CIR SEIU NEWS
COMMITTEE OF INTERNS AND RESIDENTS June 2006

WELCOME NEW MEMBERS!

St. Vincent's Manhattan Residents Avert Housing Crisis

Dr. Leon Li, a PGY 3 in Med/Peds, chose to wear a sticker on his forehead at the last negotiating session for St. Vincent's-Manhattan, which resolved the contentious housing issue.

"Without a union this would have been chaos"

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CIR SEIU NEWS

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Page one photo: Cara Metz/CIR

President's Report

SIMON AHTARIDIS, MD, MPH

The Survival Guide to Your Intern Year

Congratulations to those of you who are just starting residency. As I near the end of my residency, I can say with full confidence and without hesitation that the best part of internship is that it ends. If you watch *Survivor*, *Fear Factor*, or the *Three Stooges* and say, "Hey I'd love to do that!" then internship is right for you. If not, take comfort in the fact that you have less than 365 days of internship left.

If you are reading this it also means that you are in a CIR residency, and you are not alone. CIR has over 12,000 members across the country working together for better patient care and work conditions.

Without knowing it, many of you are already benefiting from the work of your CIR predecessors. Their accomplishments may include affordable housing, parking, new call rooms, a special part of the benefits package, oncall food, a more humane schedule, or a recent salary increase.

You may wonder how they had time to accomplish these things when you are struggling with the day-to-day and cannot picture taking on more work on top of your busy work schedule. When I started internship, it seemed that I spent all my waking hours in the hospital. Gradually I became efficient, learned the routine, and actually got out in time to see what the world looked like in sunlight. I watched weeks of Tivoed TV essentials, and eventually returned phone calls to family and friends. On occasion, I even got to see my wife in person rather than confirming her continued existence by the growing pile of dishes in the sink. In short, I emerged from internship as you too will soon emerge. When you do, CIR offers you the opportunity to have a voice in how to impact both your working conditions and local and national health policy.

Are you tired of running to six supply rooms to scavenge what you need for a paracentesis? Do you want to create a policy to reduce frivolous pages? Is Beef Stroganoff not your idea of a nutritious late night on-call meal? Is there something that the hospital should be paying more attention to? The most effective way for residents to improve working conditions is through contract negotiations. Many of your chapters will already be involved in contract negotiations and if not, you still have the opportunity to get involved through your joint labor-management committee. Speak with your chapter leaders and staff to find out more about how to get involved.

Your opportunities to make an impact are not limited to your hospital. Over the past few years, CIR has lead the charge in resident work hour reform. We will continue to advocate for an evidence-based resident work hour policy to prevent the all-too-common post-call accidents and enhance the quality of patient care and housestaff education and working conditions Our efforts include national and state-level policy initiatives with opportunities for housestaff to get involved at every level of research and advocacy.

Finally, we will continue to work locally and nationally to ensure that our patients have adequate access to care. Despite spending more than any other nation on healthcare, Americans face immense barriers to care. Patients who are uninsured are sicker, and die younger. Patients are not only vulnerable to the health consequences of disease, but also the economic consequences. Medical bills are the leading cause of bankruptcy in the United States contributing to as many as 2 million cases a year. Whether it involves national health reform, a hospital closing in an underserved area, a cut to Medicaid, or a policy that will impair quality of care, your voice as a health care provider taking care of the sickest and most vulnerable patients, is critical. CIR can help you draft a letter to the editor, contact your local policymakers, and advocate for patients locally and nationally.

"When you finally feel like you have your head above water, CIR has the resources to train you to become a leader in the ongoing effort to improve the health care environment for ourselves, our co-workers and our patients."

I won't lie to you…the beginning of your internship is overwhelming, but when you finally feel like you have your head above water (and trust me, the day will come sooner than you think), CIR has the resources to train you to become a local or national leader in the ongoing effort to improve the health care environment for ourselves, our co-workers and our patients. Contact your local chapter officer or visit our website at **www.cirseiu.org** for more info.

Save Our Safety Net Campaign Takes on Albany

PHOTO: SANDY SHEA/CIR; JUAN ALDUEY/CIR

Dr. Barbie Gatton, past CIR Pres., stands with elected officials from across the state to deliver the message at City Hall on May 18th, 2006, that New Yorkers need their safety net hospitals. On June 7, 2006, over 200 representatives of the Save Our Safety Net Campaign, including CIR members and delegates, hand-delivered thousands of postcards to Senate Majority Leader Joseph Bruno, and Assembly Speaker Sheldon Silver in Albany's Legislative Office Building (see full story, page 13).

First Contract Saves Affordable Housing for St. Vincent's Residents

"Without a union, this would have been chaos"

What had been complicated negotiations for a first contract at St. Vincent's Manhattan took an urgent turn when the hospital announced that rents at its nearby resident housing would be increased – in some cases threefold – in order to raise additional revenue in the wake of its bankruptcy proceedings. Nearly two-thirds of St. Vincent's 347 residents live in hospital housing.

"We had more than 100 residents, from every specialty, coming to negotiations and getting involved," said CIR Delegate Avinash Gulrajani, MD, a PGY 1 in Internal Medicine, who was a lead negotiator. "Residents would come for hours at a time – they were really upset about this – and then they would take the information back to their departments," he said.

"If we didn't have a union, I think this would have been devastating. It would have been chaos. Doctors in general don't come together well, so to have our CIR organizer and delegates involved was essential," said newly-elected CIR delegate Karen Morice, MD, a PGY 2 in PM&R who was on the negotiating committee. "We would not have had a strong, united front without that.

"People would have had to leave the program because they could not afford the new rents," she said. "It was really short-sighted on the administration's part. Residents would leave – there was not enough money in our paychecks to pay the increases – and the residency would lose its competitiveness. St. Vincent's is a great hospital, with great residency programs, but there are plenty of other great hospitals in the city. Taking away the housing, which is a big draw for residents, means you would not attract the same quality of residents."

Attending physicians in many departments sent letters to the administration in support of maintaining resident housing. Department chairs and program directors used their influence to support their residents. "They saw that without a competitive residency program, their patients would not be getting the high quality care they deserve," Dr. Morice said. Not only attendings were supportive – nurses, aides, and other hospital staff donned residents' *"Save Affordable Housing"* stickers. "A lot of the support has to do with the hours we work; we're on-call 24 hours at a time, so we need accessible housing to be able to get to the hospital easily," Dr. Morice said.

Residents presented their case, and the enormous turn-out for negotiating sessions underscored that message.

Above, at table, left to right, Drs. Scott Palyo, PGY 2, Psychiatry, Josh Richter, PGY 1, Internal Medicine, Leon Li, PGY 3, Med/Peds, and Avi Gulrajani, PGY 1, Internal Medicine
Far left: Dr. Monique Hamilton, PGY 1, Internal Medicine
Left: Dr. Bill Aydin, PGY 4, Surgery.

PHOTOS: CARA METZ/CIR

Drs. Natalya Tkachenko, PGY 1, Internal Medicine, and Josh Richter, PGY 1, Internal Medicine.

