COMMITTEE OF INTERNS AND RESIDENTS June 2005

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President's Report

Barbie Gatton, MD, CIR President

Surviving Your Intern Year

To all new interns: Congratulations! You have a job. You are finally being paid, instead of paying tuition, for the privilege of working so hard. At this time of year, interns across the country have received a contract specifying what they owe the hospital. As CIR members, you have something most interns don't – you have a contract specifying *what the hospital owes you*.

This contract guarantees your salary, benefits, and working conditions. It covers specifics about holidays, meals, parking, and call rooms. But more importantly, it gives you a voice and a process for protecting and improving your educational experience as well as your work environment. It also provides you with an opportunity to improve patient care.

I remember July 1st, my first day as an intern in Emergency Medicine at Methodist Hospital, in Brooklyn, New York. When I saw my first patient, I was awed by the responsibility, and also relieved to find that I really had learned something in medical school. The number of patients I saw, and just how sick they were, was overwhelming. Now the buck stopped here, with me. While I was doing an exam on one patient, I heard a knock on the door: "You have an intubation in three minutes." I was relieved to see a second year and an attending there to back me up, but still, I was responsible for keeping this individual breathing. That is both a richly rewarding, and a deeply intimidating

experience. When the patient was stabilized, I had the realization that the field of medicine, which I'd sacrificed so much time and energy to learn, was incredibly satisfying.

At the beginning of medical school, we had a mandatory stress management workshop, during which they told us, "We are training you to be healers and to promote health. Yet for the next four years, you will not get enough sleep, you will not see enough sunlight, you will not eat properly, you will not get enough exercise, and you will not have enough time with your loved ones." As true as that was for medical school, it is even truer for residency. You will work at least 80 hours and be up for 30 hours at a stretch. During those 80 hours, you will make life and death decisions, and some of you will then drive home, post-call. CIR is working to change all that.

On my first inpatient call, I ran from bedside to bedside. One patient was hypoglycemic, and needed glucose immediately. Another patient was in a hypertensive crisis, and a third was desaturating and needed to be intubated. On top of all that, there were six admissions waiting for me at the ER. At 2 AM, I realized I hadn't eaten; and later that night, I realized I didn't even know where the call room was. By 6:30 AM, a half an hour before rounds, I knew I wasn't getting to a call room on this call, but that I should at least know where to find it.

"Welcome to CIR. When you have a chance to catch your breath, you'll discover what an asset CIR can be in residency."

The good news is that internship ends. You will come through your internship a better clinician, a better patient advocate, and a stronger leader.

So, here are some very quick pointers for surviving your internship year:

- Know where your call rooms are.
- Be nice to the nurses. They will be your allies and help you survive. Their impression of you will be formed during that intern year, and they can help make things go smoothly for the next several years, or not. If a nurse questions your order, remember that they've been doing this for a long time. Rather than give them an attitude, look again at the order. We are all human, and make mistakes.
- Eat when you can, sleep when you can, sit when you can. Plan in advance so that you can have enough food to get you through each call.

It was a few months into my intern year before I got my head above water and could think about more than the patient who was immediately before me. I began to see the needs of my hospital and the community that we serve, and to see the tool that CIR gave me in addressing those needs.

Welcome to CIR. When you have a chance to catch your breath, you'll discover what an asset CIR can be in residency. Look to your CIR delegate and department rep for information right from the beginning. If and when you are ready to tackle the bigger issues, CIR is a resource for improving health care in your hospital, your community, and our nation.

New York CIR Members Rally Against Cuts to Medicaid

On April 7th, 2005, CIR members from hospitals in New York City joined thousands of other union members, including hospital and home care workers, to show their gratitude to state legislators for soundly rejecting most of the health care cuts requested by Governor George Pataki in his budget. The state legislature passed the budget on time, and sent a strong message to the governor that they did not want to see it balanced on the back of the most vulnerable among our population. "It's bad enough not having enough money in my own hospital as it is now," said CIR member Dr. Glen Sorrentino, a PGY 3 in Internal Medicine at Brooklyn Hospital. "Unfortunately, you need money for good care. There's only so much people can achieve by caring alone. The money has to be there. We could use more funding, not less," Dr. Sorrentino said. Dr. Mehdi Salemi, of Kingsbrook Hospital concurred, saying "Funding is important for everyone, patients and doctors."

PHOTO: (TOP) BILL BURKE/ PAGE ONE PHOTOGRAPHY; (BOTTOM) CARA METZ/CIR

At Oakland, CA Children's Hospital:

Celebrating A First Contract and Passing the Torch to Incoming Residents

For Hung Tran, MD, a PGY 1 at Children's Hospital Oakland (CHO), in California, it was a surprise when he began his residency and found there was a union campaign underway. "I didn't know what I was walking into," he said. "Initially, I was on the fence. I thought, 'I should just be a resident.' Then I realized the seniors were right – a lot of things were missing. I was willing to go along with the administration until I went to my first negotiating session. It's very important to go to negotiations! The attitude of the administration was that they were not going to change a thing. It was so hard to get really basic equipment, like an ophthalmoscope – simple things that help us do our jobs. There was a disconnect between people who run the hospital, and people who treat patients day-to-day. It's actually more cost-effective for the administration to help us do our job. I see the union as a bridge, bringing feedback between both sides," Dr. Tran said.

Shouldn't Resident Physicians at Children's Hospital Oakland Have a Say in Your Child's Health Care?

Resident physicians at Children's Hospital Oakland are fighting for a voice in patient care.

More than a year ago, we organized a union to stand up for our patients. The administration at Children's Hospital Oakland decided to cut important services and eliminate certain specialists, which made it harder for us to care for our patients.

Instead of working with the resident physicians, the administration at Children's Hospital Oakland is spending tens of thousands of dollars to silence us.

We've discussed ways to improve patient care and save the hospital money—only to be to told that as resident physicians, our ideas don't matter.

We believe the administration of Children's Hospital Oakland should spend its money to make sick children well, and not to fight its hardworking resident physicians.

California Nurses Association

CIR SEIU Committee of Interns & Residents

At times, the process of negotiating for their first contract "was very frustrating," said Sylvia Gonzalez, MD, a PGY 3 in Pediatrics. "But we weren't going to just let them tell us no," she said. "We had to keep going, because if we stopped, they would have worn us out. It was a war of attrition," added Dr. Marlene Rodriguez, also a PGY 3 in Pediatrics. "We did every PR stunt possible – informational picketing, press conferences, a newspaper and bus shelter ad in front of the hospital, and meeting with public officials. Finally, we took a vote to authorize a strike (if necessary) — and had over 96% approval," which let administration know their resolve, she said.

At that final point, and with a new CEO in place, management was ready to sit down and bargain in good faith. Dr. Rodriguez has been involved with the organizing campaign at CHO since beginning her residency. When the authorization vote was taken in December 2004, Dr. Tran added, "there was really good turnout. That definitely made administration pay more attention to us, and realize that we are going to be union, whatever obstacles are ahead of us. We will be strong in numbers." As a result of their hard work, the 76 residents were able to ratify their first contract in March, 2005. "Now we have guaranteed time during orientation to discuss the union, and what it means. Our ultimate goals of a Patient Care Fund, better staffing, with a 24-hour IV team, and more hours of interpreter services are not yet fully realized," Dr. Rodriguez said, but residents have made strides towards improving the working environment at their hospital by having a voice on these issues at labor-management meetings. "We will be leaving the incoming residents much better off than we were, with 10% raises for interns, and additional increases over the life of the contract; paid time for orientation (a week-long period that wasn't paid prior to this contract), and moving expenses of $2,500, as well as increases in book allowances for each year." Additional gains include a signing bonus ranging from $500 to $1,500 depending on PGY level, and increased money for meal allowances.

