



CIR News

Committee of Interns and Residents

SEIUHealthcare®

June 2009



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Cover photo: (clockwise l to r) Dr. Yousef Abumostafa (Flushing Hospital Medical Center), Dr. Arun Chopra (CIR Alumnus), Dr. Kim Atianzar (Long Island Hospital), Dr. Janetta Dominic Cureton (Jackson Memorial Hospital), and Dr. Antonio Beltran (County of Los Angeles – LAC + USC) at the CIR National Convention in Philadelphia.

PRESIDENT'S REPORT

LUELLA TONI LEWIS, MD

“We’ve Never Been Busier – And It’s Working”

Whether you’re a new intern just finding your bearings or a returning resident looking forward to another year as a housestaff officer at your hospital, you should know that the opportunities and challenges that we face as residents in these times are huge. But together, as CIR, we’re poised to rise to the challenge.

A few weeks ago at the CIR National Convention in Philadelphia, I referenced the “Three Pillars” to CIR’s success: Collective Bargaining, Organizing, and Patient Advocacy Through Political Action. They have been the values CIR has embraced for more than 50 years. They’re also the benchmark against which we can measure the progress of the past year.

First, Collective Bargaining. You don’t need me to tell you that this is a tough economic climate. Those of you who went through negotiations last year and those of you in the thick of it now know exactly how hard it is. That’s why the gains we have been able to make – which you’ll read about in this newspaper – are such outstanding work.

This is a tough economy for everyone, but it is especially punishing for the safety-net hospitals where most of us work. The patients that CIR doctors see every day are more likely to be uninsured, or on Medicaid. With so many losing their benefits with their jobs in the past year, and with so many states looking to make cuts to balance their budgets, the strain on our hospitals has never been greater.

So it’s worth remembering that no matter what we’ve achieved at the bargaining table over the years, all too often, someone will want to take it from us. This could be at the negotiating table, but it also could be by cutting corners and not following the contract we already have. Throughout the year, we’ll need to be watchful, to be diligent and to stick together. In challenging times, that’s what counts.

Second, Organizing. We know that more voices mean more power, and a stronger ability to make change for the better, both for ourselves and our patients. That’s why it’s so important for CIR not only to keep our heads above water, but also to grow.

Finally, Political Action for better patient care. Suddenly, the issues related to our health care system are on the front page of the newspapers and at the top of our national agenda. Doctors are at the table in a way we never have been before, and our representatives in Congress are listening to us loud and clear when we call for quality, affordable health care for all.

Whether we like it or not, politics affects all three pillars. How it relates to issues like health care reform should be obvious. But when we need to bring pressure



to bear on a hospital administrations who are fighting our organizing efforts, elected officials can bring that pressure. Bronx politicians have been helpful in dealing with St. Barnabas Hospital, who have been dragging their feet on giving housestaff a voice in the workplace despite nearly 90% of residents signing a petition to join CIR. When we need to fight side-by-side with the hospital administration to preserve funding for our safety-net hospitals, politics is the leverage we use. As our negotiating team from New Mexico has shown us, sometimes negotiations go just a little more smoothly when, for example, the Lt. Gov. for your state is interested in supporting residents.

No doubt, residency is challenging enough all on its own! Just dealing with our patients, our co-workers, our hospital, and our education can be a draining experience. But there are so many issues relating to our working conditions and the quality of patient care where if we don’t speak up, no one will. CIR can be your support network, your forum, your entry-point to get involved and let your voice be heard.

This is both an exciting and a transformational time – and it’s our responsibility to make good use of it. I’m a firm believer that your residency is what you make of it, and the same goes for CIR. How will you make your mark?

Throughout the year, we’ll
need to be watchful, to be
diligent and to stick
together. In challenging
times, that’s what counts.

A Union for Doctors A Voice for Patients

**NATIONAL DOCTORS
ALLIANCE**

SEIUHealthcare

Did You Complete Residency This Year?

Stay In Touch Through the National Doctors Alliance!

Congratulations to all CIR members who completed their residency this year! As you go on to become fellows, attending, physicians in private practice, researchers, instructors, or wherever your journey takes you, we want to stay in touch and give you opportunities to continue the work you started with CIR.

The National Doctors Alliance (NDA) is an organization of 20,000 doctors from around the country which CIR helped to form. The NDA supports CIR alumni who want to be advocates for the professional interests of doctors or who want to make their voice heard during the national debate on health care reform.

Sign-up to learn more about the NDA on CIR’s Web site, www.cirseiu.org. We want to continue working with you!

CIR Members Discuss Healthcare Reform During Congressional Recess

This April, thousands mobilized all across America to urge their members of Congress to pass quality, affordable health care for all in 2009. CIR members were front and center at in-district health care reform events during the congressional recess. Events took place in New Jersey, Florida, New York, and New Mexico.

