CIR SEIU NEWS
COMMITTEE OF INTERNS AND RESIDENTS March 2005

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CIR Doctors Respond to Tsunami Tragedy

Join Ongoing Relief Efforts in Sri Lanka, Thailand, India

Dr. Raslaan Nizar, in Sri Lanka, and Dr. Leah Kern, in Thailand, doing what they do best—helping those in need.

When the unimagineable became all too real, CIR doctors responded to the South Asian tsunami tragedy the best way they knew how – with action, skill, and compassion – by traveling to Sri Lanka, India and Thailand just days after the disaster to help heal the hurt and comfort the bereaved. Read their stories, pps. 4-5.

CIR SEIU NEWS
Committee of Interns and Residents
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Committee of Interns and Residents
National Affiliate of SEIU

National Headquarters
520 Eighth Avenue, Suite 1200
New York, NY 10018
(212) 356-8100
(800) CIR-8877

E-mail: info@cirseiu.org
http://www.cirseiu.org

555 Route 1 South, Third Floor
Iselin, NJ 08830
(732) 596-1441

818 Harrison Avenue
Boston, MA 02118
(617) 414-5301

1400 NW 10th Ave., Suite 1210
Miami, FL 33136
(305) 325-8922

1338 Mission Street, Third Floor
San Francisco, CA 94103
(415) 861-5235

Box 512075
Los Angeles, CA 90051
(310) 632-0111

Washington, DC Office
(202) 872-5838

Ave. San Ignacio 1393
Urb. Altamesa, San Juan P.R. 00921
(787) 775-0720

COVER PHOTOS:
COURTESY OF DRS. NIZAR AND KERN

President's Report

Barbie Gatton, MD, CIR President

What Medicaid & Medicare Cuts Mean For Our Nation's Future

In previous columns, I've expressed worries about the funding of health care and how the care of the most needy would become a political football. If you've been reading the newspapers lately, you know about the White House-proposed Medicaid budget cuts, and their impact on all 50 states. Proposed Medicaid cuts of at least $45 billion (and possibly up to $60 billion) over 10 years will have serious consequences for *all* of our hospitals. It will hit the neediest among us, and the nation's public hospitals, and stand-alone children's hospitals the hardest. In addition, some of the specific cuts to Medicare are to funding for graduate medical education, emergency medical services for children, trauma planning, and public health.

The greatest damage will be done to the most vulnerable, with millions of children and elderly losing coverage. As an Emergency Medicine physician, I know that if these cuts do go through, the result will be more people whose only care comes from the emergency room. This will result in sicker patients, longer waits, and even greater costs, both human and monetary.

We all know that our hospitals are already struggling with the level of Medicaid funding we currently have. Governors in states such as Tennessee and Florida have announced huge cuts in their state Medicaid services.

If Congress accepts the President's funding reductions, consequences will be dire. We are united with other health care workers, medical specialty societies, and the hospital industry in opposing these cuts.

At a recent CIR Regional Meeting, we heard from a New York CIR member about a program created at his hospital to target overweight teenagers at risk of developing diabetes. Due to funding cuts, the program has been trimmed, and is now only open to teenagers who have already developed diabetes. The entire preventive goal of the program has been gutted. That's the level of current funding to hospitals. If these cuts go through, it will only get worse.

That's why I'm asking you to take a moment right now, and write an online letter to your Senators and Congresspeople opposing these cuts to Medicare and Medicaid. Here's how: visit our website at www.cir-seiu.org, click on the "Take Action" button on the left, and click on the first campaign listed, "*Put Families First, Stop Health Care Cuts.*" This campaign is being coordinated by our national organization, SEIU, the Service Employees International Union. You'll find a sample letter you can sign and send online, or personalize with your own experiences, on the subject matter.

Get the word out to your friends and colleagues, too. For those who want to take it to the next level of involvement, think about writing a letter to the editor, and getting together a group of your colleagues to call, or visit your senators and congresspeople. Our colleagues at Children's National Medical Center in Washington, DC have taken the lead and already done this. I recently spent a month in Washington lobbying Congress on this and other health care issues.

"If Congress accepts the President's funding reductions, consequences will be dire. We are united with other health care workers, medical specialty societies, and the hospital industry in opposing these cuts."

It's our health care system, and as residents, we have to speak up about what's wrong. This draconian budget is a huge step in the wrong direction. Email your thoughts to CIR about how your hospital, and your state are responding to these cuts at info@cir-seiu.org.

Notice of Election of CIR National Officers

POSITIONS TO BE FILLED

President
Executive Vice President
Secretary-Treasurer
Vice Presidents:
Florida. 1
Massachusetts 1
New Jersey/DC 1
New York 5
Northern California. 1
Southern California. 2

TERM OF OFFICE

One year, commencing with the election at the 2005 National Convention and ending on the next election date.

ELIGIBILITY REQUIREMENTS

Members in good standing, who will be serving as housestaff officers at a member institution for the next residency year, shall be eligible to stand for election as officer. In addition to such persons, housestaff officers in good standing at a member institution for the current residency year, or a housestaff officer in good standing who is serving as a full-time officer of CIR during the year preceding the election, shall be eligible to stand for election as officer, but in no event shall service as officer commence or extend more than two years after separation from a housestaff program. No person may run for more than one Executive Committee office.