> **"We wanted a contract before we left, and we've achieved it. We've established our presence in a way that cannot be denied."**
>
> **Marlene Rodriguez, MD**
> **PGY 3, Children's Hospital, Oakland**

"We've raised $10,000 so far for our Patient Care Fund, which we will set up and administer ourselves," Dr. Rodriguez said. Some of the key items they plan to provide are taxi vouchers, and medicine for their patients without health insurance. Other important victories include funding for the recruitment of underrepresented minority residents," she said. "Administration now has to meet with us to address our concerns, it's in our contract."

"There were third years here who really got this going," Dr. Rodriguez said. "We wanted a contract before we left, and we've achieved it. We've established our presence in a way that cannot be denied."

"It's a good starting point for the years to come," Dr. Gonzalez concurred. "Now there's something in place to build on for our future." Dr. Tran, who was elected CIR delegate, looks forward to the process ahead. "Residents will be happier here now, in an environment that is supportive. It's a work in progress, and you can always improve on things," he said.

PHOTOS: KELLY GRAY/CIR; JEANHEE KIM/CIR

Clockwise from top: Dr. Marlene Rodriguez addressing a recent rally; below, press conference held to alert the community to residents' issues at CHO; the newspaper ad residents took out to publicize their campaign for a fair contract.

Persistence and Community Support Deliver Happy Ending

Brooklyn Hospital Residents Ratify First Contract

"When I first came to Brooklyn Hospital, I heard that we'd be CIR members soon," said Dr. Jacqueline Ward-Gaines, a PGY 3 in Emergency Medicine. "But all last year was a big stalled year. I thought, let me get involved, this is ridiculous." The issues that residents had with administration were serious. "Residency is tough, but there should still be a degree of respect that everyone should get, professional, respectful treatment," Dr. Ward-Gaines said. She was not alone in feeling that residents were not treated as they should be. Brooklyn Hospital residents all look forward to better conditions with their first contract signed and ratified.

The 228 residents at this hospital in Fort Greene, Brooklyn struggled to deliver excellent care to their patients, while battling hospital administration for respect on the job. "Since we started our residencies here, some of us were facing intimidation every day," one resident said. In some departments, residents were fired for no reason they could discern. They decided to form a union when all their efforts to improve the situation were thwarted.

Drs. Pedram Babadi, Jacqueline Ward-Gaines, and Rabee Korbaj, from Brooklyn Hospital attended their first convention this May and received a warm welcome from delegates around the country.

In a union election, housestaff voted to join CIR by an overwhelming majority. But negotiations went nowhere. The CIR negotiating committee found themselves across the table from a different set of negotiators at each meeting. Improved patient care? Not possible. Raises and respect? No way. The hospital increased the cost of health insurance for residents. Things went from bad to worse when residents were surprised to learn that the hospital, in an effort to save money, had dropped its medical malpractice coverage and opted to self-insure.

A number of factors turned the tide in their campaign. "With the help of CIR staff, we were able to form community alliances. Church and political leaders from the neighborhood met with CIR and then tried to persuade Brooklyn Hospital's administration to negotiate with us," said Dr. Ward-Gaines. A new administrative team at the hospital also improved the outcome.

Residents at Brooklyn Hospital ratify their first contract in a celebratory mood.

"We had between 15 – 30 doctors coming to every negotiating meeting," said Dr. Pedram Babadi, a PGY 1 in Internal Medicine. "Even post-call, people would stay for the meetings. You don't realize the power you have when there are 20 doctors in a room," added Dr. Ward-Gaines. "Residents were all pretty supportive of our goals," said Dr. Babadi. And with that support, they were able to achieve solid first contract gains that include:

- 3% raises each year of the three-year agreement;
- CIR's Health and Welfare benefits to be phased in over the life of the agreement;
- Fair disciplinary process and review;
- Access to files;
- Malpractice contract language that is comprehensive — no changes can be made to the malpractice program without notification and discussion with CIR; and
- Non-renewal notification dates of December 15th for PGY 1s, and November 15th for all other housestaff.

"We had excellent turn-out for the ratification vote," said Dr. Ward-Gaines. "Each department had a different reason for wanting this contract, so everyone showed up. We're pretty elated right now. To tell you the truth, I can't even think of what we might want in our next contract, we just have to enforce this contract first!"

Dr. Anita Gaind

A Volunteer's Experience in Uganda

"I think about it in the free spaces of my day," said Dr. Anita Gaind, outgoing CIR Vice President from Northern California, reflecting on her recent experiences in Uganda, Africa, where she did medical volunteer work this past winter.

In a nation with a severe shortage of doctors — a doctor to patient ratio of one doctor to more than 25,000 patients, according to government estimates – every medical contribution is needed and appreciated. Dr. Gaind first worked in an AIDS clinic called "Reach Out" that is part of the Mbuya Parish in the capital city of Kampala. She worked with Dr. Charles Steinberg, an American HIV/AIDS specialist from Boulder, and nurse Timothy Emanzi. From there, she traveled to Soroti, a smaller town five hours outside of Kampala where she performed a needs assessment as part of the "advance team" for a clinic that is now newly established there. "One of our goals is to keep this clinic going, as a viable volunteer opportunity for western health professionals and for the Ugandan community as a place for providing basic health services, and to provide jobs for local health care workers," Dr. Gaind said. She also worked at a local Soroti hospital, where she learned, "how doctors there really rely on their hands, and experience to figure out what's going on with their patients. They have only basic tests, not all the advanced technology we have. They have an old-style acumen in their practice that we're in danger of losing. I learned a lot from them."

Soroti street scene.

"As a physician, I have a new appreciation for all we have available to us. Day to day, as an American, we don't recognize our own privilege and wealth, the opportunity to treat ourselves and others. On the other hand, with that realization, I feel a great sense of injustice that so much of the world is living without the most basic health care and necessities. It's humbling and shocking to come face to face with those disparities," she said.

Dr. Gaind with nurse Timothy Emanzi.

The people she met in Uganda were "so warm, welcoming and open. That makes a project like this really possible," Dr. Gaind said. "They want people from the west to come and share experiences with them. As with any type of philanthropic work, when you give something, what you get back is so much greater."

