

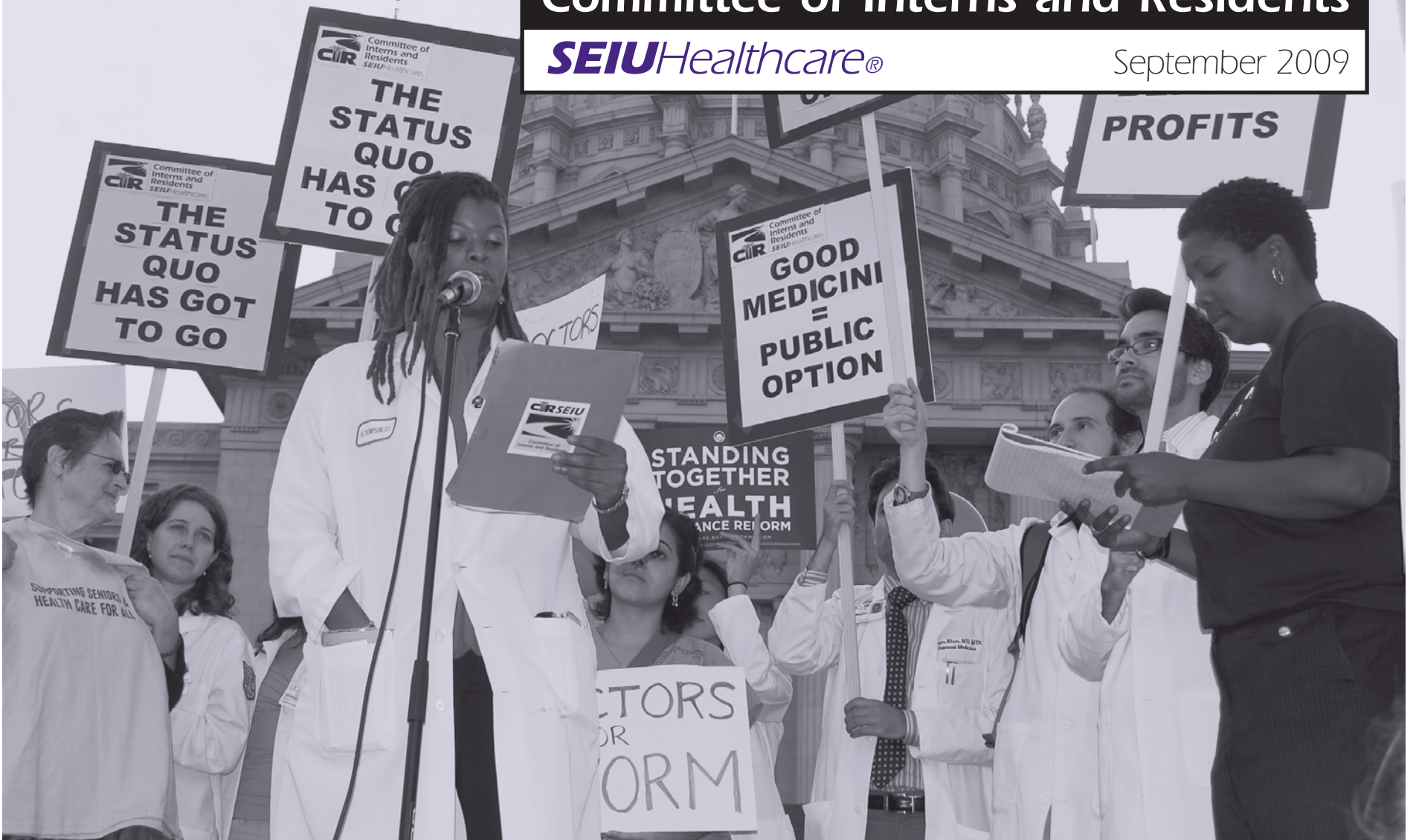


CIR News

Committee of Interns and Residents

SEIUHealthcare®

September 2009



CIR Off the Clock!

Promoting better health in the U.S.,
in other countries, and for ourselves

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Cover photo: CIR Executive Vice President Dr. Nailah Thompson fires up the crowd at a Health Care for America Now! Rally in San Francisco, CA on September 2, 2009. Photo by Julia Donahue/CIR

PRESIDENT'S REPORT

LUELLA TONI LEWIS, MD

Surprise, Doctors Support Health Care Reform This Year

Make no mistake, CIR doctors have been leaders in this year's historic fight to make quality, affordable health care for all a reality.

I've had the good fortune to travel to every region and see the strong work so many of you achieved this summer. I know I wasn't the only one who's noticed. Ask the residents in California where Senator Feinstein asked them to provide *more* stories of patients with complicated medical problems that could have been avoided if only they'd been able to afford preventative care. Ask members in New Mexico, where both senators have expressed gratitude at the voice of support from CIR doctors at their public events. Ask Congressman Pascrell in New Jersey, who at one of his town halls turned the floor over to a CIR member, Dr. Tony Tarchichi, whose eloquent and authoritative case for reform won over even some hostile critics.

Congress is listening to you, learning from you, in a way they never have before. This summer, you've written letters to the editor, signed scrubs as part of the "Every Patient Matters" campaigns, videotaped messages to your senators, and even taken to the radio air waves. Take a look at our back cover of this issue to see the smallest fraction of the advocacy of your colleagues – all while juggling your patient workload.

I'll admit, it burns me up when I see people on cable television or on the Internet who presume that doctors are somehow against health care reform. I remember looking up at a TV screen to see Wolf Blitzer of CNN judging who was "for" and who was "against" reform – and being really disappointed that he guessed all doctors would be against.

