CIR News

Committee of Interns and Residents
SEIU Healthcare®

September 2007

This issue contains an insert with important information about rights under the VHHSBP, HSBP, PEP and CIRLS welfare benefit plans and ERISA which should be read and retained for future reference. See page 6.

TIME FOR HEALTHCARE REFORM:

CIR Members Send a Wake Up Call

PAGES 4-5

Above: In New York City, (from left to right) Drs. Ramesh Alwarapdan, of Lincoln Hospital, and Pedram Salehi, Carolina Guttierez and Varun Malhotra of Metropolitan Hospital leaflet for increased funding for SCHIP, (the federally-funded State Children's Health Insurance Program) during a screening of Michael Moore's new movie, *Sicko.*
Left: Drs. Ben Buxton and Vanessa Jacobsohn cast their contract ratifcation votes at UNM Hospital.

First Contract at UNM!

Residents in New Mexico ratify first contract .....Page 3

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Committee of Interns and Residents
of SEIU Healthcare
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CIR News

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President's Report

SIMON AHTARIDIS, MD, MPH

Communication Breakdown

"Who has the patient in 832? Their pressure is seventy over palp and they are maxed out on Levo."

The cluster of residents gathered in the small backroom began to frantically shuffle through note cards, scraps of paper, and folded sign outs, a scene that would not inspire confidence. At the time I was a medical student rotating through my last week of medicine service, discussing the important issues of the day such as *South Park* reruns with residents in an ICU backroom.

The overhead speaker blared to life, "code in 832." Everyone abandoned their sheets and ran to the room finding a morbidly obese gentleman being moved with great difficulty onto a board.

"Who's patient is this?"

"What's his code status?"

"What's going on? Who found him?"

"What did he come in with?"

"What does he have, what meds is he on?"

"Is anyone running this code?"

"Where is his chart?"

"Does anyone know anything about this patient?"

Silence. The code went on for a half hour, until the patient was finally pronounced. Likely there was little that could have been done to save the patient, who on autopsy was found to have had a massive pulmonary embolism. However, the level of disorganization, and the lack of knowledge of patients being cross-covered was striking. Perhaps even more shocking was that it took another two hours to figure out which resident was responsible for the patient, due to a misspelling on a handwritten sheet. I thought this was a fluke, that I was witnessing a crisis that almost never happens. As I progressed through my training I came to realize that in most hospitals, events like this happen frequently.

Transfers of care are an inevitable part of medicine. The idea that only a single person will be involved in a patient's care is an anachronistic and dangerous view. Hospitals have become 24/7 institutions. Lab tests, procedures and imaging can be performed at all hours of the night. Our understanding of fatigue and its effects on patient care have taught us that at some point, we need to hand over the care of our patients to a well-rested colleague.

Despite this, residents receive very little training and often have very little in the way of support when it comes to transfer of care. At a recent CIR New York regional meeting, we asked our delegates to share their sign-out systems. We found a great deal of variability related to whether sign-outs were: written, computerized, done verbally, or done in a protected time and space. Perhaps even more concerning, though not a surprise, is the near universal lack of training in transferring the care of patients.

To address this, CIR leaders compiled the experiences of several of our hospitals, reviewed the literature, and identified a number of strategies to reduce risk during transfer of care. CIR has a pamphlet available online at: http://www.hourswatch.org/images/CIR-Sign-out2.pdf.

Over the years CIR has become increasingly involved in patient safety. From targeted Patient Care Fund projects, to information campaigns about best practices to enhance safety and negotiating for adequate coverage, CIR has worked collaboratively with hospitals to reduce medical errors. This has been an extension of our decades-long work of bargaining collectively to improve the quality of the care we provide.

As frontline healthcare providers, we have a unique opportunity to identify practices that place our patients at risk of harm. With the strength of our union behind us, we have the means to address those problems and make our hospitals safer for our patients.

"As frontline healthcare providers, we have a unique opportunity to identify practices that place our patients at risk of harm."

PHOTO: SANDY SHEA/CIR

HEALTHCARE FACTS

A Closer Look at Medical Errors

According to the Institute of Medicine:

- Medical errors account for as many as 98,000 deaths in the United States each year.
- Medical errors are the eighth-leading cause of death in the United States.
- More people die in a given year as a result of medical errors than from motor vehicle accidents (43,458), breast cancer (42,297), or AIDS (16,516).
- Preventable adverse events cost $29 billion a year.

