CIR News
Committee of Interns and Residents
SEIUHealthcare®
June 2008

CIR LEADERS AIM FOR ACCESS AND ACTIVISM

Clockwise from top: CIR's newly elected national Executive Committee; voting in CIR's new leadership; residents had a chance to meet and greet during the reception; delegates took to the microphones for Q&A's following presentations.

The largest number of CIR delegates ever assembled for CIR's national convention this year in Washington, DC from May 16-18, 2008. The 168 leaders reflected the diversity of CIR members in terms of geography, ethnicity, gender, and medical specialty. Some arrived post-call, but nonetheless ready to set the agenda for the year ahead.

Over the two days, they pushed through a jam-packed agenda that included electing a president and new Executive Committee, and approving an annual budget and constitutional amendments, which included direct election of national officers starting in 2009. (See constitutional changes on **www.cirseiu.org**.) Smaller-session workshops on delegate responsibilities, negotiations, and safety in the O.R. allowed for lively discussion and shared ideas from residents in similar situations around the country.

Story continues on Page 12

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Committee of Interns and Residents
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President's Report

LUELLA TONI LEWIS, MD

Off to a Great Start!

Each year, CIR gains many new members who are just beginning their residencies at CIR-affiliated hospitals. As you find your way around and learn who your elected representatives are, please bear in mind that not that long ago, they were in your shoes, wondering just what CIR is, and what it can do.

Last year at this time CIR celebrated its 50th anniversary, and our convention included many CIR alums who really brought home what this union has accomplished in half a century.

Those accomplishments were achieved one contract at a time, one organizing drive at a time, one hospital saved from closure at a time, one interpreter service won at a time.

It's the hard work, the passion, the persistence – and sometimes the daring, of residents just like you that have built CIR and improved the lives of so many residents and the patients we care for.

CIR's success over the years has come from our emphasis on three important pillars: collective bargaining, organizing and patient care advocacy.

For starters, what is collective bargaining? Simply put, it is a mutually acceptable agreement between residents and hospital administration which is binding to both parties. Negotiating great contracts is the first thing that anyone thinks about when they think CIR and it's what clearly distinguishes our 13,000 members from the 90% of resident physicians in the U.S. who are NOT unionized.

CIR members, leaders and staff put a lot of emphasis on negotiating the best contracts we can, with an emphasis on salary, benefits, working conditions, due process guarantees, and patient care provisions.

Organizing means growing CIR membership so that our voice is loud and strong! The more members we have, the greater clout we will have at the bargaining table and in the political arena where decisions are made that impact patient care nationally.

Finally, that last pillar – the pillar that distinguishes CIR more than any other – 50 years of advocacy for our patients, and for safe, quality patient care and health care for all!

CIR's patient advocacy has taken many forms, beginning with our first year in existence, when residents at New York City public hospitals formed CIR in part to affiliate with medical schools for greater oversight of patient care. What else have we accomplished?

- Abolishing universal every other night call in the mid-1970's;
- Negotiating interpreter service guarantees;
- Testifying for needed local, state and federal funding;
- Stopping unwarrented closures of safety-net hospitals; and
- Highlighting the inherent inequity and inefficiency of a healthcare system that prevents so many millions from getting the healthcare they need.

What we've learned over the years is that patient advocacy requires – no, demands, political action. So much of what really matters to us is decided not in our individual hospitals, but in the political arena.

"It's the hard work, the passion, the persistence — and sometimes the daring, of residents just like you that have built CIR and improved the lives of so many residents and the patients we care for."

These three pillars — collective bargaining, organizing, patient advocacy and with that political action — that is what CIR is all about.

So think about which of these pillars speaks to you and calls you to greater involvement. Then, when you know your way around your hospital, find your CIR department rep, and say hello. Begin a conversation about how you can get involved in CIR, or bring CIR into engagement with your key healthcare issues, and see what can be done! You can always email me at llewis@cirseiu.org. Welcome.

Housestaff Appreciation Day: What a Concept!

It's always nice to be appreciated, and CIR members at Jackson Memorial Hospital in Miami, Florida, were honored with an annual Housestaff Appreciation Day on February 28, 2008, commemorated by the Miami-Dade County Office of the Mayor and County Commissioners. CIR celebrated the event with an outdoor barbeque, and more than 300 residents from all specialties had a chance to meet, enjoy the sun and a leisurely lunch. They also used the event as an opportunity to discuss the CMS proposed Medicaid cuts (see story, facing page), which include the elimination of all GME funding for hospitals. Housestaff took immediate action, and began calling Florida legislators right at the barbeque.

PHOTO: (TOP) GARY DINUNNO/PAGE ONE PHOTOGRAPHY; (BOTTOM) MARY JANE BARRY/CIR

Senate Candidate Rep. Tom Udall "Walks A Day In the Shoes" of CIR Doctor

SEIU's "Walk a Day in the Shoes" program ensures that candidates running for political office experience firsthand what life is like for working people. Candidates in races ranging from Mayor to Governor to Senator to President of The United States have taken CIR up on the invitation to follow in the footsteps of an SEIU member.

On April 4, 2008, it was CIR's turn.

U.S. Senate candidate Rep. Tom Udall walked a day in the shoes of Dr. Elizabeth Burpee, a resident at the University of New Mexico Hospital. After lunch with Dr. Burpee and other residents, Udall assisted her in caring for her patients at the UNM family clinic with check-ups, taking patients to get lab work completed, and talking with the attending physician and social worker about patients' conditions.

Dr. Julie Sierra, Internal Medicine Primary Care attending, Dr. Elizabeth Burpee, Internal Medicine resident, and CIR Secretary-Treasurer with Rep. Tom Udall.

"Many of the patients I care for lack health coverage or a way to pay for the medication they need," said Dr. Burpee. "It's important that politicians like Rep. Udall walk a day in my shoes so they understand how difficult it is to care for people with severe illnesses who have no way to afford the treatments or medicine they need to get better."

Rep. Udall came away impressed and inspired by the dedication residents show hour after hour. "The Committee of Interns and Residents (CIR)," he said, "is a powerful voice in the medical community to speak up not only for themselves, to get adequate working conditions, but also for the patients, and that's something that I think is tremendously important."

You can watch a video about the day on CIR's Web site: **http://www.cirseiu.org**

CIR Lobbies, Files Brief to Stop Medicaid Cuts

Drastic cuts to Medicaid funding set to go into effect on May 25, 2008 brought out the best in CIR doctors intent on advocating for their patients and hospitals.

The Centers for Medicare and Medicaid Services (CMS) announced new rules which would have completely eliminated Medicaid funding for Graduate Medical Education (GME) in all teaching hospitals as well as additional cuts that would have hit public hospitals. Since state funds for Medicaid are matched by federal dollars, the financial impact on public hospitals would have been all the greater, and at a time when many are already struggling financially.

Many politicians didn't understand that residents are indispensable front-line providers of care; they thought residents were students whose training takes place in libraries and lecture halls. CIR launched an e-activism campaign to correct this misunderstanding, with residents writing to their representatives in Congress and sharing stories about their experiences caring for patients without health insurance.

"I am now on Obstetrics rotation," emailed CIR member Nicole Mohlman, MD, from Sutter Medical Center in Santa Rosa, CA. "The residents at our hospital provide primary care to most of the laboring women who present to our hospital. For many, it is the first time they have had insurance in their lives, with Medi-Cal insurance providing for the antenatal period…In a way, residents' patients are some of the most difficult. Challenging social situations, scant resources, and cultural and language barriers abound.