> **"People would have had to leave the program because they could not afford the new rents."**
>
> **Dr. Karen Morice**
> **PGY 2, PM&R**

"I never realized what contract negotiations are like, I learned about the give and take," Dr. Morice said. "And the importance of numbers. We had the most impact when the most residents were involved, not just the leaders. We met residents we hadn't ever met before, from all different departments. It really made the hospital feel like a smaller place!"

The contract was ratified May 9th, 2006, pending approval by bankruptcy court on June 7, 2006. It includes two years of housing subsidies for all current residents and residents beginning work in July 2006. Housestaff living outside St. Vincent's housing will continue to receive a $2,000 per year housing subsidy. The new contract delivers other solid economic benefits, with salary increases of 6% the first year, 3% the second year; and 3% the final year. Travel expenses will also be reimbursed for Surgery, Orthopedics, and Cardiology residents and fellows who have many mandatory outside rotations.

CIR Team's Negotiating Themes:

Love, Dedication, and Improving San Francisco General Hospital

CIR's negotiating team approached negotiations from every angle this year: meeting with the Director of the Department of Public Health, surveying membership, debating tactics and writing proposals that would make a real difference in both residents' and patients' lives. They started negotiations in March, and ratified their contract, which covers more than 210 residents, on June 7, 2006.

The underlying theme for the negotiations was: Residents are here because we love San Francisco General Hospital (SFGH). We are at the bargaining table to make improvements to patient care, and our proposals are fair and will allow us to better serve the community we are dedicated to.

Dr. Lisa Tang, a PGY 2 in Family and Community Medicine, opened up the negotiating process with a presentation on why she chose to work for a City and County Hospital, and her personal commitment to the underserved people of San Francisco. Dr. Trudy Singzon, an intern from Family and Community Medicine, spoke to City and County representatives on the challenges of an intern's daily life.

From left to right: Drs. Ricky Choi, Isabel Lee, Lisa Tang and Trudy Signzon show the t-shirt, newsletter, and spirit that helped them negotiate a great new contract at San Francisco General Hospital.

From there a series of proposals were passed across the table by CIR members, each prefaced with a resident physician's perspective on the intent behind the proposal.

Quality patient care can only be delivered at SFGH if the hospital continues to attract the best people in each specialty. Applicants are already burdened with huge medical school debt, and the Bay Area's high, and steadily rising cost of living creates an additional burden. Finding a program that provides rigorous academic training as well as enough compensation to survive in this region is important. Following four meetings and an additional meeting with the Director of the Public Health Department, the CIR negotiating team was able to meet most of its goals including: an 8% raise for the coming academic year, followed by subsequent 4%, and 3% increases for the next two years. In addition, $20,000 has been added annually to the Patient Care Fund, there are more parking spaces in the on-call lot, new mattresses for all the on-call rooms, a substantial increase in the bilingual pay, and political action contribution language added to the contract.

Dr. Tang said of the process, "As a result of the tremendous amount of support from our CIR staff, the residents at San Francisco General Hospital successfully negotiated for better wages and benefits. My experience with the negotiation process is a testament to the wise words of Margaret Mead: 'Never doubt that a small group of committed citizens can change the world. Indeed, it is the only thing that ever has.' I feel empowered by the negotiation process and it will compel me to further my efforts in patient advocacy."

> **"My experience with negotiations is a testament to the words of Margaret Mead: 'Never doubt that a small group of committed citizens can change the world. Indeed, it is the only thing that ever has.'"**
>
> **—Dr. Lisa Tang, PGY 2, Family and Community Medicine**

New Contract at Miami's Jackson Memorial Hospital:

Concessions? No Way!

When contract negotiations at Miami's Jackson Memorial Hospital started in August, 2005, it was in a concessionary environment. The stated goal of the hospital's administration was to reduce or eliminate the last 9 years of gains that CIR had achieved, starting with a two-year wage freeze, reductions in professional allowance, meal card allowance, chief resident differential and elimination of the housestaff "pull pool" coverage (on-call pay) and Patient Care Fund.

> **"When we met with resistance, we broadened our horizons, appealing to the County Commissioners and the Public Health Trust directly,"**
>
> **—Dr. Seema Chandra, PGY 3, Internal Medicine/Pediatrics**

Yet when the ink was dry, residents ratified a new contract that included significant gains in salary and other economic benefits. How the 1,000 residents at Jackson got off the concessionary path, and won gains that range from salary increases to improved work hours and other conditions had everything to do with a strategy that included coalition building, community support, and political outreach.

"After recovering from our initial shock at management's first proposal, we quickly met as a negotiating team and outlined a strategy to bring our issues, and not management's issues, to the forefront. Along with our sister union, Local 1991, SEIU, (which represents nurses, attending physicians, and other professional staff at Jackson), we continued pushing the issues of quality patient care and employee safety," said Dr. Seema Chandra, a PGY 3 in Internal Medicine/Pediatrics, and CIR co-chair and delegate. "When we met with resistance, we broadened our horizons, appealing to the County Commissioners and the Public Health Trust directly, with a walk-through at the hospital, a luncheon, and testifying at meetings," she said.

Some of the CIR Negotiating Committee members at their final, successful meeting.

Active members, delegates, and alternates were all very involved, with an email system which kept everyone informed of progress in negotiations.

The new contract includes pay raises of 3%, 3% and 4% over the life of the agreement; maintains the Patient Care Fund, and brings increases in pull pool, professional allowance, meal card allowances, and chief resident differential. It also includes first-ever "Evidence-Based Scheduling" language in a CIR contract, in which a committee of the Public Health Trust and CIR will identify shifts greater than 16-hours and implement strategies to eliminate these extended shifts six months after ratification of the new contract.

Residents ratified the new contract on May 4, 2006 and on May 22 the Public Health Trust ratified it; next the contract goes to the Board of County Commissioners and Mayor for ratification at the end of June. "Throughout the process, our CIR staffer was absolutely essential, helping to coordinate our efforts with SEIU and reaching out to our political allies throughout Miami-Dade County," said Dr. Chandra.

"One of the most important gains of the entire process was that management was forced to recognize residents as vitally important employees. I think they finally understood that they need our input to make our hospital run better," she said.