Source: To Err Is Human: Building a Safer Health System, Institute of Medicine, 1999.

First Contract Delivers Solid Gains at UNM Hospital

Highlights Include Salary and Patient Care Gains, and New Labor-Management Forum

On August 15, 2007, resident physicians at the University of New Mexico Hospital voted by an overwhelming margin to ratify their first union contract. There are 550 interns, residents and fellows, in 17 different specialties at the hospital.

"This new contract delivers solid economic improvements for our house officers and assists us in significantly improving our programs," said Dr. Elizabeth Burpee, a PGY 3 in Internal Medicine and CIR negotiating team member. "We won considerable increases – on average 7% overall in the first year, with a re-opener in the second year to negotiate further raises – which will help us recruit and retain the unique and talented body of housestaff that we have here at UNM."

Residents at UNM voted to join CIR six months earlier, to improve wages and working conditions, and gain a greater voice in patient care and health policy issues. Their first contract makes improvements in all those areas, delivering raises that range from 5.3% for first years to 10.3% for residents in their fifth year of training, and creates a brand new Patient Care Fund of $25,000 a year for residents to use to purchase patient care related items and equipment for the hospital. In addition, residents will have regular labor-management meetings to address issues of concern as they come up. They have already met with New Mexico's Governor Bill Richardson and Lt. Governor Diane Denish to discuss healthcare policy goals, and look forward to working together in the future.

"This has been a historic year for house officers at UNM. We have a new voice to advocate for ourselves and our patients."

Dr. Jay Buys,
Chair, CIR Negotiating Committee
PGY 3, Internal Medicine

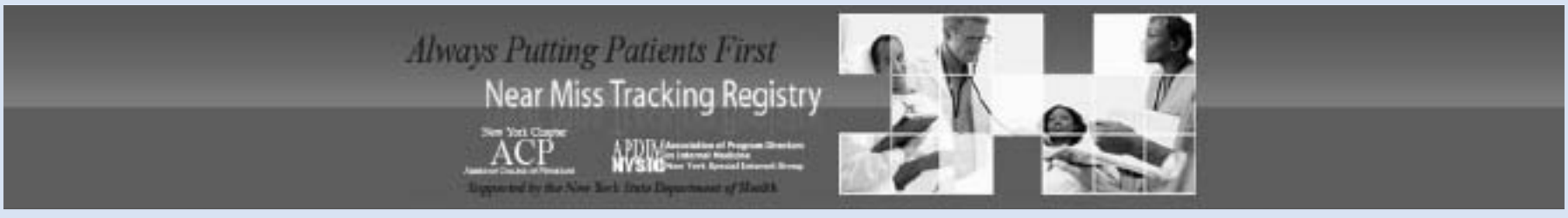
UNM's CIR negotiating team, pleased and relieved following their late night last session, on August 2, 2007.

"This has been a historic year for house officers at UNM," said Dr. Jay Buys, a PGY 3 in Anesthesia, who was the chair of CIR's negotiating committee. "We have a new voice to advocate for ourselves and our patients." Dr. Buys said that he's looking forward to "continuing to make UNM a truly great place for house officers to train, and an exceptional place for New Mexicans to obtain their care."

Additional gains include tuition reimbursement for UNM residents who are taking courses towards an advanced degree in a health-related field, paid maternity/paternity leave, and taxi reimbursement for residents who are too tired to drive home after an extended shift of 24+ hours. They also won a voice on the UNM Capital Committee, which decides UNM's equipment budget; an increased meal allowance to $4.50 per meal; seven paid holidays; and a medical education bonus of $450 per resident per year, with the ability to roll over unused funds from one year to the next.

For Dr. Jose Sterling, a PGY 5 in General Surgery, capping the rate of increases to residents' contributions to health benefit costs was an important issue, and one in which little progress was made prior to unionization. "Working with CIR, we were able to achieve this goal," he said. The new contract guarantees current health benefits with a cap on increases to premiums by no more than 5% over the life of the agreement.

Dr. Brian Johnson, a PGY 2 in Family and Community Medicine, said that a key benefit of having union representation for him is, "the opportunity to work with other healthcare unions and advocacy groups to reform healthcare on a local and national level." And Dr. Amy Garcia, a PGY 2 in Pediatrics, said she was impressed that CIR, "is truly a union started by residents, and run by residents, for residents."