PHOTO: (TOP) LINDA BERMAS/CIR; BILL BURKE/PAGE ONE PHOTOGRAPHY; (BOTTOM) COURTESY OF DR. GAIND

SPECIAL ORIENTATION SECTION

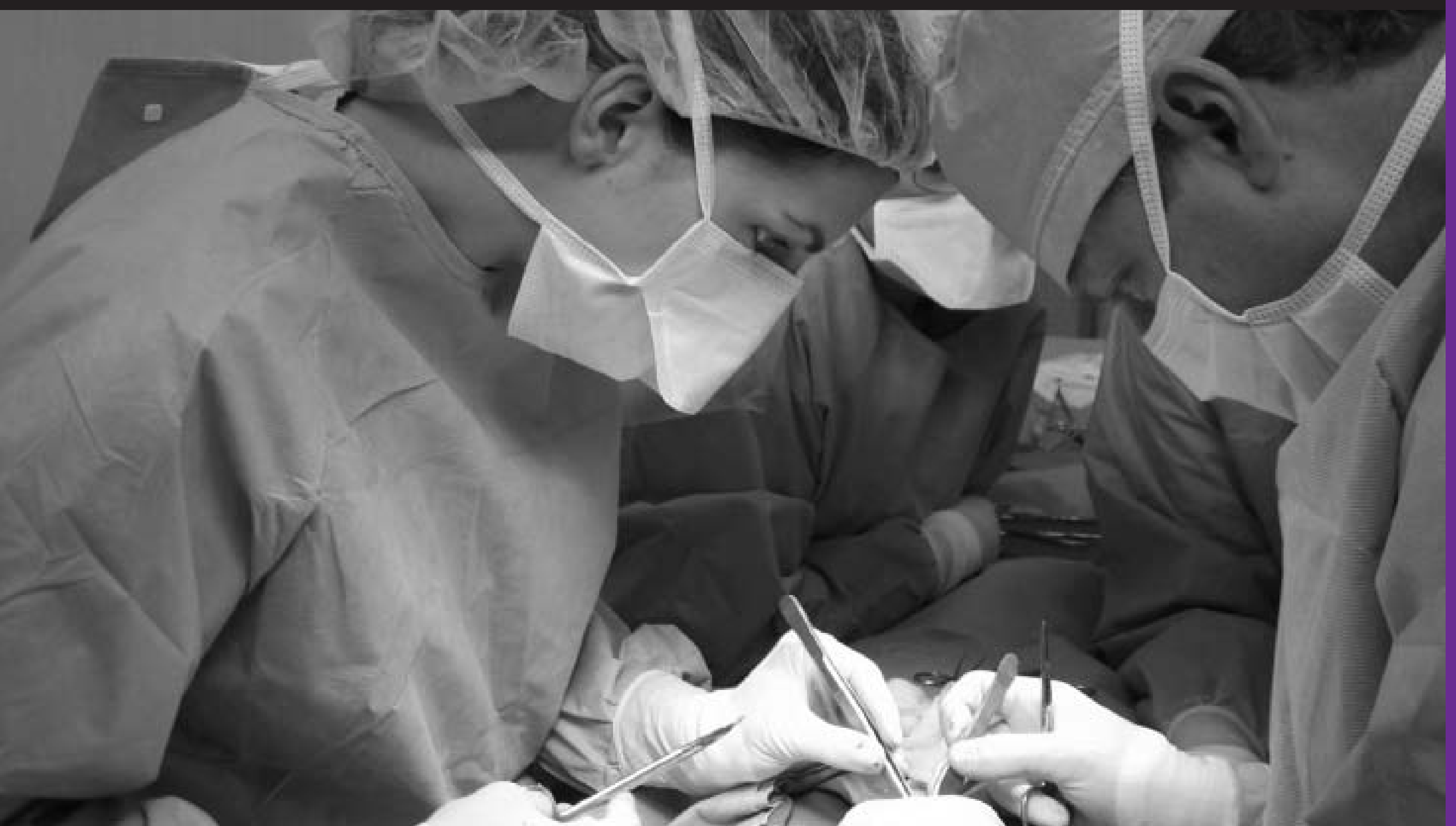


PHOTO: COURTESY OF DR. DAUPHINE

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 oldest and largest union of housestaff in the U.S., will be behind you as you face each new challenge. For 48 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. Learn how you, as a member, can participate in CIR within your department, your hospital, and as a representative on CIR elected bodies.

Is your hospital in compliance with hours regulations?
Are the changes made in the best way?

If not, contact your CIR organizer and check out the HoursWatch website.

www.HoursWatch.org is co-sponsored by CIR and AMSA.

CIR SEIU
Committee of Interns & Residents

The Patients' Voice, The Doctors' Ch

1957-2005: 48 YEARS

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 rights, salary, benefits and working conditions that are the envy of their colleagues in non-CIR 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 48 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
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.

1975

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
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, residents undertake 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.

1980

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 now includes 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.

hoice

S OF COMMITMENT & LEADERSHIP

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.

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.

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 Local 1199 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.

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.

1985 | **1990** | **1995** | **2000-2005**

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

1991
Organizing success continues in D.C., 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.

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
After affiliating with CIR, L.A. County housestaff win their first salary increase in seven years with 1st-year interns getting a 15% raise. In Miami, Jackson Memorial residents win first contract in Florida history; PGY 1 rates increase 25 percent by end of contract.

2000
Organizing accelerates in response to NLRB and PERB decisions. Three-hundred residents at Brookdale Medical Center in Brooklyn, N.Y. win voluntary recognition. CIR establishes a new region for housestaff in Puerto Rico. 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 AMSA 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 legislation, the Patient and Physician Safety and Protection Act (H.R. 3236), to address 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 two Brooklyn, N.Y. hospitals, Maimonides Medical Center, and Brooklyn Hospital, vote to join CIR.

2004
CIR members join union-community coalition to win passage of a tax increase to fund public safety net hospital 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.

2005
Long and difficult negotiations culminate in first contracts at Childrens Hospital in Oakland, Ca., and Brooklyn Hospital in Brooklyn, NY. New contracts are ratified throughout CIR regions. CIR's efforts to reduce resident work hours are aided by Harvard sleep research, published in The New England Journal of Medicine, *linking interns' long hours of work with an increased incidence of serious medical errors and car accidents. CIR and Canadian provincial union increase exchanges.*

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

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 oldest and largest 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 70 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 1.8 million member Service Employees International Union (SEIU), with 870,000 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 48 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 New York 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.

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-

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

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 Graduate Medical Education Committee 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 housestaff-administered funds are used to buy essential supplies, equipment and patient amenities that are not included in hospitals' budgets.

Housestaff are on the front lines, taking care of patients every day, but their suggestions for patient care are often ignored. With the Patient Care Fund, residents can say what's lacking.

Patient Care Funds are an innovation that began in the 1970s with CIR 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.

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

A committee of residents oversees how the money is spent. 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.

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.

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

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 hour 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

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, Miami

"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

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 $1,700 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

"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.

PHOTOS: CARA METZ/CIR

Brooklyn, NY Ob-Gyn Chair Thinks 'Outside the Box'

Saying Good-bye to 'On Call' Brings Educational & Quality of Life Improvements

Dr. Tina Mason, chairman of the Department of Ob-Gyn at Brookdale University Hospital and Medical Center in Brooklyn, NY would be the first to admit that she left no stone unturned in her quest to bring her program into compliance with New York State resident work hour limits.

"We tried every traditional permutation we could think of – we tried 1 in 3, we tried short call and long call and we tried night float, and every time we came up with a schedule we had a problem with the 80 hours. Then, I woke up one morning and – you know how they say 'sleep on it?' Well, it came to me – 'why not try this!"

"This," was a decisive move away from any call whatsoever. Instead, Dr. Mason devised a day and night shift schedule for the department's 16 residents that has brought the program under 80 hours, reduced almost all consecutive hours worked to a maximum of 14 hours, guaranteed one day off in seven and 10 hours off between shifts – all while dramatically improving resident education and resident quality of life. Sound impossible? Check out the Schedule box on this page – and read on.