PHOTO: (TOP) LKELLY GRAY/CIR; (BOTTOM) ANDY PRATT/SEIU L.1991

CIR SEIU
Committee of Interns & Residents

SPECIAL ORIENTATION SECTION

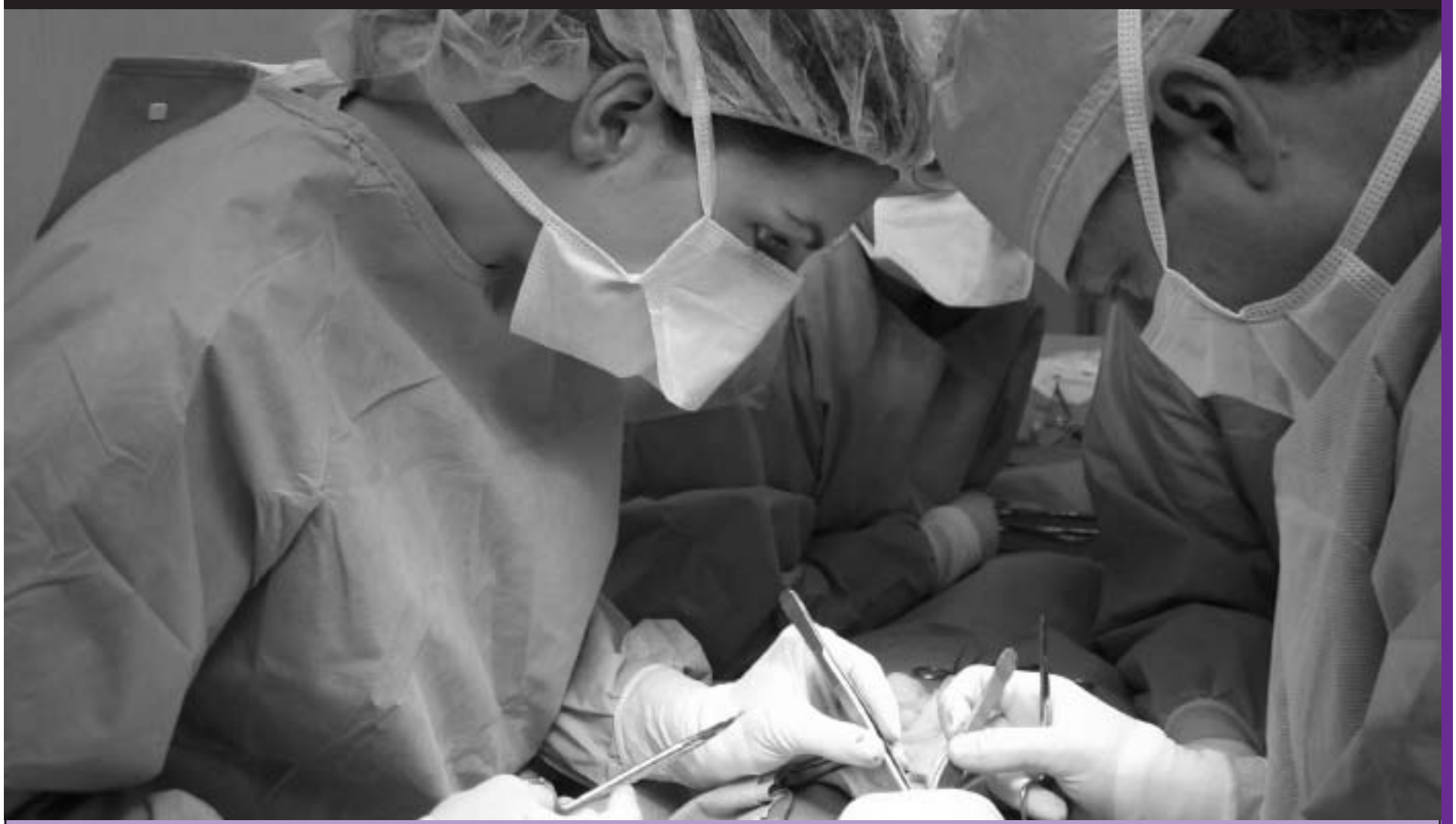


PHOTO: COURTESY OF DR. DAUPHINE

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 49 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.

HOURS WATCH

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.

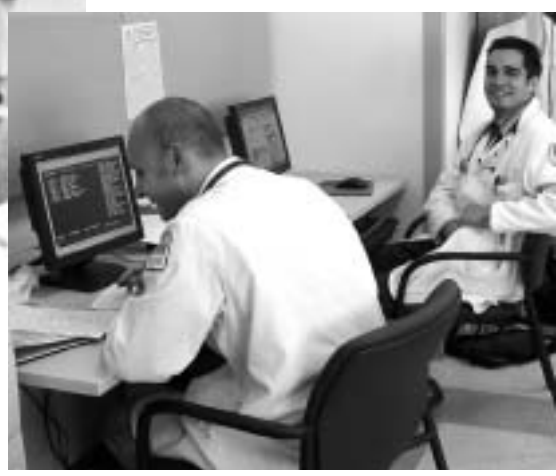
CIR SEIU
Committee of Interns & Residents

The Patients' Voice, The Doctors' C

1957-2006: 49 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 salary, benefits and working conditions that are the envy of their colleagues in non-unionized hospitals. They also have a strong, unified voice to advocate for their patients in their local hospitals, and in the state and federal arenas, where health care policy is forged.

But it wasn't always that way. Getting to this point has taken nearly 50 years of commitment and collective activity by housestaff in public and private hospitals across the country. Here is our story.



1930

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
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.

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

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

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

1980

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

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

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

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.

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.

Choice
S OF COMMITMENT & LEADERSHIP

1990

CIR undertakes a number of organizing campaigns. Doctors at Bronx Lebanon Hospital strike to 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.

1996

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

1997

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

1998

L.A. housestaff represented by Joint Council of Interns and Residents/CIR win their first salary increase in 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.

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.

2000

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

2001

CIR organizing rolls on, with the addition of almost 1,000 new members from the New York region. Housestaff in Puerto Rico vote to affiliate with CIR. Together with the American Medical Student Association and Public Citizen, CIR petitions the Occupational Safety and Health Administration (OSHA) for emergency regulations to reduce resident work hours and wins congressional sponsorship for 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, NY hospitals, Maimonides Medical Center, and Brooklyn Hospital, vote to join CIR.

2003

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

2004

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

2005

First contracts at Childrens Hospital in Oakland, CA, and Brooklyn Hospital in Brooklyn, NY. New contracts ratified throughout CIR regions. CIR's efforts to

reduce resident work hours aided by sleep research published in the NEJM, linking interns' long hours of work with an increased incidence of serious medical errors and car accidents. CIR and Canadian provincial union increase exchanges; CIR takes part in resident work hour conference in New Zealand.

2006

CIR activism saves the Family Medicine program at Robert Wood Johnson University Hospital in New Jersey from closing; CIR builds community-labor coalition and launches "Save Our Safety Net" campaign in New York to fight hospital closings that would leave underserved communities without needed health care; CIR protects salary and benefit pattern and standards at all NYC voluntary hospitals; and Florida and California CIR chapters continue their advocacy for adequate public funding for health care and to protect and advance contracts and standards.

PHOTOS: BILL BURKE/PAGE ONE PHOTOGRAPHY; JIM TYNAN, CARA METZ/CIR; KELLY GRAY/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 900,000 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.

Look What We Have Achieved

CIR has 49 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.

What's in a CIR Contract

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

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

How Are Contracts Negotiated?

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

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

CIR Is Run By Housestaff For Housestaff

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

PHOTO: JEANHEE KIM/CIR

—made up of a president, executive vice president, secretary-treasurer, and regional vice presidents—serves as a steering committee between annual conventions.

Who Are The CIR Representatives At My Hospital?

In addition to the CIR delegates from each hospital who attend the annual national convention, each CIR hospital, or chapter, has its own structure to determine policy on local matters. Some chapters elect colleagues to serve as co-presidents and department representatives and most choose members to serve on the 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.

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.

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

What's in a CIR Contract?

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

Orientation Pay

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

Boston Medical Center

On-Call Meals

"The County will arrange that the food left over from the food prepared daily for house staff and other physicians be packed, stamped with preparation dates and stored at the end of the day so that the food is available for the night meal. The County will prepare sufficient food daily to ensure that healthy night meals are available for all house staff who are assigned to nighttime duty or in-hospital on-call duty."