New York State Internal Medicine Residents!

"Near Miss Tracking Registry" Needs Your Input

The Near Miss Tracking Registry went live in July. In a safe, anonymous and risk-free environment, this web-based survey tool collects data relevant to "near misses" in patient care. CIR urges every Internal Medicine resident in New York State to participate.

A "near miss" is defined as "Those events that might have resulted in harm to a patient but were discovered and corrected before they ever reached the patient." Studying near misses provides valuable data on patient safety vulnerabilities, as well as the strength and integrity of the barriers to error that protect patients.

The project is a collaboration of the NY Chapter of the American College of Physicians, the NY Special Interest Group of the Association of Program Directors in Internal Medicine and the New York State Department of Health. CIR serves on the Advisory Board of the effort, and organized a focus group of members to test out an early version of the survey in January of 2007.

"As residents and fellows we have a keen perspective on the inherent challenges of delivering quality care to our patients. CIR is committed to improving that care in whatever way we can," says CIR NY Vice President Spencer Nabors, MD, who serves on the Near Miss Advisory Board. "Our insights and experience will help to make this important study a success."

PHOTO: AMY HALL/CIR

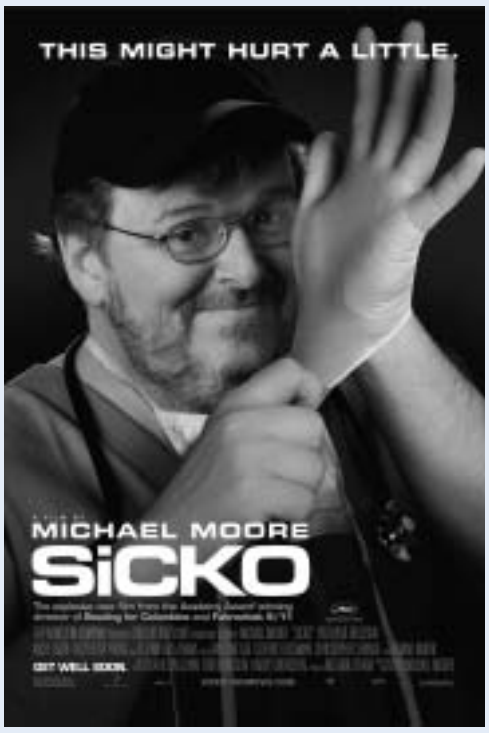
Our "Sicko" Healthcare System

Reviewed by CIR Member Shipra Bansal, M.D.
PGY 3, Family Medicine, Harbor-UCLA, Los Angeles, CA

Michael Moore has done it again. His latest release, *Sicko*, takes more than a few jabs at our healthcare system and pushes the case for national healthcare. With the film coming out in time for the presidential debates, his timing is impeccable. But is his point on target?

On the grand scale, he couldn't be more right. His basic argument is that we have a healthcare crisis in this country, and it doesn't have to be like this. Other countries have better healthcare than we do, while spending less than we do. For example, on a per capita basis, we spend two times what Canada does and three times what England does. However, when it comes to health indicators such as infant mortality, we are amongst the worst of all western industrialized nations. Then there is the glaring fact that we are the *only* western industrialized nation that doesn't provide healthcare to all its citizens.

Moore's film, rather than focusing on the damning statistics, however, hones in on anecdotal stories of how HMOs systematically deny people needed care. He makes it a point to state that the movie is not about the 47 million people in this country who do not have healthcare, but about people who are already covered by insurance. Throughout the film, the viewer is presented several horrifying stories. In one, an HMO's denial of care caused delay in diagnosis of a cancer; in another, the death of a child. He also documents how HMOs doggedly pursue measures to find reasons to deny care. For example, a woman who didn't pre-disclose that she had once had a yeast infection was refused services. Finally, he connects the dots by documenting how generous HMO funding of politicians allows them to maintain significant control on Capitol Hill.



While his points build an argument difficult to refute, some of his examples present partial facts. First, the story of a woman discharged from USC Medical Center, the largest county hospital in Los Angeles, for inability to pay left me confused. As a resident working at a sister county facility, most of our patients cannot pay and we will not send them out for that reason. Perhaps there was more to that story than was presented in the film. Secondly, Moore's segment showing the state-of-the-art facilities in Havana's main hospital seemed to make the case that all Cubans have access to these types of resources for free. This is unfortunately not true.

