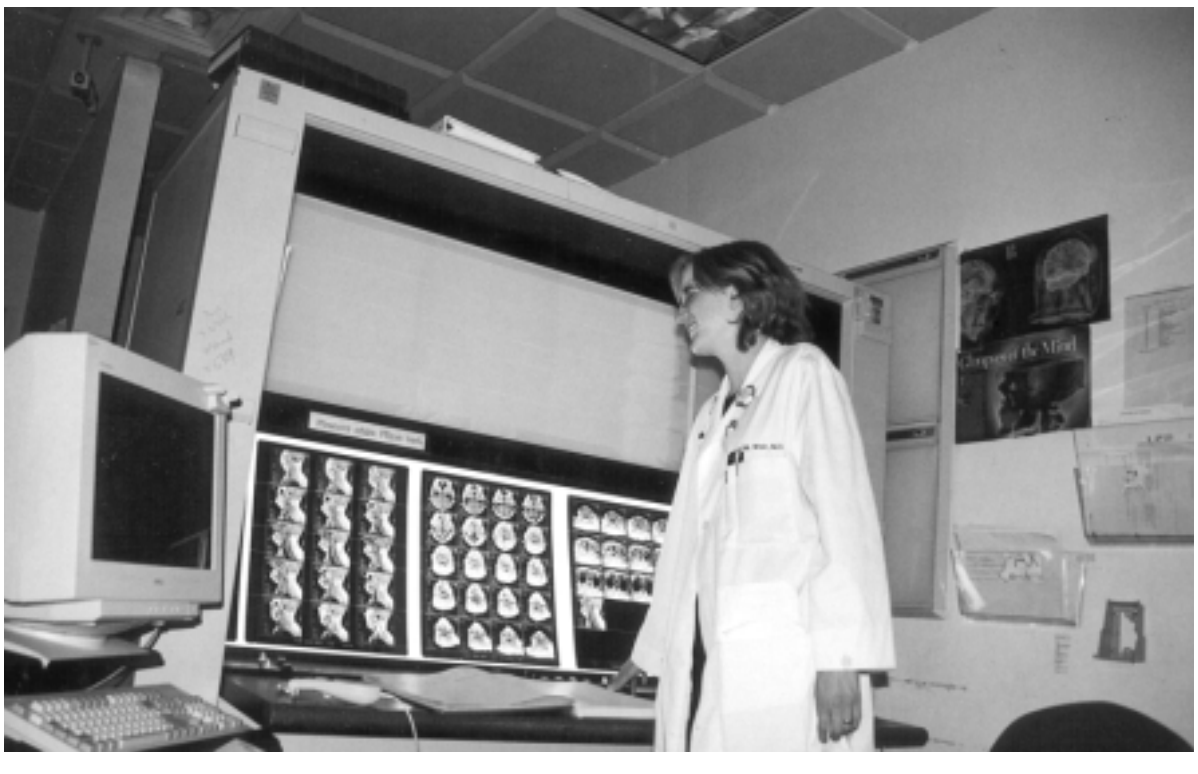
Westchester (N.Y.) Medical Center

On-Call Rooms

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

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

Los Angeles County Hospitals



BOTTOM PHOTO: CARA METZ/CIR

Professional Education Allowance

"Effective January 2005, Trust shall provide each HSO $1100 per residency academic year to be used as reimbursement for professional/educational expenses."

Jackson Memorial Hospital, Miami

"A $1600 non-taxable, reimbursable professional education stipend shall be paid annually to each House Officer…Any House Officer who has not turned in receipts for the total amount of the annual stipend by May 1st of that year shall receive a payment (taxable) equal to the difference between the total annual stipend and the total reimbursable expenses claimed and documented by said House Officer."

Cambridge Hospital

Patient Care Funds

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

Los Angeles County Hospitals

"SFGH agrees to contribute to the Patient Care Fund the following amounts during the Agreement: 2000-2001: $10,000; 2001-2002: $43,000; 2002-2003: $68,000."