In Montclair, NJ, Regional Vice President Dr. Snehal Bhatt and Dr. Michael Nagar, a pathology resident at Robert Wood Johnson, represented CIR at a Town Hall meeting attended by Rep. Frank Pallone (D-NJ), a member of the House Energy and Commerce Committee and chair of the Subcommittee on Health. The forum included small business owners, workers, consumers and other leaders in the movement to reform health



Pictured, from left to right: Dr. Vishal Verma, NY Regional Vice President, Dr. Vaughn Whittaker, NY Regional Vice President, Dr. Ian Wittman, Bellevue Hospital, Dr. Nailah Thompson, CIR Executive Vice President, Sen. Kirsten Gillibrand, and Dr. Toni Lewis, CIR President, attend an HCAN event in New York City in April.



CIR Secretary-Treasurer Dr. Elizabeth Burpee speaks at the "Salsa to Save Lives" event in Albuquerque, NM.

care. Attendees shared personal stories of the struggles they face in obtaining good quality, affordable health insurance for themselves, their families, and their employees.

"I think because of these town hall meetings and the force of change and health care reform in America, we will have a new health care policy by the end of the year," said Dr. Nagar. "That is exciting and something I am proud to be a part of."

In Florida, Dr. Akua Asare, a CIR delegate from Jackson Memorial Hospital, was a featured speaker at an event hosted by Health Care for America NOW!

"It makes us frustrated to see patients who suffer from something that began as a simple and inexpensive medical problem, but has metastasized into a life-threatening condition," Dr. Asare told the crowd, as she laid out a vision for broad health care reform.

In New York, members of CIR and sister SEIU locals 1199, 32BJ, and Doctors Council joined more than 20 other local and national organizations to discuss health care reform with Sen.

Kristen Gillibrand (D-NY) at a roundtable and press conference. The discussion was moderated by Dr. L. Toni Lewis, CIR President, and concluded with the Senator pledging to support an affordable public health insurance option with comprehensive benefits, access for all — including immigrants — and adopting budget reconciliation rules to allow health care reform to pass in the Senate with a simple majority. Within a few weeks of the event, Congress officially adopted those same budget reconciliation rules for health care.

In New Mexico, hundreds turned out for a rally and dance party in support of health care reform at Albuquerque's Tiguex Park. Dr. L. Toni Lewis and CIR Secretary-Treasurer Dr. Elizabeth Burpee both spoke at the event, named "Salsa to Save Lives," and emphasized the need for health care reform from a doctor's perspective. They also spoke of the need to end health care disparities, and the need for a public insurance option. Rally participants called members of Congress from their cell phones to ask them to support the public option and health care reform.

Winning Strong Contracts in a Tough Economy

With the economic crisis causing massive layoffs, severe budget cuts, and sudden hospital closings, health care workers face huge challenges in negotiating contracts this year. Around the country, CIR members have seen our allies in other unions forced to make concessions or agree to wage freezes, which reduces our own leverage at the bargaining table. Given this economic climate, CIR doctors have even more reason to celebrate recent contract victories.

In New Jersey, residents at St. Michael's Medical Center in Newark were able to negotiate a 3% salary increase, retroactive to November 2008.

At North General Hospital in New York, perseverance paid off for the 51 residents. After a 16-month standoff, the residents in March reached a settlement with management that includes a one-time salary increase of \$1,500. The contract reopens in April 2010.

North General residents were also relieved to be once again enrolled in CIR's benefits program. The hospital had withdrawn from the plan in 2006 and enrolled residents in an inferior plan

that cost the hospital \$60,000 — nearly double the cost of the CIR-administered plan. It wasn't until CIR pointed out the cost differential that the administration agreed to return to the Voluntary Housestaff Benefits Plan.

"Although it was a stressful experience, we learned a great deal about the importance of perseverance and the power of unionization."

**Dr. Navin Reddy
PGY 2, Psychiatry, North General Hospital**

The negotiating committee stuck together through a long and, at times, discouraging process, and it paid off in the end.

"We were met with a long and drawn out oppo-

sition from the hospital administration that lasted close to two years," said Dr. Navin Reddy, a delegate who was active in the contract fight. "However, through continued effort, which included threatened court hearings, resident demonstrations, and political maneuvering, we were able to reach an agreement. Although it was a stressful experience, we learned a great deal about the importance of perseverance and the power of unionization."

CIR residents finally settled their contract at Montefiore North (the renamed Our Lady of Mercy) in the Bronx which was absorbed by the Montefiore Medical Center last year. The residents stood firm throughout the long process. As a result, a new contract with CIR was ratified on May 18, 2009.