Moore has many critics. Some of them may grab onto specifics like this to discredit the film. Sure, the piece is not perfect. But viewers need to focus on the forest, not individual trees. Finally, my own horror story. One of my patients is a thirty-something small business owner who is unable to find an HMO to cover him because of his "pre-existing condition." Years ago, he donated a lobe of his lung to help a friend with a life-threatening condition. Now, he has no insurance to manage his severe psoriasis. Because the basic steroids have not alleviated his condition and the more potent medications are quite expensive, he lives with his scars.

As I was watching Moore's film, I was thinking that those stories represent some of the extremes of our system's failure. Yet, I wonder how many other physicians have similar tales to tell. In the richest nation in the world, these stories should not exist.

CIR Members Say

CIR members in (left to right) Santa Rosa, California access for Californians, and nationwide coverage fo

Whether he's enraging or enlightening people, Michael Moore has a knack for the hot button issues of the day – and he's sure to get their attention. Healthcare has fast become a key political issue, and CIR members, with years of frontline experience, have a lot of ideas about what's wrong with the current system, and how to improve it.

Using the movie *Sicko* as a starting point for discussions and activism, hundreds of CIR members around the country have been speaking with the audience, leafleting and getting petitions signed at screenings from the west coast to the east. Their goals overall are to improve access to care, with a different focus in each location. In Northern and Southern California, lobbying for statewide universal access was a major goal; in the North, ensuring community access to care in the event of a hospital's reorganization was another focus. In Florida, Massachusetts, New York and New Jersey, getting signatures on a petition to expand coverage for uninsured children nationwide was the mission.

"At BMC, patients commonly present with advanced stage disease that would have been easily preventable. I see advanced cervical cancer in patients who are not insured, when routine visits to providers for regular pap smears would clearly prevent this."

CIR Co-Pres. Jori Carter, MD
PGY 3, OB/GYN
Boston Medical Center,
Boston, Mass.

CIR Dept. Rep. Monica Shah, MD, a PGY 3 in Pediatrics at Bellevue Hospital in NYC, was featured on Michael Moore's movie website, with the quote, "We want to be able to treat any patient who comes to our door." Dr. Shah was collecting signatures in support of expanding funding for SCHIP, the federally-funded State Children's Health Insurance Program (which will expire at the end of September if not renewed by Congress).

At Cambridge Hospital in Massachusetts, CIR Co-Pres. Michael Hochman, a PGY 2 in Internal Medicine, passed the SCHIP petition

In New York City, CIR members including Dr. Monica Shah (above), found a receptive audience for expanding children's health coverage.

It's Time for Healthcare Reform



a; Children's Hospital Oakland; Santa Rosa; and Miami, Florida, used the movie *Sicko* as a way to jump start their efforts for access to community healthcare, universal or uninsured children.

around at noon conference for several days, and spoke with residents about the program. "People were really supportive, signed the petition and thought it was a good idea. Some people were not aware of the issue, and were glad to learn about it. Our program director signed it as well. It's not a very controversial issue among doctors, expanding health coverage for children," he said.

In New York, CIR leader Natasha Tejwani, MD, a pediatric resident at Jacobi Hospital, in the Bronx, did the same at noon conference at her hospital, collecting 180 signatures over the course of one week. "After seeing that movie, it's impossible to not want to sign the petition," said CIR NY Vice Pres. Joel Waring, MD, who participated in a CIR *Sicko* event in Brooklyn. Also in the planning stages are Grand Rounds at individual members' hospitals, where speakers on both sides of universal healthcare are being sought to debate the evidence.

For CIR Co-Pres. Jori Carter, MD, a PGY 3 in OB/GYN at Boston Medical Center, many factors contribute to the erosion of effective doctoring. "At BMC, patients commonly present with advanced stage disease that would have been easily preventable. I see advanced cervical cancer in patients who are not insured, when routine visits to providers for regular pap smears would clearly prevent this." Also concerning to her is that, "We are afraid to make medical decisions based on our clinical skills. We are afraid that if we don't back up our decisions with every possible lab test and imaging study, it will 'come back to us in court.' This means more money spent on extraneous tests, less money available for the possibility of creating reform and most importantly, less trust in our own hands, ears and minds."