San Francisco General Hospital

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

Health and Hospitals Corporation, New York City

Program Security

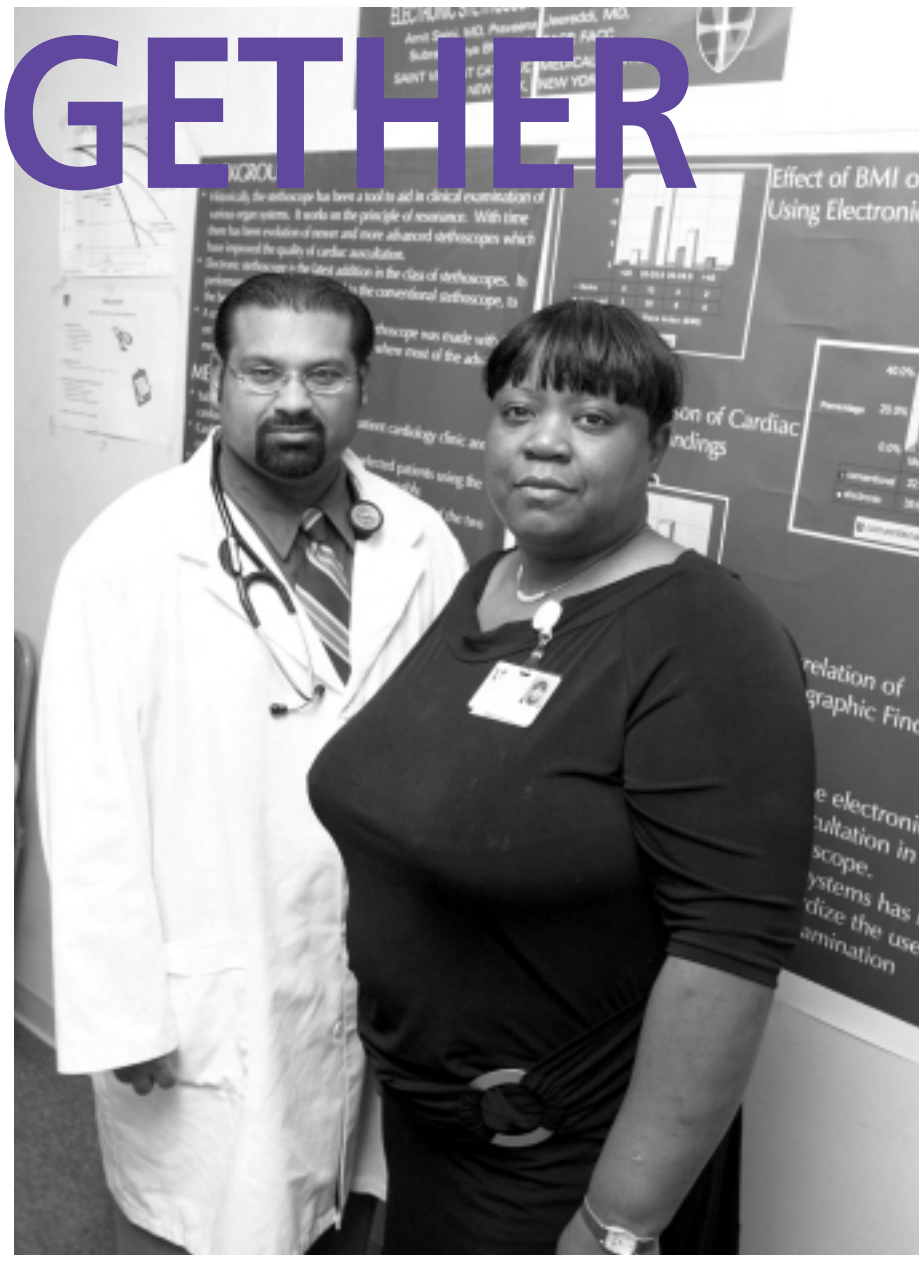
"In the event of termination of the residency program for any reason whatsoever, the Bergen administration will, to the best of its ability, place their housestaff officers in other accredited New Jersey residency programs. In such event, Bergen will continue to pay the salaries of displaced housestaff officers until they are re-employed in a residency program at another facility, or choose not to pursue further medical residency."

Bergen Regional Medical Center, Paramus, N.J.

New York Alliance

We're In This TOGETHER

CIR/SEIU and NY-1199SEIU Combine Forces to Battle St. Vincent's Cuts



Last winter, CIR members at St. Vincent's Catholic Medical Center (SVCMC) Brooklyn-Queens Division joined 1199 SEIU members in an outdoor rally to protest staffing cuts at the hospital. With banners and signs, the members made sure their position was visible to all: Staffing cuts compromise patient care.

That was just the beginning. From there, 1199SEIU and CIR members, who are both part of SEIU, began to get together prior to a Town Hall meeting where administration discussed the hospital's financial difficulties. The communication has continued, with more meetings between the two unions and increased informal communication, too.

"Now when we see each other, we stop and ask, 'What's going on for you at the hospital?' Dr. Rajendra Rampersaud, a Pulmonary Fellow at sVCMC says. "Before, CIR and 1199 had little interaction at the housestaff level. When I was a CIR department rep, we negotiated our contract with just the support of CIR. But in the past few months, we began holding joint meetings with 1199; everybody is coming together to work toward common goals."

"There's more togetherness and solidarity," says Rena Cherry, a registrar in St. John's ER and an 11-year 1199SEIU member. "We've found common ground on the issue of patient care. SVCMC's financial crisis has put a strain on us all. We recognize that we're all employees, and that if we don't put our heads together, we'll all suffer regardless of our job titles."

At the Town Hall meeting, "We were telling the administration that the way to generate money is not to cut ancillary staff. It's unrealistic," Dr. Rampersaud said. "We all have to deal with issues like mismanagement and a health care bureaucracy that cares more about profits than people," Cherry said. "Together, CIR and 1199 can have a bigger voice than either has alone. Although people like to look out for their own self-interest, without the other side, patient care will suffer," Dr. Rampersaud said. "If your staff is cut, patient care suffers, our workload increases, and vice versa. We all have our specific purpose, from the person who does the registration to the one who does the medical procedure. Even with a residency program, it is esesntial to have a complete and comprehensive team to meet every need of a patient."

L.A. Contract Ratified

Alerts the Public to Resident Issues: The Right to Eat and Sleep!

Following months of negotiations, rallies, and a press conference demanding the right to "eat and sleep," CIR members in L.A. County ratified a new three-year agreement at the end of April. Their demand for food when working in the middle of the night, one day off in seven that does not follow a 24-hour call period, and strengthening their current right to go home following a 24-hour call period were eye-opening for the general public.

The three CIR-affiliated hospitals - Harbor-UCLA, LAC+USC and King Drew Medical Center—voted on April 20th, 23rd and 27th to ratify the new contract by an overwhelming margin. The agreement covers 1,500 members throughout the county. Given the fiscal crisis that L.A. County is operating under, gaining a contract, and a strong one, with increased protections for residents, was quite an accomplishment.