Newly-organized residents at Long Island Community Hospital in Brooklyn hope that their efforts will lead to a strong contract as well. After months of delays, Continuum Health Partners has finally come to the table to bargain with the residents, who voted overwhelmingly in December 2008 to join CIR.



2009 National Convention: Celebrating Our Victories and Preparing for the Challenges Ahead



(Top): Nearly 200 delegates gather for the CIR National Convention in Philadelphia; (l to r) Drs. Renee Volny and Wendy Daley enjoy the evening reception at the Mutter Museum of Medical Oddities in Philadelphia; Richard Kirsch, National Campaign Manager for Health Care for America Now!, discusses the prospects for health care reform this year; Drs. Vaughn Whittaker and John Ingle chair a lively discussion on the Institute of Medicine's report on resident work hours, safety and supervision.

For three days in May, CIR delegates from across the country came together in Philadelphia to review the past year's accomplishments and to strategize for the year to come.

Nearly 200 delegates traveled to Philadelphia for the 2009 CIR National Convention, held from May 15 to 17, 2009.

The weekend focused on several issues important to resident physicians, including work hours, safety in the workplace, and the effort in Congress to pass meaningful health care reform this year. Since the large majority of the participants were newly-elected, first-time delegates, they appreciated the "big picture" presentation of CIR's issues and core values.

Keynote speaker Richard Kirsch, national campaign manager for Health Care for America Now – a coalition of progressive groups among which CIR is a member – provided an update on the status of the health care reform proposals being hashed out in Congress. Kirsch went into detail about the public insurance plan option, a key component of President Obama's health care proposal, which would establish an insurance option, similar to Medicare, that would compete directly with private insurers. Comparative effectiveness research and better reimbursement rates for primary care

would also be important elements of health care reform, Kirsch said.

Smaller-session workshops on delegate responsibilities, negotiations, safety in the operating room, and communications strategies gave resident leaders the tools to build stronger chapters back home.

After a presentation by New Mexico Vice President Dr. John Ingle and NY Vice President Dr. Vaughn Whittaker on the history of work hours reform and the recent report on the subject by the Institute of Medicine, delegates broke into small groups and had thoughtful discussions on "what keeps us in the hospital so long." They brainstormed solutions to inefficiencies and barriers to reasonable work hours in their hospitals.

CIR President Dr. L. Toni Lewis and Secretary-Treasurer Dr. Elizabeth Burpee reviewed the legislative and political action CIR members participated in this past year, including traveling to the 2008 Democratic and Republican National Conventions, and outlined goals for the coming year to inject the doctor's voice into the national debate on health care. Always a crowd-pleaser, the colorful and at-times humorous regional reports presentation catalogued a stunning year's worth of activity by our chapters in the areas of collective bargaining,

new organizing and political action. The dead-on delivery by New Jersey Vice President Dr. Snehal Bhatt, Florida Vice President Dr. Janetta Cureton, and Dr. Matt Harris, one of the New York Regional Vice Presidents, drew both laughter and cheers.

The National Convention is also a time to conduct the official business of the union. The House of Delegates approved the annual budget and two minor amendments to the governing Constitution and By-Laws of CIR.

Although CIR provides for the direct election of officers for the Executive Committee by the membership, there were no contested elections this year.

As such, the full slate of candidates were officially installed at the convention, including returning officers Dr. L. Toni Lewis as President, Dr. Nailah Thompson as Executive Vice President, Dr. Elizabeth Burpee as Secretary-Treasurer, Dr. Michael Mazzini as Massachusetts Regional VP, Dr. Janetta Cureton as Florida Regional VP, Dr. John Ingle as New Mexico Regional, VP, and Drs. Matt Harris, Farbod Raiszadeh, Vishal Verma and Vaughn Whittaker as New York Regional VPs, and new officers Dr. Davida Flattery as Northern California Regional VP, Dr. Michael Jolley as Southern California Regional VP, and Dr. Michael Nagar as New Jersey Regional VP.



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 52 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, and working conditions that are the envy of their colleagues in non-unionized hospitals. They also have a strong, union policy is forged. But it wasn't always that way. Getting to this point has taken 52 years of commitment



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: 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.