NOMINATION PROCEDURES

Nominations are to be made by petition signed by two delegates, which must be received in the CIR National Office at 520 Eighth Avenue, 12th floor, New York, N.Y. 10018 prior to May 10, 2005.

CAMPAIGN PROCEDURE

Officer elections will take place on Sunday, May 22, 2005, at the National Convention. Only delegates, and alternates who are replacing delegates who are in attendance at the National Convention, are eligible to vote.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE CIR NATIONAL OFFICE AT 1 (800) CIR-8877.

CIR Supports Greater Health Care Access in Central Brooklyn

"This Central Brooklyn community is concerned about the dwindling number of health care services in the area," said CIR Pres. Barbie Gatton, MD at a January 20, 2005 Community Forum that brought together church, community, union and health care advocacy groups along with local elected officials in one of the city's most medically underserved communities.

Dr. Gatton pledged CIR's support in the upcoming fight against cuts to Medicaid and Medicare, saying, "we need more funding, not less."

PHOTO: BILL BURKE/PAGE ONE PHOTOGRAPHY

Contract Victories

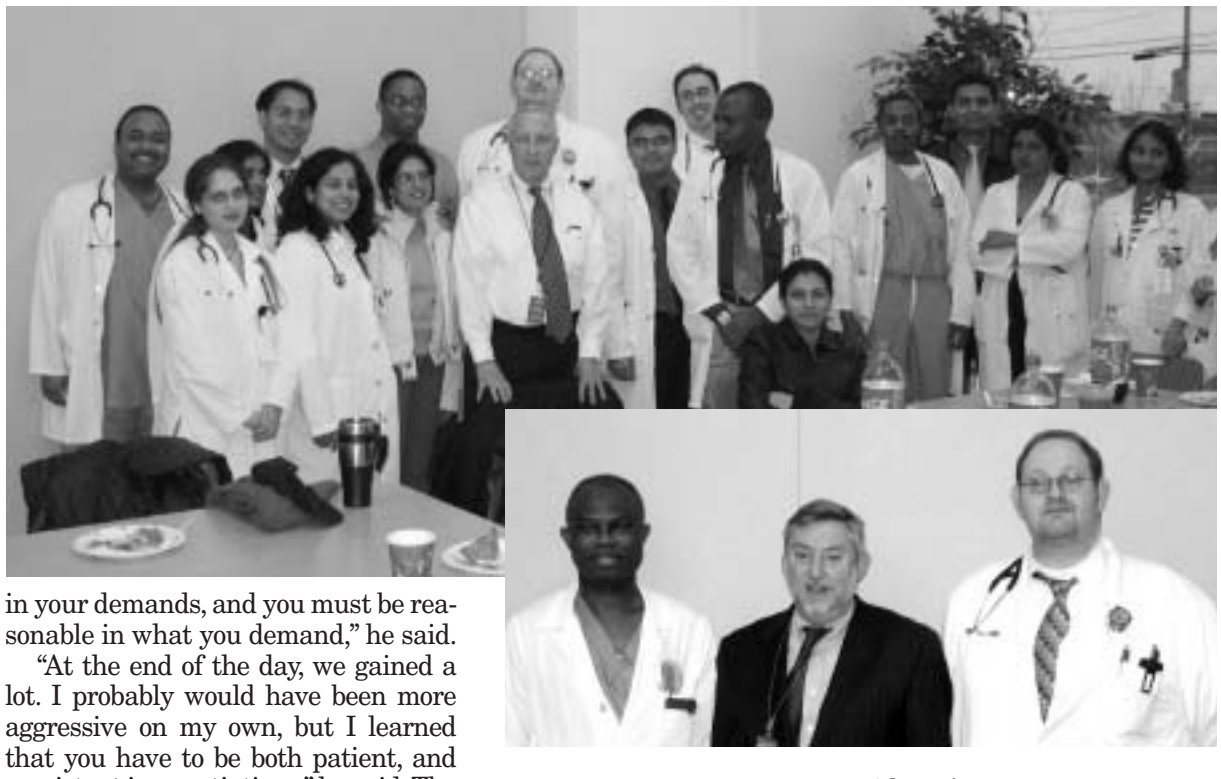
At Jersey City Medical Center, Patience and Persistence Pay Off

Challenging negotiations that began last June at Jersey City Medical Center, ended fruitfully in a contract with solid gains that was ratified February 2, 2005.

"Through CIR and with persistence, we won a contract for everyone that we couldn't have done individually, or even as separate departments," said Dr. Alex Kimel, a PGY 2 in Internal Medicine, who was part of the negotiating committee. "We had a lot of cooperation between departments, and we kept negotiating and arguing with the administration until we ultimately came to a compromise that both sides could be satisfied with," he said.

Jersey City Medical Center has residency programs in Internal Medicine, Pediatrics, OB/GYN, and Dentistry, and a consistent group of people from each department participated throughout the negotiations, trading off duties with their coworkers in order to be able to attend the meetings.

"I learned a lot from negotiations," said Dr. Chukwuma Okoroji, a PGY 3 in OB/GYN. "When you come to a negotiating session, you must be prepared to win your argument – you must know your facts; you must know what has happened in similar institutions, so you can use that information as an example; you must be consistent in your demands, and you must be reasonable in what you demand," he said.