While Dr. Mason knew that this shift model was the answer to her problems, she also knew it wasn't going to be a simple matter of printing up a new schedule. "I knew that if we did this, then there would need to be a paradigm shift in the whole department. I needed to talk to the OR and to the attendings, to nursing and the clinic staff – to make them all understand that this change would be to everyone's benefit.

"For example," she explained, "clinic used to start at 9 AM, but really it didn't start until 9:15 or 9:30 because clinic staff didn't arrive until

continued on page 13

"We older attendings, who trained when it was routine to work 120 hours a week, we have to change our thinking. All of medicine has to change. There's such a thing as physical exhaustion – when you can't give any more. After a certain amount of time you have to go home! It's not in the best interest of our patients to have sleepy physicians."

Tina Mason, MD
Chairman, Department of Ob-Gyn

Brookdale Ob-Gyn Schedule Solves Hours & Educational Problems

As of July 2004, all Ob-Gyn rotations at Brookdale went on a shift schedule that allows for one day off in seven, never goes over 80 hours per week, reduces almost all consecutive hours worked to a maximum of 14 and guarantees 10 hours off between shifts. Here's a summary of the schedule.

Day Shift = 6:30 AM – 8 PM, five days per week, Monday – Friday (Maximum hours worked 67.5).

Night Shift = 7:30 PM - 9:30 AM, five nights per week, Sunday – Thursday (Maximum hours worked 70). Residents do three non-consecutive months of night shift each year. On this shift, every weekend is free from Friday at 8 AM to Sunday at 7:30 PM.

Weekends = Covered by the Day Shift teams — Friday 7:30 PM -8 AM Saturday. Saturdays are split into 2 twelve-hour shifts. Sundays 7:30 AM - 8 PM (Maximum hours worked 79.5). Some residents may be scheduled for a Friday night shift of 24 hours, but that is the only scheduled shift that is longer than 14 hours and their total weekly hours are still under 80.

Educational Conference: 8 - 9:30 AM, Monday – Friday. This is protected time and all residents are usually able to attend. **OR** and **Ambulatory Clinics** begin at 9:30 AM. Attendings and midwives cover Labor & Delivery so that residents are able to attend conference (unless they are in the middle of a delivery).

BPHOTOS: CARA METZ/CIR

Residents Initially Resist, but then Jump on Board

What's Best? No Surprises

"Yes, it's true," says Dr. Kelley Halstead, a PGY 4 Ob-Gyn resident and CIR member at Brookdale University Hospital and Medical Center, "at first we weren't happy about the change." Dr. Halstead, who had worked the first two years of her residency under the old call system, explained:

Dr. Kelley Halstead

"We said 8 PM every night – that's late! But then we realized the advantages. Most important – there are no surprises. Worst case scenario, you're there from 6:30 AM to 8 PM and then you can definitely leave, baring an extreme emergency. There's no new admission that you suddenly have to take. Under the old on-call system, we were often here that late anyway [on a non-call day]. And with this schedule, sometimes you can even leave early, say at 5:00 PM, if the service is quiet."

As for resident education, "It's great to have educational time built in to every day – no getting called away," observes Dr. Halstead. "It's a set thing each day, resident lecture or M&M or faculty lecture. And having it one and a half hours instead of just one hour is good too. It builds in extra time for questions and answers after a talk or to discuss a problem that's come up."

When asked if she thought of shifts in medicine as a negative, Dr. Halstead said, no. "Shifts? I don't think of it that way. I think of continuity of care and it's better with this system. We have the same team on days signing off to the same team on nights and everybody knows the patients."

"Residency is hellish," concludes Dr. Halstead, "and Ob and Surgery are more hellish than most because of the uncertainty – you never know what's coming in the door. But this schedule is set. You can plan your life."

Strong Contract Gains in New York

In New York City, 12 voluntary hospital CIR chapters lined up their contracts to expire on the same day. The strategy is to negotiate at the same time to maximize our strength, and set a pattern of higher standards for all New York housestaff. The new pattern includes a 3% salary increase per year, and employer responsibility to pay increased costs to the Benefit Plan. At this time, nearly one-third of all New York voluntary hospitals have settled their contracts, and another third are near settling. The remaining chapters have mounted petition campaigns, lunchtime pickets, and are wearing buttons and handing out flyers to resolve their outstanding contract issues.

Residents at Bronx-Lebanon ratified their contract by an overwhelming majority.

Bronx-Lebanon Residents Achieve Their Goals

"The negotiations were very interactive and challenging," Dr. Kaylan Bhamidimarri, a PGY 2 resident in Internal Medicine said, noting that the hospital was resistant to many of the residents' proposed improvements. In response, residents at Bronx-Lebanon turned out in big numbers for many of the negotiation sessions, a signal to the hospital that they were serious about achieving their goals.

One of the primary goals for these negotiations was to fortify the New York Voluntary Hospital negotiation pattern set by New York Methodist Hospital one month earlier. Residents at Bronx-Lebanon knew this was important for members at other CIR hospitals who were facing challenges to their health care benefits contributions and even greater resistance to fair salary increases.

Significant gains won in the new contract include:

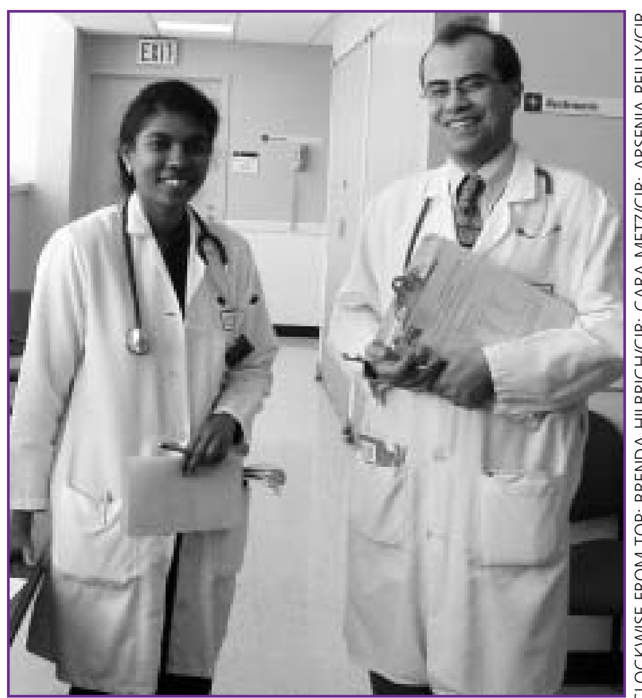
- 3% raises for each of the three years of the contract;
- Increases to meal allowance in each year of the contract;
- Personal days made permanent for the future;
- Increase in book and journal allowances in each year of the contract; and
- Agreement that the hospital will pay the full cost for any increased costs to the Benefit Plan. This means CIR housestaff continue to receive all health benefits free of charge.

The contract was ratified on February 28, 2005, following five months of negotiations. "We are happy with the results, we achieved our goals," said Dr. Ivi Kasimati, a PGY 2 in Internal Medicine.

"A Good, Solid Contract" at Wyckoff Heights Medical Center

Wyckoff Heights Medical Center housestaff settled a new three-year CIR contract in late April, 2005. Wyckoff, like Methodist Hospital, is a member of the New York Presbyterian Healthcare System, and employs over 150 residents and fellows in allopathic, osteopathic, podiatric, and dental programs. The hospital is located in the Bushwick section of Brooklyn and has had CIR contracts since 1974.