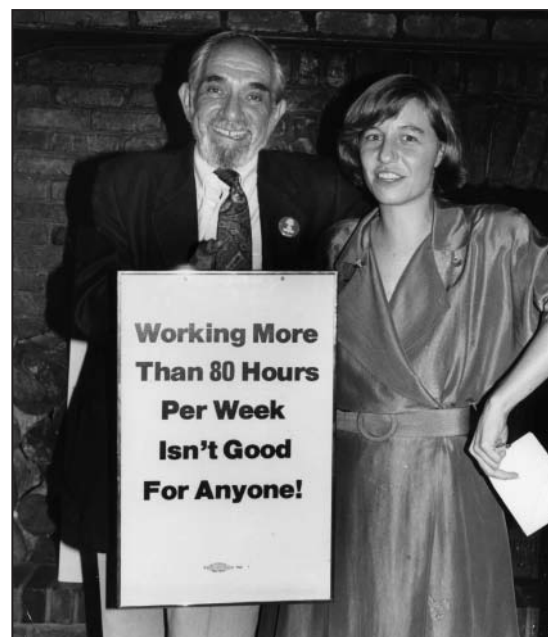
A TIMELINE OF CIR HISTORY

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.

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 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.

- **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.

- **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.

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

- **1997:** A CIR-initiated campaign succeeds when NY's Supreme Court blocks Mayor Giuliani'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.

- **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.

- **2008:** First contract at UNM brings gains to 500+ housestaff and adds a new state to CIR's roster. CIR members actively engage in the national health care reform debate, fight for safe staffing, and rally against hospital closings.

- **2009:** CIR adds new chapter at New York Downtown and wins an election at Long Island College Hospital. CIR creates OR Safety Task Force, and participates in events with Health Care for America Now!

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

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

More than a year ago, we organized a union to stand up for our patients. The administration at Children's Hospital Oakland decided to cut important services and eliminate entire specialties, which means a harder job for us to care for our patients. We believe administration at Children's Hospital Oakland should stop spending money to pay for the salaries of resident physicians and instead spend that money on the children who need it the most.





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 52 years of experience with the problems and concerns of housestaff in public and private hospitals. This organizational experience is critical.

- CIR contracts set the standard in their geographic areas, with higher

than average salaries and benefits, including, in many hospitals, CIR's own comprehensive health and welfare plan.

- CIR's groundbreaking work on resident hours reform eliminated, across the board, every other night call in New York in 1975. We spearheaded New York State's landmark hours regulations in 1987. We've worked with SEIU to put added teeth into those regulations in 1999. CIR's current contracts provide additional limits on excessive work hours and an internal enforcement method.

- CIR's negotiated "extra on-call pay" is a first in the nation. It guarantees that hospitals pay housestaff additional salary when they are required to cover for an absent colleague.

- CIR's contractually negotiated Patient Care Funds funnel millions of dollars of hospital funds to the patient care needs that housestaff are best able to identify.

- CIR is in the forefront of efforts to support hospital funding, access to care for the uninsured, and to oppose the ravages of managed care and hospital mergers. We work for quality patient care and superior residency education.

How Are Contracts Negotiated?

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

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

CIR Is Run By Housestaff For Housestaff

Each CIR hospital elects its own local leadership. Elected delegates meet regionally to discuss ongoing issues at their hospitals and to focus on advocacy in their regions. At the annual national

How Will You Leave Your Mark?

Residency is what you make of it, and so is CIR. Simply put, CIR is your union. It's easy to get caught up in the daily grind of your responsibilities as a provider of care on the front-lines of our health care system. But you can still have a role in helping your hospital and fellow residents, in making patient care better, or in being an advocate for issues that transcend your hospital. CIR is here to support you.

Here are some ways you can get more involved in CIR:

- Become a delegate or department representative
- Join your hospital's negotiating team
- Become a rapid responder – a CIR doctor "on call" to respond to the political issues of the moment relating to health care reform, usually through a quick email or text message
- Contribute to CIR's political action fund to support politicians and causes who will act on residents' issues
- Write for this newspaper
- Join the CIR Med School Mentorship Program
- Join CIR's Facebook group, "I'm proud to be a CIR doctor!"
- Get involved with your hospital's Patient Care Fund committee, deciding on how best to invest in better patient care for your hospital
- Look us up on Flickr, YouTube and the CIR Web site, www.cirseiu.org
- Learn more about the issues relating to resident work hours, and help us advocate for an evidence-based approach to scheduling, safety and supervision
- Tell your friends at non-CIR hospitals about CIR

If you are interested in getting involved, contact your department rep, delegate or CIR organizer.

convention, CIR delegates come together to discuss issues of housestaff concern, set the direction for the coming year and elect a national Executive Committee. This Executive Committee — made up of a president, executive vice president, secretary-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.

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. Frequently 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 credentialing 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.

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, 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.

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 fiberoptic endoscopes, pediatric venti-

lators, high-tech microscopes, computer-based image archiving systems, a cardiac chair, clothing for homeless patients, and even a fish tank 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.