Proving that the contract was something all sides could feel good about, negotiating committee members and Jersey City Medical Center's CEO, Dr. Jonathan Metsch celebrated with a party following the ratification.

Drs. Okorogi and Kimel with the hospital's lead negotiator, John Doyle, Senior Vice Pres. for Corporate Administration.

"At the end of the day, we gained a lot. I probably would have been more aggressive on my own, but I learned that you have to be both patient, and persistent in negotiations," he said. The hospital began bargaining by saying there would be no raises due to a deficit; after months of negotiations they agreed to 1.5%, but in the end, finally came through with 3% increases for each year of the contract.

Other important gains were:

- The hospital agreed to increase payments to protect residents' medical and dental benefits; and
- For the first time, the hospital agreed to allow payroll deductions for residents who choose to sign up for CIR's political action fund, CARE. "That will actually come back to benefit the hospital," Dr. Okorogi said, "If the hospital needs increased funding, the support of residents and political leaders in New Jersey will be important."

Reflecting on the months-long negotiation experience, Dr. Okorogi said, "I thought it should go faster, but that's democracy. I'm pleased with the end result, and would definitely do it again. It was a rewarding experience."

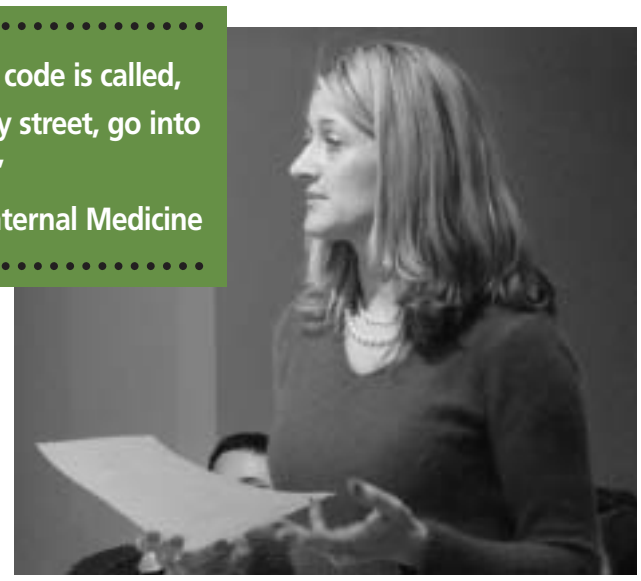
"Closer to Care"

New Contract Ratified at Brooklyn's Methodist Hospital

Wearing buttons that read, "8 Minutes Away," "Closer to Care," and the simple, yet classic, "RESPECT," CIR members at Methodist Hospital in Brooklyn, NY, made their point that call rooms and lounges located in a separate building, away from patient care areas, are not acceptable.

"You should be able to get there in a minute if a code is called, and not have to wait for an elevator, cross a busy street, go into another building, and wait for another elevator," said Dr. Nada Boscovic, a first year resident in Internal Medicine who was on the negotiating committee. "I was pretty surprised that we didn't have the call rooms and lounges we needed," she said. The hospital agreed to 16 call rooms (up from the current two) and a lounge for all residents, in the main hospital building. Nurses took to wearing the CIR buttons to show their support for the campaign.

> **"You should be able to get there in a minute if a code is called, and not have to wait for an elevator, cross a busy street, go into another building, and wait for another elevator."**
>
> **—Dr. Nada Boscovic, PGY 1, Internal Medicine**



Dr. Nada Boscovic

Other significant gains won in the new contract include:

- 3% raises for each of the three years of the contract;
- an agreement that the hospital will fully pay the increased cost to the CIR Benefit Plan;
- meal vouchers increased to $8.25 and usable all day (including the day before and day after call);
- improved laundry service for lab coats, and;
- an increase in book and journal allowance, from $350 to $525.

The contract was ratified on January 11, 2005, following several months of negotiations. "I discovered how important it is to be consistent, and attend every negotiating session," said Dr. Boscovic. "It's not like one person saying, 'we need a lounge.' We stuck together, and didn't budge. And it helps to have a good negotiator—our CIR staff person did a wonderful job of asking us for our ideas, giving us ideas, and knowing when to keep pushing."

Residents who attended the negotiating committee meetings saw their main concerns addressed in the final contract.

PHOTOS: (TOP) JUSTIN WOOD/CIR; (BOTTOM) CARA METZ/CIR

"Whatever We Gave, We

CIR Members Respond to the Tsunami with M

When the tsunami hit on December 26, C
sprang into action to help by raising funds for the relief
are told below, took that compassion a step further, a
providing critical care to the s

In Sri Lanka: A Psychiatrist Offers Comfort

"We wanted people there to know that throughout the world, people care about what happened to them, and want to help."
—Dr. Raslaan Nizar, Kings County, NY

At first, Dr. Nizar watched the TV news like everyone else, transfixed by the unfolding disaster of the tsunami. But as the death toll climbed steadily upward, Dr. Nizar, who is a Psychiatry resident as well as a CIR New York Regional Vice President said, "I wanted to raise money for supplies. Then I just felt, the scope of the disaster is such that they need more than money. I'm a doctor, I was born and raised in Sri Lanka, I speak the language. In a time of need, this is the least I can do."