"But as I sit now following a 30-hour shift with about one hour of sleep mixed in, I'm reflecting on these patients and these years of my training. I know as a fact that my hospital and hospitals across the nation would collapse without residents providing front-line care to patients like ours. It is not just community hospitals that depend on resident-provided care, but also the gigantic academic centers in which I went to medical school, where residents are no less than the churning engine of the hospital. Everything would stop without them."

Stories like these reached 41 members of Congress representing all the states where the union has members, plus Ohio, Pennsylvania and Texas. Along with key pressure from the National Association of Public Hospitals (NAPH) and other groups opposed to the devastating cuts, a veto-proof majority of congressional representatives, both Democratic and Republican, voted yes to a bill imposing a moratorium on the cuts. Then CIR members launched another e-activism campaign focused on the bill's passage in the Senate.

Offline, over 40 CIR members from throughout Northern California gathered on May 14, 2008 for a lunchtime meeting at Alameda County Medical Center (Highland Hospital) to learn what the proposed Medicaid cuts – as much as $100 million or nearly one-fifth of the hospital's operating budget – would mean. Afterwards, the residents sent postcards to their Senators in support of the moratorium.

CIR's legal team also went into action, filing an Amicus Curiae (Friend of the Court) brief in support of an NAPH and Alameda County lawsuit against CMS. CIR's brief presented residents' unique perspective as front-line health care providers. On May 23, the U.S. District Court ruled in favor of Alameda County and the other plaintiffs and vacated the CMS ill-advised rule – a major victory!

> **"I know as a fact that my hospital and hospitals across the nation would collapse without residents providing front-line care to patients like ours."**
>
> **Nicole Mohlman, MD, PGY 1**
> **Sutter Medical Center at Santa Rosa**

At press time, the Senate has attached the moratorium to the war appropriation bill, again by a veto-proof majority, and sent the bill to the House for approval. CIR is hopeful that it will soon become law.

PHOTOS: (TOP) TOBY JORRIN ©2008; (BOTTOM) KELLY GRAY/CIR

Doctors at Highland Hospital (left to right) Pedram Taher, Naomi Marks, Davida Flattery, Allison Mulcahy and Tom Catron sent postcards to Congress protesting Medicaid cuts that would eliminate GME funding and devastate safety-net hospitals.

UNM Residents Win Second Salary Increase

Dr. Shadi Battah, PGY 4 Fellow in Pulmonary Disease/Critical Care and part of the self-professed "Dream Team" conducting negotiations with the University of New Mexico Medical Center, can hardly believe how far the residents have come in only a year.

"Before we joined CIR, Fellows like myself in their fourth year of training were earning $42,661 a year," he said. "But after bargaining our first wage increase in 2007 and again this spring, the salary rate for a fourth year resident will increase to $50,555!"

The negotiating team concluded its 2008 Salary Re-Opener negotiations with UNM on April 23, 2008, and brought home substantial raises for every PGY level, from 5% for PGY 1s to 9.3% for PGY 5s. This latest contract builds on the gains won in 2007, when housestaff saw salary increases from 5.3% to 10.3%. The new salary rates were ratified on May 5, 2008 and will go into effect on July 1.

For Dr. Battah, the benefits of joining CIR couldn't be clearer. "This raise represents the power of collective bargaining and having a unified voice," he said.

The CIR UNM "Dream Team" won 5 - 9.3% increases in their wage-reopener negotiations.

Not Just Any Rehabilitation Patient

County Commissioner and CIR Work to Improve Jackson's Rehab Center

After County Commissioner Sally Heyman had major back surgery at Jackson Memorial Hospital in Miami, Florida, she regularly visited Jackson's rehabilitation center for therapy. She found the rehabilitation staff, which included CIR members, to be extremely helpful. However, the facility they worked in and the equipment they used were in less than pristine condition.

To give one example, individuals recovering from back surgery need to practice getting in and out of an automobile as a critical part of their therapy. Jackson's rehabilitation center still used an actual car — a beat-up 1970 Mustang – which had to be located outdoors, making its use during hot Miami summers or during the frequent Florida rain storms unbearable for patients.

"We have some of the best medical practitioners in the world at JMH," Commissioner Heyman said. "However, I found the facility and the equipment to be depressing, embarrassing and antiquated. Workers and patients deserve better."

She took matters into her own hands, donating a new therapeutic model car to the center. Since it is not a real automobile, the new car is located inside the air-conditioned center – a much more pleasant experience for rehabilitating patients.

Her experiences as a patient not only convinced Commissioner Heyman to commit to raising money to refurbish the center, but made her a resource when CIR looked to allocate $34,000 from its Patient Care Fund towards the rehabilitation of the center. CIR's Patient Care Funds are negotiated, resident-administered funds that supplement patient care items not included in hospital budgets.

Based on the Commissioner's recommendations and perspective as a patient, CIR replaced outdated stationary therapy tables with new electric adjustable height tables, refurbished custom-made exercise equipment, replaced damaged therapy rolls and wedges, creating additional storage for therapy equipment, and paid for a large wall mural to accompany the new donated car.

Dr. Halland Chen, a resident in the Department of Physical Medicine and Rehabilitation, found Commissioner Heyman's input to be invaluable. "As a patient, she truly saw and experienced the needs of the rehab center in terms of our equipment," he said. "I think she really appreciated the hard work of all the staff and offered some great input on what we needed."

Commissioner Sally Heyman (center) at ribbon-cutting ceremony with new rehab car.

Cambridge CIR Delivers Contract in Tough Financial Times

"It was definitely a long, drawn out negotiation," reports Dr. Theo Murray, a PGY 2 Psychiatry resident at Cambridge Hospital, which has 120 CIR members.

Dr. Murray joined the CIR negotiating team as an intern in September 2006 – but the team had already been negotiating for five months! Serious financial problems, exacerbated by the new Massachusetts healthcare reform law, plagued this crucial safety-net hospital – and tougher times were on the horizon.

A three-year contract was the norm at Cambridge, but when that was nixed by hospital administration, the negotiating team pushed hard for a one-year "roll-over" of the current contract — with key improvements: a 4% salary increase and $200 added to the professional allowance, in exchange for health benefit changes.

Then the team went back to the table….and 13 months later (Dr. Murray now two-thirds of the way through his PGY 2 year) a two-year settlement was reached in late March 2008. Besides 3.5% salary increases each year and work space issues addressed, the team was also able to thoroughly include a recently affiliated family practice residency into all aspects of the contract. While the three year ordeal was "challenging," said Dr. Murray, "CIR staff helped us to keep our priorities clear."

Cambridge Negotiating Team negotiates, and negotiates….and negotiates!