Gaining ACGME work hour protections in their contract gives L.A. residents the right to enforce them without having to resort to the ACGME for compliance. "We put our own lives, and the lives of our patients at risk when we work long hours, see patients in clinics post-call, and then drive home with our eyes half-open," says Dr. Christine Dauphine, a general surgery resident at Harbor-UCLA and former CIR Southern California regional vice president. Some of what they demanded and won include:

- A fourth meal at night.
- Work hour security—the County-wide Compliance Committee to meet within 60 days of contract implementation; with a guaranteed one day off in seven "according to ACGME regulations."
- 2.5% salary increase effective January 1, 2005 to be followed by another 2.5% salary increase on January 1, 2006, both subject to financial crisis language which would open all economics in the event of crisis.
- Health and Safety: a new fund to purchase personal alarms for residents and nurses in the Psych ER.
- Medical Interpreter: Labor-Management meetings to develop plans to create a new position for an Interpreter, Medical Terminology, in DHS.
- Patient Transport Teams—"lift" teams in DHS to reduce industrial injuries resulting from patient lifting and transporting.

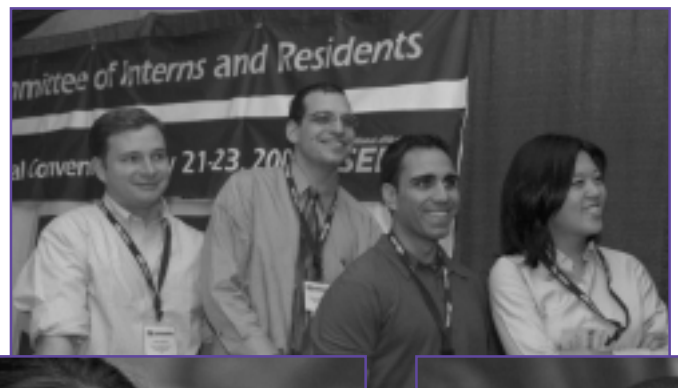
TOP PHOTO: BELINDA GALLEGOS/ 1199SEIU; BOTTOM PHOTO: AMY HALL/ CIR

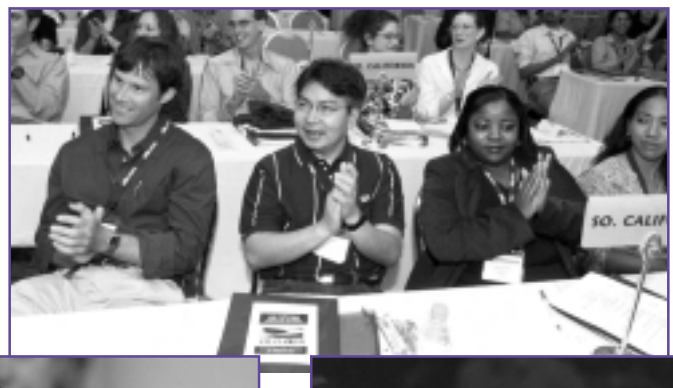
Drs. Ijeoma Ike, Pediatrics, and Daricy Liu, Radiology, at the contract ratification vote at King Drew Medical Center, April 27, 2004.

> **"We put our own lives, and the lives of our patients at risk when we work long hours, see patients in clinics post-call, and then drive home with our eyes half-open."**
>
> **Christine Dauphine, MD, Surgery**

2004 CIR CONVENTION

Delegates to the convention took part in workshops, floor discussions, and presented regional reports recapping the year's triumphs and hardships.





Panelists Amy Moore, MD, (below, far left) a Highland Hospital delegate, shared her experience with the successful fight for Measure A, which will keep her Oakland, California hospital funded. Other delegates tackled issues relating work hours, and politics.

Strengthening the Voice for Resident Rights

One-hundred and forty-plus interns and residents from CIR-affiliated hospitals across the country carved out time from their busy lives to be a part of the 8th Annual CIR National Convention in Washington, D.C. on May 21-23, 2004.

The delegates and alternate delegates, elected from each of CIR's 70+ hospitals, took part in an action-packed 36 hours that included the election of CIR's governing body, the Executive Committee, (see page 2 for the 2004-2005 committee members) and approving a budget for the year ahead. Keynote speakers, panels, workshops and regional reports highlighted the union's many successes in the past year, as well as the difficulties that lie ahead.

The weekend got off to a big bang at the Friday evening reception, when the call came in that St. Vincent's Hospital in Manhattan had voted that day to join CIR—by a margin of 5-1. The next morning, convention keynote speaker Sarah Fox, Esq., put the St. Vincent's vote in sharp relief. A former member of the National Labor Relations Board (NLRB), Fox joined a slim 3-2 majority to vote in favor of extending the right to unionize housestaff in private hospitals such as St. Vincent's, housestaff who previously had been considered students. The NLRB's landmark B*oston Medical Center* decision in 1999 sparked a CIR growth explosion: in less than two years almost 2,000 new residents voted to join CIR in what amounted to a 20% increase in membership.

Last-minute additions made the Florida report extra topical and funny.

But former NLRB member Fox, now a private labor law attorney, explained that the BMC decision is now in jeopardy. No one who knows the facts of the case, she said, could deny that housestaff are employees and therefore protected by national labor law. The problem is that the facts of the case aren't as important as the political views of the individual Board members.

> **"Quality, affordable, accessible health care—who can't get behind that? You'd be surprised what we residents, with the little time that we do have, can accomplish towards this goal."**
>
> **—Travis Harker, M.D.**

The BMC case was heard during the Clinton years, when three out of the five Board members appointed by the president were interested in expanding those covered under the law. During the Bush presidency, the majority status of three has swung in the direction of Board appointees who are interested in limiting union representation. Judy Scott, general counsel for the Service Employees International Union (SEIU) spoke as well, adding that in the coming election, every candidate will be asked, "Where do you stand on universal access to health care and workers' rights?" The key for us, in this and every election, is to stay true to the issues we care about, she said.