On December 30th, together with his brother-in-law, who is also a doctor, Dr. Nizar decided to join a relief group that his CIR staff person, Anne Mitchell, had told him about—the Sri Lanka Medical Association of North America. He needed permission from his employer, Kings County Hospital, in Brooklyn, NY, where he is currently in his third year of residency training. "My director was very supportive, and my patients were understanding, too. Kings County donated surgical supplies, gloves, gauze and other medical supplies." By January 4th he was on his way overseas, with the support of his wife, who remained home with their 18-month old. "I felt proud to be a doctor and be able to help," Dr. Nizar said. "My wife and I share the same philosophy, you do your very best for people who need it."

An ambulance crashed into a hospital from the force of the tsunami.

His team consisted of four doctors, two reporters, and a social worker. Their first stop was a remote town called Valachaini, on the east coast, two days of travel from the capital of Colombo. "There were 1,500 refugees living in a school there. Many of the kids lost one or both parents; about 20 were now orphans." Dr. Nizar, who initially did his medical training in Internal Medicine and Surgery before switching to Psychiatry, was uniquely able to treat patients as both medical doctor and psychiatrist. "We set up tables, and had medicines on hand. I treated patients medically, then after, would just wander around and talk to those who wanted to talk.


Dr. Nizar (left) en route to Sri Lanka.

"All you can do is offer support, and confirm that it is terrible. Getting people to talk about it can help, because holding it in is worse. We offered sedatives, and anti-anxiety medication to those who couldn't sleep. But we could give only short-term medication for acute cases, because we didn't know when the next doctors would be there to follow up.

"From there, we went to a different refugee camp, Alamkulam, which was under rebel control. We were the first doctors there. There were 1,200 refugees living in thin tents, five families to a tent. There were two water tanks and three toilets for all 1,200 people. There were very, very sick kids there. That was a very tough place to be. The babies were all dehydrated, the mothers not producing enough milk. We gave them antibiotics and educated the mothers about hygiene. But it felt helpless, because while we were treating them, we didn't know when there would be any follow-up.

Now that Dr. Nizar has made contact with organizers at each camp, he is continuing his aid efforts by raising money for supplies that will go directly to the camps he visited. "Sri Lanka has only 25 psychiatrists in the country as we speak now. We are asking western doctors to come and help out, because there has been a huge psychological impact to this country. I want to go back regularly, once a year. We wanted people there to know that throughout the world, people know and care about what happened to them, and want to help."

In Thailand, Children are the Focus

"I've never dealt with destruction like this—it was such a catastrophic event, people lost so many family members."
—Dr. Leah Kern, Children's Hospital, DC

Dr. Kern is a second-year Pediatrics resident at Children's National Medical Center in Washington, DC, and has a lot of international experience behind her. She was a Peace Corps. volunteer in the west African nation of Guinea, and has worked on medical missions in the Philippines and Guatemala. When the tsunami hit, "I had the great luck of being on elective," she said. She joined an organization called Smile on Wings, founded by a Thai dentist, Dr. Usa Bunnag, which does ongoing medical and dental relief work. From January 10-19, 2005, Dr. Kern was in the hardest-hit part of Thailand, the Phang Nga province, a region of fishing villages and tourist resorts.

Her team consisted of four doctors, two nurses, a dentist and two administrative volunteers. "Three-thousand people had died and 10,000 had their homes destroyed in this area. We worked with the Ministry of Public Health of Thailand, which assessed the basic needs of the area. We were in the Bang Muang refugee camp, which housed 5,000 refugees in tents. People with serious injuries and wounds had first been seen in hospitals, so we were like a community clinic for the camp. We saw lots of colds, fevers, diarrhea, asthma, and provided healing care for wounds," Dr. Kern said.

"The Thai government, military and police had a quick response to the disaster, and the infrastructure – roads and electricity – were still in place. We had mountains of bottled water, and food that had been donated. Needs were being well-met," in the face of the disaster, Dr. Kern said. "We had 97 orphans in our camp, all with extended family, like grandparents or aunts, to take care of them. Most of the kids were active and doing well. Charity groups had set


Refugee camp in Thailand.

e Also Gave People Hope"

Medical Relief in Sri Lanka, Thailand, and India

IR members, like people around the world,
effort. And some, like the CIR members whose experiences
nd made immediate travel plans to join medical teams
survivors. Here are their stories.

Dr. Kern with her translators.

up tents with activities for the children—drawing, coloring, playing music, making batiks, there was a lot for them to do. There were packs of 8-year olds running around playing. But there was one little five-year-old boy who was so sad and wouldn't play. He and his mother had survived, but they had lost his four sisters. When the waves came, his mom grabbed him, and lost everyone else. I was on the verge of tears to see him and his mom crying.

"There's clearly need for long-term mental health care. You need to be able to speak Thai, and to know the culture to really help. I've never dealt with destruction like this – it was such a catastrophic event, people lost so many family members. People there are really still in shock, the full effect of what had happened hadn't hit them yet. That was hard to see. We came so soon after the event and people were just beginning to adjust.

