

CIR SEIU NEWS

COMMITTEE OF INTERNS AND RESIDENTS

OCTOBER 2004

MAKE TIME TO VOTE ON NOV. 2

1. If you're eligible, make sure you're registered.
2. Arrange in advance with your department to free everyone up from work to get to the polls.
3. If necessary, arrange for an absentee ballot by your state's deadline (www.declareyourself.org for state-by state info).

Be a Health Care Voter

As resident physicians, CIR members have an insider's view of the state of our current health care system – how it works, and where it fails. Whichever presidential candidate you'll be voting for this November, be sure to make your vote count when it comes to health care.

See center spread for more health care coverage.



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Front page photos: (Clockwise from top) Puneet Sandhu/CIR; Jim Tynan.

President's Report

Barbie Gatton, MD, CIR President

How to Be A Health Care Voter

CIR members are from diverse backgrounds and have differing viewpoints on a host of issues. One thing most of us agree on is that our health care system is in trouble. In an election year, we have an opportunity to do something about it. This November, make your vote count in ways you think will strengthen our health care system.

But that's not the end of our responsibilities. I urge CIR members of all political parties to push their candidates on issues relating to access and funding for health care. This is not a partisan issue. Regardless of who wins in November, CIR will continue to be there to advocate for our members, our patients, and for quality health care for all. Our advocacy work does not end on Election Day.

Politics affects us every day on the job. This year, an especially large number of CIR residents will find themselves sitting across a boardroom table negotiating new contracts. In New York alone, nearly 5,000 CIR members will be in contract negotiations.

CIR members throughout the country who work at public hospitals negotiate directly with city officials. In effect, our members can elect their boss, the administration they will be negotiating with. The political process could not affect an individual more directly than that. CIR members in



private hospitals find that politics affects their negotiations, too: much of the funding for private hospitals comes from public sources. With the support of local elected officials, city council members, and community leaders, negotiating sessions also can go more smoothly and quickly. Many of the articles in this issue show how intimately our issues are connected to politics.

At this year's CIR Convention in May, we surveyed elected delegates and alternates. Here's what they told us: 98% said politics impact very

strongly on our health care system; 93% said CIR should be as involved, or even more involved, in politics; and 92% said they would welcome information on the presidential candidate's positions on issues such as health care. You will be receiving a mailing from us comparing the health care proposals of both major party candidates. Please read it, and use it as a springboard for discussions with your fellow residents.

This past summer, I had the opportunity to attend SEIU's convention in San Francisco. SEIU is the union that CIR is affiliated with, and is the largest union in the country, with 1.6 million members, 870,000 of whom are in health care. I learned something very interesting there: the power of the white coat. CIR may be smaller than other SEIU locals, but that is not how people see us. We have unmatched credibility as frontline health care providers when we speak up about the health care crisis. Our interests are not just ours alone – we speak for our patients, too.

So try to remember that when

"I urge CIR members of all political parties to push their candidates on issues relating to access and funding for health care."

you're in the middle of working a long on-call shift, and feel like you have no power and no voice. You do. We actually all have this power, but must choose to use it. Collectively, we have an important role to play. We need to get involved, get active, and work together with our colleagues on hospital-wide, citywide, and nationwide issues that pertain to health care. So remember, this November 2nd: Be a Health Care Voter!

For Housestaff Who CARE

WE MAKE POLITICS WORK – FOR OUR PATIENTS, OUR HOSPITALS, AND OUR MEMBERS! SIGN UP FOR A VOLUNTARY CONTRIBUTION OF AS LITTLE AS \$1.50 A WEEK. THE CIR/SEIU CARE FUND STRENGTHENS OUR EFFORTS ON ISSUES SUCH AS:

- ▶ adequate funding for public hospitals;
- ▶ federal funding for teaching hospitals and residency positions;
- ▶ patient access to quality health care;
- ▶ reasonable work hours;
- ▶ safe staffing levels;
- ▶ housestaff rights.



COMMITTEE OF INTERNS AND RESIDENTS/SEIU

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CIR's California Campaigns

California Vote to Expand Health Care Coverage

In California, as in all states, many companies do not give their employees health insurance as a benefit. These hardworking uninsured are thus shut out of health care coverage. While truly indigent qualify for state aid, many thousands of employees are caught in a gap. They earn "too much" to qualify for state aid, yet too little to be able to afford health coverage on their own. California voters have the chance to rectify this situation on November 2nd with Prop. 72, which would require mid-to large-employers

a campaign to defeat Prop. 72, to avoid the cost of insuring their workers.