PHOTOS (CLOCKWISE FROM TOP): AMY HALL/CIR; JUDY GRANT/CIR; FLORIDA COUNTY PHOTOGRAPHY

Committee of Interns and Residents
SEIUHealthcare

SPECIAL ORIENTATION SECTION

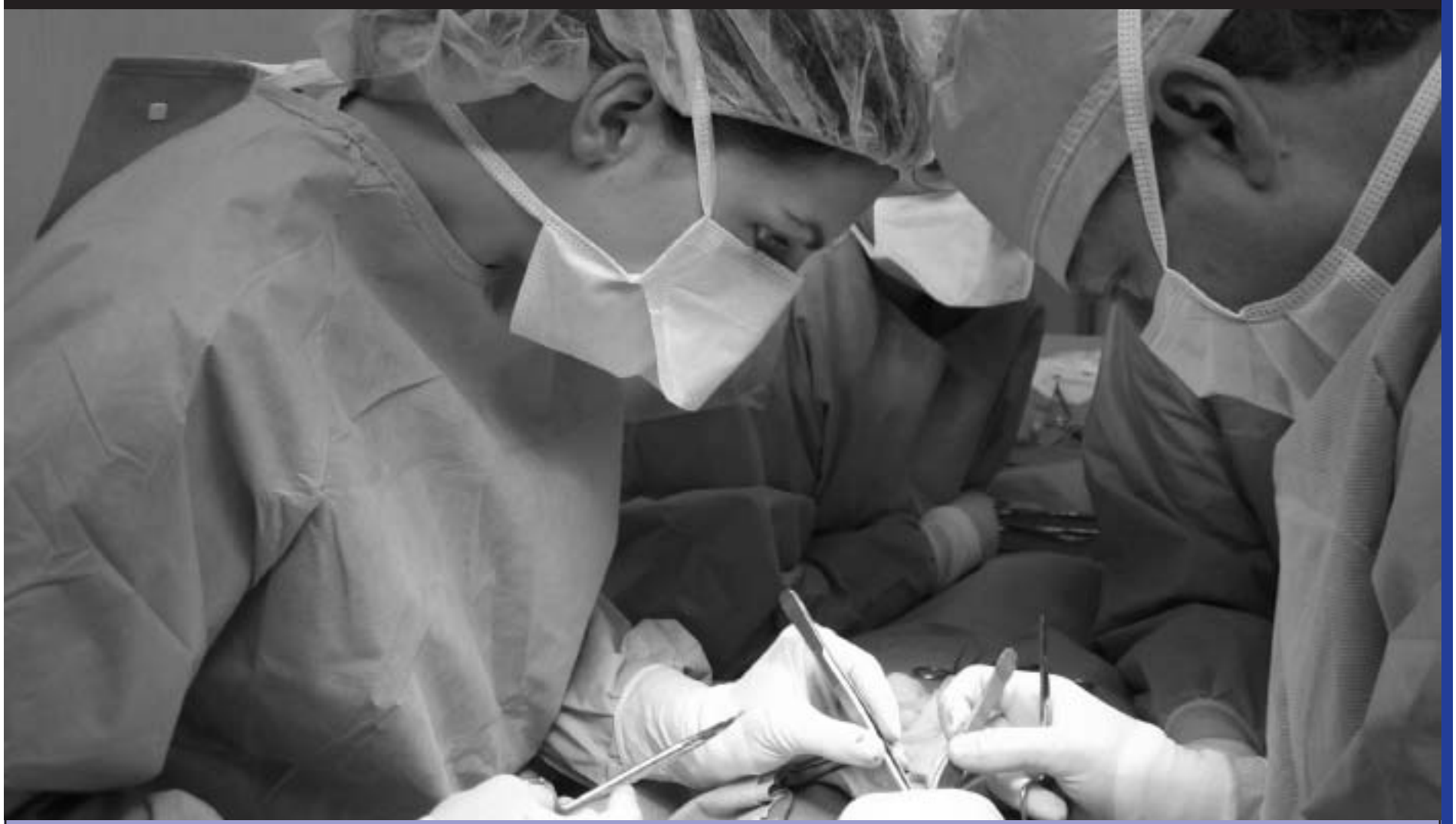


PHOTO: COURTESY OF DR. DAUPHINE

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 51 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.

Today, through CIR collective bargaining agreements, more than 13,000 interns, residents and fellows in New York, I and working conditions that are the envy of their colleagues in non-unionized hospitals. They also have a strong, u care policy is forged. But it wasn't always that way. Getting to this point has taken 51 years of commitme

A TIMELINE OF CIR HISTORY

1957: CIR founded in New York City's public hospitals to improve salaries, working conditions, and the quality of patient care delivered by the city's 2,000 resident physicians. One year later, their first contract brings salaries up significantly; affiliates the public hospitals with medical schools to improve education and patient care; establishes a grievance procedure, and improves call rooms.

1970: Back in NYC, CIR branches out from the public hospitals, and begins organizing in the private or "voluntary" hospitals.

1976: The National Labor Relations Board (NLRB) in the *Cedars-Sinai* decision, rules that housestaff are primarily "students" rather than employees. CIR maintains recognition at some voluntary hospitals, but loses others.

1965: First "Heal-In" held in Los Angeles County Hospital, as residents refuse to discharge patients. They garner massive press attention, and win raises and improvements to patient care. They also help to usher in a decade of resident activism nationwide, with other Heal-Ins held at Boston City Hospital in 1967, and at DC General in Washington, D.C. in 1968. All three housestaff groups will affiliate with CIR in the 1990's.

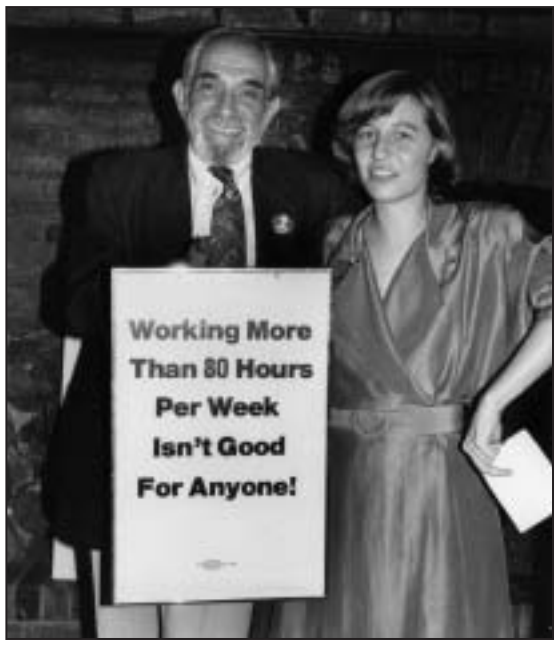

BCH Near Capacity In Reverse Strike

'Heal-In' Loads Hospital Beds

1975: CIR leads the first multi-hospital strike of doctors in U.S. history, affecting 15 voluntary and six city hospitals. The strike, which uses the slogan, *Our Hours Make You Sick*, gains the support of the AMA and local media. The settlement is a landmark victory that eliminates every other night on-call, and improves working conditions. In California, L.A. County housestaff create the first-ever Patient Care Fund to address unmet patient needs. That fund grows to $2 million per year, and inspires other CIR members to create funds of their own.

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

1989: CIR helps to establish the 405 or "Bell Regulations," and New York becomes the first state to set limits on residents' work hours at 80 per week, averaged over four weeks.



New Jersey, Massachusetts, Washington, D.C., Florida, California, New Mexico, and Puerto Rico enjoy salary, benefits nified voice to advocate for their patients in their local hospitals, and in the state and federal arenas, where health ent and collective activity by housestaff in public and private hospitals across the country. Here is our story.

1993: Cambridge and Boston City Hospital House Officers Association join CIR.

1996: Nearly 1,000 residents at Jackson Memorial Hospital in Miami vote to join CIR by a 4-to-1 margin.