"Long-term help will be required. But in the short-term, people there are very grateful for the volunteers, and their needs are being met. Most refugee situations are not this positive. What's clear is that there is a great need for rebuilding, clearing land, and getting families the resources they need to rebuild their homes. I would love to go back again. It was a good experience to be able to help," Dr. Kern said.

In India, A Doctor Returns to His Med School Roots

"Whatever we gave, we also gave people hope."
—Dr. Kiran Patibandla, Woodhull, NY

CIR member Dr. Kiran Patibandla, chief resident in Internal Medicine at Woodhull Medical and Mental Health Center in Brooklyn, NY, had a very personal connection to one of the regions impacted by the tsunami. He attended the Sri Ramachandra Medical College and Research Institute, located in Chennai, India. Along with other U.S. doctors who had done their medical training there, Dr. Patibandla felt an instant urge to go back and help the community. He and his colleagues speak Tamil, the local language, and are familiar not only with the culture, but also with the administration of their medical school. They quickly arranged their relief trip for January 8-28th, 2005.

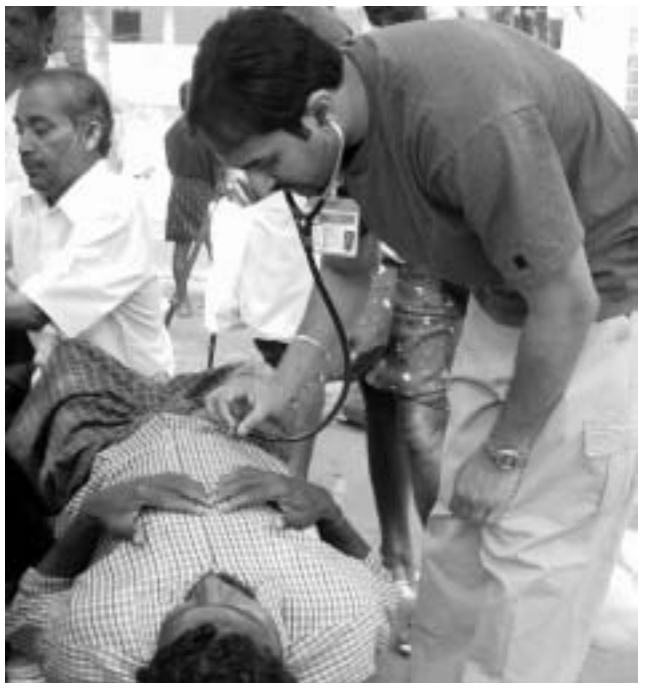
"I spoke with my colleagues [from the school] and we created our own organization, called PADRE, for Physicians for Asian Disaster Relief. Because there is a lot of corruption in many third-world countries, we decided to set up our own organization, so we could be sure there was no corruption involved. We are working with the Medical Director of our school.

"I got a great response from Woodhull Hospital. I told one colleague that I would be leaving for India in 48 hours. In just 24 hours, they had mobilized, and collected thousands of dollars. Everyone in my hospital wanted to help. Residents, doctors, technicians, nurses, aides, all kinds of staff donated to our effort, as did the Virtue Foundation, a local New York non-

Surveying the damage in India.

profit organization. I used vacation time to go. All our expenses, including plane tickets, came out of our own pockets. We didn't want to spend any of the money that could go for relief.

The PADRE group consisted of two New York doctors, three Tennessee doctors, two pharmacists, and an orthopedic surgeon. "We asked the school's Medical Director to arrange for our mobile unit to visit the hardest hit areas along the coast of Tamil



Dr. Patibandla at work.

Nadu, the southern state. We were the first doctors most people saw. We set up a medical table, with just our stethoscopes and medication to give. By word of mouth, people would just keep coming. We saw about 400 people a day. We were so busy, it was like a factory, seeing one person after another. They welcomed us with open arms, and received free medication, and someone to listen to them, and help. Whatever we gave, we also gave them hope.

"As we went from camp to camp, the major diagnoses were trauma, viral infection, gastroenteritis, skin infections, and upper respiratory infections, many due to the close quarters of the refugee camps. There is so much psychological damage, which will take months and years to heal. One woman complained that her heart was racing, she didn't understand why. But the wave had consumed her five children and her husband. People assume that physical effects are medical, but it can be more psychological.

"We're hoping to take PADRE to Indonesia and Sri Lanka in the spring to help out there. With our organization, we'll be involved for years. We want to establish medical records for everyone, because it was all lost. In addition to housing, work, and basic medical care, people really need someone to hold their hand, and give them hope. I think that a lot of the comfort comes in that people realize that we came from far away just to listen and help.

"In medical school, you always hear about the patient-doctor separation, but at the end of the day, you can't separate yourself. We're all humans. Now that I'm back home, I have a new sense of perspective, of being grateful for what we have. These natural disasters can happen anywhere," he said.

PHOTOS: COURTESY OF DRS. NIZAR, KERN, PATIIBANDLA

Car Crashes and Long Hours Linked in

"Extended Work Shifts and the Risk of Motor Vehicle Crashes Among Interns" (*New England Journal of Medicine,* January 13, 2005) examines what happens when exhausted residents get behind the wheel of a car after working 24 or more consecutive hours and finds a significant increase in the number of accidents and near-misses.