CIR Department Rep. Hossein Samadi, MD, a PGY 2 in Psychiatry at Harbor-UCLA in Los Angeles, CA, has a perspective on national healthcare influenced by his experience with the Canadian system, having done his medical training in Montreal. "The whole issue of payment distorts care," he said. "Our patients [in L.A.] either have no insurance, or have Medicare, or Medi-Cal, and what type of coverage they have changes the way we bill and the way we doctor – our notes, progress reports and how we manage a patient's case are all determined by coverage.... In Canada, there is nationwide healthcare, called Medicare. Doctors don't deal with billing, and everyone is covered.

"I saw a patient who presented with advanced, metastasized breast cancer that had spread to six organs and multiple bone sites. If she had insurance, and had a doctor and periodic breast exams and mammograms, they could have saved her life. By the time we saw her, the prognosis was horrible – she had three months to live – and palliative care was all that could be offered. A minimal cost would have prevented this devastating prognosis.

"Integration of care is another issue. There's a disconnect between providers, and a loss of continuity if a patient loses their job and is no longer covered by their plan. So they may move from Kaiser or another private insurer into the county system, and we have to re-do their work-ups – their echoes, cardiograms, etc. because we don't have access to past results. This increases both the cost, and amount of radiation that patients are exposed to. Seeing a doctor you know is important, and when people switch jobs, they jump from doctor to doctor. Patient care suffers because of that. Today, it's rare to see a patient, their kids, and their grandkids."

> **"If we were to move to nationwide healthcare, it would improve our outcomes. We're one of the only industrialized nations with such a high percentage of our population uninsured."**
>
> **CIR Dept. Rep. Hossein Samadi, MD**
> **PGY 2, Psychiatry**
> **Harbor-UCLA, Los Angeles, CA**

Other areas Dr. Samadi points to for improvement are the creation of an electronic database, and lowering the cost of pharmaceuticals, which are much higher than they are in Canada. But in terms of the big picture, "If we were to move to nationwide healthcare, it would improve our outcomes. We're one of the only industrialized nations with such a high percentage of our population uninsured."

CELL-PHONE ACTIVISM: READY? SET? TEXT!






Once upon a time, concerned citizens wrote letters to Congress. Then came the convenience of phone calls, and next came faxes. Today's e-activism – email and text messages – makes it even easier for busy people, like resident physicians, to make legislators aware of their concerns.

These CIR members at Harbor-UCLA in Los Angeles, CA took just a few minutes – literally – to send text messages with accompanying cell-phone photos of themselves to their representatives in support of universal access to care throughout California. It's one quick and efficient way to get your point across!

PHOTOS, CLOCKWISE FROM TOP: KELLY GRAY/CIR; MARYJANE BARRY/CIR; JAZMINA OCHOA/CIR; ALBERTO MEJIA/CIR; JASON ROWE/CIR; SANDY SHEA/CIR

Summary Annual Reports for HSBP, PEP, and Legal Services

Every year, CIR updates and publishes the summary of annual report for the three city funds. Two of the Plans have reported audit results for December 31, 2006. The Professional Educational Plan, which has a June fiscal year end, has presented the audit results for June 30, 2006. All of the funds have received an unqualified (or clean) opinion from the auditors and each of the funds has made available all of the records to the auditors. The Plans are not required under the Employee Retirement Income Security Act of 1974 (ERISA) to release financial information, but elects to do so for the information of the participants. The annual reports have been filed with the Internal Revenue Service.

Summary Annual Report of the Public Sector: House Staff Benefits Plan

This is a summary of the annual report of the **House Staff Benefits Plan** of the Committee of Interns and Residents (HSBP), Federal Identification Number 13-2566390, for the year ended December 31, 2006.

The Board of Trustees has committed itself to pay accidental dismemberment, optical, newborn benefit, outpatient psychiatric, short term disability, supplemental major medical, supplemental obstetrical, hearing aid, prescription drug, childbirth education, smoking cessation and conference reimbursements. There are no retirement benefits in this fund.

HSBP has an insurance contract with Aetna to pay all dental claims ($1,217,881 in total premiums were paid) and with Guardian Insurance for both life insurance ($245,766 in total premiums were paid) and long term disability ($542,819 in total premiums were paid).