1997: A CIR-initiated campaign succeeds when NY's Supreme Court blocks Mayor Guiliani's plan to privatize NYC public hospitals. In Los Angeles an independent housestaff association, JCIR, joins CIR. At CIR's 40th anniversary, delegates vote to join the Service Employees International Union (SEIU).

1998: In Northern California, an independent housestaff association, CAIR, joins CIR.

1999: CIR and Boston Medical Center housestaff file a legal challenge to overturn the 1976 *Cedars-Sinai* NLRB decision. The challenge is successful with the NLRB ruling that private sector housestaff are employees, and thus guaranteed collective bargaining rights. Organizing picks up in the years to come.

2001: 1,000 new members organized in the NY region; in Puerto Rico, housestaff vote to affiliate with CIR.

2002: In Los Angeles, CIR members, in coalition with community and labor groups, win continued funding for safety-net hospitals and clinics. "Measure B" is the first referendum in which voters decide to raise their own taxes since California's Prop. 13 was passed 25 years earlier.

2004: CIR members in Northern California follow suit with a referendum in Oakland that raises taxes to support the safety-net hospitals and clinics providing access to care for all.

2006: CIR builds a labor-community coalition and launches the successful "Save Our Safety Net" campaign in NY to fight hospital cuts and closings.

2007: CIR celebrates 50th Anniversary, and an election victory at the University of New Mexico Hospital (UNM) in Albuquerque.

2008: First contract at UNM brings gains to 500+ housestaff and adds a new state to CIR's roster. CIR members around the country lobby against cuts to GME funding, changes to med student debt legislation, and for healthcare reform.

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 13,000 interns, residents and fellows in New York, New Jersey, Massachusetts, Florida, California, New Mexico, the District of Columbia and Puerto Rico. Since 1957, CIR has negotiated collective bargaining agreements, now 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 1.9 million member Service Employees International Union (SEIU), with more than one million healthcare workers across the country. As a 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 back-up from SEIU, which 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 51 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 about 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) may be 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 L.A., Boston, New York City, Cambridge, Miami, Albuquerque, 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, clothing for homeless patients, and even a fish tank (below) for use in patient waiting rooms.

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: SANDY SHEA/CIR; 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
Boston, MA

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
Los Angeles, CA

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, FL

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.

"Phlebotomy services, including blood culture draws, shall be available twenty-four (24) hours a day, seven (7) days a week. IV Therapy Services, to start and maintain routine IVs, will be provided to all general care inpatient areas 24 hours a day, seven days a week.

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

Boston Medical Center
Boston, MA

On-Call Pool

"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 Medical Ctr.
Valhalla, New York

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
Los Angeles, CA

Professional Education Allowance

"Effective January 2007, Trust shall provide each HSO $1,250 per residency academic year to be used as reimbursement for professional/educational expenses."

Jackson Memorial Hospital
Miami, FL

"A $1,900 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
Cambridge, MA

Patient Care Funds

"The amount of the CIR 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
Los Angeles, CA

"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 $165,000 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

CIR Convention Speakers Highlight the Need for Access to Care for All

KEYNOTE SPEAKER
DR. FRED RALSTON, JR.
Chair, Health and Public Policy Committee of the American College of Physicians (ACP)

"I think we would all agree on goals: access to all, with quality care and minimal administrative and management costs."

"Since 1990, the ACP has been advocating for universal health coverage, and we purposely wanted to shake things up a bit when we came out with our recent report [January 2008, *Annals of Internal Medicine*].... We found data to compare the U.S. to 12 other countries that do have universal coverage, and looked at the lessons from those countries, and issued recommendations for achieving a high performing healthcare system in the U.S.

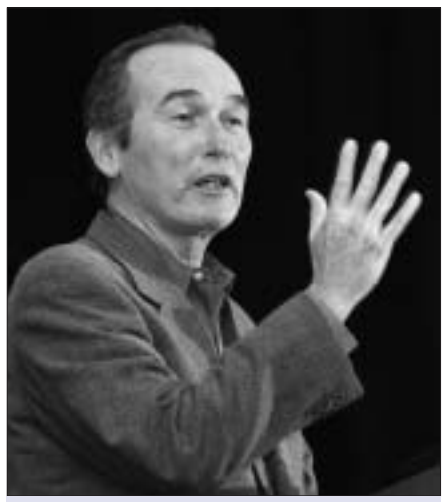
"Every time there's a new statistic, it gets worse. We had $2 trillion in healthcare expenditures in 2005, which comes to just under $7,000 a person. Healthcare costs are rising faster than inflation. Employers are reacting by dropping coverage. If we continue to increase our healthcare expenditures at our current rates, by the year 2052, it will be 52% of the economy. Clearly, that's not going to happen. Something has to change, and the sooner we do it, the more options we will have.

"We know people without insurance live sicker and die younger. Our system is costly and inefficient. I think we would all agree on goals: access to all, with quality care and minimal administrative and management costs.…Any U.S. solution must be unique to our political and social culture…While a single-payer system is more equitable and has lower administrative costs, we could have pluralistic coverage, which allows people more options. We could have Medicare for All, and employer-based coverage.

"What can we all do to assure that the 2008 election creates a debate on how to achieve a high-quality healthcare system that is second to none? The ACP met with all three Presidential candidates – visit our website at **www.acponline.org** and hit "election 2008" to see their platforms."

To view Dr. Ralston's Power Point, log on to ***www.cirseiu.org****. Convention coverage is on the homepage.*

DENNIS RIVERA
Chair, SEIU Healthcare
1.1-million healthcare workers



"Doctors have enormous prestige with the public – and when you speak, people listen."

"We have 1.1 million healthcare workers in our union – we *are* the healthcare workers union in the U.S…Every decade there is a movement for universal access to care, and we think we are the closest we've ever been to achieving it…We want CIR to play a role in helping us to enact universal healthcare. You know better than anyone that we are spending more money than any other country, yet we are the 45th in life expectancy, we have high rates of infant mortality…we spend more, and get less.

"There are 9 million non-union healthcare workers in the U.S., and the Employee Free Choice Act (EFCA), which was passed in the House and Senate but vetoed by President Bush, would make it easier for residents and other workers to join unions of their choice. With a new president, it will become law, and can lead to a revitalization of the labor movement. For so long, employers have been abusing residents in terms of hours, and responsibilities. You carry the work and then they call you students! We would like to see CIR expand – with more members, you have a bigger say.

"Doctors have enormous prestige with the public – and when you speak, people listen. We need you to carry our message of changing this broken healthcare system, and have ownership within SEIU Healthcare."

ANDY STERN
President, SEIU
2-million member union

"I originally got involved in a union because I had gotten a job as a social worker, and there was a union there, and they held a meeting, with pizza. I came for the pizza. I don't come from a family background with unions, so it wasn't familiar to me. But I went, and there were five people there. One by one, they left, until by the end, it was just me and the shop steward. He nominated me for assistant shop steward, and that's how I began.

"We now have an economic crisis in the global economy, and the U.S. cannot be the only country that doesn't provide healthcare when everyone else does. My son, who is 21 years old, is expected to have 9-10 jobs by the time he is 35. Only one in three employers who exists today will still be here 25 years from now. We are transitioning from an employer-managed workplace to a self-managed workplace. This has profound implications for things like healthcare and pensions.