In its third study to be published in the *New England Journal of Medicine* in as many months, the Harvard Work Hours Health and Safety Group has produced yet another sobering look at the negative effects of excessive work hours – this time on residents themselves.

"We found that the odds that interns will have a documented motor vehicle crash on the commute after an extended work shift were more than double the odds after a nonextended shift. Near-miss incidents were more than five times as likely to occur after an extended shift as they were after a nonextended shift. These findings, which are of particular concern because motor vehicle crashes are the leading cause of death in this age group, are consistent with the findings that sleep deprivation degrades performance and that the number of fatigue-related crashes increases in proportion to the time spent on the task." (NEJM, p. 130).

The authors collected the data in 2002-03 in a prospective, Web-based survey in which 2,737 interns completed 17,003 monthly reports. The car crash questions ("documented motor vehicle crashes, near-miss incidents, and incidents involving involuntary sleeping" NEJM, p. 125) were interspersed among 60 questions on the survey. Other questions focused on work hours, the number of hours worked consecutively, and questions such as the incidence of needle sticks, medical errors, and depression.

"What surprises people who are not 'in the the business' is that interns and residents are allowed to work that long. They know that in the trucking and the airline industries, there are limits that are far lower than what have been set for residents."
—Laura Barger, Ph.D.

Harvard researchers reported that 320 moter vehicle crashes were reported, "including 133 that were consequential (i.e. crashes leading to treatment in an emergency department, property damage of $1,000 or greater, the filing of a police report, or a combination of those factors); 131 of the 320 crashes occurred on the commute from work….The risk of either a crash or a near-miss incident was significantly greater if the intern was commuting from work after an extended shift." (NEJM, p. 129).

"We knew going into the research that car crashes would be our primary outcome measure," lead investigator Laura K. Barger, Ph.D., told *CIR News*, "because we could document it – through police accident reports, insurance claims, and the like." She noted that the study underwent rigorous statistical review by the NEJM prior to its acceptance for publication.

Dr. Barger added that the research team does "have other data from the survey that we would like to publish" and that they also intend to compare "our first year of data, which was gathered before the ACGME's hours changes [prior to July 1, 2003] to data gathered post ACGME changes." She pointed out that although the article published in the *New England Journal of Medicine* was based on data from the 2002-03 house officer year, the difference between the intern schedules pre- and post-ACGME hours rules was negligible.

"Our study found that the average work hours pre-ACGME was 70 per week and the average length of an extended shift was 32 hours. The new ACGME limits are 80 per week and 30 hours shifts. The difference between 30 and 32 hours is not that great – no sweeping reform has really taken place."

Asked if anything had surprised her about the findings, Dr. Barger replied no – "I think most people would say, 'Duh! Of course people are more tired after being up more than 24 hours and therefore more apt to cause a car accident. What surprises people who are not 'in the business,'" she added, "is that people are allowed to work that long. They know that in trucking, in the airline industry, there are limits that are far lower than what have been set for the residents."

To read "Extended Work Shifts and the Risk of Motor Vehicle Crashes among Interns" in its entirety, go to www.cirseiu.org or www.hourswatch.org.

Illinois Auto Accident Case: Should Hospital Share Responsibility?

In July 1997, a resident at Rush Presbyterian St. Luke's Medical Center in Chicago left the hospital post-call to drive home after being awake 34 of the previous 36 hours. The resident then fell asleep at the wheel and crashed into the back of two cars. As a result of the collision, a passenger in one of the cars that was hit suffered a serious brain injury.

This tragic case is one of a physician's worst nightmares come true. The resident accepted responsibility for the accident and settled out of court. But the victim's family believed that the hospital that scheduled the resident to work those excessive hours should also share some responsibility for this terrible – and preventable – accident.

Rush Presbyterian, however, disagreed. The hospital refused to accept any responsibility and filed a motion to dismiss all of the claims against it. In 2003, the Circuit Court of Cook County in Illinois granted the hospital's motion and dismissed all claims. The victim's family then appealed the case to the Appellate Court of Illinois.

In its article on residents and car crashes published in the *New England Journal of Medicine*, the Harvard Work Hours Health and Safety Group reports that "appeals courts in two states have ruled that an employer's responsibility for fatigue-related crashes can continue even after an employee has left work, similar in concept to the liability incurred by people who serve alcohol to drivers who are subsequently involved in alcohol-related motor vehicle crashes." (NEJM, p 132)

This tragic case is one of a physician's worst nightmares come true. The victim's family believed that the hospital that scheduled the resident to work those excessive hours should also share some responsibility for this terrible – and preventable – accident.

Because of our experience with the dangers posed by driving post-call, CIR decided to submit a "friend of the court" (amicus) brief to the court in Illinois in support of the position that the hospital should share responsibility.

CIR began to address the problem of resident 'driving while drowsy' in 1999, after the death of Dr. Valentin Barbalescu, a medical resident and a member of CIR from Jacobi Hospital in the Bronx, who was killed in a post-call car accident. His tragic death, coming on the heels of widely publicized violations of New York State's resident work hours limits, led CIR to organize a first ever resident work hours conference. That conference drew even more attention to the dangers of excessive work hours – to patients and to residents themselves.