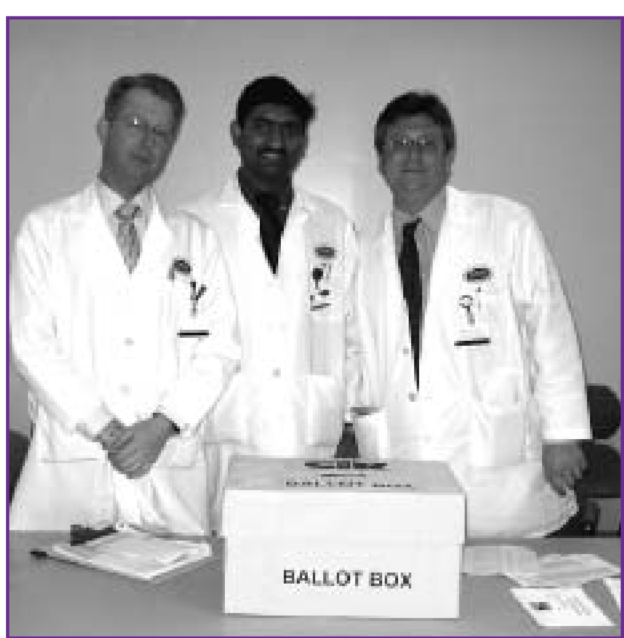
"We won a good, solid contract," said Dr. Marino Tavarez, a CIR NY vice president. The new collective bargaining agreement provides 3% salary increases in each year of the contract, a new educational benefit for all, increases in employer contributions to the Voluntary Hospitals House Staff Benefits Plan, and allows use of sick days for family matters, matrimony, and bereavement.



Wyckoff residents vote to approve their contract on April 22, 2005. Shown here voting are Drs. Cynthia Sudar and Mehran Tevallee.

Residents Win Big at New Jersey's Bergen Regional Medical Center

Housestaff at Bergen Regional Medical Center in northern New Jersey celebrated major gains last month as they unanimously ratified a new three-year CIR contract. The hospital agreed to salary increases totaling 4% per year, making Bergen Regional residents among the highest-paid in New Jersey. Housestaff were also able to negotiate cost-of-living increases in their housing stipends, meal stipends, book allowances, and conference stipends.



Drs. Felix Sterling, Sreenvas Katragadda, and Alex Golin, on the day of Bergen Regional's contract vote.

"Going into negotiations, we were clear about the financial pressure that residents face with the rising cost of living in Bergen County, and we emphasized to management that we needed to see a decent increase in our paychecks," said Dr. Daniela Ganescu.

The CIR negotiating committee was also able to implement several new items in their contract that promise to help housestaff gain a stronger voice in the hospital and the residency program. For the first time, residents will be able to contribute to CIR/SEIU's CARE fund, and lobby more effectively on local political issues affecting the hospital. Management also agreed to regular labor-management meetings with CIR members and staff, to address problems in scheduling and patient loads. Finally, CIR and hospital managers agreed to meet next fall to establish a patient care fund at Bergen Regional, which residents hope will allow them to purchase needed educational and patient care materials.

As bargaining proceeded over the winter, members of the CIR negotiating committee felt that they learned some valuable lessons. Dr. Sreenvas Katragadda, a PGY 2 resident in Psychiatry, says he began to notice that management negotiators responded most positively to union proposals that might reduce hospital costs through improved efficiency, such as better scheduling systems for the outpatient clinics.

"We needed to help them see the ways in which our ideas will improve patient care, resident recruitment, and hospital functioning," said Dr. Katragadda.

PHOTOS: CLOCKWISE FROM TOP: BRENDA HILBRICH/CIR; CARA METZ/CIR; ARSENIA REILLY/CIR

Help Harvard Get Their Data!

CIR Urges Housestaff to Participate in This Hours Study

State Senator Champions Massachusetts Work Hour Limits

Massachusetts State Senator Richard Moore is on a mission. Chair of the Health Care Financing Committee, Senator Moore has been a strong and tireless supporter of expanding access to health care in the Commonwealth. He's also a well known champion of health care quality improvement and has helped lead the effort to reduce medical errors in the state.

This spring, Senator Moore filed major legislation to expand health care access. CIR delegates eagerly signed on in support of the first significant proposals to expand access to care in more than 10 years. CIR was also surprised and pleased to discover that Senator Moore had included language limiting resident physician work hours, taken from a stand-alone bill that he had originally filed in December 2004.

Pointing to the access bill's emphasis on quality, Senator Moore explained that he sees reducing excessive work hours as a move that is certain to cut down on medical errors and improve health care quality in the Commonwealth.

Both the language included in the Access Bill and the stand-alone resident work hours bill call on the Massachusetts Department of Public Health to form an advisory committee made up of stakeholders in the work hours issue, e.g. the hospital association, the medical society, the Board of Registration in Medicine, UMass Medical School, CIR, AMSA, as well as a sleep scientist, a consumer, and the director of the state-funded Betsy Lehman Center for Patient Safety and Medical Error Reduction. This advisory committee will then recommend appropriate work hours limits, which the Department of Public Health will then use to adopt regulations. The Access Bill also requires every teaching hospital to submit extensive semi-annual reports to DPH, documenting on-call shifts, total hours worked and other data. A hearing on the bill is scheduled for early June.

PHOTO: SANDY SHEA/CIR

Massachusetts State Senator Richard Moore, shown here with (left to right) CIR Massachusetts Sec'y-Treas. Simon Ahtaridis, Cambridge CIR delegate Varsha Vimalananda and Cambridge CIR members Laura Duncan and Eliot DaSilva.

Creative OB Scheduling

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9 AM. Now we have conference every morning from 8 AM to 9:30 and when the residents get to clinic to start at 9:30, patients are all ready to be seen. Clinic still ends at the same time – and we still see the same number of patients."

Asked what, to her mind, was best about the shift schedule, Dr. Mason replied that there were two big advantages. First: the daily educational conferences, which all residents attend, unless they are in the middle of a delivery or operative procedure. "Short protected time five days a week is much more useful than a longer period once a week, when residents fall asleep or just come and go," says Dr. Mason. "It's easier to get speakers too."

The second advantage is that the residents are happy. "Now, they can truly have a life. They can say, "Mommy will be home at 7 PM," and mean it. They can see a movie or do some reading. Ironically," she reports, "the residents fought us tooth and nail when we first proposed it, but now that they've lived with it, they are happy and tell all the intern applicants. We've gotten calls from Ob-Gyn departments all over asking us for the schedule."

Since the term 'shift' or 'shift work' is often seen as a dirty word in medicine, *CIR News* asked Dr. Mason how she overcame that bias. "We older attendings, who trained when it was routine to work 120 hours a week, we have to change our thinking. All of medicine has to change. My kids would say, 'that's old school.' There's such a thing as physical exhaustion – when you can't give any more. After a certain amount of time you have to go home! It's not in the best interest of our patients to have sleepy physicians."