"Unions need to change and to grow. We organize because we need strength at the bargaining table, and we need to make work pay again. We organize so we can build an America we can all be proud of. Every union is unique. CIR has been the fastest growing union of resident doctors in the country, and I'm proud to be here today."

"Unions need to change and to grow. We organize because we need strength at the bargaining table, and we need to make work pay again."

PHOTOS: GARY DINUNNO/PAGE ONE PHOTOGRAPHY

CIR Officers for 2008-09

Convention delegates elected the following officers for the coming year:

President:
Luella Toni Lewis, MD, Geriatrics/Caritas Health Care, Inc., Jamaica, NY

Executive Vice President:
Nailah Thompson, DO, Chief Resident, Internal Medicine/ Alameda County Medical Center–Highland Hospital, Oakland, CA

Secretary-Treasurer:
Elizabeth Burpee, MD, Internal Medicine, University of New Mexico Health Sciences Center/Albuquerque, NM

Regional Vice Presidents:

NORTHERN CALIFORNIA
Rachel Kreps-Falk, MD, Pediatrics/Children's Hospital, Oakland, CA

SOUTHERN CALIFORNIA
Suganya Karuppana, MD, Family Medicine/Harbor-UCLA Medical Center, Los Angeles, CA

MASSACHUSETTS
Michael Mazzini, MD, Cardiovascular Medicine/Boston Medical Center, Boston, MA

FLORIDA
Janetta Dominic Cureton, MD, Chief Resident Psychiatry/Jackson Memorial Hospital, Miami, FL

NEW JERSEY/DC
Snehal Bhatt, MD, Psychiatry/Robert Wood Johnson University Hospital, New Brunswick, NJ

NEW MEXICO
John Ingle, MD, Otolaryngology/University of New Mexico Health Sciences Center, Albuquerque, NM

NEW YORK
Kate Aberger, MD, Emergency Medicine/Lincoln Hospital, Bronx, NY

Matthew Harris, MD, MBA, Orthopedic Surgery/ Westchester Medical Center & St. Vincent's, Manhattan, NY

Farbod Raiszadeh, MD, PhD, Internal Medicine/St. Luke's-Roosevelt Hospital Center, Manhattan, NY

Vishal Jagmolian Verma, MD, Internal Medicine/Brooklyn Hospital Center, Brooklyn, NY

Vaughn Whittaker, MD, Chief Surgical Resident, Harlem Hospital, NY

CIR 2008 Convention:

Record Delegate Attendance & Packed Agenda

Throughout the convention, a theme resonated from speaker to speaker: the relationship between engagement in politics and all aspects of CIR's mission, from maintaining adequate funding for safety-net hospitals, to negotiating good contracts. Access to healthcare for all was another theme, highlighted by keynote speaker Dr. Fred Ralston, Jr. of the American College of Physicians, who gave a comprehensive presentation on the major weaknesses of the current healthcare system in the U.S. In the Q&A that followed, he stressed the necessity of political engagement on the part of physicians in order to achieve a high-performing health care system.

Drs. John Ingle and Elizabeth Burpee from CIR's newest chapter in New Mexico shared the experience of their organizing campaign and highly successful first year, which included a great first contract, and meetings with their state's Governor, and Lt. Governor. It provided a fascinating case study that prompted delegates from other regions to begin thinking of ways to utilize the lesson of New Mexico at their hospitals.

Other highlights were rousing speeches from Dennis Rivera, the chair of SEIU Healthcare, and Andy Stern, the President of SEIU. Rivera thanked CIR for the essential role that doctors play in contributing to SEIU Healthcare, and vowed to assist CIR's Puerto Rico chapter in their quest for union recognition. Stern installed the new national officers.

A contested election for CIR President led to an exciting campaign presentation and a Q&A session between the candidates, Dr. L. Toni Lewis and Dr. Spencer Nabors, and delegates. The energy and enthusiasm of Sunday's election continued with the installation of a new CIR Executive Board (see page 11).

The lighter side of the convention was apparent during the regional reports, which described the past year's obstacles and achievements, without stinting on humor and music. The opening reception on Friday night was a time for people to meet and catch up with their colleagues from around the country. Saturday evening's reception at the National Zoo's Amazonia Exhibit was all play, with food, drinks, and some spirited dancing.

More Convention Coverage on Page 11

PHOTOS: GARY DINUNNO/PAGE ONE PHOTOGRAPHY

NEW YORK AREA

CIR/SEIU Benefits Plan Information

The benefits covered on the next three pages—for voluntary and public hospitals in the New York area—were negotiated by the Committee of Interns and Residents (CIR/SEIU) through its collective bargaining agreements with hospital management. Some hospitals have full benefits, while others have partial benefits. See below for details of the benefits you are eligible for.

Voluntary Hospital House Staff Benefits Plan (VHHSBP)

Plan Office Address:
VHHSBP, 520 Eighth Ave., Suite 1200
New York, NY 10018
(212) 356-8180 or (800) 247-8877
Fax: (212) 356-8181
Email: benefits@cirseiu.org
Website: www.cirseiu.org/benefits

CIR established the VHHSBP in 1980 to provide private voluntary hospital house staff and their dependents with extensive healthcare and supplementary benefits.

The Plan is funded entirely by employer payments won by house staff in negotiations with their respective hospitals. The Plan is governed by a Board of Trustees made up of an equal number of CIR representatives and hospital administrators, and is administered through the CIR Benefits Plan Office. A handbook explaining the benefits, and exclusions, is available through the CIR Benefits Plan Office or visit our website at www.cirseiu.org and click on "Benefits." For more detailed information, please contact the Benefit Office at (212) 356-8180 or (800) 247-8877; by fax at (212) 356-8181; or by email at benefits@cirseiu.org.

HOSPITALS COVERED BY THE VHHSBP

- Boston Medical Center
  — Disability Compensation Plan
- Bronx-Lebanon Hospital
- Brookdale Hospital
- Brooklyn Hospital (same as Jersey City Medical Center, see below)
- Flushing Hospital Medical Center
- Interfaith Medical Center
- Jamaica Hospital
- Jersey City Medical Center (JCMC)
  — Optical Plan
  — Dental Plan
  — Disability Compensation Plan
  — Life Insurance
  — Pre-Paid Legal Services Plan (CIRLS)
- Kingsbrook Jewish Medical Center
- Maimonides Medical Center
- New York Methodist Hospital
- North General Hospital
- Our Lady of Mercy Medical Center
- St. John's Episcopal Hospital
- St. Luke's-Roosevelt Hospital
- St. Vincent Catholic Medical Center of Brooklyn & Queens (Caritas)
- Wyckoff Heights Hospital

Note: Hospital, major medical and prescription drug coverage for Brooklyn Hospital and JCMC housestaff and their eligible dependents are provided through the hospital's health plan. Details of the Boston Medical Center, Brooklyn Hospital and JCMC CIR benefits listed above can be found below, under the same headings under Benefits Covered by VHHSBP.

BENEFITS COVERED BY VHHSBP

In Network - Medical Coverage Point of Service (POS)

With the POS plan, members may choose to use a doctor or facility listed in the Empire Blue Cross/Blue Shield Directory. Members will only pay $20 per office visit with no deductible. Hospital coverage is covered at 100%. Providers' names can be found by calling Empire or can be obtained on the Internet at:
http://www.empireblue.com

Out of Network - Medical Coverage

Participants and their eligible dependents may go to any doctor and will be reimbursed 80% of the reasonable and customary fee, after paying the deductible, which is $100 for an individual or $200 for a family per Plan Year (July 1 through June 30). Hospital coverage is covered at 80% after deductible has been met. After $500 of out-of-pocket expenses per person, medical expenses are covered 100% for that person.