In 2000, CIR joined the American Medical Student Association and Public Citizen in filing a petition to the Occupational Safety and Health Administration, calling on the federal government

PHOTO: COURTESY OF LAURA BARGER

Harvard Intern Study

DWD...Driving While Drowsy

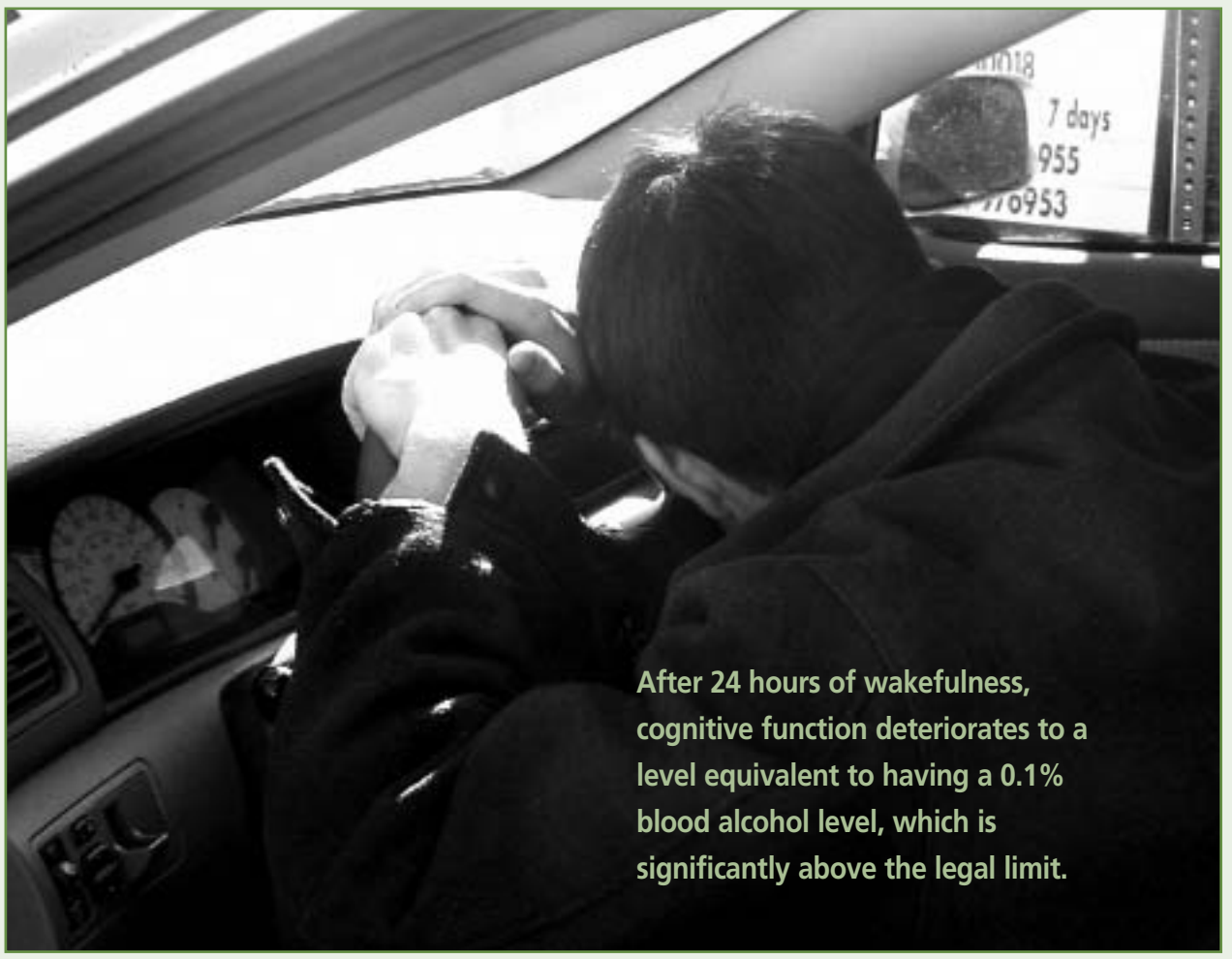
How many times have you walked out of the hospital post-call, post 24+ straight hours of work, thinking only about getting into your bed at the soonest possible moment? There's just one thing between you and some desperately needed sleep – the drive home. It's a situation that every resident knows well. It's so common, that it's really just taken for granted…but maybe not for much longer.

The public, now thoroughly educated to the dangers of driving while intoxicated, is beginning to awaken to the dangers of DWD – driving while drowsy. Research has shown that "After 24 hours of wakefulness, cognitive function deteriorates to a level equivalent to having a 0.1% blood alcohol level." [1] In the U.S., the legal limit of the blood alcohol concentration for commercial drivers is 0.04 and for most non-commercial drivers is 0.08.

In its discussion of intern driving while drowsy, the Harvard Work Hours Health and Safety Group reviews the legal implications for residents of continuing to schedule residents to shifts of 24 or more consecutive hours. "….the state of New Jersey has recently amended its vehicular-homicide statute to add to the definition of reckless driving 'driving after having been without sleep for a period in excess of 24 consecutive hours,' a revision that explicitly subjects drivers in that state to a conviction of criminal homicide under such circumstances. Similar legislation is pending in New York, Massachusetts, and Michigan." (NEJM, p.132).