Los Angeles County Hospitals

Evidence Based Work Hour Scheduling

"The parties recognize the growing body of evidence linking increased medical errors with extended housestaff shifts of greater than 16 hours. These extended shifts have also been found to correlate with an increased risk of serious car accidents among housestaff. In the interest of maximizing patient safety and housestaff well-being, the PHT and CIR agree to form an Evidence Based Scheduling Committee to identify shifts greater than 16 hours and to implement strategies to eliminate these extended shifts six months after ratification of the contract.

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/ blood culture service was instituted as agreed on 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. [Twenty-four hour IV service was instituted January 3, 2005.]

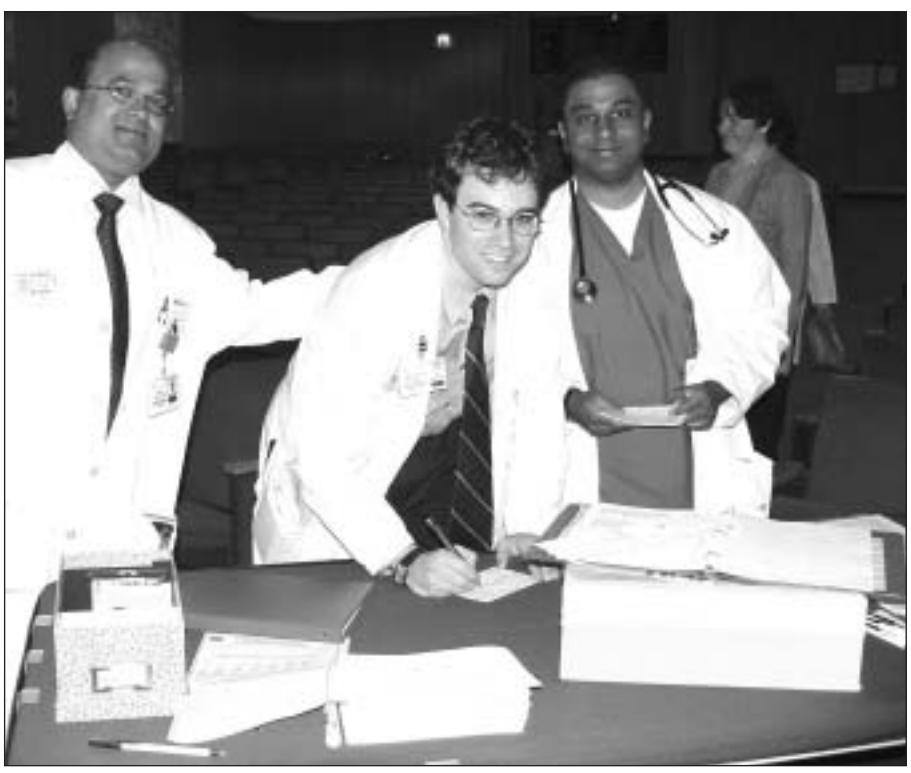
"Clerical services will be provided [on inpatient areas] 16 hours a day, seven days a week."

Boston Medical Center

On-Call Pool

"The [employer] shall fund an extra on-call pool in the amount of $150,000 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 $1150 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, Massachusetts

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

PHOTOS: CAROLINE FAN/CIR; CARA METZ/CIR

NEWS FROM CALIFORNIA

Harbor-UCLA Medical Center CIR Chapter Pres. Urges Governor to

Complete Medicare/Medi-Cal's Unfinished Agenda

At an event celebrating the 40th Anniversary of Medicare/Medi-Cal in Sacramento, Ca., in early spring, Dr. Rick Newell, president of CIR's Harbor-UCLA Chapter and an emergency room physician, honored the "pioneers" who created these programs. He spoke movingly of how much more needs to be done to not only maintain, but actually expand these essential programs to the six million uninsured Californians who desperately need health care.

"You don't have to work in the trenches as I do, to see that the solution is not to make cuts to existing programs, but to actually expand coverage."

Rick Newell, MD,
PGY 2, Emergency Medicine

Dr. Rick Newell, CIR pres. of the Harbor-UCLA Chapter who spoke in Sacramento, shown here with Chapter Vice Pres. Anje Van Berckelaer, MD.

"Emergency rooms are the safety net for the uninsured," Dr. Newell said. "Nearly 50% of the patients I see are uninsured. You only have to spend a few minutes in my emergency department to see that these patients are sicker and tend to die younger. They delay or avoid getting much needed medical care that includes emergent and preventative care, and care for chronic diseases. For example, a young woman who hasn't been able to afford a cervical cancer screening now presents in an advanced stage of the disease. Not only is she affected, but now her children have lost a mother, a man has lost his wife, and parents have lost a daughter – all because she couldn't afford the most efficient and cheapest cancer prevention methodology available.

"Then there's the middle-aged diabetic who hasn't been able to afford regular exams, or his medication. He presents to my department borderline blind, in life threatening renal failure, with horrible coronary artery and peripheral vascular disease.

"As we know, 40 years ago, the first step in the solution to the problem of the uninsured was taken, with Medicare and Medi-Cal (the state's Medicaid). These programs currently insure over 10 million Californians; however, there are six million more who remain without coverage. You don't have to work in the trenches as I do, to see that the solution is not to make cuts to existing programs, but to actually expand coverage. We need to begin by first covering the remaining 800,000 uninsured children, and then cover all Californians.

"It was an honor to hear these pioneers describe how it was before Medicare and Medi-Cal came into being. Let's not allow another 40 years go by without providing health coverage for all. I look forward to being able to return again, this time not describing the severity of the situation, but rather as a witness to the amazing success of affordable, quality health care for all Californians, something we all deserve!"

Residents Tell Their Stories to Legislators

California Housestaff Lobby for Safe Staffing

California CIR members are urging state legislators to pass AB 2754, legislation authored by Assemblymember Wilma Chan (District 16, Oakland) and sponsored by SEIU, which requires individual hospitals to have a written plan for the number of ancillary staff their hospital needs for safe patient care. Ancillary staff includes respiratory therapists, nurse attendants, radiology technicians, patient transporters and other professional and technical job classifications. Hospitals would be required to annually review their own plan for compliance and adjustments, and make it available to the public upon request.

To help inform legislators of the urgent need for more ancillary staffing, CIR members in Northern and Southern California responded to a short survey about ancillary staffing levels in their hospitals. Many resident physicians also shared their "stories from the front lines" – unsafe incidents that would have been avoided with adequate ancillary staffing.

Dr. Leshar McGhee, a CIR delegate from the Psychiatry Department at Harbor-UCLA Medical Center in Los Angeles, wrote that "A patient in the psychiatric ER chased a resident around, throwing computers and vitals machines at the resident and causing $20,000 worth of damage in the time it took the safety police to arrive. This would have been prevented if we had an appropriate number of psych techs."

In Northern California, one resident physician wrote that, "On repeated occasions (too many to count), urgent or stat chest x-rays are not performed for hours, thereby endangering patients. CT and MRI scans are routinely delayed for hours if not days. We also need more clerks to enter orders during the AM shifts – this is a bottleneck that impacts treatment and patient care."