Prescription Coverage

Most major pharmacies accept the Empire card. You can obtain the locations of participating pharmacies in your locale by calling the Member Services toll-free number on your Empire card (1-800-553-9603). Members pay a $5 co-payment for generic drugs, $15 for brand name drugs, and $30 for non-formulary drugs. A 90-day supply can be obtained with a reduced co-payment by using mail-in forms. Members who do not use a participating pharmacy can still pay for the prescription in full and submit the bill for reimbursement.

Dental Plan

CIR members have the option of using Guardian's Managed Dental Guard or a Dental Guard Preferred service plan. The managed plan includes coverage for Orthodontia, but the Dental Guard Preferred plan does not. Members choosing the managed plan select a dentist from Guardian's large network. Certain procedures are covered in full, while others require a co-payment. Members choosing to go into the Dental Guard Preferred plan can see any dentist they choose and will be reimbursed according to a set schedule for each procedure. New members must make a choice between the Managed Dental Guard plan and the Dental Guard Preferred plan during the month of July. Members are able to switch plans twice a year, once in July and again in January.

Optical Plan

The optical plan covers eye examinations, contact lenses, prescription glasses (and prescription sunglasses), and/or the replacement of broken frames or lenses, for members and their dependents. Housestaff may use their own optician, optometrist, or ophthalmologist for which they are entitled to a maximum of $100 once a year (July 1 to June 30), or select from the CIR Panel of Optical Providers who will perform services at reduced rates. Housestaff must contact the CIR Plan Office for the list of Panel providers and a validated optical voucher.

Psychiatric Care

Participants and their dependents are insured for outpatient psychiatric services that must be provided by an M.D. or other specialist licensed to practice psychotherapy, including those holding the following degrees: Ph.D., Psy.D., Psychiatric Nurse Practitioner or C.S.W. In-network coverage is $25 per office visit. Out of Network coverage is 30 visits per calendar year reimbursed at 50% per office visit. A deductible must be met.

Routine Well Baby Care

Benefits are payable at 100% of the Usual and Customary Charge for a surgeon's charge for circumcision and a physician's charge for visits during a newborn's initial hospital confinement. Benefits are payable for preventative child healthcare from birth to age 19. The services are specified in the Summary Plan Description and must be in keeping with the prevailing medical standards.

Life Insurance

Housestaff have a life insurance policy of $125,000, to be paid to the beneficiary or beneficiaries named on the member's enrollment card. Housestaff are also provided $20,000 in spousal life insurance coverage at no additional cost to the resident. Life Insurance coverage is underwritten by Guardian Life Insurance Company of America.

Disability Compensation

Disability benefits are divided into short term and long term benefits. Short term coverage is self-insured and paid by the Benefits Plan. It begins on the eighth day of the illness and extends for 12 weeks. It is paid on the basis of 60% of the basic weekly salary up to $692 per week less any statutory benefits received, such as State Disability or No Fault wage replacement.

Long-term disability coverage is underwritten by Guardian Life Insurance Company of America. It is paid on the basis of 60% of the basic salary up to a maximum of $3,500 per month. Depending upon individual circumstances, long term disability can cover up to normal retirement age (currently age 65). For nervous and mental or substance abuse diagnoses, coverage is for 5 years unless the disabled person is hospitalized at the time the five years have elapsed, in which case the disability coverage can remain in effect to normal retirement age.

This coverage is portable, that is, you can arrange to continue the coverage on an individual basis after the termination of residency. You can also purchase supplemental coverage from the Guardian Life Insurance Company.

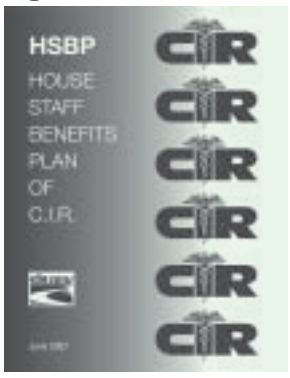
Domestic Partners

VHHSBP benefits are available to VHHSBP participants' same sex domestic partners and their dependent children where the participant is employed by an employer located within the State of New York. For house staff working at Brooklyn Hospital, Maimonides Medical Center and St. Luke's-Roosevelt Hospital, either same sex or opposite sex domestic partners can be eligible.

Eligible domestic partners and their dependent children are covered for all benefits listed in the Summary Plan Description for spouses. To be eligible for this benefit, a participant and domestic partner must complete the "VHHSBP Eligibility Statement for Domestic Partnership," which requires proof of domestic partnership, or must be registered as domestic partners with the City of New York. The fair market value of the premium for insurance benefits provided to domestic partners and their dependent children will be reported to the IRS as taxable income to the VHHSBP participant. The reportable income amount is about $5,000 per year.

House Staff Benefits Plan (HSBP)

Plan Office Address:
HSBP, 520 Eighth Ave., Suite 1200
New York NY 10018
(212) 356-8180 or (800) 247-8877
Fax: (212) 356-8181
Email: benefits@cirseiu.org
Website: www.cirseiu.org/benefits



CIR members employed in NY public sector hospitals receive their basic health insurance coverage, hospitalization and major medical benefits directly through their employers. HSBP was developed as a supplementary benefits package for them. The Trustees of the Plan are elected members of the CIR Executive Committee. The Plan is administered through the CIR Benefits Plan Office and funded entirely by the employers. The terms are negotiated in CIR contracts. A handbook that explains all benefits in detail is available through the CIR Benefits Plan office or visit our website at www.cirseiu.org/benefits. Some details of the Plan are highlighted below. For more detailed information, please contact the Benefit Office at (212) 356-8180 or (800) 247-8877; by fax at (212) 356-8181 or by email at benefits@cirseiu.org.

HOSPITALS COVERED BY THE HOUSE STAFF BENEFITS PLAN (HSBP)

- Health and Hospitals Corporation (NYC):
  Bellevue
  Coney Island
  Gouverneur
  Harlem
  Jacobi
  Kings County
  Lincoln
  Metropolitan
  Woodhull
- Westchester Medical Center

HEALTH AND HOSPITALS CORPORATION (HHC) BENEFITS COVERED BY HSBP

- childbirth education benefits
- conference reimbursement benefit
- continuation of benefits during disability
- supplemental dental plan
- disability compensation
- hearing aid benefit
- life insurance
- newborn benefit
- optical benefits
- outpatient psychiatric benefits
- pre-paid legal services plan (CIRLS)
- prescription drug benefit
- smoking cessation benefits
- substance abuse counseling
- supplemental medical/major medical benefit
- supplemental obstetrical benefit

Other benefits

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

Supplemental Medical/Major Medical Benefits

The Plan supplements reimbursements received from the primary major medical carrier for members and their dependents (under the employer's base plan). The Plan will pay an additional 20% of the amount reimbursed by the primary major medical carrier up to the total amount of the provider's charges. The maximum supplemental medical/major medical benefit is $1,000 per member or dependent in a Plan Year. A Plan Year is July 1 through the following June 30.