The value of the Plan assets, after subtracting liabilities, were $6,281,970 as of December 31, 2006 compared to $5,879,748 as of December 31, 2005. During the year, the Plan experienced an increase in net assets of $402,222. This increase included both realized and unrealized gains and losses on securities. During the year, the Plan had total income of $4,151,053, which included employers' contributions of $3,966,827, interest on investments of $165,651, COBRA receipts of $25,288, and investment losses of $13,029 (netted for realized and unrealized), an insurance refund was received for $6,316.

Plan expenses were $3,748,832. These expenses included $3,095,364 in benefits paid (to participants and beneficiaries or on their behalf) and $653,468 in administrative expenses.

Legal Services Plan of HSBP

This plan covers certain basic legal services for the members. The Federal Identification Number is 13-3011915.

The House Staff Benefits Legal Services Plan ended December 31, 2006 with a surplus of $27,758 (this is the value of plan assets, after subtracting liabilities). This was an increase of $18,888 over the prior year, which ended with a surplus of $8,870. During 2006 total employer contributions were $247,968, total costs were $229,851 ($160,422 in benefits and $69,429 in administration expenses.)

Professional Educational Plan (PEP) of CIR

The Professional Educational Plan of CIR (Federal Identification Number 13-4071468) reimburses up to $600 per year to members for licensing exams, video and audiotapes and certain other job related expenses.

The value of the Plan assets, after subtracting liabilities, were $1,222,429 as of June 30, 2006 compared to $1,448,017 as of June 30, 2005. During the fiscal year ended June 30, 2006 the plan reported an operating deficit for the year of ($225,587). Total employer contributions, were $1,032,104, investments lost $103,574 for the year (realized and unrealized losses) and earned interest of $88,573, and total costs were $1,242,689 ($1,096,931 in benefits and $145,758 in administration expenses.)

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Financial information and information on payments to service providers;
3. Assets held for investment;
4. Fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan);
5. Transactions in excess of 5 percent of the plan assets;
6. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call Earl Mathurin, Benefits Plan Manager, CIR Benefits Plan, 520 Eighth Avenue, Suite 1200, New York, NY 10018. The charge to cover copying costs will be 20¢ per page.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan 520 Eighth Avenue Suite 1200, New York, NY 10018.

Summary Annual Report for Voluntary Hospitals House Staff Benefits Plan (VHHSBP)

This is a summary of the annual report of the VHHSBP, EIN 13-3029280 welfare plan for the year ending December 31, 2006. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The VHHSBP has committed itself to pay all claims to cover hospital, surgical and major medical coverage, dental, both short and long term disability, life insurance, legal, and optical benefits. There are no retirement benefits in this Fund.

Insurance Information

The VHHSBP has contracts with Empire Blue Cross/Blue Shield to process medical claims (total payouts to members were $9,445,648 with an additional $1,645,756 paid for claims processing service; Aetna for dental coverage and paid total premiums of $1,046,213; Guardian for life insurance and paid total premiums of $285,810 and Guardian for long-term disability and paid total premiums of $305,185.

Basic financial statement

The value of plan assets, after subtracting liabilities of the plan, was $17,841,787 as of December 31, 2006, compared to $9,770,013 as of December 31, 2005. During the plan year the plan experienced an increase in its net assets of $7,649,701. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of $21,678,915 including employer contributions of $20,262,408, employee contributions of $586,221, realized gains of $69,945 from the sale of assets, and earnings from investments of $760,341.

Plan expenses were $14,029,213. These expenses included $11,566,494 in benefits paid to participants and beneficiaries, $2,462,719 in administrative expenses ($1,645,756 for claims processing and $816,963 in other administration expenses).

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
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You also have the legally protected right to examine the annual report at the main office of the plan 520 Eighth Avenue, Suite 1200, New York, NY 10018, and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

NEW CONTRACT ROUND-UP

Triumph Over Adversity in Brooklyn

When CIR members at Brooklyn Hospital prepared for their contract negotiations this spring, they knew that securing a good agreement would not be easy. The hospital is emerging from bankruptcy proceedings, and administration signaled that CIR members should not expect too much. Nonetheless, members of the CIR bargaining committee refused to be swayed, and prepared themselves to persist through challenging negotiations until an acceptable and quality settlement was reached.