A range of participants from all departments responded to the CIR Survey: 57% reported that adequate staffing would allow them to leave on time post-call, and 50% said they would be more likely to work less than the 80-hour work-week regulations if there was adequate staffing.

"A patient in the psychiatric ER chased a resident around, throwing computers and vitals machines at the resident and causing $20,000 worth of damage in the time it took the safety police to arrive. This would have been prevented if we had an appropriate number of psych techs."

Dr. Leshar McGhee,
PGY 2, Psychiatry

Patient care is not the only thing compromised when the health care team at a hospital is short on staff. Resident physicians must transport patients, re-order medications, draw blood samples and much more – all of which take time away from residency training and education.

Housestaff will be taking the survey results, and these and many more unsafe staffing stories with them to lobby in Sacramento. AB 2754 will begin to address the ancillary staffing shortage and be a step in the right direction for safe and timely patient care.

PHOTOS: AMY HALL/CIR

Westchester Medical Center

Seeing the Light at the End of the Tunnel

Westchester Medical Center has emerged from a long and arduous negotiation process that took a backseat to the institution's financial crisis. Resolving the financial crisis involved a complete management turnover, and featured squabbling over funding between the state and the county, and talk of taking the hospital private. The eventual funding agreement sets the hospital on firm financial footing with both county and state funding. Throughout this two and a half year process, residents kept their message clear and continued moving their agenda forward, delivering a petition to the hospital's CEO, testifying at public events, and bringing a resident physician perspective to meetings.

"Although the negotiation process was long and daunting at times, everything worked out for the best."

Dr. Sarah Gamble, PGY 2, Internal Medicine

On May 3rd, 2006, the close to 300 CIR members at the Valhalla facility saw the light at the end of the tunnel, and ratified their new contract, which includes annual raises from 2006-2009. Other highlights include orientation pay and voluntary political action contribution by payroll deduction.

A pleased negotiating committee included (left to right) Drs. Michelle Lozano, Samir Pandya, Rosemaria Alappat, Wahid Rashidzada, Sarah Gamble, Mehul Patel, Chris DeGiorno, and Gene Lui.

Below, CIR delegate Rosemaria Alappat, MD, casts her ballot during ratification vote.

"I'm very pleased with the contract," said CIR delegate Sarah Gamble, MD, a PGY 2 in Internal Medicine. "Although the negotiation process was long and daunting at times, everything worked out for the best. What residents are most happy with is the fact that we had no givebacks, such as health insurance, which the administration was threatening, and that we were able to receive a retroactive bonus for the three years we went without a contract," she said.

"The new administration we have here at Westchester Medical Center is doing so much to improve conditions. Just recently, the Medicine Department received new EKG machines for every floor, and our antiquated computers are being replaced with flat screen up-to-date CPUs. Their long-term goal is the same as our long-term goal – to make WMC a more advanced center for tertiary patient care, and to continue to attract the best and brightest residents to our hospital."

Medisys Network Hospitals — Jamaica, Flushing, & Brookdale

Come Together Under One Contract

"Many of us did not realize just how important CIR was until we participated in the negotiation process."

Dr. Tom Goforth, PGY 2, Family Practice

Following their April 21, 2006, ratification, over 510 housestaff at three different hospitals will be covered under one unified, system-wide agreement for the first time, becoming the largest voluntary unit in New York City. Residents gained better housestaff conditions at all three locations.

Highlights of the new contract include wage increases of 3% for each year of the three-year agreement, and a parity increase at Brookdale in the first year, to bring housestaff salaries up to that of their colleagues at Jamaica and Flushing Hospitals. Additional benefits include hospital responsibility for all increases in health benefit premiums; $700 in conference allowances for senior residents, chief residents, and fellows; a Patient Care Committee; parking rates capped to current levels at Jamaica Hospital, and reimbursement for travel and parking expenses on mandatory rotations at other hospitals.

"All of the residents I've spoken with are very pleased with the outcome of our new contract," said CIR delegate Tom Goforth, DO, a PGY 2 and incoming chief resident in Family Practice. "At Jamaica Hospital, we are happy that the hospital agreed to pick up the extra expenses for our health benefits. Many of us are resting easier knowing that we will continue to enjoy our coverage without having to pick up the slack from our paychecks. At Brookdale, residents are ecstatic because they saw large pay increases to bring them commensurate with the rest of us, as they should have been all along.

"The negotiation process was arduous, as many of the residents stayed for hours past their work time, or came in and out in the midst of patient care responsibilities while on-call, or working late. However, it was a good experience for us to take an active part in showing our concerns to our hospitals. Many of us did not realize just how important CIR was until we participated in the negotiation process," Dr. Goforth said.

PHOTOS: (TOP) PHILLISHA BRYAN/CIR; (BOTTOM) BILL BURKE/PAGE ONE PHOTOGRAPHY

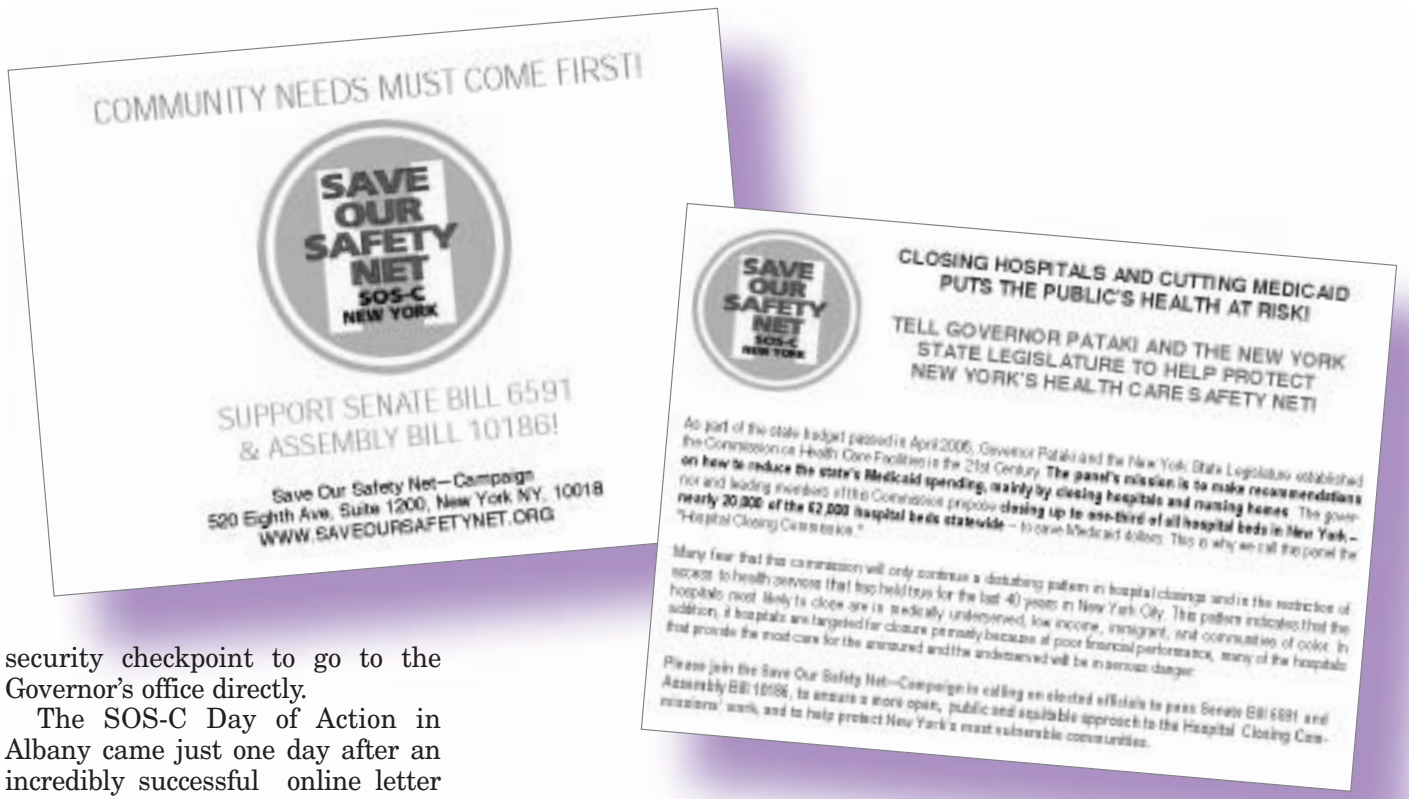
New Yorkers Call on Governor, Legislators to