At a panel discussion entitled, *Keeping Resident Work Hour Reform on Track*, Dr. Arun Chopra, M.D., CIR NJ/DC regional vice president, reviewed the positives and negatives of the first year of ACGME work hour limits. "You have to be vocal about it" when work hours are being flouted, he said. "And when people see you being vocal and not being fired, that helps them to stand up" for work hours as well. Dr. Simon Ahtaridis, CIR's Massachusetts regional vice-president and an intern at Cambridge Hospital brought down the house when he took the ACGME to task for a woefully inadequate plan for monitoring work hour violations.

Dr. Ahtaridis asked everyone to raise their hands if they paid their taxes last year; then added, "If you were told you would have to pay them in a year, but would be checked only once every three years, and it was on the honor system, and a friend of yours would be doing the checking, how many would pay their taxes honestly?" That, in essence, he said, is the ACGME's system for hours compliance. He likened residency to prison, and had the crowd repeating with him a line from the movie *Good Will Hunting*, "It's not your fault."

CIR regional reports took the convention by storm as each area strutted their accomplishments with creative PowerPoint presentations full of local color, music, resident humor, and all the hard work that went into negotiating contracts, pushing for resident hours reform, fighting budget cuts and building vital organizations of housestaff in each CIR hospital and region.

At the concluding panel, *Why Politics Matter*, panelists addressed the health care crisis affecting CIR delegates ability to provide quality health care to all, regardless of the ability to pay. Travis Harker, M.D., doing his Internal Medicine residency at Concord Hospital in New Hampshire described his work with SEIU's "Americans for Health Care" campaign. "Quality, affordable, accessible health care—who can't get behind that," Dr. Harker asked the CIR delegates. "You'd be surprised what we residents, with the little time that we do have, can accomplish towards this goal."

New CIR Alumni Association

Stay in Touch@

Leaving CIR? Want to stay informed and connected to residency issues and struggles? Join CIR's new alumni association! Call: 800 CIR-8877 or email alumni@cirseiu.org for more information.

PHOTOS: BILL BURKE/PAGE ONE PHOTOGRAPHY

NEW YORK AREA
CIR/SEIU Benefits Plan Information

The benefits covered on the next three pages—for voluntary and public hospitals in the New York area—were negotiated by the Committee of Interns and Residents (CIR/SEIU) through its collective bargaining agreements with hospital management. Some hospitals have full benefits, while others have partial benefits. See below for details of the benefits you are eligible for.

Voluntary Hospital House Staff Benefits Plan (VHHSBP)

Plan Office Address:
VHHSBP, 520 Eighth Ave., Suite 1200
New York NY 10018
(212) 356-8180 or (800) 247-8877
Fax: (212) 356-8181
Email: benefits@cirseiu.org
Website: www.cirseiu.org

CIR established the VHHSBP in 1980 to provide private voluntary hospital house staff and their dependents with extensive healthcare and supplementary benefits. Today, the VHHSBP covers CIR house staff in New York City voluntary hospitals. Supplementary benefits are included for house staff at Jersey City Medical Center.

The Plan is funded entirely by employer payments won by house staff in negotiations with their respective hospitals. The Plan is governed by a Board of Trustees made up of an equal number of CIR representatives and hospital administrators, and is administered through the CIR Benefits Plan Office. A handbook explaining the benefits, and exclusions, is available through the CIR Benefits Plan Office or visit our website at www.cirseiu.org and click on "Members Benefits." For more detailed information, please contact the Benefit Office at (212) 356-8180 or (800) 247-8877; by fax at (212) 356-8181; or by email at benefits@cirseiu.org.

HOSPITALS COVERED BY THE VHHSBP

- Bronx-Lebanon Hospital
- St. Vincent Catholic Medical Center of Brooklyn & Queens
- Flushing Hospital Medical Center
- Interfaith Medical Center
- Jamaica Hospital
- Kingsbrook Jewish Medical Center
- New York Methodist Hospital
- North General Hospital
- Our Lady of Mercy Medical Center
- St. John's Episcopal Hospital
- St. Luke's Roosevelt Hospital
- Wyckoff Heights Hospital
- Jersey City Medical Center (JCMC)
  - — Optical Plan
  - — Dental Plan
  - — Disability Compensation Plan
  - — Life Insurance
  - — Pre-Paid Legal Services Plan (CIRLS)

Note: Hospital, major medical and prescription drug coverage for JCMC house staff and their eligible dependents are provided through the hospital's health plan. Details of the JCMC CIR benefits listed above can be found below, under the same headings under Benefits Covered by VHHSBP.

BENEFITS COVERED BY VHHSBP

Traditional Major Medical Coverage

Participants and their eligible dependents may go to any doctor and will be reimbursed up to 80% of the fee, after paying the deductible, which is $100 for an individual or $200 for a family per Plan Year (July 1 through June 30). After $500 of out-of-pocket expenses per person, medical expenses are covered 100%.

Preferred Provider Option (PPO)

With the Preferred Provider Option, members may choose to use a doctor or facility listed in the United Health-Care PPO Directory. Members will still pay 20% of the fee after the deductible, but it will now be out of a lower rate negotiated between the provider and United HealthCare. Providers' names can be found by calling United HealthCare, or can be obtained on the Internet at http://www.myuhc.com.

Prescription Card

Most major pharmacies accept the United HealthCare prescription card. You can obtain the locations of several participating pharmacies in your locale by calling the Member Services toll-free number on your United Healthcare card (1-888-400-9462). Members pay a $5 co-payment for generic drugs, and $10 for brand name drugs for a month supply. A 90-day supply can be obtained with a reduced co-payment by using mail-in forms. Members who do not use a participating pharmacy can still pay for the prescription in full and submit the bill for reimbursement.