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 housestaff 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**

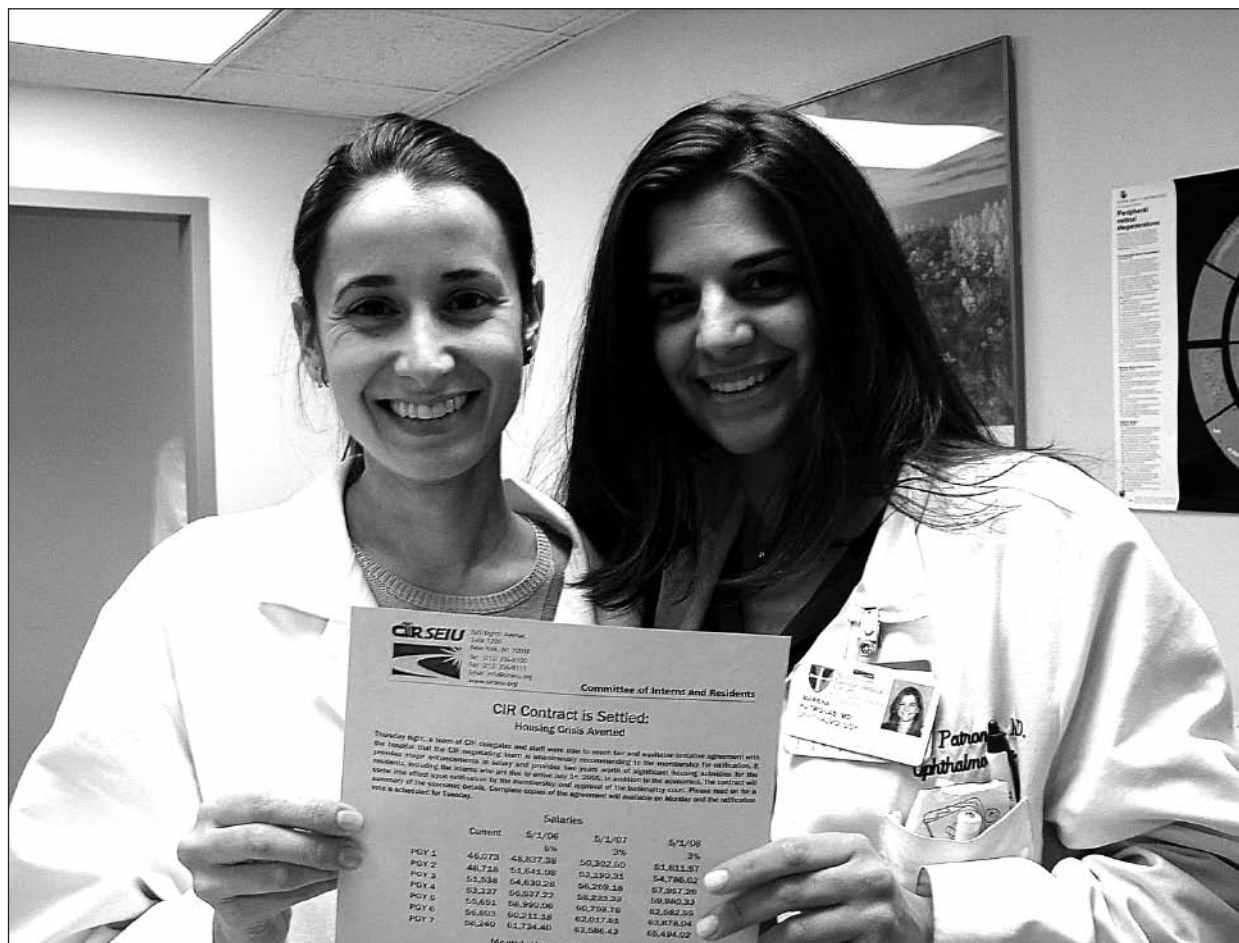
Evidence Based Work Hour Scheduling

"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 housestaff 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**