Among Prop. 72's endorsers, the California Medical Association (CMA) recommends it as a way to take the strain off overcrowded and underfunded emergency rooms, which have been closing at an alarming rate. "Because emergency care is the *only* source of care for some, we are close to losing it for everyone," the CMA's July 2004 report said. "We need to do something before it is too late."

CIR and SEIU, along with 160 other health care groups and medical associations, has endorsed Prop. 72, and CIR members throughout the state have been making phone calls and speaking at community events. "I see first hand the detrimental effect the health care crisis is having on families, and the terrible choices they have to make," said CIR leader Gregg Miller, a PGY 2 in Emergency Medicine at Harbor-UCLA Hospital, addressing a rally.

"As physicians, we have a responsibility not just to our individual patients, but to the community as a whole," said Dr. Christine Dehlendorf, a CIR delegate and PGY 3 in Emergency Medicine at SF General Hospital.

"As residents, we have an incredibly valuable perspective about what's bro-

ken in our health care system. We serve as a safety net for the uninsured, who suffer increased morbidity and poor health outcomes because of their lack of access to health care. There are many people who work hard for their families, but can't afford health coverage. Diabetic patients, for example, often end up in hospitals with serious consequences that would be avoidable if they had preventive care.

"Prop. 72 is an important step towards recognizing the health care needs of the working people in our community, and allowing them access to basic health care services," Dr. Dehlendorf said. "In addition, it makes good economic sense. Keeping the workforce healthy benefits everyone, including employers. California



Dr. Gregg Miller with State Senator Joseph Dunn. Both support Prop. 72, which would require that mid- to large-size employers provide health coverage to their employees.

is often on the cutting edge politically, and this is another opportunity for Californians to take the initiative. It's not a complete answer to the problem, but it is a step in the right direction, and one that other states can follow."

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 "We have a responsibility not just to our individual patients, but to the community as a whole."

—Dr. Christine Dehlendorf
 PGY 3, SF General Hospital

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 to either provide their employees with health insurance, or contribute to a state fund that would cover them. It would provide coverage for 1.3 million Californians who work full-time, but are currently uninsured.

Large employers such as McDonald's and Wal-Mart have poured money into

Defining "Health Care for All" in Northern California

When Alameda County voters passed Measure A, a tax increase to save the struggling Alameda County Medical Center (ACMC), that was just the beginning of the story. Now comes the harder part, making decisions about how to utilize that money and keep the county institution both financially stable, and serving all who need it.

"The Board of Trustees hired a private consulting company as a turnaround team. They are being paid millions of dollars, and their first recommendation was to lay off 300 staffers," said Dr. Anita Gaind, CIR's Northern California Vice President. "It seems unjust and contradictory. Cutting clinical staff is the last thing we should be doing," she said.

CIR members are now part of a campaign to not only fight the cuts, but to expand services, and restore some of the cuts that occurred before Measure A was passed. With testimony at budget hearings, worksite rallies, and town hall meetings, they are

involving the community in the effort to define health care at this vital public facility. CIR leader Dr. Jeremy Graff, an Emergency Medicine physician at ACMC's Highland Hospital in

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 "Cutting clinical staff is the last thing we should be doing."

—CIR V.P. Anita Gaind, MD,
 PGY 3, Highland Hospital

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 Oakland, recorded a phone message sent to 75,000 voters urging them to call their Supervisors to support ACMC's mission.

"Health care is a right, not a privilege. Don't give up the fight," said the Rev. Jesse Jackson at an ACMC rally on August 12th. Dr. Gaind, the next speaker up, vowed that residents "will keep fighting for our patients. They deserve quality health care," not longer waits and less services.



Children's Hospital Oakland: Taking their Campaign to a Wider Audience

What to do when management has thwarted your fair and democratic vote for union representation, refuses to bargain in good faith or to listen to frontline physicians about how best to provide quality care for their pediatric patients? For residents at Children's Hospital Oakland, who have been working hard for 19 months to negotiate a first contract, the next step is taking their concerns public. Shown here, left to right, are **Drs. Elizabeth Bassett, Omoniyi Omotoso, Stephanie Chiang, and Eloa Adams**, at the bus shelter ad near the hospital which publicizes their concerns. The same ad appeared in the *Oakland Tribune*. A press conference, with informational picketing and leafletting held September 13th highlighted resident concerns about patient care issues. Residents have also lobbied legislators, given testimony and spoken to the public at hospital fundraising events.