The supplemental obstetrical benefit pays up to $1,000 per delivery and is not subject to deductibles. The purpose of the supplemental obstetrical benefit is to pay for charges incurred during the birth of a child that are not covered by the base plan.

Prescription Drugs

The Plan has a supplemental prescription drug benefit of $500 per year per individual member and $1,000 per family.

Conference Benefit (HHC)

$1,000 maximum for all residents to be used anytime during their residency. Chief residents who have finished their basic residency and Fellows are eligible for a $1,000 annual reimbursement.

Dental Plan

CIR members have the option of using Guardian's Managed Dental Guard or a Dental Guard Preferred service plan. Members choosing the Managed plan select a dentist from a large network. Most procedures are covered in full, while others require a co-payment.

Continued on next page

Legal Services Plan (CIRLS)

For CIR House Staff Covered by VHHSBP and HSBP Benefit Plans

Through CIRLS, members and their dependents can receive free legal services such as consultation, review and/or preparation of documents and representation on a wide range of matters. Since CIRLS is funded by employer contributions made under the CIR contract, members pay only expenses such as filing fees and court costs. To reach the Legal Services Plan or to request a copy of either the VHHSBP or HSBP CIRLS Plan booklet, call (212) 356-8195. You can also access each booklet on our website: www.cirseiu.org. Below are some of the most popular services offered.

Medical Licensure

- Consultation, and possible representation, regarding applications for licensure.
- Consultation, and possible representation, regarding medical incident reports or alleged medical misconduct.

Estates

- Preparation of simple wills.
- Preparation of medical directives.
- Preparation of powers of attorney.

Consumer Protection

- Consultation regarding problems with the purchase of goods and services.
- Representation, where appropriate, on consumer claims brought against you which exceed $5,000.
- Consultation and preparation of the statement of claim for small claims proceedings.

Tenants' Rights

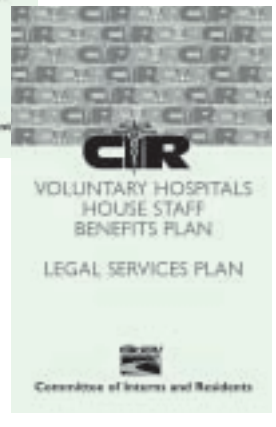
- Review of leases.
- Defense, where appropriate, against eviction proceedings.
- Consultation, and possible representation, when landlords fail to make repairs or provide services.

Immigration

- Consultation on immigrant, non-immigrant and visa-related matters.
- Representation on many H-1B petitions and J-1 applications for CIRLS members and related petitions and applications for covered family members.
- Representation on family-based permanent residency petitions for CIRLS members or covered family members.

Family Matters

- Representation in uncontested divorces.
- Preparation of separation agreements.
- Consultation, and possible representation, in child support, custody and visitation proceedings, which are not ancillary to contested divorce proceedings.



Personal Finances

- Consultation, and possible representation, in personal bankruptcy proceedings.
- Consultation regarding inaccurate credit reports and personal debt problems.

Exclusions

Only services listed in the Plan booklet are covered. Also, specific exclusions include: personal injury claims, court appeals, business, commercial or professional matters, real estate transactions, motor vehicle accidents, claims against CIR or CIR Benefits Plans, or employers who contribute to CIRLS.

Members choosing to go into the Dental Guard Preferred plan can see any dentist they choose and will be reimbursed according to a set schedule for each procedure. New members must make a choice between the Managed Plan and the Dental Guard Preferred plan during the month of July or immediately after being hired. Members are able to switch plans twice a year, once in July and again in January.

Optical Plan

The optical plan covers eye examinations, contact lenses, prescription glasses (and prescription sunglasses), and/or the replacement of broken frames or lenses, for members and their dependents. Housestaff may use their own optician, optometrist, or ophthalmologist for which they are entitled to a maximum of $100 once a year (July 1 to June 30), or select from the CIR Panel of Optical Providers who will perform services at reduced rates. You can carry-over your unused vision benefit up to a total of $300. Housestaff must contact the CIR Plan Office for a listing of Panel providers and a validated optical voucher.

Psychiatric Care

Housestaff are insured for outpatient psychiatric services that must be provided by an M.D. or other specialist licensed to practice psychotherapy, including those holding the following degrees: Ph.D., P.N.P., Psy.D. or C.S.W. Benefits are paid at the rate of 80% of reasonable and customary charges not to exceed $200 a visit. The maximum benefit per individual per benefit year is $5,000.

Substance Abuse Counseling and Treatment

This coverage provides for up to 21 days of in-hospital treatment for detoxification and up to 28 days for inpatient rehabilitation for housestaff and dependents.

Newborn Benefit

HSBP provides coverage of up to $250 for all unreimbursed medical expenses in connection with a newborn for the first 60 days of the child's life (including children who are adopted). In addition, the benefit for circumcision is $500 and for a pediatrician's in-hospital visit is $200.

HEALTH AND HOSPITALS CORPORATION (HHC) & WESTCHESTER MEDICAL CENTER (WMC) HOUSE STAFF:

Sign Up For Your Basic Health Insurance Through Your Employer
Sign Up For Supplemental Insurance Through CIR HSBP

All CIR members employed by New York City Health and Hospital Corporation hospitals and the Westchester Medical Center are eligible for basic health insurance. ***Enrollment for this basic insurance is the member's responsibility. House staff must enroll for this health insurance by signing an authorization form at your hospital's personnel office.*** Housestaff should check with the hospital's personnel office at the beginning of each contract year to sign up for benefits, or verify that previously held insurance is still in effect. The basic health insurance plan is considered the primary insurance and insures the member as well as eligible dependents, spouse and children. If you have any questions about your basic coverage, contact the personnel department at your hospital.

In addition, members and their eligible dependents are also entitled to supplemental coverage through the House Staff Benefits Plan (HSBP) of CIR. Each employer makes a contribution to the Plan on behalf of each house staff officer on its payroll. Therefore, this supplemental coverage is available at no cost to all residents employed by CIR hospitals. ***In order to enroll for CIR HSBP supplemental benefits, members must complete an enrollment card obtained from the HSBP office during orientation.*** Housestaff are urged to promptly notify the personnel department at their institution, as well as the HSBP office, of any changes in the number of dependents occurring because of marriage, birth, death, divorce or legal separation.

The basic health insurance covers maternity expenses and care for infants who are not well.

Disability Compensation

Disability benefits are divided into short-term and long-term benefits. Short-term coverage is self-insured and paid by the Benefits Plan. It begins on the eighth day of the illness and extends for 12 weeks. It is paid at 70% of salary up to $875 per week, less any statutory benefits received, such as State Disability or No Fault wage replacement.

Long term disability coverage is underwritten by Guardian Life Insurance Company of America. Paid on the basis of 70% of the basic salary up to a maximum of $3,500 per month. Depending upon individual circumstances, long term disability can cover up to normal retirement age (currently age 65). For nervous and mental or substance abuse diagnoses, coverage is for five years unless the disabled person is hospitalized at the time the five years have elapsed, in which case the disability coverage can remain in effect to normal retirement age.

This coverage is portable, that is, you can arrange to continue the coverage on an individual basis after the termination of residency. You can also purchase supplemental coverage from the Guardian Life Insurance Company.

Continuation of Benefits: House Staff Officers collecting disability benefits from HSBP continue to be covered for up to 12 months for all HSBP benefits. The Plan will reimburse the disabled person up to $1,500 towards the cost of continuing the basic health benefits on a direct payment basis. Paid receipts are required.