After several long negotiation sessions, this was finally achieved on July 26, 2007, when the CIR bargaining team reached an agreement with hospital administration. The contract, which was overwhelmingly ratified by housestaff in a July 30 vote, awards residents raises averaging 4% per year over its three-year term. It also establishes the first ever Patient Care Fund at Brooklyn Hospital, allowing housestaff to make $10,000 worth of purchases each year in materials and equipment that will benefit patient care. Brooklyn housestaff also won the new benefits of paid paternity leave and a $650 board review reimbursement in their final year of training.

"We understood the hospital's tough financial situation, but believed our requests were very reasonable," said Dr. Rajeev Fernando, a PGY 3 in Internal Medicine at Brooklyn, and member of the bargaining committee. "We prepared to stick to our guns during negotiations. In the end, with the 4% raises and board review reimbursements, I feel we made tremendously significant gains in this new contract."

Modesto Win Benefits Community

Negotiating team members from Doctors Medical Center in Modesto, CA gather around as the new agreement is signed by representatives of CIR and hospital administration.

Historically, the Family Residency Program at Doctors Medical Center in Modesto, CA has been one of the area's gems. Not only do residents embark on three years of rigorous training, during which they deliver high-quality care to local patients, but also often stay past residency to practice medicine in the Modesto community long-term.

With that in mind, Modesto's CIR members began contract negotiations this May focused on enhancing their prior agreement to allow the program to continue attracting the high-caliber physicians who offer so much to the community. Recognizing the dual increases in both the cost of living in Modesto and the burden of medical educational debt, the negotiating committee decided its top priority would be securing gains in three key areas: salary for incoming interns, professional development funds, and bilingual pay. These goals were achieved when CIR members voted on June 13, 2007 to unanimously ratify a three-year contract that includes a 10% salary increase over the term of the agreement, an additional 2% equity increase for interns, an increase for bilingual pay, and a $300 increase per PGY for professional development.

"Negotiating our contract was an interesting and educational experience," said Dr. Christie Garb, a negotiating committee member. "Being part of CIR helped us obtain a significant increase in our incomes and other benefits. As many graduates of our program stay in the area, a more competitive residency will definitely be a continuing benefit to our community."

STANDING UP FOR OUR RIGHTS

In New Jersey: Pushing Back Health Premium Increase

This June, the administration of the University of Medicine and Dentistry of New Jersey (UMDNJ) made a sudden announcement: all employees, including the 1,100 CIR members who work in UMDNJ's hospitals across the state, would now have 1.5% of their earnings deducted from each paycheck as a health insurance premium.

For CIR members at UMDNJ, this new deduction would have effectively cut in half the hard-won 3% raise they had secured for themselves during contract negotiations last year. "This was not only a question of money, it was also a question of principle," explained Dr. Snehal Bhatt, CIR NJ Vice Pres., and a Psychiatry resident at UMDNJ Robert Wood Johnson Medical Center. "UMDNJ sought to introduce these deductions unilaterally, bypassing any discussion with employees about this significant change."

CIR members responded quickly, forming a coalition with leaders from the other unions representing UMDNJ employees to circulate a petition demanding that the new deductions be rescinded. In only a matter of days, this coalition effort garnered thousands of signatures, and preparations began for a rally at a meeting of the UMDNJ trustees.

The rally never took place, as the response from less than two weeks of petitioning was so strong that UMDNJ administration quickly repealed the new premium. "This was a big victory for residents and other employees," said Dr. Bhatt, "and it would not have been achieved without the collective strength we possessed by being unionized."

Drs. Gabriel Smolarz and Mark Saxena (l. to r.) of UMDNJ Robert Wood Johnson Medical Center display the petition that helped them successfully roll back a proposed 1.5% deduction from their salary.

PHOTOS: MARIA SVART/CIR

In Puerto Rico: Getting Paid On Time

CIR members employed by the Puerto Rico Department of Health provide medical care to people who live in the commonwealth's metropolitan center and rural outskirts. Given the vital service they provide, it would seem reasonable for these hard-working resident physicians to expect to receive their pay for this work in a timely fashion.

This was not the case in May, 2007, when housestaff working at three hospitals abruptly stopped receiving their paychecks without explanation. They continued caring for their patients, but after more than a month of working without pay, they felt compelled to take action. The residents decided to bring the issue to the public's attention, by calling simultaneous press conferences on June 20 at Raúl Arnau University Hospital in Bayamón, and St. Luke's Memorial Hospital in Ponce.