CIR members were among the hundreds of ACMC employees and community supporters who rallied in front of Highland Hospital in Oakland to fight cuts in services, and to support ACMC's mission of providing quality health care regardless of ability to pay.

Health Care Is Ev

“Of all forms of inequality, injustice in health care is the most shocking and inhumane.”

—Dr. Martin Luther King, Jr.

I'm a HEALTH CARE VOTER

In 2003, nearly 47.3 million Americans or 16.6% were uninsured, up from 41.2 million in 2001. Nearly 9 million lost their employer-provided health insurance between 2001-2003. By 2010, health care economists are predicting that without any change in the current system, health insurance premiums for family coverage will top \$15,000/year.¹

With statistics like these, it's not hard to understand why health care has emerged as a major issue in the 2004 presidential race.

Day to day, in our emergency rooms, on the floors and in our clinics, we housestaff see the tragic results of this country's profoundly inadequate health care system. We work long hours and we do the best we can to provide care to our patients, who include some of society's most vulnerable — children, the elderly and disabled, and immigrants.

But now it's time to start tackling the big picture — and the Americans For Health Care campaign is a good way to start. A project of CIR's national affiliate, the Service Employees International Union (SEIU), Americans for Health Care aims to put health care reform on the radar screens of all elected officials, regardless of their party affiliation.

SEIU has 1.6 million members, 870,000 of whom work in the health care field. That's a powerful start, but one of the Americans for Health Care campaign's main goals is reaching out beyond SEIU members to organizations and communities throughout the U.S. to mobilize Americans for health care reform. The message is simple: we want accessible, affordable, quality health care, and we need lots of people

working for that goal.

The campaign's goals are clear:

- Pass local/state/federal legislation that results in the reduction of the number of uninsured.
- Elect candidates who will work to pass health care legislation that reduces the number of uninsured.
- Create and maintain nationwide demand for quality, affordable health care for all.

The campaign began in 2002 in Oregon and Maine and is now active in 18 states, plus the District of Columbia. More than 200,000 people have signed up to be "Health Care Voters" and various pieces of legislation have been passed in Maine, California, Connecticut, Nevada, Oregon and Rhode Island. In New Hampshire, for example, over 52,000 voters participated in an effort to get more than 121 towns and cities to pass local referenda calling for universal health care.

To find out more about SEIU's Americans for Health Care and how you — yes you, a very busy, but committed resident — can add your voice to the effort, log on to www.imahealthcarevoter.org and stay tuned for future CIR activities in your region.

¹ Sources: Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality (<http://meps.ahrq.gov/>); Center for Studying Health System Change; National Association of Community Health Centers.

Whereas, the health care system in the United States has skyrocketed while access to care is diminishing; many of the care is being priced out of reach of too many hardworking Americans; and

- Quality, affordable health care for all, without gaps in coverage;
- Care that is cost efficient and medically effective;
- A care package of health insurance benefits with choices available to federal employees; and
- Financing that is fair and includes employers, individuals, and the general public.

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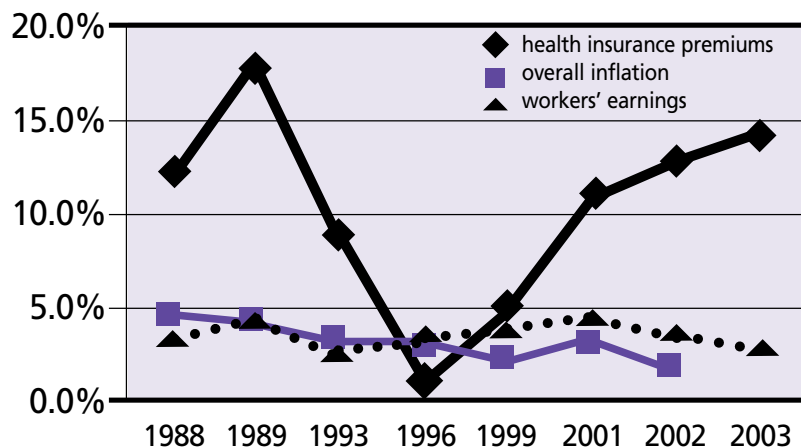
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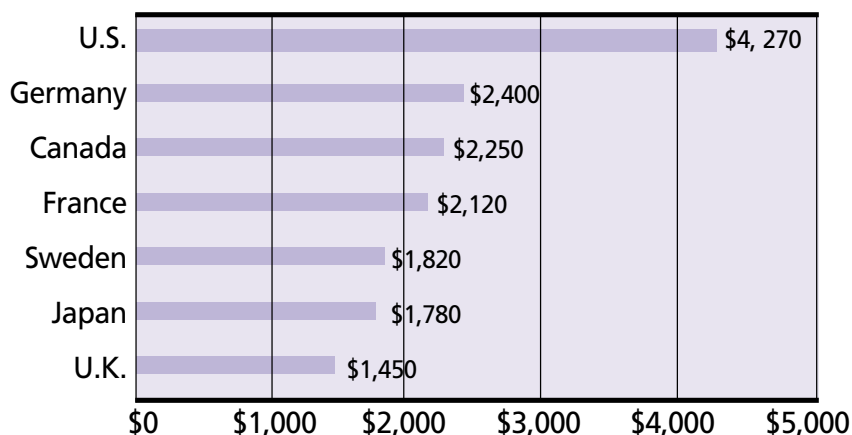
Health Care Crisis for Workers