San Francisco General Hospital:

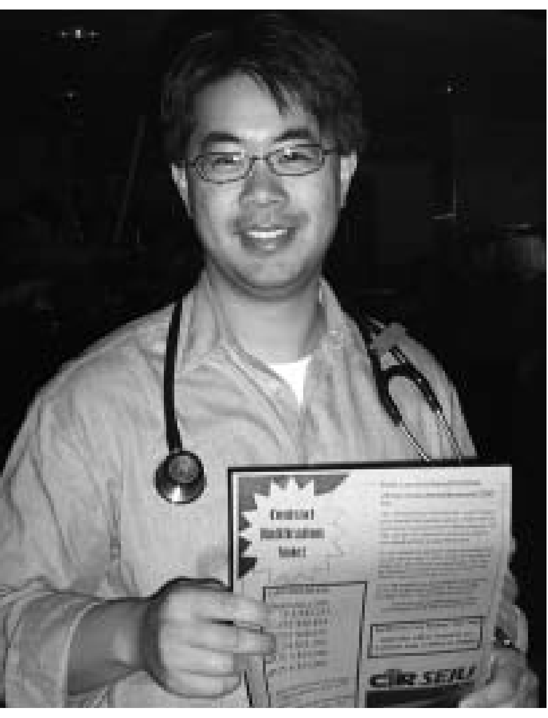
Residents Step Up with New Contract

CIR members at San Francisco General Hospital entered negotiations with the City and County of San Francisco on March 9th, 2005 to discuss making hospital improvements, expanding the Patient Care Fund, and most importantly, working to keep SFGH a competitive program that continues to attract quality doctors.

"Throughout this struggle, it became more and more clear to me how essential our voice was," said Dr. Christine Dehlendorf, a PGY 3 in Family and Community Medicine at SF General, and a newly elected CIR Vice President from Northern California.

"The City Board of Supervisors, the Mayor, and the negotiators for the City had no idea that failing to adequately compensate the residents would compromise care at the General. By constantly reminding them that our ability to recruit residents to serve as front line providers in our safety net system was at stake, we advocated for our hospital and our patients," Dr. Dehlendorf said.

As resident physicians based at the University of California, CIR members work with UC San Francisco residents who rotate through SFGH. Historically, CIR members have consistently gotten higher wages and benefits than their UC counterparts, thanks to the CIR contract. Yet, as UCSF added a housing stipend, SFGH fell behind in their rates. The City was reluctant to consider equal or better pay for SFGH members.



Residents ratify their contract (at right) and publicize contract gains.

Residents already in the program felt that the City's proposal would send a message that care at more affluent hospitals was valued more. Committed to protecting the future of SFGH, the 120 CIR members entered negotiations knowing that they needed to achieve parity or better with UCSF rates, despite the City's financial crisis. The plan was clear: an external political campaign that would apply pressure at the City level, as well as an internal member campaign to link residents, politicians, and patients to the importance of SFGH.

Members organized to show the hospital how serious they were about reaching a fair contract. The negotiating committee included all departments and PGY levels. Newsletters and flyers were used as tools to reach out to members, and stickers proclaimed, "SFGH – NOT 2nd Rate!"

CIR members also educated elected officials about the vital role that residents play in patient care by writing letters and meeting with them at the Hospital and in City Hall. They met with City Supervisors in person, and at Budget and Finance Meetings, and also lobbied the Director of the Department of Public Health to put pressure on Mayor Gavin Newsom to give the go ahead to increase wages at SFGH.

CIR member Dr. Kara Odom, a PGY 1 in Family and Community Medicine, summed it up. "This year's contract negotiation was a statement of the collective commitment of many people — physicians, residents, nurses, and staff — who all believe that health care at San Francisco General Hospital is the same level of care and deserves the same compensation as top-ranked tertiary care centers in the area."

At times it seemed a daunting and unachievable goal. The City came to the table time and time again saying that they were not prepared to pass any proposal about wages. The deadline for mediation and arbitration passed. CIR members remained resolute, and at long last their hard work paid off. Two months after negotiations began, the City passed a proposal that gave parity with UC rates, a 7.4% increase across the board. It was ratified on May 10th, 2005.

At Oakland, CA's Highland Hospital

Residents Rally for a Fair Contract

On April 28, 2005, a large group of residents at Highland Hospital in Oakland, CA rallied outside the hospital's emergency room to draw attention to their year-long contract dispute with management over wages and funding for patient care.

In March, 2004, residents successfully galvanized the community in support of Measure A, a tax increase to provide funding for safety net hospitals such as Highland. Despite the measure's passage and the resulting $70 million in funding that came through for the hospital, management "offered" only a wage freeze and the elimination of their patient care fund.

"Cutting benefits weakens the way we provide care for our patients and support our families," said Dr. Steven Carney, a PGY 1 in Oral Surgery at Highland who spoke at the event. The patient care fund that the hospital wants to eliminate "inspired residents to look out for ways to improve patient care," said Dr. Opal Taylor, a PGY 1 in Emergency Medicine who also took to the stage and spoke to the residents, community, labor groups, and media who turned out for the event. The $100,000 patient care fund was used to purchase necessary hospital equipment over a three-year period.

The 110 residents at Highland are seeking a 3% annual increase in wages, in order to keep their program competitive, and a replenishment of the funding for the patient care fund.

Above: Highland residents rallied for their right to a fair contract.
Left: Dr. Toby Salz, a PGY 2 in Emergency Medicine, being interviewed by a local TV station during the rally.

PHOTOS: (TOP) NIC RAMOS/CIR; (BOTTOM): KELLY GRAY/CIR

Convention

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brainchild behind the Harvard Work Hours Health & Safety Group, Dr. Czeisler attended his first CIR convention in May 2001. Then, he told delegates about the exciting studies that had recently been funded; experiments that might once and for all produce the 'evidence' that medical educators were demanding to convince them that physicians were just as negatively impacted by acute and chronic sleep deprivation as airline pilots, truck drivers – and every other human being on the planet.

Four years later he was back to report on his findings, published in the *New England Journal of Medicine* in the last eight months. Along with the presentation of his data, which demonstrated an increase in medical errors and car crashes among residents working 24-30+ hour shifts, Dr. Czeisler gave an impassioned call for a reduction in the number of consecutive hours worked – from the current, ACGME-sanctioned 30 to no more than 16. "We [sleep researchers] are not allowed to subject healthy subjects to the schedules that you work," noted Dr. Czeisler. "It is considered unethical."

A long question and answer period followed. Delegates from many different specialties weighed in. Some asked for study details, while others described the lack of enforcement for existing limits and expressed concern that surgical training might be extended due to hours limits. To this last comment, Dr. Czeisler took exception. Pointing out that existing sleep research has shown "the sleep you obtain the night before and after learning a new task is critical for memory consolidation," he suggested that if residents worked less hours and slept more, training could even be shortened.

The afternoon's keynote speaker was another preeminent physician, this time in the field of health policy. Dr. David Himmelstein is Associate Professor of Medicine at Harvard Medical School, and serves as the Chief of the Division of Social and Community Medicine at Cambridge Hospital, in Cambridge, Mass. He is a founder of Physicians for a National Health Program, and co-director of Cambridge Hospital/Harvard Medical School's National Health Program Studies.

"The conventional wisdom is that our health care system is in very deep trouble. The unconventional wisdom is that there is something very straightforward and simple that can be done to correct it," he said. He proceeded, with graphs, charts, statistics and concise and witty insight, to lay out the case for a national system of health care. He displayed one chart which showed that while the number of physicians has pretty much held steady over the years, administrators have increased exponentially. That's where a lot of our costs are coming from.