Save Our Health Care Safety Net

On June 6, 2006, CIR members, delegates and staffers joined with hundreds of other union and community supporters from all over New York State to deliver over 25,000 postcard and petition signatures to the State Capitol in Albany in support of Senate Bill 6591 and Assembly Bill 10186 to preserve safety net hospitals throughout the state.

The bills were sponsored by Senate Minority Leader David Paterson and Assemblymembers Adriano Espaillat and Richard Gottfried, along with 40 other legislators. The bills would amend the legislation that created the state's Hospital Closing Commission to help ensure that planned hospital and nursing home closures will not unfairly impact medically underserved and other low-income urban and rural areas. You can read more and take part by lobbying your legislators in support of this legislation with e-activism on the homepage of CIR's website at **www.cirseiu.org**.

Over 200 representatives of the *Save Our Safety Net Campaign* (SOS-C) also marched through the Capitol to hand deliver the cards to Senate Majority Leader Joseph Bruno and Assembly Speaker Sheldon Silver's offices in a procession that filled the Legislative Office Building's most powerful corridors. Governor Pataki's office sent a representative to pick up his share of the postcards after refusing to allow the delegation to pass through the security checkpoint to go to the Governor's office directly.



The SOS-C Day of Action in Albany came just one day after an incredibly successful online letter writing campaign in which thousands of New Yorkers sent 9,542 faxes and e-mails to the Governor and the legislative leadership in just two days!

With less than three weeks left in the legislative session, SOS-C supporters have been sounding the alarm on the dangers of the Hospital Closing Commission and the urgency of enacting responsible reforms in the process now.

At a press conference on May 18, 2006 on the steps of New York's City Hall, Senator Paterson said, "Many of the hospital closings of the last two decades have been in poor rural and inner city communities that were already underserved. By increasing the participation of local communities and the transparency of the process, we can avoid making these same mistakes again."

CIR is a founding member and co-chair of the *Save Our Safety Net Campaign* (SOS-C) which has quickly grown to a statewide coalition including over 90 community organizations, unions, health care advocates and faith-based groups, who have developed criteria for making more equitable, transparent and informed decisions around closures. Because members of the Pataki hospital closing commission are primarily drawn from the financial community, the coalition is requesting that the commission broaden its perspective by including more input from medical professionals in the decision making process.

Better Work Hours = More Research (& Better Health Care)

Work Hour Reform Frees Up Time for Research at Coney Island Hospital

"As a direct result of the change in our work hour schedule to no more than 12 hours at a time, residents in the Medicine Department were finally able to devote time to the one aspect of medicine that gets overlooked during the rigors of residency, namely, research," said CIR delegate and Chief Resident Darshan Godkar, MD, of Coney Island Hospital's Medicine Department, who credits his program director Dr. Selva Niranjan for the improved schedule.

At a Research Fair held on May 10, 2006, residents showed their work, and were honored for their publications and the awards they have won at research meetings during the course of the past year. Dr. Godkar received a plaque for his research from Dr. Robert Cucco, Chair of the Medicine Dept., who said, "Research is the building block which leads to improvement in medical care. While most physicians strive to provide the best medical care, it is only through research that new understanding and treatments arise." In photo, right, Dr. Yelena Patsiornik shows her award-winning work on the impact of Hepatitis C and Human Immunodeficiency virus infection on the incidence of erythrocyte auto-antibodies.

See CIR News*, September 2005, available on the web at* **www.cirseiu.org***, for article on how Coney Island Hospital rearranged resident work hour schedules in their Medicine Dept.*

Left to right: Drs. Yelena Patsiornik, Darshan Godkar and Department Chairperson Robert Cucco.

Excerpts from CIR Keynote Speakers

Carolyn Clancy, MD

Director, Agency for Healthcare Research and Quality, Washington, DC

"CIR's tagline says it all, 'The Patient's Choice, The Doctor's Voice.' You clearly recognize that the patient is paramount in everything we do as physicians. That's why we all went into this discipline. However, medicine today can be very frustrating – it's more complex, there are often conflicting demands and needs, and it sometimes feels like the system is more important than the patient. How do we ensure that the patient stays at the heart of medicine?

"We can use what we know works to improve the safety and quality of health care. None of this should be a surprise. Safe, high quality health care happens when we work in teams, use evidence to provide appropriate services and treatments, implement technology wisely, and work as partners with our patients. We also must continue to study and fill gaps in our knowledge and build the foundation of evidence for safe, high quality health care.

"However, knowing what to do and doing it are two very different things. The Agency for Healthcare Research and Quality, which I direct, was created to bridge that gap between what we know and what we do.

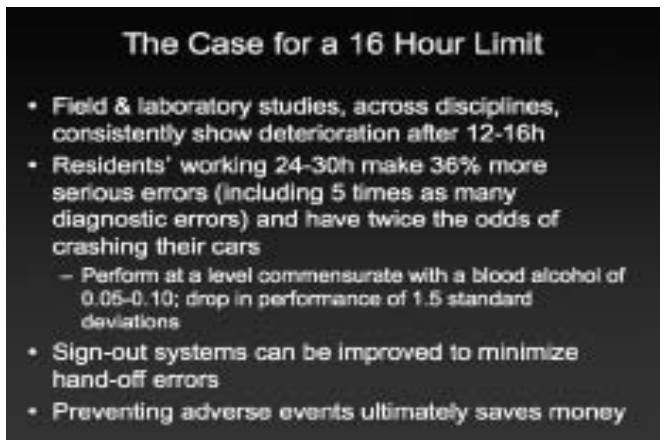
"As medicine's next generation of activists, you can make a difference in the quality and safety of the health care you provide in your hospital and across the nation. I look forward to seeing what you will achieve."