Dental Plan

CIR members have the option of using Aetna U.S. Healthcare's Dental Maintenance Plan (DMO) or a traditional/indemnity fee-for-service plan. Members choosing the DMO select a dentist from Aetna U.S. Healthcare's large network. Most procedures are covered in full, while others require a co-payment. Members choosing to go into the traditional/indemnity plan can see any dentist they choose and will be reimbursed according to a set schedule for each procedure. New members must make a choice between the DMO and the traditional/indemnity plan during the month of July. Members are able to switch plans twice a year, once in July and again in January.

Optical Plan

The optical plan covers eye examinations, contact lenses, prescription glasses (and prescription sunglasses), and/or the replacement of broken frames or lenses, for members and their dependents. House staff may use their own optician, optometrist, or ophthalmologist for which they are entitled to a maximum of $100 once a year (July 1 to June 30), or select from the CIR Panel of Optical Providers who will perform services at reduced rates. House staff must contact the CIR Plan Office for the list of Panel providers and a validated optical voucher.

Psychiatric Care

Participants and their dependents are insured for outpatient psychiatric services that must be provided by an M.D. or other specialist licensed to practice psychotherapy, including those holding the following degrees: Ph.D., Psy.D. or C.S.W. After the deductible has been met, the Plan will reimburse up to 50% of charges for service, up to an annual maximum amount of $2,000.

Routine Well Baby Care

Benefits are payable at 100% of the Usual and Customary Charge for a surgeon's charge for circumcision and a physician's charge for visits during a newborn's initial hospital confinement. Benefits are payable for preventative child healthcare from birth to age 19. The services are specified in the Summary Plan Description and must be in keeping with the prevailing medical standards.

Life Insurance

House staff have a life insurance policy of $125,000, to be paid to the beneficiary or beneficiaries named on the member's enrollment card. House staff are also provided $20,000 in spousal life insurance coverage at no additional cost to the resident.

Disability Compensation

Disability benefits are divided into short term and long term benefits. Short term coverage is self-insured and paid by the Benefits Plan. It begins on the eighth day of the illness and extends for 12 weeks. It is paid on the basis of 60% of the basic weekly salary up to $692 per week less any statutory benefits received, such as State Disability or No Fault wage replacement.

Long term disability coverage is underwritten by Guardian Life Insurance Company of America. It is paid on the basis of 60% of the basic salary up to a maximum of $3,000 per month. Depending upon individual circumstances, long term disability can cover up to normal retirement age (currently age 65). For nervous and mental or substance abuse diagnoses, coverage is for 5 years unless the disabled person is hospitalized at the time the five years have elapsed, in which case the disability coverage can remain in effect to normal retirement age.

This coverage is portable, that is, you can arrange to continue the coverage on an individual basis after the termination of residency. You can also purchase supplemental coverage from the Guardian Life Insurance Company.

Domestic Partners

VHHSBP benefits are available to VHHSBP participants' same sex domestic partners and their dependent children where the participant is employed by an employer located within the State of New York. For house staff working at St. Luke's-Roosevelt Hospital, either same sex or opposite sex domestic partners can be eligible.

Eligible domestic partners and their dependent children are covered for all benefits listed in the Summary Plan Description for spouses. To be eligible for this benefit, a participant and domestic partner must complete the "VHHSBP Eligibility Statement for Domestic Partnership," which requires proof of domestic partnership, or must be registered as domestic partners with the City of New York. The fair market value of the premium for insurance benefits provided to domestic partners and their dependent children will be reported to the IRS as taxable income to the VHHSBP participant. The reportable income amount is about $5,000.

House Staff Benefits Plan (HSBP)

Plan Office Address:
HSBP, 520 Eighth Ave., Suite 1200
New York NY 10018
(212) 356-8180 or (800) 247-8877
Fax: (212) 356-8181
Email: benefits@cirseiu.org
Website: www.cirseiu.org

CIR members employed in NY public sector hospitals receive their basic health insurance coverage hospitalization and major medical benefits directly through their employers. HSBP was developed as a supplementary benefits package for them. The Trustees of the Plan are elected members of the CIR Executive Committee. The Plan is administered through the CIR Benefits Plan Office and funded entirely by the employers. The terms are negotiated in CIR contracts. A handbook that explains all benefits in detail is available through the CIR Benefits Plan office or visit our website at www.benefits@cirseiu.org. Some details of the Plan are highlighted below. For more detailed information, please contact the Benefit Office at (212) 356-8180 or (800) 247-8877; by fax at (212) 356-8181 or by email at benefits@cirseiu.org.

HOSPITALS COVERED BY THE HOUSE STAFF BENEFITS PLAN (HSBP)

- Health and Hospitals Corporation (NYC):
  Bellevue
  Coney Island
  Gouverneur
  Harlem
  Jacobi
  Kings County
  Lincoln
  Metropolitan
  Woodhull
- Westchester Medical Center

HEALTH AND HOSPITALS CORPORATION (HHC) BENEFITS COVERED BY HSBP

- supplemental medical/major medical benefit
- prescription drug benefit
- conference reimbursement benefit
- dental plan
- optical benefits
- outpatient psychiatric benefits
- substance abuse counseling
- childbirth education benefits
- supplemental obstetrical benefit
- newborn benefit
- hearing aid benefit
- smoking cessation benefits
- continuation of benefits during disability
- disability compensation
- life insurance
- pre-paid legal services plan (CIRLS)

WESTCHESTER MEDICAL CENTER (WMC) BENEFITS COVERED BY HSBP

- All HSBP benefits listed above
- Conference Benefit of $500 for residents in their last year, chief residents and fellows. This is in addition to the $500 HSBP Conference Benefit.
- Book and medical equipment benefit of $500 each Plan Year. Effective July 1, 2002, the book and medical equipment benefit includes coverage for a PDA (often called a "Palm Pilot").