INSURANCE PREMIUMS GROWING FASTER THAN WAGES

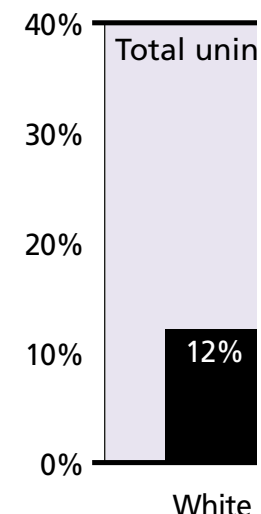


Paying for Universal Health Care... But Not Getting It

U.S. OUTPENDS ALL OTHER COUNTRIES— AND THEY HAVE HEALTH CARE FOR ALL!



Health Care PERCENT UNINSURED



Everybody's Issue



Travis Harker, MD Petitions for Change

*Affordable, Accessible, Quality Health Care –
Who Can't Get Behind That?*



Travis Harker MD, a family & preventative medicine resident at Dartmouth—Concord Hospital in New Hampshire discovered that five simple words—affordable, accessible, quality health care—resonate with Democrats, Republicans and Independents alike.

In 2003, Dr. Harker volunteered for the New Hampshire Americans for Health Care campaign and collected hundreds of signatures on a petition calling on the presidential candidates to make health care an issue in 2004.

“I work in a health clinic that treats everyone, regardless of ability to pay, but that doesn't mean that my patients still don't have serious problems with access to health care—trouble paying for their prescriptions or being able to see a specialist.

“Just this morning, I saw a patient with a torn ACL (anterior cruciate ligament),” explained Dr. Harker, who comes from a small town in central Ohio, went to medical school at Ohio State and then served for one year as Legislative Affairs Director for the American Medical Students Association (AMSA). “This patient needed an orthopedist, but he couldn't get in to see one without paying \$150 up front and he just didn't have it.”

Dr. Harker found out about the SEIU-sponsored *Americans for Health Care* at a community barbeque in nearby Manchester, NH, where he lives. He thought the petition was a good idea and asked his program director if it would be okay to bring it up at their weekly department-wide meeting.

“I explained that this was a non-

partisan effort; that we were sending a message to everyone who's running for president, and I got a great response, Republicans, Democrats—they all signed up. Then I stuck the petition in my white coat pocket when I was on-call and talked to nurses, clerks, and transport workers. I got an almost universal response: ‘Yeah, I believe in it.’”

He stresses that even busy residents can take an extra minute

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“I talked to nurses, clerks, and transport workers, and got an almost universal response: ‘Yeah, I believe in health care for all.’”

here and there while on-call to talk to co-workers about an issue that affects everyone. And from health care, said Dr. Harker, the subject easily moved on to broader political issues. Passing that petition “helped me get to know a lot of people in the hospital that I never would have.”

In the end, 50,000 petition signatures were delivered to the presidential candidates who mobbed New Hampshire during the primary season—that's 50,000 people in one state alone getting out the message that accessible, affordable, quality health care is a top priority this election year and in the future.