Life Insurance

Housestaff have a life insurance policy of $150,000, to be paid to any beneficiary or beneficiaries named on the member's beneficiary designation card. The Plan also provides a life insurance policy of $20,000 for the death of the covered housestaff officer's spouse or domestic partner at no additional cost to the resident. Life Insurance coverage is underwritten by Guardian Life Insurance Company of America.

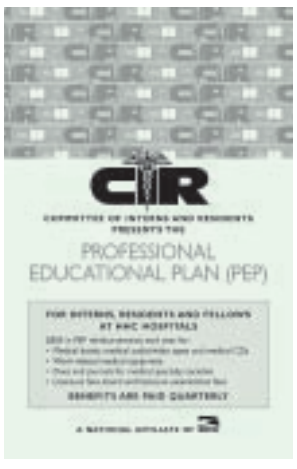
Domestic Partners

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

Eligible domestic partners and their dependent children are covered for all benefits listed in the "Schedule of Benefits" under the titles "For Dependent Spouses" and "For Employees and Dependents." To be eligible for this benefit, a participant and domestic partner must complete the "HSBP Eligibility Statement for Domestic Partnership," which requires proof of domestic partnership, or must be registered as domestic partners with the City of New York. The fair market value of the premium for insurance benefits provided to domestic partners and their dependent children will be reported to the IRS as taxable income to the HSBP participant. The reportable income amount has been about $1,200 per year.

Professional Educational Plan (PEP)

For Residents, Chief Residents and Fellows at HHC Hospitals



CIR has negotiated an important additional benefit for all residents, chief residents and fellows working at the City of New York Health and Hospitals Corporation (HHC) hospitals, the Professional Educational Plan or PEP. You can download a claim form from CIR's website www.cirseiu.org (click on "Benefits") or call the CIR Benefits Office at (212) 356-8180 or (800) 247-8877 or email a request to benefits@cirseiu.org.

PEP provides $600 in reimbursements each Plan Year (July 1 to June 30) for the following:

- Medical books, medical audio/video tapes and medical CDs
- Work-related medical equipment
- Dues and journals for medical specialty societies
- Licensure fees, board and licensure examination fees
- Personal Digital Assistants (PDAs, called "Palm Pilots.")

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

PEP has a carryover feature for any money not used within a Plan Year. If the full $600 is not used, it can be carried over to the next Plan Year until the residency is completed at the HHC hospital. Residents working at hospitals that require a change in payroll away from a CIR hospital, such as Bellevue, are eligible for $150 per quarter for only those quarters when on the HHC payroll. PEP payments are made on a quarterly basis for these members.

WESTCHESTER MEDICAL CENTER (WMC) BENEFITS COVERED BY HSBP

- All HSBP benefits listed previously, and
- Conference Reimbursement – an additional $500 maximum to be used in either of the last 2 years of their basic residency. Chief Residents and fellows who have completed their basic residency receive $500 per year.
- Book and medical equipment benefit of $500 each Plan Year. The book and medical equipment benefit includes coverage for a PDA.

New York State Rules and Enforcement of Hours and Ancillary Staff

Passed in 1987, the New York State "Bell Regulations" became the first, and still the only, state regulations to limit maximum resident work hours. Creating a 24-hour cap on the workday and an 80 hour work week, these regulations have revolutionized working conditions of residents in New York State. The reforms of the New York State Health code are commonly known as the "405" regulations after the section of the code, or the "Bell Regulations" after Dr. Bertrand Bell of Einstein College of Medicine who chaired the State panel that developed the regulations.

In addition to limiting hours for residents, the regulations also specifically mandate sufficient in-hospital teams to draw blood, start IVs, transport patients, and act as messengers. They also require, and provide funding for, the active supervision by attending physicians 24-hours a day.

The Bell Regulations remain a model for other jurisdictions seeking to fashion a humane and reasonable work environment for housestaff.

Below, precisely, is what the regulations say:

For House Staff in Emergency Service

405.4(b)(6)

In order that the working conditions and working hours of physicians and post-graduate trainees promote the provision of quality medical care, the hospital shall establish the following limits on working hours for certain members of the medical staff and post-graduate trainees:

i) In hospitals with over 15,000 unscheduled visits to an emergency service per year, assignment of post-graduate trainees and attending physicians shall be limited to no more than twelve consecutive hours per on-duty assignment in the emergency service. The commissioner may approve alternative schedule limits of up to fifteen hours for attending physicians in a hospital emergency service.

On Working Hours for In-Patient Services

ii) Effective July 1, 1989, schedules of post-graduate trainees with inpatient care responsibilities shall meet the following criteria:

a) the scheduled work week shall not exceed an average of eighty hours per week over a four week period;

b) such trainees shall not be scheduled to work for more than twenty-four consecutive hours;

c) for departments other than anesthesiology, family practice, medical, surgical, obstetrical, pediatric or other services which have a high volume of acutely ill patients, and where night calls are infrequent and physician rest time is adequate, the medical staff may develop and document scheduling arrangements other than those set forth in clauses (a) and (b) of this subparagraph;

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

(1) the hospital can document that during such periods post-graduate trainees are generally resting and that interruptions for patient care are infrequent and limited to patients for whom the post-graduate trainee has continuing responsibility;

(2) such duty is scheduled for each trainee no more often than every third night;

(3) a continuous assignment that includes night "on call" duty is followed by a non-working period of no less than sixteen hours;

(4) policies and procedures are developed and implemented to immediately relieve a post-graduate trainee from a continuing assignment when fatigue due to an unusually active "on call" period is observed.

On Assignment of New Patients

iii) The medical staff shall develop and implement policies relating to post-graduate trainee schedules which prescribe limits on the assigned responsibilities of post-graduate trainees, including but not limited to assignments to care of new patients as the duration of daily on-duty assignments progress.

On Scheduled Time Off

iv) In determining limits on working hours of post-graduate trainees as set forth in subparagraphs (i) and (ii) of this paragraph, the medical staff shall require that scheduled on-duty assignments be separated by not less than eight non-working hours. Post-graduate trainees shall have at least one twenty-four hour period of scheduled non-working time per week.

On Moonlighting

v) Hospitals employing post-graduate trainees shall adopt and enforce specific policies governing dual employment. Such policies shall require, at a minimum, that each trainee notify the hospital of employment outside the hospital and the hours devoted to such employment. Post-graduate trainees who have worked the maximum number of hours permitted in subparagraphs (i)-(iv) of this paragraph shall be prohibited from working additional hours as physicians providing professional patient care services.

On Ancillary Staff

405.3(b)(5)

Effective July 1, 1989, the provision, at all times, of intravenous services, phlebotomy services, messenger services, transporter services, nurses aides, house-keeping services and other ancillary support services in a manner sufficient to meet patient care needs and to prevent adverse impact on the delivery of medical and nursing care.

On Support Services in Emergency Services

405.19(d)(4)

There shall be sufficient support personnel assigned to the emergency service to perform the following duties on a timely basis: patient registration, reception, messenger service, acquisition of supplies and equipment, delivery and labeling of laboratory specimens, responsible for the timely retrieval of laboratory reports, obtaining records, patient transport and other services as required.

[In addition, Section 405.19 prescribes standards for medical and nursing staff, equipment and use of observation beds.]

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