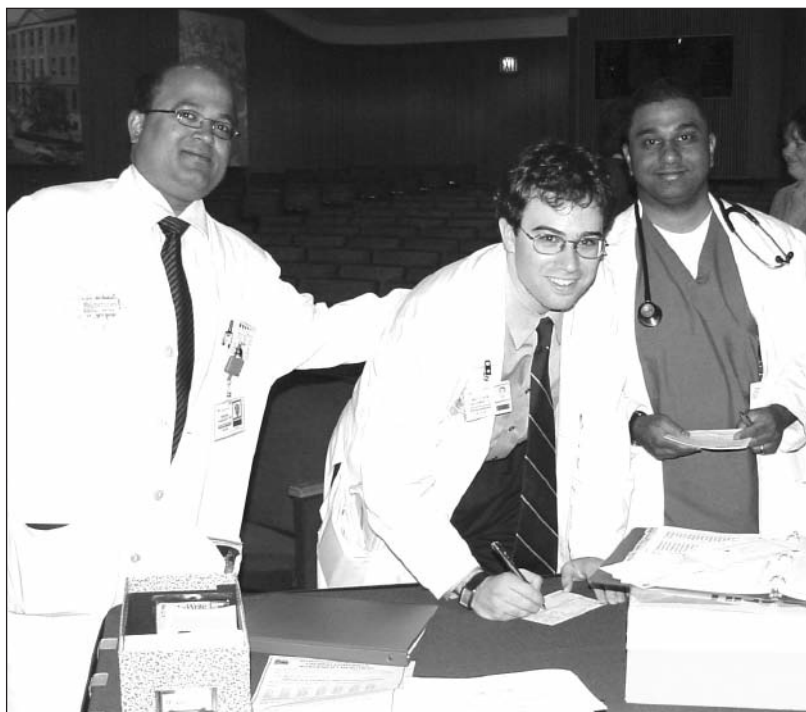
Patient Care Funds

"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**



Tackling Teamwork and Disruptive Behavior in Our Hospitals

Recognizing that poor communication and interpersonal conflicts among staff can get in the way of good patient care, local CIR chapters are pioneering efforts to improve communication and combat disruptive behavior in our hospitals.

In Miami and New York City, CIR co-sponsored successful trainings on teamwork and communication.

On April 21, 2009, CIR and New York City's Health and Hospitals Corporation (HHC) collaborated on a one-day conference at Metropolitan Hospital in East Harlem, entitled "Teamwork in the 21st Century Hospital."

At the heart of good communication is learning to work as a team and developing a culture of mutual respect, said Mary Salisbury, RN, one of the presenters at the conference. The multi-specialty, multi-disciplinary event attracted 170 participants from eleven HHC teaching hospitals, including more than 80 residents and attendings, and representatives from every level of hospital administration and staff.

"It's all about relationships," Salisbury said. "Without relationships, we become more bureaucratic

Other presenters focused on the evidence linking teamwork and effective communication to improved patient care.

and prescriptive. Rule-making can cause more problems."

Other presenters focused on the evidence linking teamwork and effective communication to improved patient care. "Better patient outcomes and job satisfaction – that's the goal," explained Dr. Ed Dunn, ScD, a CT surgeon and former Director of Policy and Clinical



From left to right: a conference attendee, Dr. David Feldman of Maimonides Medical Center, Mary Salisbury, RN, Dr. Kathryn Kaplan of Maimonides Medical Center, and Dr. Ed Dunn, formerly of the VA National Center for Patient Safety.

Affairs for the VA National Center for Patient Safety. "Happy patients and happy workers are associated with better outcomes."

In the afternoon, the conference focused more specifically on disruptive behavior, which is the subject of a new Joint Commission Sentinel Alert, requiring every hospital to put in place disruptive behavior policies and procedures. Two presenters from Brooklyn's Maimonides Medical Center — Dr. David Feldman, Vice-President of Perioperative Services/Vice-Chair of Surgery and Dr. Kathryn Kaplan, Chief Learning Officer — described that hospital's innovative "Code of Mutual Respect" and their team training efforts. Residents who attended said they left the conference with practical skills and strategies that they could apply to their daily work.

"As a resident, it's a really good learning opportunity, because we don't get formal training in leader-

ship skills," said Dr. Asia Frazier, a pediatrics resident at Jacobi Medical Center. "You're just expected to know."

In Miami, resident physicians at Jackson Memorial Hospital took the first steps in addressing rising tensions between Hospital staff.

In March, CIR delegates and nurse delegates from SEIU Local 1191 spent a Saturday morning in a training session with Dr. Gary Namie. Having served as a corporate manager for two regional hospital

systems, as well as Director of Organization Development, Dr. Namie is now a consultant and an expert in workplace bullying.

The participants in the training said it was very effective, and felt it was an important first step. Now they're looking to the Jackson administration to implement a training program on workplace violence and conflict resolution, something all hospitals will need to do in response to the new mandate from the Joint Commission.

CIR Calls for an Expanded National Health Service Corps

To help bridge the gap in medically underserved communities, the National Health Service Corps (NHSC) is recruiting 4,200 new clinicians over the next two years to provide health care to the millions of Americans who lack health insurance and don't have access to basic primary care.

The NHSC Loan Repayment program offers up to \$50,000 toward qualifying student loan debt in exchange for a minimum commitment of two years at an NHSC site. NHSC also offers scholarships covering tuition and a monthly stipend for matriculating students. The scholarship deadline for this year was April 6, but the service corps is now recruiting for next year.