While we currently pay more than any other nation, including those with national coverage, we leave more than 80 million uninsured in a two-year time period.

Even insured people are suffering, with half of all bankruptcies caused by medical bills. "You're just one serious illness away from being uninsured," Dr. Himmelstein said, with statistics that show that half of all employers terminate their employees from coverage after a year of disability.

Other highlights of the convention included:

- Panel discussion on health care activism, with representatives from the American Medical Student Association, the Professional Association of Internes and Residents of Ontario, and a CIR delegate from Northern California.
- Workshops on delegate and media training, negotiation campaigns, coalition building, labor-management strategies and dialogue with our Canadian housestaff colleagues.
- Regional report detailing CIR's activities in New York, New Jersey, Massachusetts, Florida, California and the District of Columbia and Puerto Rico.
- Regional meetings to plot goals and strategy for the coming year.
- CIR Organizing Report.

"In the next few years, we will have our work cut out for us," Dr. Gatton told the assembled delegates. "However, unlike our non-CIR colleagues, while we confront what will, in all likelihood, be a difficult future, we are supported by the past generations of housestaff who have labored to build CIR. We benefit from the hard lessons they have learned as they endeavored to hold on to their principles through the ordeal that is residency."

CIR Convention Delegate Feedback – Head, Heart & Feet

CIR Executive Director Mark Levy introduced delegates to CIR's Convention Objectives through the use of "Fred" – a meeting feedback device that CIR learned from our unionized colleagues in Ontario. He asked delegates to categorize their thoughts on the weekend in three important ways:

- Head (Knowing): What did you learn that you will take away with you?
- Feet (Doing): What actions did you resolve to take?
- Heart (Feeling): What feeling do you have about your convention experience?

As the mike passed from delegate to delegate, here were some of their thoughts: "I understand the importance of regular conventions – so that all the regions can come together to learn from each other. " "I learned how to motivate people to get involved." "CIR is our backbone – but we need to bring in other hospitals to grow stronger." "I have a much clearer idea of my role as a delegate." "I've learned why I need to sleep more." "I feel grateful to have learned the evidence and science behind sleep deprivation and medical errors." "I'm proud to contribute to CIR's political action fund after hearing about King Drew and Highland – I'm really glad we have the fund." "This is my first convention and I feel so much more connected and motivated."

At the 2005 CIR Convention, Delegates Elected the Officers Below:
CIR EXECUTIVE COMMITTEE 2005-2006

President:

Barbie Gatton, MD, PGY 3, E. Med., Methodist Hospital, Brooklyn, NY

Executive Vice President:

Mark Amorosino, MD, PGY 4, G.I., Boston Medical Center, Boston, MA

Secretary-Treasurer:

Simon Ahtaridis, MD, PGY 2, I.M., Cambridge Hospital, Cambridge, MA

Regional Vice Presidents:

CALIFORNIA

Christine Dehlendorf, MD, PGY 3, Family Med., San Francisco General Hospital, San Francisco, CA

Gina Jefferson, MD, PGY 2, OTO, Martin Luther King, Jr./Charles R. Drew Medical Center, Los Angeles, CA

Paola Sequeira, MD, PGY 3, I.M./Peds., LAC+USC, Los Angeles, CA

FLORIDA

Zachary Pearson-Martinez, MD, PGY 4, Peds. Card., Jackson Memorial Hospital, Miami, FL

MASSACHUSETTS

Hillary Tompkins, MD, PGY 1, I.M., Boston Medical Center, Boston, MA

NEW JERSEY/DC

Cristin McKenna, PGY 2, P.M.R., University of Medicine and Dentistry of New Jersey, Newark, NJ

NEW YORK

Rajani Surendar Bhat, MD, PGY 2, I.M., Lincoln Hospital, New York, NY

Ayodele Green, MD, PGY 2, Psy., Harlem Hospital, New York, NY

Gene Lui, DO, PGY 3, Psy., Westchester Medical Center, New York, NY

Andrea Maritato, PGY 2, Fam., Jamaica Hospital, Queens, NY

Marino Tavarez, MD, PGY 4, Fam. and Preventive Med., Wyckoff Heights Medical Center, Brooklyn, NY

PHOTO: SANDY SHEA/CIR

CIR Convention Takes On Resident Hours, Health Care Access & Housestaff Empowerment

Take 161 residents from over 70 CIR hospitals, plus representatives from 5 of Canada's provincial housestaff unions, add 36 jam-packed hours of workshops, speeches, regional reports, good food, schmoozing, sightseeing and (ok, a little) partying….and you have a good sense of the 9th annual CIR convention held in Washington DC, May 21-22, 2005.

As in past years, about 80% of the CIR delegates present were attending their very first CIR convention. Dr. Barbie Gatton, CIR National President and a PGY 3 Emergency Medicine resident at Methodist Hospital in Brooklyn, took to the podium bright and early Saturday morning to welcome participants and review the year's events.

"As residents we may sometimes feel like we're at the bottom of the totem pole, with no power, no voice," said Dr. Gatton. "But as doctors, people really care what we have to say about health care. When we get together as a group and stay united, hospital administrators sit up and take notice. The press pays attention. Elected officials listen. And we make a difference."

CIR Executive Director Mark Levy reminded the group of CIR's 48-year history of single-minded focus on patient advocacy and resident rights and promised that the weekend would provide a solid foundation for new delegates as they address the challenges in their hospitals and in the larger health care arena.

The delegates also elected CIR's National Executive Committee for the coming year (see box, page 15) and reviewed and approved the 2005-06 budget.

It's safe to say that keynote speaker, Dr. Charles Czeisler, electrified the group. Director of Harvard Medical School's Division of Sleep Medicine and the

continued on page 15

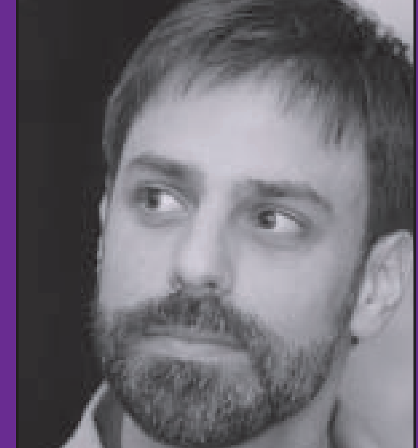
Keynote Speaker Dr. Charles Czeisler

"You're being scheduled in ways that are outlawed by the Geneva Convention – it is considered torture."

"Marathon shifts lead to acute sleep impairment, but if you only get 4-6 hours of sleep a night for several nights in a row, that results in impairment equal to that of a marathon shift."

"One myth we had to dispel – they said 'give residents more free time and they will just party.' But our research showed that when residents worked a reduced number of hours, they slept more."

"We would never recommend a 16 hour work shift in any other industry, but in your [residents'] case, we thought 16 was an improvement over 30."



From workshops to plenary session, CIR delegates from around the country gathered to learn and share their experiences.

Keynote Speaker Dr. David Himmelstein

"As Winston Churchill famously said of us, 'One can always rely on the Americans to do the right thing – after they've exhausted every other possibility.' This is certainly true when it comes to health care."