Note: Hospital, medical, major medical and other benefits for house staff and their eligible dependents are through the WMC Plan.

Supplemental Medical/Major Medical Benefits

The Plan supplements reimbursements received from the primary major medical carrier for members and their dependents (under the employer's base plan). The Plan will pay an additional 20% of the amount reimbursed by the primary major medical carrier up to the total amount of the provider's charges. Effective July 1, 2002, the maximum supplemental medical/major medical benefit is $1,000 per member or dependent in a Plan Year. A Plan Year is July 1 through the following June 30.

The supplemental obstetrical benefit pays up to $1,000 per delivery and is not subject to deductibles. The purpose of the supplemental obstetrical benefit is to pay for charges incurred during the birth of a child that are not covered by the base plan.

Prescription Drugs

The Plan has a supplemental prescription drug benefit of $300 per year per individual member and $600 per family.

Dental Plan

CIR members have the option of using Aetna U.S. Healthcare's Dental Maintenance Plan (DMO) or a traditional/indemnity fee-for-service plan. Members choosing the DMO select a dentist from a large network. Most procedures are covered in full, while others require a co-payment. Members choosing to go into the traditional/indemnity plan

CIR Legal Services Plan (CIRLS)

For CIR House Staff Covered by VHHSBP and HSBP Benefit Plans

Through CIRLS, members and their dependents can receive free legal services such as consultation, review and/or preparation of documents and representation on a wide range of covered matters. Since CIRLS is funded by employer contributions made under the CIR contract, members pay only expenses such as court fees. To reach the Legal Services Plan or to request a copy of either the VHHSBP or HSBP CIRLS Plan booklet, call (212) 356-8195. You can also access each booklet on our website: www.cirseiu.org. Below are some of the most popular services offered.

Medical Licensure

- Consultation, and possible representation, regarding applications for licensure
- Consultation, and possible representation, regarding medical incident reports or alleged medical misconduct

Estates

- Preparation of simple wills
- Preparation of medical directives
- Preparation of powers of attorney

Consumer Protection

- Consultation regarding problems with the purchase of goods and services
- Representation, when appropriate, on consumer claims brought against you which exceed $3,000
- Consultation regarding small claims proceedings

Housing: Tenant Rights

- Review of leases
- Defense against eviction
- Consultation, and possible representation, when landlord fails to make repairs or provide services

Immigration

- Consultation on immigrant, non-immigrant and visa-related matters
- Representation on many H-1B petitions and J-1 applications for CIRLS members and related petitions and applications for covered family members
- Representation on family-based permanent residency petitions for CIRLS members or covered family members

Family Matters

- Representation in uncontested divorces
- Representation in separation agreements
- Consultation, and, when appropriate, representation in child support, custody and visitation proceedings, which are related to uncontested divorce proceedings.

Personal Finances

- Consultation, and, when appropriate, representation in personal bankruptcy proceedings
- Consultation regarding inaccurate credit reports and personal debt problems

Exclusions

Services are not provided under CIRLS for the following matters: representation in criminal cases, real estate transactions, professional or commercial transactions, motor vehicle cases, personal injury claims (commonly handled by attorneys on a contingency fee basis), and claims against CIR or employers contributing to the Plan.

can see any dentist they choose and will be reimbursed according to a set schedule for each procedure. New members must make a choice between the DMO and the traditional/indemnity plan during the month of July or immediately after being hired. Members are able to switch plans twice a year, once in July and again in January.

Optical Plan

The optical plan covers eye examinations, contact lenses, prescription glasses (and prescription sunglasses), and/or the replacement of broken frames or lenses, for members and their dependents. House staff may use their own optician, optometrist, or ophthalmologist for which they are entitled to a maximum of $100 once a year (July 1 to June 30), or select from the CIR Panel of Optical Providers who will perform services at reduced rates. Effective January 1, 2003, you can carryover your unused vision benefit up to a total of $300. House staff must contact the CIR Plan Office for a listing of Panel providers and a validated optical voucher.

Psychiatric Care

House staff are insured for outpatient psychiatric services that must be provided by an M.D. or other specialist licensed to practice psychotherapy, including those holding the following degrees: Ph.D., Psy.D. or C.S.W. Benefits are paid at the rate of 50% of reasonable and customary charges up to the first $3,000 of eligible expenses and 80% of eligible expenses over $3,000. The maximum benefit per individual per benefit year is $5,000.

Substance Abuse Counseling and Treatment

This coverage provides for up to 21 days of in-hospital treatment for detoxification and up to 28 days for inpatient rehabilitation for house staff and dependents.

Newborn Benefit

HSBP provides coverage of up to $250 for all unreimbursed medical expenses in connection with a newborn for the first 60 days of the child's life (including children who are adopted). In addition, the benefit for circumcision is $200 and for a pediatrician's in-hospital visit is $200. The basic health insurance covers maternity expenses and care for infants who are not well.

Health and Hospitals Corporation (HHC) & Westchester Medical Center (WMC) House Staff:

Sign Up For Your Basic Health Insurance Through Your Employer
Sign Up For Supplemental Insurance Through CIR HSBP

All CIR members employed by New York City Health and Hospital Corporation hospitals and the Westchester Medical Center are eligible for basic health insurance. ***Enrollment for this basic insurance is the member's responsibility. House staff must enroll for this health insurance by signing an authorization form at your hospital's personnel office.*** House staff should check with the hospital's personnel office at the beginning of each contract year to sign up for benefits, or verify that previously held insurance is still in effect. The basic health insurance plan is considered the primary insurance and insures the member as well as eligible dependents, spouse and children. If you have any questions about your basic coverage, contact the personnel department at your hospital.