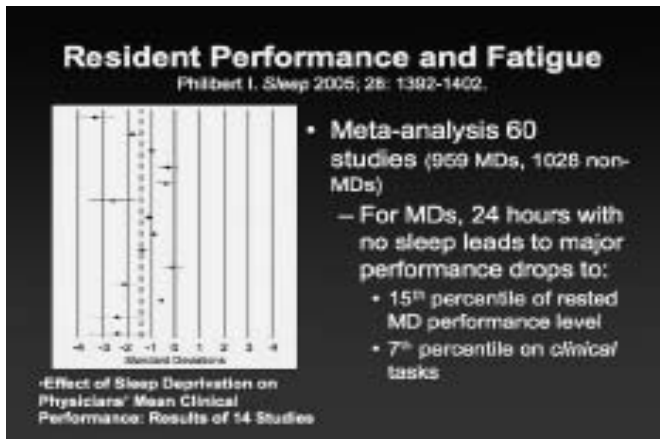
Information about AHRQ funded research, activities and programs is available at ***www.ahrq.gov****. You can also go into the newsroom page to sign up for the AHRQ weekly electronic newsletter.*

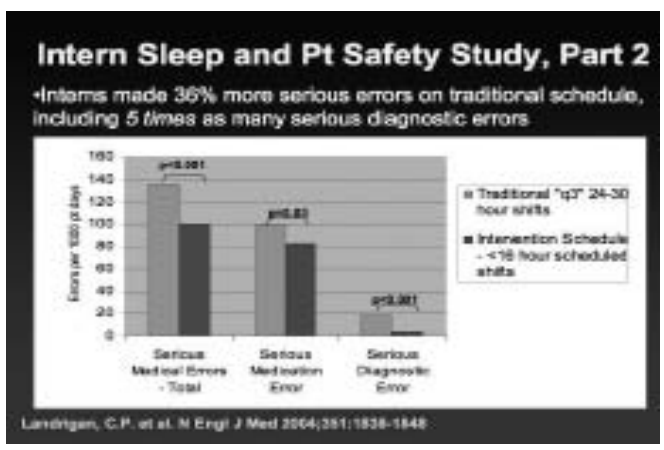
Christopher Landrigan, MD, MPH

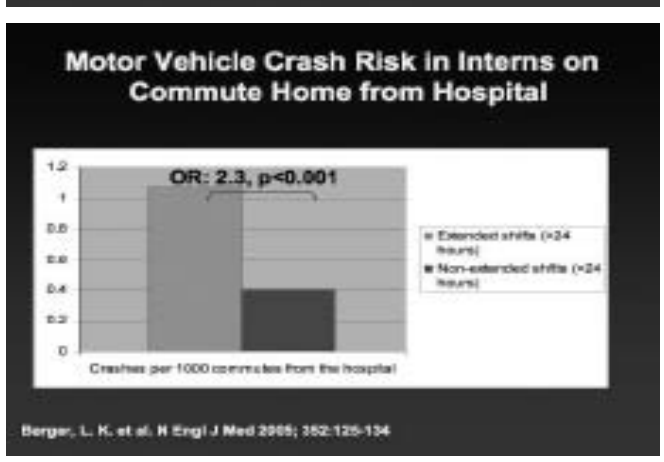
Director, Sleep and Patient Safety Program Brigham & Women's Hospital, Boston

Dr. Chris Landrigan has published and spoken extensively on the subject of resident work hours. In this speech, entitled "The Effects of Traditional 24-30 Hour Shifts on Patient and Resident Safety: The Case for a 16-Hour Limit," Dr. Landrigan argued that the current ACGME hours limits are too high, and in contradiction with the scientific evidence. Below are just a few slides from this presentation. The entire power point can be found on **www.cirseiu.org**.









CIR Officers for 2006-07

Convention delegates elected the following officers for the coming year:

President:

Simon Ahtaridis, MD, MPH, Internal Medicine/Cambridge Hospital

Executive Vice-President:

Christine Dehlendorf, MD, Family & Community Medicine/San Francisco General Hospital

Secretary-Treasurer:

Rajani Surendar Bhat, MD, Internal Medicine/ Lincoln Hospital

Regional Vice-Presidents:

NORTHERN CALIFORNIA
Nailah Thompson, DO, Internal Medicine/Highland Hospital

SOUTHERN CALIFORNIA
Gina Jefferson, MD, OTO/King-Drew Medical Center

Paola Sequeira, MD, Internal Medicine/LAC+USC

MASSACHUSETTS
Hillary Tompkins, MD, Internal Medicine/Boston Medical Center

FLORIDA
Reuven Bromberg, MD, Internal Medicine-Pediatrics/Jackson Memorial Hospital

NEW JERSEY
Cristin McKenna, MD, Physical Medicine & Rehabilitation/UMDNJ

NEW YORK

Maggie Bertisch, MD, Family Medicine/Wyckoff Heights Medical Center

Ayodele Green, MD, Psychiatry/Harlem Hospital

Luella Toni Lewis, MD, Family Practice/St. Vincent's Catholic Medical Center

Spencer Nabors, MD, MPH, Emergency Medicine/Kings County Hospital

James Rodriguez, MD, Emergency Medicine/ Bellevue Hospital

Fixi

Focus on Healt

CIR's annual national convention took place in Washington, DC, May 19-21st, 2006 at the Omni Shoreham Hotel. There were 146 CIR delegates and alternates, from more than 60 public and private teaching hospitals in NY, NJ, MA, DC, FL, PR and CA. Invited guests came from organizations such as the American Medical Student Association, AMA/Resident and Fellow Section, Doctor's Council, SEIU, and residents from Canadian provincial resident unions. The convention heard from two keynote speakers: Carolyn Clancy, MD, Director of the Agency for Healthcare Research and Quality, based in Washington, DC, and Christopher Landrigan, MD, MPH, Director of the Sleep and Patient Safety Program at Brigham and Women's Hospital in Boston, Mass.

The non-stop, jam-packed convention also included:

Workshops on Building Strong CIR Chapters and Patient Advocacy in Tough Times;

Regional Reports bringing all new and old delegates up to speed on what had been accomplished in the past year, from negotiating contracts to new hospital organizing and patient advocacy from New York's *Save Our Safety Net Campaign* to New Jersey, Puerto Rico and California's efforts to preserve critical community health services and residency training;