CIR-affiliated hospitals have the ability to negotiate for shorter hours; after extended work shifts, they can negotiate for transportation assistance such as taxi-vouchers and shuttle buses. Other residency programs throughout the country are considering, or beginning to offer round-trip taxi vouchers to their post-call residents leaving after 24+ hours, but these are voluntary programs. CIR advocates for these programs as a critical safety feature.

(1) (Nature, 1997; 388: 235)



After 24 hours of wakefulness, cognitive function deteriorates to a level equivalent to having a 0.1% blood alcohol level, which is significantly above the legal limit.

to promulgate regulations to limit work hours of the nation's 100,000 resident physicians. The petition focused on three health indicators, including car accidents, and presented considerable evidence of the dangers to exhausted residents.

CIR's amicus brief in the Illinois case was submitted in the summer of 2004. It gives many examples of exhausted residents involved in serious car crashes, including one death. The brief also reviews published reports and studies showing that drowsy driving by housestaff is widespread, and that the health care industry is aware of the danger, yet has been unwilling or unable to effectively police itself. Making teaching hospitals liable when residents are involved in automobile accidents after working excessive hours would help to deter future dangerous conduct.

"As physicians, we want to provide the very best care to our patients," commented CIR President Dr. Barbie Gatton. "We take our oath seriously, which starts with the fundamental principle of 'first, do no harm.' Yet we are regularly required by hospitals to put people at risk by working 24-30 hours, and then getting behind the wheel of a car. We join this profession to serve the public. The last thing we want to be is a public safety hazard."

PHOTO: CARA METZ/CIR

The Illinois Hospital Association has filed an amicus in opposition to CIR's position, arguing that hospitals are not responsible for off duty resident behavior, that the duty not to drive while drowsy falls solely upon the residents, and that residents have the option of sleeping at the hospital, taking public transportation or getting a cab. Cook County, which includes the City of Chicago, also filed a brief, claiming that if hospitals were held liable, it would cost hospitals and the County too much money. The court is expected to issue a decision sometime in 2005.

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Barbie Gatton, MD, President, CIR/SEIU

"Hospitals can't have it both ways," says Dr. Gatton. "If they schedule us to work 24 + hours in a row and count on our being there to provide patient care, then they can't also claim that they aren't responsible for what happens when we leave in an impaired state. Telling us we have the option of staying to sleep in the hospital after a 30-hour shift is ridiculous. We would never leave. It's been a long time since residents were required to live in the hospital. We should not be going backwards."

Jackson CIR Members Feted on Housestaff Appreciation Day

Miami may have been uncharacteristically drizzly on January 13, but that didn't keep away the crowds of Jackson Memorial Hospital house officers enjoying CIR's 4th annual Housestaff Appreciation Day. By noontime the sky had cleared up enough for over 300 housestaff to enjoy a festive lunch of BBQ ribs, chicken, hamburgers and hotdogs, veggie burgers and an array of salads and desserts. Senior hospital administrators and residency program coordinators and labor relations staff stopped by.

"This has become a very special event," said CIR's Regional Vice President in Florida, Dr. Zachary Pearson-Martinez. "Housestaff work extremely hard on behalf of our patients, and to have CIR—and the rest of the Jackson community—recognize our contribution is very satisfying."

Resident Awareness Day in Canada

"Walk in Our Shoes" was the theme of the 2005 Residency Awareness Day, as celebrated in the province of Ontario, Canada. Politicians and hospital administrators were given pedometers to see how far they walked in comparison to residents, explained Dr. Danielle Martin, president of the Professional Association of Internes and Residents of Ontario (PAIRO).

Resident Awareness Day is celebrated every year by all of the Canadian residency associations (yes, all residents in Canada are union members!) The goal of the event, observed this year on February 22nd, is to educate the public, elected officials and hospital administrators about the important contribution of residents to the health care system.

OPEN TO ALL ELECTED DELEGATES AND ALTERNATES

2005 CIR National Convention

Washington, D.C. • May 20-22, 2005

Keynote Speakers: Charles Czeisler, MD, PhD, on Resident Work Hours, and David Himmelstein, MD, on Health Care Access

All 2005-2006 Delegates and Alternate Delegates are invited to attend the CIR Annual Convention. Delegates are chosen by colleagues in elections that are held each year in CIR hospitals in the month of March.

Join us for an exciting weekend in Washington, D.C., as more than 100 CIR delegates from Massachusetts, New York, New Jersey, the District of Columbia, Florida, Puerto Rico, and California come together to learn more about your union and about issues facing all housestaff. You'll have the opportunity to trade ideas on important matters such as how to reduce resident work hours, and get fired up to go back home and make your hospital a better place – for you and your patients. There will also be time for socializing with your colleagues from around the country.

Travel and hotel accommodation in Washington, D.C. (double-room occupancy) will be paid for by CIR.

For more information regarding convention travel or registration, please call CIR toll-free at 1-800-CIR-8877, or contact your local CIR organizer. More information will be mailed directly to all newly-elected delegates.

PHOTOS: (TOP) AMY HALL/CIR; (BOTTOM) PAGE ONE PHOTOGRAPHY