On the morning of the 20th, the Health Department called the local CIR office to inform the residents that checks had been cut and sent out for the full amount owed. Despite having successfully forced the Health Department to comply with their immediate demands, CIR members decided to continue with the press events as scheduled, to bring to light the ordeal they had endured, prevent further lapses in payroll, and raise awareness about the struggles resident physicians face. Between the two press conferences, CIR members received coverage from all of Puerto Rico's major newspapers, radio stations, and TV news programs.

Dr. Abymeal Frontanes is interviewed by news radio station WAPA.

"We are mothers and fathers with families who perform a service for which we receive a salary that, although being lower than those of our fellow residents at other institutions, helps us with our economic responsibilities like any other citizen," said Dr. José Pizarro Otero, a CIR leader at University Hospital in Bayamón. "We work out of love for our profession, but that alone doesn't put food on the table, or help to purchase your books."

CIR Joins the Newly Launched SEIU Healthcare

Goal: Fixing America's Broken Healthcare System

SEIU Healthcare, a new national healthcare union, was launched in Baltimore on June 22-24, 2007, with CIR leaders playing a prominent role. Combining our one million members under a new banner, SEIU Healthcare will have a greater voice in the debate over how to reform America's healthcare system. Healthcare reform is shaping up to be an important part of the 2008 presidential election.

Describing the event, Dr. Snehal Bhatt, CIR NJ Vice Pres. and a resident at UMDNJ Robert Wood Johnson Medical Center, said, "It was striking to see how much power

"A lot of people didn't even know that there are doctors in SEIU Healthcare, and were encouraged to see us there alongside them. It was powerful to me, as a physician, to hear stories of home healthcare workers and nurses struggling on the frontlines."

Dr. Ian Hoffman, CIR Delegate
Santa Rosa Family Medicine Residency Program, Santa Rosa, CA

SEIU has, with Sen. Kennedy and the Governor of Maryland as speakers. The overwhelming feeling I came away with was that we at CIR need to be more visible, and play a bigger role in shaping the future of healthcare. I was impressed with SEIU's political power on the national stage."

CIR NJ VP Snehal Bhatt, MD, holds aloft the CIR banner during the launch of SEIU Healthcare, the one-million member healthcare union.

For CIR NY Vice Pres. Spencer Nabors, MD, of Kings County Hospital, the event was like "Election night, when a candidate wins, with confetti coming down, thousands of people, and the music, 'Ain't No Stopping Us Now' playing." Dr. Nabors felt that CIR was an important part of the event. "People came up to me afterwards, saying, 'we're so glad you're here, that doctors are here with us.' One woman was even crying. There is clearly an important role for us to play."

CIR Delegate Ian Hoffman, MD, brainstormed the idea for "The Best Thing Since Aspirin" – a contest to find solutions to healthcare problems that is open to all.

"The overwhelming feeling I came away with was that we at CIR need to be more visible, and play a bigger role in shaping the future of healthcare."

CIR NJ Vice Pres. Snehal Bhatt, MD
PGY 3, Psychiatry
UMDNJ Robert Wood Johnson Medical Center

Speaking from the stage, CIR Delegate Ian Hoffman, MD, of the Santa Rosa Family Practice Program in Northern California shared his idea for a new contest, "The Best Thing Since Aspirin" with the 1,700 healthcare workers in the audience. The concept is for people to submit their ideas on how to improve healthcare in the U.S. The ideas will then be collected and voted upon to find the best ones. Dr. Hoffman got the go-ahead for his plan just a few weeks before the launch of SEIU Healthcare.

"Bringing healthcare workers together in one spot was overdue, and it was great to see how this can impact healthcare in this country….Policy ideas usually come from small rooms with 20-30 people who are powerbrokers. But there are plenty of people with frontline knowledge, and different ideas who can come up with great ways to make our healthcare system better.

CIR NY VP Spencer Nabors, MD, shares insights about the role doctors can play within the new organization – "Doctors are on the frontline of both the problems and the solutions," he said.

It opens up the debate to union members and regular people, and gives a broader forum for discussing these ideas," Dr. Hoffman said.

"A lot of people didn't even know that there are doctors in SEIU Healthcare, and were encouraged to see us there alongside them. It was powerful to me, as a physician, to hear stories of home healthcare workers and nurses struggling on the frontlines. I think more doctors need to see that to gain a full perspective," he said.

CIR has been a member of SEIU since 1997 and now is affiliated with SEIU Healthcare, a union within SEIU.

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