In addition, members and their eligible dependents are also entitled to supplemental coverage through the House Staff Benefits Plan (HSBP) of CIR. Each employer makes a contribution to the Plan on behalf of each house staff officer on its payroll. Therefore, this supplemental coverage is available at no cost to all residents employed by CIR hospitals. ***In order to enroll for CIR HSBP supplemental benefits, members must complete an enrollment card obtained from the HSBP office during orientation.*** House staff are urged to promptly notify the personnel department at their institution, as well as the HSBP office, of any changes in the number of dependents occurring because of marriage, birth, death, divorce or legal separation.

Disability Compensation

Disability benefits are divided into short term and long term benefits. Short term coverage is self-insured and paid by the Benefits Plan. It begins on the eighth day of the illness and extends for 12 weeks. It is paid on the basis of 70% of the basic weekly salary up to $700 per week less any statutory benefits received, such as State Disability or No Fault wage replacement.

Long term disability coverage is underwritten by Guardian Life Insurance Company of America. It is paid on the basis of 70% of the basic salary up to a maximum of $3,000 per month. Depending upon individual circumstances, long term disability can cover up to normal retirement age (currently age 65). For nervous and mental or substance abuse diagnoses, coverage is for 5 years unless the disabled person is hospitalized at the time the five years have elapsed, in which case the disability coverage can remain in effect to normal retirement age.

This coverage is portable, that is, you can arrange to continue the coverage on an individual basis after the termination of residency. You can also purchase supplemental coverage from the Guardian Life Insurance Company.

Continuation of Benefits: House Staff Officers collecting disability benefits from HSBP continue to be covered for up to 12 months for all HSBP benefits. The Plan will reimburse the disabled person up to $1,500 towards the cost of continuing the basic health benefits on a direct payment basis. Paid receipts are required.

Life Insurance

House staff have a life insurance policy of $125,000, to be paid to any beneficiary or beneficiaries named on the member's beneficiary designation card. The Plan also provides a life insurance policy of $20,000 for the death of the covered house staff officer's spouse or domestic partner at no additional cost to the resident.

Domestic Partners

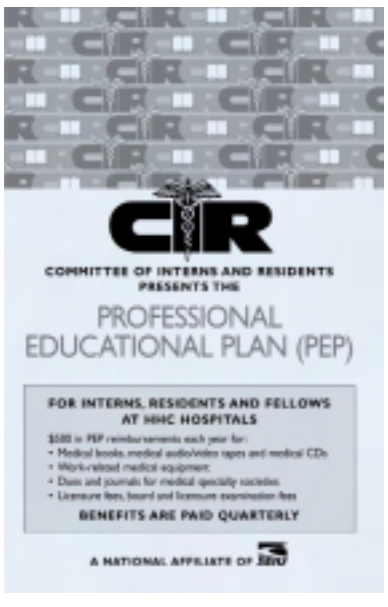
HSBP benefits are available to HSBP participants' domestic partners and their dependent children where the participant is employed by an employer located within the State of New York.

Eligible domestic partners and their dependent children are covered for all benefits listed in the "Schedule of Benefits" under the titles "For Dependent Spouses" and "For Employees and Dependents." To be eligible for this benefit, a participant and domestic partner must complete the "HSBP Eligibility Statement for Domestic Partnership," which requires proof of domestic partnership, or must be registered as domestic partners with the City of New York. The fair market value of the premium for insurance benefits provided to domestic partners and their dependent children will be reported to the IRS as taxable income to the HSBP participant. The reportable income amount has been about $300.

Professional Educational Plan (PEP)

For Residents, Chief Residents and Fellows at HHC Hospitals

CIR has negotiated an important additional benefit for all residents, chief residents and fellows working at the City of New York Health and Hospitals Corporation (HHC) hospitals, the Professional Educational Plan or PEP. You can download a claim form from CIR's website www.cirseiu.org (click on "Member Benefits") or call the CIR Benefits Office at (212) 356-8181 or 800 247-8877 or email a request to benefits@cirseiu.org.



PEP provides $600 in reimbursements each Plan Year for the following:

- Medical books, medical audio/video tapes and medical CDs
- Work-related medical equipment
- Dues and journals for medical specialty societies
- Licensure fees, board and licensure examination fees
- Personal Digital Assistants (PDAs, often called "Palm Pilots.")

Note: PDAs are the only electronic devices payable under PEP. Cameras, digital cameras, PCs and other general use devices are not covered.

PEP has a carryover feature for any money not used within a Plan Year (July 1–June 30). If the full $600 is not used, it can be carried over to the next Plan Year until the residency is completed at the HHC hospital. Residents working at hospitals that require a change in payroll away from a CIR hospital, such as Bellevue and Coney Island, are eligible for $150 per quarter for only those quarters when on the HHC payroll. PEP payments are made on a quarterly basis for these members.

New York State Rules and Enforcement of Hours and Ancillary Staff

Passed in 1987, the New York State "Bell Regulations" became the first, and still the only, state regulations to limit maximum resident work hours. Creating a 24-hour cap on the workday and an 80 hour work week, these regulations have revolutionized working conditions of residents in New York State. The reforms of the New York State Health code are commonly known as the "405" regulations after the section of the code, or the "Bell Regulations" after Dr. Bertrand Bell of Einstein College of Medicine who chaired the State panel that developed the regulations.