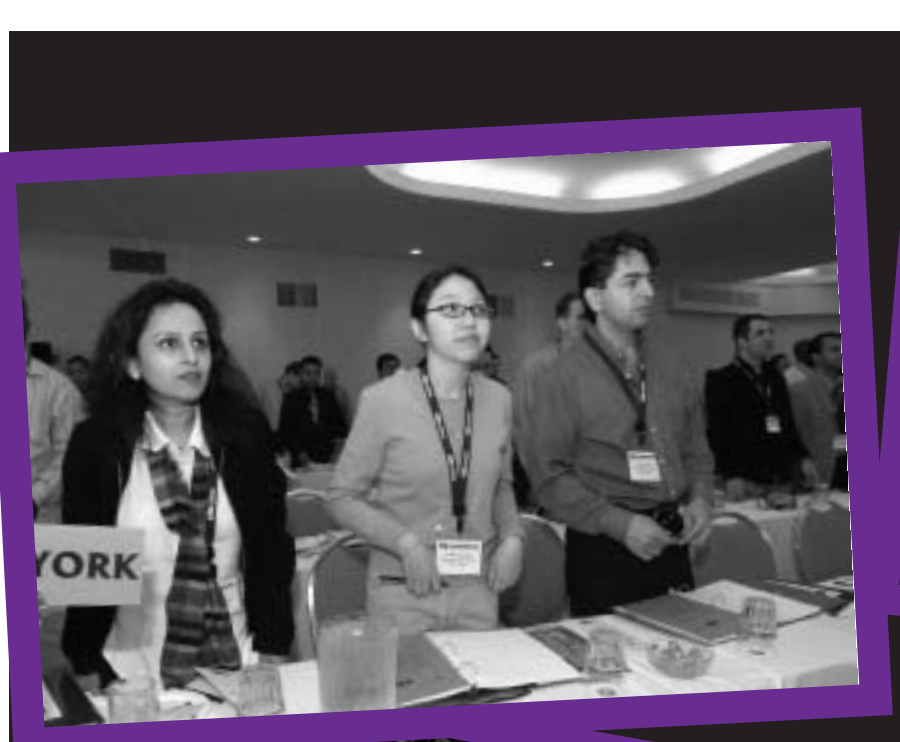
Panel Discussion on the challenges of creating a voice for residents – in our hospitals, our communities and as a way to improve our health care system;

CIR History from Executive Director Mark Levy, presented from the perspective of critical decision points in the union's past, and;

CIR Business – the election of officers and passing of the 2006-07 Budget.

Last but not least, some serious "hang time," including a very special Saturday evening event at the Smithsonian National Zoo. In a final feedback session on Sunday, delegates expressed an eagerness to return to their hospitals with new skills, knowledge, ideas and energy for the coming year's challenges.

CIR's 2006 Convention:
ng the Practice of Medicine
h Care Quality, Resident Hours, and Building Strong Chapters



Being sworn in as delegates.

Taking the Patient Advocacy Workshop outdoors.

Reception at the Amazonia Pavillion, Smithsonian National Zoo.

Regional display boards show highlights from the past year.

Delegates get to know each other at the opening reception.

Workshop on building strong CIR chapters.

PHOTO: BILL BURKE/PAGE ONE PHOTOGRAPHY; CARA METZ/CIR

Post-AMSA + Post-CIR = NPA

National Physicians Alliance Launched

You may have already heard some buzz about the NPA—a new, multi-specialty physicians organization that brings a bold and different voice to organized medicine. Founded by former presidents and officers of the American Medical Student Association (and CIR alumni), the group carries idealism and activism into professional medical life. The NPA puts "health before business, patients before profit, and profession above privilege."

Until now, there has been no multi-issue, multi-specialty physician advocacy organization to defy the traditional models of: a) the well established guild organization (with emphasis on physicians' financial interests); b) single-issue physician organizations; or c) specialty organizations. The NPA is determined to fill that void.

NPA members can participate at whatever level feels most comfortable, from online discussions to developing local educational or clinical programs, forming community NPA action groups, attending regional and national meetings and retreats, testifying at the local, state, and federal level, and more. NPA members will also have a new and easy way to stay informed about issues of most concern to them, and to network with like-minded physicians everywhere.

On April 2, 2006, doctors from all over the country gathered in Chicago to participate in the NPA's inaugural national conference. Its theme: "Service, Integrity, Advocacy." The conference kicked off with an evening mixer jointly sponsored by CIR/SEIU, AMSA, and the NPA, where members shared ideas about the working relationship all envision. The meeting's keynote address by activist legend Dr. Fitzhugh Mullan (a pediatrician and director of George Washington University's Medicine and Public Policy Department, and both a past CIR president and former Assistant Surgeon General) was followed by multiple panel presentations and a second day of organizational working groups. Panel topics included *Ensuring Health Care for All; Sustaining Courage in the Practice of Medicine*; *Rebuilding Medical Integrity*; and *The Activist's Toolbox*.

The NPA's Dr. Jean Silver-Isenstadt reports that a nationwide membership drive is just beginning, with introductory house parties taking place in cities coast to coast. To find a houseparty near you, or to learn what is involved in hosting such an event, go to the NPA website, www.npalliance.org.

Membership in the National Physicians Alliance is open to anyone with an M.D. or a D.O. degree from a professional school accredited by the LCME or the A.O.A., and to anyone who holds a license to practice medicine within the United States. To learn more about the NPA and how to join, and to view a compelling introductory film about the organization, go to **www.npalliance.org**.

Dr. Michael Mendoza, CIR Activist to NPA Leader

Dr. Michael Mendoza was formerly CIR's Northern California Vice President and National Secretary-Treasurer. Today, he is a family physician practicing in a community health center on Chicago's south side. He also conducts research in primary care innovations as a member of the faculty in the Department of Family Medicine at the University of Chicago. Dr. Mendoza is currently most active in helping to launch the National Physicians Alliance (NPA), a multispecialty physicians organization committed to reforming the practice of medicine.

Q: What has been the most exciting aspect of your work with NPA so far?

A: Residency is where we develop our medical DNA, where we develop our habits and style, and where we develop or dissolve our integrity as physicians. The NPA really speaks to the heart of what most young physicians are interested in. Unlike other organizations where young physicians' ability for leadership may be more limited, the NPA offers huge opportunities to start things from the ground up.

The NPA has also reconnected me with a lot of my CIR and AMSA colleagues. It has given me hope that activism doesn't end with being a resident. It revives my optimism and my idealism that people who were active with me as students and as residents are still active as physicians, even though we've gone our separate ways.

Q: Where do you see the NPA being ten years from now?

A: I see the NPA having a broader membership and a stronger voice. I hope that the NPA becomes an authority on the issues that truly matter to patients and to physicians who seek to improve the health care system for their patients. Our credibility as this authority depends on finding the right leaders now: people who are committed to the integrity of the doctor-patient relationship and to building a more rational universal health care system.

Q: The NPA is an advocacy organization across a broad range of issues. Where have you focused your energies in the NPA?

A: I am mostly interested in medical professionalism and improving integrity in medical practice….the pharm-free issues. Pharm-free describes practices of physicians who want to ensure that physicians are aware of the inappropriate influence that the pharmaceutical industry exerts on patients, practices, and physicians. *[Editor's note: According to the Chicago Tribune, 3/12/2006, in 2004 alone, pharmaceutical companies spent $7.3 billion on direct marketing to health professionals (at $13,000 per physician), and the retail value of the "free samples" given away was $16 billion for that year.]*

Gathered at NPA's founding conference are, from left to right: Dr. Andru Ziwasimon, Dr. Jeffrey Huebner, former CIR Sec'y-Treas. Michael Mendoza, MD and Dr. Amanda Muelenberg, former AMSA National Vice President.

Q: What words of advice do you have for the harried physician who wants to find the energy and time for advocacy work but hasn't yet found a way?

A: I would say go to an NPA houseparty. If there isn't one in your city, then host one yourself. It will give you the opportunity to meet other physicians in your area who are likely to have the same ideals as you. Get involved. Realize that a lot more can be done when support is more accessible. Things are easier to do in a group than alone. Visit the NPA website when you're on-call. Check out the forum conversations. Read some of the articles. Get a feel for the issues. Talk about them with your colleagues. See how the pharmaceutical industry is affecting your hospital.