While the stimulus bill passed earlier this year allocated \$300 million to the NHSC, it's still not enough. By its own calculation, the NHSC falls 30,000 short of a field strength that would begin to meet the needs of the nation's underserved areas.

To address this unmet need, CIR and a coalition of stakeholder associations are calling for increased annual appropriations for the NHSC in 2010. The coalition in March sent a letter to OMB Director Peter Orzag and Health Resources and Services Administrator-Designate Mary Wakefield, Ph.D., R.N., FAAN, recommending a 2010 appropriation of \$235 million for the NHSC, a 90% increase over 2008.

CIR's partners who signed the letter include the American Medical Association, American College of Physicians, American Osteopathic Association, National Association of Community Health Centers, and many others.

For more information on applying for the NHSC Loan Repayment Program, visit <http://nhsc.bhpr.hrsa.gov/> or call (800) 221-9393.

CIR Welcomes New Members from New York Downtown

CIR grew by 60-plus residents with the recent addition of the New York Downtown Hospital House Staff Association. The residents opted to affiliate their independent housestaff union with CIR in order to have a stronger voice in their contract negotiations. CIR overwhelmingly won the affiliation vote on April 14, 2009.

"We had a Housestaff Association but when we tried to discuss improving our working conditions, educational benefits and salaries with the hospital Administration, we were disregarded," said Dr. Andreea Poenariu, a PGY 2 in Internal Medicine. "We tried on our own for about a year, then we decided to call CIR. Now we're hoping to bring our hospital up to the standards of other Manhattan teaching hospitals."

By joining CIR, the Internal Medicine and Ob/Gyn residents are hoping to secure increased salaries, protect their subsidized housing, and negotiate a better meal plan. Currently, residents' salaries are below the city average, and they do not have access to food while on call.

CIR and Allies Rally in Philadelphia for a “More Perfect Health Care System”

In conjunction with the annual national convention in Philadelphia, CIR leaders from around the country held a press conference steps away from Independence Hall on May 15, 2009 to call for “a more perfect health care system.”

Brandishing historical “Betsy Ross” and “Don’t Tread on Me” flags, resident physicians and other doctors, medical students and health care workers shared their experiences with a failing health care system and called for comprehensive reform.

“It’s appropriate that we’re here in Philadelphia, just feet away from the Liberty Bell and Independence Hall,” said CIR President Dr. L. Toni Lewis, who kicked off the event. “Just as the signers of the Constitution, which included two medical doctors, came together in this city 222 years ago to begin to build a more perfect union, we are here to put forth our vision of a more perfect health care system, one where quality health care is not a privilege for some, but a right for all.”

Press conference speaker Courtney Scrubbs, a student at Pennsylvania College of Osteopathic Medicine and national vice president of the Student National Medical Association (SNMA), stressed that health care reform must include initiatives to eliminate racial and socioeconomic disparities. Dr. Brian Hurley, president of the American Medical Student Association (AMSA), called for a strong investment in the healthcare workforce of tomorrow by helping reduce medical student debt and making it easier for doctors to go into primary care.

Dr. Barry Leibowitz of Doctors Council/SEIU Healthcare got the crowd fired up with a full-



Dozens of CIR members, medical students, nurses and other progressive doctors gathered outside Independence Hall in Philadelphia on May 15, 2009 to rally in support of health care reform.

throated call for more emphasis on preventive medicine, and Dr. Valerie Arkoosh, President-elect of the National Physicians Alliance called for an end to the monopoly of private insurance through a public health insurance option.

At the conclusion, CIR leaders presented a formal statement of their principles to representatives for Sen. Bob Casey (D-PA) who

plays a key role on the Senate Health, Education, Labor and Pensions Committee, and Rep. Chakah Fattah of the 2nd Pennsylvania District (including Philadelphia.)

To see CIR’s statement of principles on “Building a More Perfect Health Care System”, and photos and video from the May 15 event, visit www.cirseiu.org.

Housestaff Honored at Appreciation Days (Because you can’t work ALL the time)

With the pace and demands of residency, it’s rare that housestaff officers have a chance to sit back and be acknowledged for the hard work they do. Annual Housestaff Appreciation Days are a chance to change this, and

to make residents the center of attention – at least for an afternoon.

“All of us know that we play an essential role in providing care to our patients and communities,” said Dr. Snehal Bhatt, CIR Regional Vice

President for New Jersey. “We are generally the front-line providers, working long, busy hours. So it was good to feel appreciated for our efforts.”

Hundreds of residents in Southern California, Florida and New Jersey turned out in March and April for Housestaff Appreciation Days.

In Miami, March 5 marked the eighth annual Housestaff Appreciation Day at Jackson Memorial Hospital, and the biggest event yet. More than 400 attendees, including residents, SEIU 1991 nurses, and University of Miami Miller School of Medicine medical students enjoyed an outdoors barbecue and a chance to relax with their colleagues.