Crisis in Black and White

UNINSURED, BY RACE

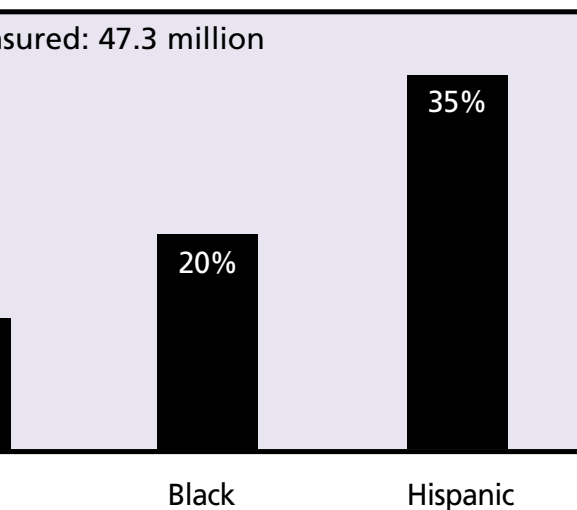


PHOTO: SANDY SHEA/CIR

CA's Santa Clara Valley Medical Center Wraps Up Contract in Record Time Five Weeks to a Raise

The 110 resident physicians at Santa Clara Valley Medical Center in San Jose, Ca. wrapped up their contract negotiations in record time — they began at the end of May 2004, and were done by June 28th. They accomplished all that

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“When lots of housestaff show up to negotiating sessions, it proves that the union truly represents the housestaff and shows how important this is to us.”

—Dr. Ruth Ann Bertsch, PGY 3, Internal Medicine

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before their previous contract had even expired, and won themselves an immediate raise.

Residents formed an active negotiating committee, and were joined by fellow residents for each session. “The issues varied from department to

department,” said Dr. Ruth Ann Bertsch, a PGY 3 in Internal Medicine at the hospital. “Radiologists wanted reimbursements for fluoroscopy license fees. Medicine housestaff were interested in salary, and reassurances that we’d get call rooms in the new hospital, and that there would be no cuts in ancillary services despite budget cuts imposed by the county.

“We also spent lots of time discussing the method of filing and resolving grievances,” said Dr. Bertsch, who was part of the negotiating committee. Because Santa Clara Valley is a county hospital, residents had to negotiate with the county directly. Before telling the county they were ready to negotiate, a committee of volunteers among the housestaff met to brainstorm things they would ask for.

“We polled the housestaff at large on what was important to them, and drafted sample language to put in the contract. The CIR negotiator also met with the hospital to see what could be resolved between the hospital and housestaff before involving the county negotiator,” Dr. Bertsch said.



Drs. Ruth Ann Bertsch, Hangnga Vu, and Albert Chiang, following contract negotiations.

The key to their success was involving many housestaff in the negotiating sessions. “We filled the room with housestaff members, whether they planned on saying anything about the contract proposals or not,” Dr. Bertsch said. That’s an important part of her advice to other residents who are negotiating contracts: “When you have lots of housestaff showing up to each negotiating session, it proves that the union truly represents the housestaff and shows how important negotiations

are to housestaff.” She also advises other residents to begin early if they are looking to make many changes in their contract, adding that residents at her hospital were lucky in that they had a solid contract to work from.

Highlights of the contract include a 1% raise in the first year and 3% in the second year of the two-year agreement. They also won payment of fluoroscopy licensure fees for radiology residents, and added Cesar Chavez Day as a new holiday.

Resident Rights as “Employees” Could be Lost November Election Likely to Impact Outcome

It is common knowledge that the next president of the United States will likely appoint one or more Supreme Court justices, a move with broad implications for all Americans.

Not so well known are the myriad other appointments that fall within the president’s purview, including one with profound implications for the majority of residents who are employed by and train in U.S. teaching hospitals: namely the five-member National Labor Relations Board.

In its 1999 *Boston Medical Center* decision, the NLRB voted 3-2 in favor

of extending the procedural protections and rights to unionize to house officers employed in the private sector (most residents in public hospitals have had that right for many years). The hospital industry had argued successfully for more than 20 years that residents should be classified as students, and thus denied the protections under the Labor Board to negotiate with their employer over their salaries, hours, and working conditions. CIR decided to challenge that opinion, won the case, and proceeded to organize more than 3,000

residents from 2000-2003.

Now, just five years later, that decision is in danger of being overturned. Why? Because whichever political party is in the White House determines the majority opinion on the Labor Board.

“The National Labor Relations Act is a 70 year old statute and that statute isn’t specific,” explains Sarah Fox, Esq., a Clinton appointee to the Board who joined the majority that voted in favor of granting employment rights for residents. “The statute leaves a great deal to interpretation on issues like this [student-employee] issue.

“It’s not so much that there are differing opinions on the law, as that Board members have different approaches to the law. Republican appointees are much more protective of employer prerogatives and less interested in ensuring or expanding the employee side of collective bargaining rights.”