"We focus on rationing care in the midst of plenty. We have a surplus of beds, and technology. It's akin to a medical arms race – we have excess facilities, and yet deny care to millions of Americans. Rationing a surplus is an oyxmoron, like political leadership."

"Managed care works reasonably well for healthy, wealthy patients, and not well at all for the sickest and poorest, who have a 21% greater risk of dying in an HMO than in a fee-for-service setting."

"U.S. Healthcare has a physician gag clause (you cannot reveal the agreement, and incentives for denying care). They pay doctors more if they deny care to patients than if they deliver care. In my private practice, I could earn $120,000 a year, simply for denying care, and just break even if I provided care. I published my termination letter from U.S. Healthcare in the *New England Journal of Medicine*."

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/benefits

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
- Brookdale Hospital
- Brooklyn Hospital (Disability, Legal Services and Optical effective 1/1/06)
- Flushing Hospital Medical Center
- Interfaith Medical Center
- Jamaica Hospital
- Jersey City Medical Center (JCMC)
  - — Optical Plan
  - — Dental Plan
  - — Disability Compensation Plan
  - — Life Insurance
  - — Pre-Paid Legal Services Plan (CIRLS)
- Kingsbrook Jewish Medical Center
- Maimonides Medical Center (Legal Services only)
- New York Methodist Hospital
- North General Hospital
- Our Lady of Mercy Medical Center
- St. John's Episcopal Hospital
- St. Luke's Roosevelt Hospital
- St. Vincent Catholic Medical Center of Brooklyn & Queens
- Wyckoff Heights Hospital

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 80% of the reasonable and customary 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% for that person.

CIR
VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN
Committee of Interns and Residents

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 Dir-ectory. 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 Coverage

Most major pharmacies accept the United HealthCare 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. 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's Dental Maintenance Plan (DMO) or an Indemnity fee-for-service plan. The DMO plan includes coverage for Orthodontia, but the Indemnity plan does not. Members choosing the DMO select a dentist from Aetna's large network. Most procedures are covered in full, while others require a co-payment. Members choosing to go into the 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 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.

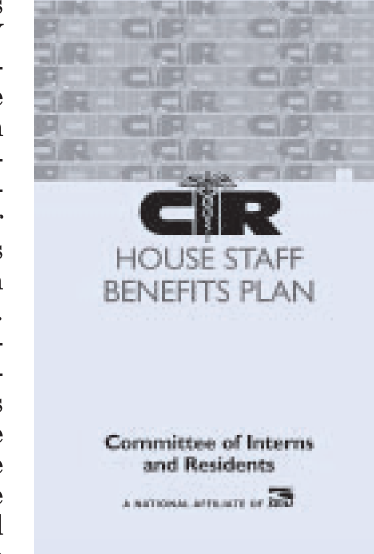
Domestic Partners

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/benefits



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 second-to-last year or last year; fellows; chief residents. This is in addition to the $600 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").

Other benefits

Hospital, medical, major medical, and other benefits for housestaff and their eligible dependents are not handled by the CIR Benefits Office, but rather by HHC and WMC as the primary carrier.

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. 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 $400 per year per individual member and $700 per family.

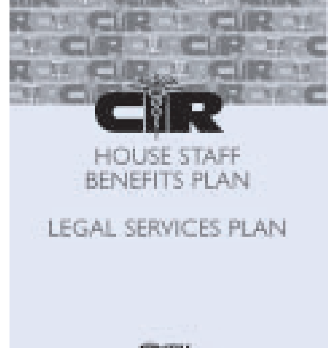
Dental Plan

CIR members have the option of using Aetna's Dental Maintenance Plan (DMO) or a indemnity fee-for-service plan. Members choosing the DMO select a dentist from a large network. Most proce-

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

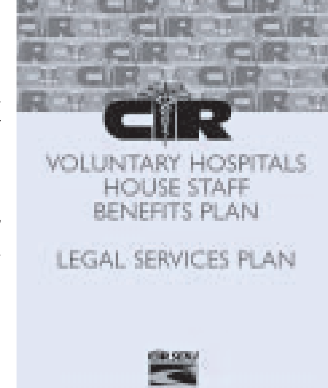
Immigration

- 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: 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.

dures are covered in full, while others require a co-payment. Members choosing to go into the 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 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 carry-over 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.

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.

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.

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 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 five 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

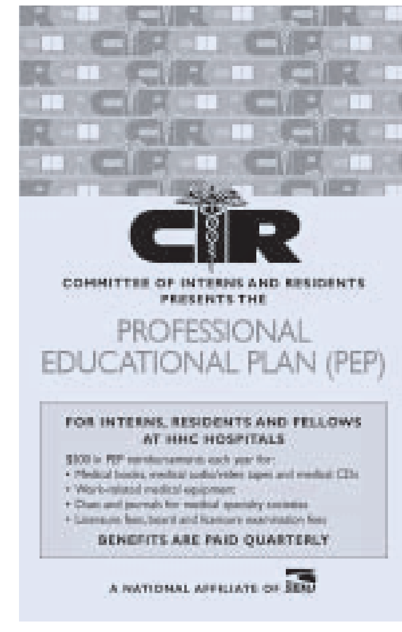
HSBP benefits are available to HSBP participants' same sex and opposite sex domestic partners and their dependent children where the participant is employed by an employer located within the State of New York.

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 (July 1 to June 3) 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, called "Palm Pilots.")

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

PEP has a carryover feature for any money not used within a Plan Year. 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, 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;

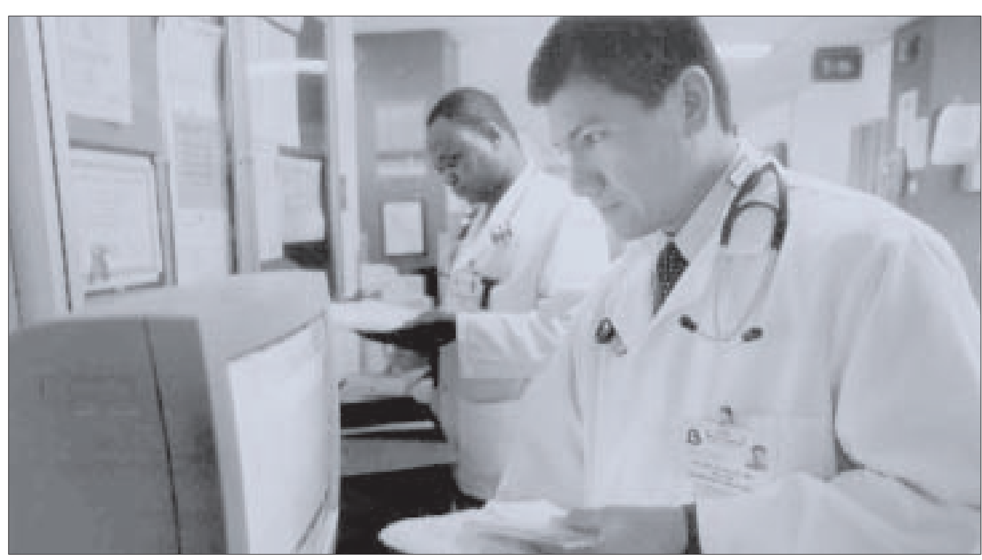
d) "on call" duty in the hospital during nighttime hours by trainees in surgery may not apply to the calculation of the twenty-four and eighty hour limits of this subparagraph if:

(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.



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.)

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