“CIR was able to utilize the event to not only thank the housestaff officers, but also the CIR delegates who are working tirelessly on behalf of all HSOs in negotiating a contract in a tough economic environment,” said Dr. Janetta Dominic Cureton, CIR Florida Regional Vice President. “We were also able to ask residents to contact their members of Congress about President Obama’s health care reform agenda, and to get engaged and involved.”

In New Jersey, CIR members at Robert Wood Johnson got together March 30, 2009 for an Indian buffet, live music, and chair massages. It was scheduled to coincide the 76th annual National Doctors Day.

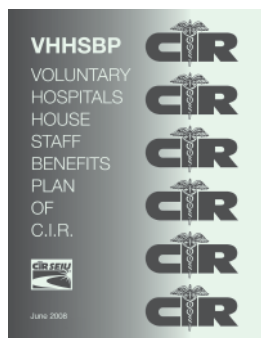
In Southern California, more than 300 residents and fellows from Harbor-UCLA and LAC+USC enjoyed an ice cream buffet, raffle, and live music at their April event. Residents also signed “Get Well” cards for our sick health care system. All cards were sent to Congressman Henry Waxman to urge him to join the fight to fix our broken system.



CIR members at Jackson Memorial Hospital in Miami, FL enjoyed an outdoor barbecue for their Housestaff Appreciation Day.

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 (VHHSPB)

Plan Office Address:
VHHSPB, 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

CIR established the VHHSPB 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 VHHSPB

- 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
- St. John's Episcopal Hospital
- St. Luke's-Roosevelt Hospital
- 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 VHHSPB.

BENEFITS COVERED BY VHHSPB

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. House staff must contact the CIR Plan Office or visit www.cirseiu.org for the list of panel providers.

Hearing Aid

The plan will reimburse the member only, up to \$1,500 per ear if they utilize a contracted provider.

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 charge 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 26 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

VHHSPB benefits are available to VHHSPB 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 "VHHSPB 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 VHHSPB 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

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. 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

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

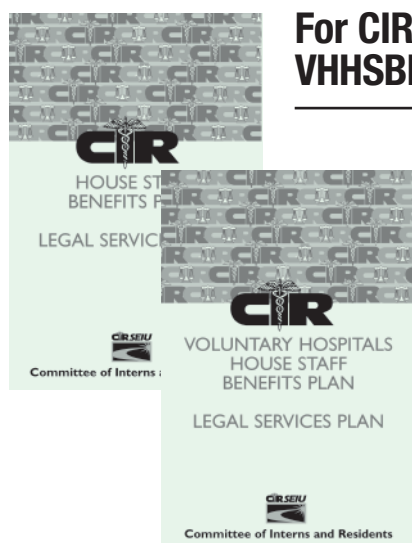
All CIR members employed by New York City Health and Hospital Corporation hospitals and the Westchester Medical Center are eligible for basic health insurance. **Enrollment for this basic insurance is the member's responsibility. House staff must enroll for this health insurance by signing an authorization 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.

- hearing aid benefit
- identity theft protection
- 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

[Continued on next page](#)

CIR LEGAL SERVICES PLAN (CIRLS)



For CIR House Staff Covered by VHHSBP and HSBP Benefit Plans

Through CIRLS, members and their dependents can receive free legal services such as consultation, review and/or preparation of documents and representation on a wide range of 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.
- Representation on diversity lottery cases.
- Representation on application for employment authorization.

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, motor vehicle accidents, claims against CIR or CIR Benefits Plans, or employers who contribute to CIRLS.

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.

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. 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.

Identity Theft Protection

Identity Truth will provide identity theft monitoring services and provide assistance to members who become victims of identity theft.

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.

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 house-staff and dependents.

Newborn Benefit

HSBP provides coverage of up to \$1,000 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, childbirth education, circumcision and pediatrician's in-hospital visit are covered. 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

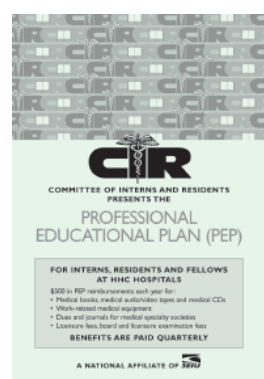
HSBP benefits are available to HSBP participants' same sex and opposite sex domestic partners and their dependent children where the participant is employed by an employer located within the State of New York.

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.

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.

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.

Language Benefit

PEP will cover the cost of electronic media programs offered by Rosetta Stone and iDrama to improve language skills in dealing with patients. This is in addition to the \$600 benefit.

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 night-time 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.]