By way of example, Attorney Fox, who now works for the national AFL-CIO, and who addressed the CIR Convention in May, points to a recent NLRB decision that “does not bode well for interns and residents.” In July 2004, the Board reversed another Clinton-appointed Board majority decision (another 3-2 vote), which had granted graduate teaching assistants at Brown University “employee” status

and thus, the right to a secure union voice in the workplace. “In the *Brown* case,” said Fox, “the Board showed they were willing to overrule a recent precedent.”

Brown is certain to have a ripple affect on other graduate student organizing efforts in private universities like NYU and Columbia, where teaching assistants have been struggling for employer recognition of their

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“Republican appointees are much more protective of employer prerogatives and less interested in ensuring or expanding the employee side of collective bargaining rights.”

—Sarah Fox, Esq.

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unions or, in the case of NYU, have recently won a first contract. Even though the majority decision in *Brown* said it was not using the graduate assistant case to comment — one way or the other — on the rights of residents, “With four more years of a similar majority deciding opinions for the NLRB,” CIR President Barbie Gatton says, “we have great concern about the future of employee rights of residents.”



Attorney Sarah Fox addressing the CIR Convention in May 2004.

PHOTO: (TOP) KELLY GRAY/CIR; (BOTTOM) BILL BURKE/PAGE ONE PHOTOGRAPHY

In Washington, DC: Resolving Tough Issues in New Contract at Children's National Medical Center

The 90 pediatric residents at Children's National Medical Center in Washington, DC, had plenty of issues to work out, and during their four-month long negotiation process, managed to resolve the majority of those issues in their new contract, effective July 1, 2004.

"We merged with another hospital's pediatric residency program in early 2003," said Dr. Megha Fitzpatrick, a PGY 2 and negotiating committee member. "We had concerns over how that merger [with Howard University Hospital] would take place, and it was a big deal to us to have it defined in our contract. We were concerned with how the two programs would fit together, and what our responsibilities would be in the two different hospitals."

"Having just gone through the CIR National Convention, and seeing the challenges that so many groups in other regions face, I really appreciated what a great contract we have here at Children's," said Dr. Darren Klugman, a PGY 3, and negotiating committee member. "We really are pretty fortunate. We started out with good salaries, and improved on that, with 3.25% in the first year, and 3.5% in each of the following two years."

He also appreciated the renovated

call suites (with talk of a workout facility), night food delivery for those working the overnight shift, and the increase in the annual amount of money and rollover capability for the Patient Care Trust Fund. "Overall, the contract is excellent," said Dr. Klugman. "We're definitely leaving the residency in a better position than when we started. I would like to see full-time Spanish language interpreters, 24/7," he said, but that's for the next contract to achieve.

"It was a great example of give and take, working together and finding something that's a good compromise for both sides," Dr. Fitzpatrick said of the negotiating process. "I would encourage other residents to get involved in it. I'd absolutely do it again. We had a great team, and worked really, really hard. When a resident on-call would step in and others would cover them to make their participation possible, that's teamwork," she said.

Other noteworthy contract gains won by the team of CIR members and staff include:

- An increase in educational stipends;
- Guaranteed 2 weeks of Call-Free Elective;
- Hospital to pay for one medical licensure and controlled sub-



Some of the negotiating committee members (from left to right) Drs. Ariel Dubelman, Megha Fitzpatrick, Jamie Decker, Lewis Fermaglich, and Darren Klugman look relieved after achieving the majority of their goals in their new contract. Other committee members not pictured are Drs. Nana Adu-Amankwa, Richard Fuh, Alan Simon, and Ed Sepe.

- stances license in any state for each resident;
- Increased money for minority recruitment;
- A dedicated IT resident contact person to address resident computer issues;
- Call room improvements, including all new mattresses (already in place);
- No changes made to Howard University Hospital call schedule without committee input and residency due process. ■

Preparations for Contract Negotiations On A Massive Scale Now Underway in NYC area

What happens when nearly 5,000 residents, in 19 hospitals, both public and private, find themselves negotiating contracts at the same time? A great deal of synergy, for one thing. In recent New York regional CIR meetings, elected resident delegates, alternates, and department reps have been busy learning the fine art of negotiations and discussing issues and strategy in preparation for upcoming collective bargaining. Interested in taking part, and making sure your concerns are a priority? Get involved in meetings at your hospital to prepare for contract negotiations. Contact your CIR contract administrator for more info, and keep in touch with your CIR hospital leadership team!



PHOTOS: (TOP) VANESSA DIXON/CIR; (BOTTOM) CARA METZ/CIR

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