In addition to limiting hours for residents, the regulations also specifically mandate sufficient in-hospital teams to draw blood, start IVs, transport patients, and act as messengers. They also require, and provide funding for, the active supervision by attending physicians 24-hours a day.

The Bell Regulations remain a model for other jurisdictions seeking to fashion a humane and reasonable work environment for housestaff.

Below, precisely, is what the regulations say:

For House Staff in Emergency Service

405.4(b)(6)

In order that the working conditions and working hours of physicians and post-graduate trainees promote the provision of quality medical care, the hospital shall establish the following limits on working hours for certain members of the medical staff and post-graduate trainees:

i) In hospitals with over 15,000 unscheduled visits to an emergency service per year, assignment of post-graduate trainees and attending physicians shall be limited to no more than twelve consecutive hours per on-duty assignment in the emergency service. The commissioner may approve alternative schedule limits of up to fifteen hours for attending physicians in a hospital emergency service.

On Working Hours for In-patient Services

ii) Effective July 1, 1989, schedules of post-graduate trainees with inpatient care responsibilities shall meet the following criteria:

a) the scheduled work week shall not exceed an average of eighty hours per week over a four week period;

b) such trainees shall not be scheduled to work for more than twenty-four consecutive hours;

c) for departments other than anesthesiology, family practice, medical, surgical, obstetrical, pediatric or other services which have a high volume of acutely ill patients, and where night calls are infrequent and physician rest time is adequate, the medical staff may develop and document scheduling arrangements other than those set forth in clauses (a) and (b) of this subparagraph;

d) "on call" duty in the hospital during nighttime hours by trainees in surgery may not apply to the calculation of the twenty-four and eighty hour limits of this subparagraph if:

(1) the hospital can document that during such periods post-graduate trainees are generally resting and that interruptions for patient care are infrequent and limited to patients for whom the post-graduate trainee has continuing responsibility;

(2) such duty is scheduled for each trainee no more often than every third night;

(3) a continuous assignment that includes night "on call" duty is followed by a non-working period of no less than sixteen hours;

(4) policies and procedures are developed and implemented to immediately relieve a post-graduate trainee from a continuing assignment when fatigue due to an unusually active "on call" period is observed.

PHOTO: JIM TYNAN

On Assignment of New Patients

iii) The medical staff shall develop and implement policies relating to post-graduate trainee schedules which prescribe limits on the assigned responsibilities of post-graduate trainees, including but not limited to, assignments to care of new patients, as the duration of daily on-duty assignments progress.

On Scheduled Time Off

iv) In determining limits on working hours of post-graduate trainees as set forth in subparagraphs (i) and (ii) of this paragraph, the medical staff shall require that scheduled on-duty assignments be separated by not less than eight non-working hours. Post-graduate trainees shall have at least one twenty-four hour period of scheduled non-working time per week.

On Moonlighting

v) Hospitals employing post-graduate trainees shall adopt and enforce specific policies governing dual employment. Such policies shall require, at a minimum, that each trainee notify the hospital of employment outside the hospital and the hours devoted to such employment. Post-graduate trainees who have worked the maximum number of hours permitted in subparagraphs (i)-(iv) of this paragraph shall be prohibited from working additional hours as physicians providing professional patient care services.

On Ancillary Staff

405.3(b)(5)

Effective July 1, 1989, the provision, at all times, of intravenous services, phlebotomy services, messenger services, transporter services, nurses aides, house-keeping services and other ancillary support services in a manner sufficient to meet patient care needs and to prevent adverse impact on the delivery of medical and nursing care.

On Support Services in Emergency Services

405.19(d)(4)

There shall be sufficient support personnel assigned to the emergency service to perform the following duties on a timely basis: patient registration, reception, messenger service, acquisition of supplies and equipment, delivery and labeling of laboratory specimens, responsible for the timely retrieval of laboratory reports, obtaining records, patient transport and other services as required.

(In addition, Section 405.19 prescribes standards for medical and nursing staff, equipment and use of observation beds.)

Tougher Enforcement of Bell Regulations Yields Results

Although the "405" or "Bell Regs" have been on the books since 1989, enforcement was less than ideal for many years. But thanks to a massive statewide media and lobbying campaign carried out by CIR's national affiliate, SEIU (Service Employees International Union), the New York State legislature passed a broad-based healthcare reform law in late 1999, which also included beefed up Bell Regulation enforcement. The increased number of inspections have already led to a higher rate of compliance.

The state hired IPRO (Island Peer Review Organization) to monitor compliance with the Bell regulations. IRPO investigators arrive unannounced annually at every teaching hospital in New York, to determine if the required written work schedules submitted by the hospital are first, accurate and second, compliant with the hours regulations. They will also be identifying and reporting on best practices used to comply with the regulations.

In its first year of inspections, IPRO found 64% of hospitals evidenced some level of noncompliance; in its second year, that figure was down to 42%. In the current, third-year of IPRO inspections, noncomplaince is down to 17%, with 60% of annual surveys complete. The legislation also included the following:

- Penalty for initial written audit finding of non-compliance = $6,000 per item.
- Penalty for noncompliance with corrective plan = $25,000 (within first 6 months).
- Penalty for subsequent findings of noncompliance with corrective plan = $50,000 (within 6 months).

IPRO investigators function as agents of the New York State Department of Health (DOH), and report their findings directly to DOH, which will then follow up to cite or fine hospitals that are not in compliance.

IPRO has issued assurances that its interviews with housestaff will be kept strictly confidential. CIR urges all house officers who speak to IPRO to be honest and truthful—and immediately contact your CIR organizer or call the CIR office at (212) 725-5500 to let the union know that IPRO has arrived.