CIR has not just been working alone in this health care reform summer of 2009. We've worked hand-in-hand with partners like the National Physicians Alliance, Doctors for America, our sister union Doctors Council, AMSA and SNMA to visit members of Congress, run town halls on behalf of reform, and get the word out about what really is – and is not – in the health care bills in Congress.

Back in June, groups representing 215,000 doctors, including the American Academy of Family Physicians, released a statement saying, yes, we did want our patients to have the choice of a high-quality public health insurance option competing alongside private insurance. When CIR released its statement in support of the America's Affordable Health Choices Act (HR 3200), we saw equally strong statements of support from the American College of Surgeons, the American College of Physicians and, yes, even the American Medical Association itself. Our coalition has grown to the point



where half a million doctors have expressed support for health care reform this year.

If you think about it, it just makes sense. The United States has put off reform in the past, only to see even more patients unable to afford the care we prescribe, even more of our judgments overruled by insurance companies, and even less investments in primary care, prevention, Health IT, and developing the physician workforce of tomorrow. The bills in Congress are imperfect, but they would still have a dramatic effect on the welfare of our communities and the financial health of our hospitals – for the better!

Doctors have a stake in this effort. And if we win health care reform this year, it will be because doctors have continued to lead the way.

I know that this is controversial, and many of you still have questions about how the reforms will affect you. We need you to share some of the tough questions you're hearing from colleagues and patients, so that CIR can represent your interests and arm you with the latest information. As always, please don't hesitate to email me any questions or comments at llewis@cirseiu.org, or you can message us on Facebook or Twitter.

CIR Mentoring Initiative—Let's make a difference!

Remember not so long ago when you were considering a career in medicine? Or when you were in medical school wondering if you would ever make it to residency? Now you can use your experience as a pre-med, medical student, and resident in the CIR Mentoring Initiative to reach out to physicians-in-training.

Initial projects of the initiative include:

- Helping CIR members connect to their local medical schools and AMSA chapters to speak at a lunch talk or provide a physician voice in a medical student campaign.
- Connecting CIR members with one-on-one mentor opportunities
- Recording short video clips with advice for students (for CIR's "Med School Today, Residency Tomorrow" Facebook page)
- Using CIR members' input to revise AMSA's Residency Guide

Interested in learning more and getting involved? Please contact CIR Organizer Tim Chow (tchow@cirseiu.org) or CIR-NM member Anthony F'leg (afleg@salud.unm.edu)

Waiting for the Ballots to be Counted....

St. Barnabas Residents Continue to Fight for Quality Improvements

Eager to join CIR, resident physicians at St. Barnabas Hospital in the Bronx participated in a secret ballot election on June 18, 2009, conducted by representatives of the National Labor Relations Board (NLRB).

Leaders felt confident that those who came out to vote were overwhelmingly in support of joining CIR, but unfortunately it could be months before those votes are counted.

The delay is a direct result of the hospital challenging the election. The St. Barnabas administration continues to claim that residents are students, not employees, even though the New York region of the NLRB already ruled in favor of the residents. Not satisfied, the hospital has appealed that decision to the national NLRB in Washington DC. The residents are in limbo until that board determines if it will hear the case.

"Initially when we got involved in CIR, we thought we would have a long way to go, and it has been a long fight," said St. Barnabas resident Dr. Bharat Subba on the day the vote took place. "Today we voted. It's such a good feeling to finally have an election, and I'm confident we'll have a CIR chapter."

St. Barnabas is home to 280 medical and dental residents who decided to form a union when the hospital announced last fall that it would no longer cover health care costs for "non-union employees." Nearly 90 percent of the resident physicians on staff signed a petition in January asking the hospital to recognize CIR as their exclusive bargaining agent.

The physicians have shared their stories with several local elected officials, community organizations and clergy members. All expressed their support for the residents' choice to have a union. At a press conference



Assemblymember Jose Rivera stands with the Residents of St. Barnabas Hospital at Bronx.

near the hospital on May 29, Assemblyman Jose Rivera called on the hospital to drop its appeal of the NLRB decision.

"The hospital staff deserves to be

happy and also get the services that they deserve," Rivera said. "A staff that is demoralized is not good your health! And I believe we all want to be healthy."

CIR Pushes for Patient and Resident Safety as Challenges Mount to Institute of Medicine Report on Resident Work Hours

Universally viewed as "the gold standard" of academic research, an Institute of Medicine report is usually accorded great respect and legitimacy — but not this one!

The IOM's *Resident Duty Hours: Enhancing Sleep, Supervision and Safety* was produced over 12 months by a panel of experts and vetted in the most rigorous of peer review processes. CIR praised the groundbreaking report and its core recommendations for improving the safety of patients and physicians. Nevertheless, the reaction from organized medicine since its release in December 2008 has been decidedly negative.

In June, the ACGME held a 2009 Duty Hours Congress in Chicago. The newly formed Duty Hours Task Force spent two days listening to testimony from 44 of the 120+ medical organizations submitting position papers on the subject. Of those presentations, only CIR and the American Medical Student Association (AMSA) urged the ACGME to seriously consider the

recommendations of the IOM report.

"I was stunned that the IOM's findings were so easily dismissed by these physicians," said CIR National Vice-President Dr. Nailah Thompson, who represented CIR at the meeting.

"They ignored the decades of research on sleep deprivation and human performance, and rejected the studies that have been done on resident physicians, fatigue and patient safety," said Dr. Thompson. "Many fixated on the fact that fewer hours worked meant more handovers, which could lead to more medical errors. Why can't that be solved by improving our handover training—which we need to do in any case?"

Dr. Thompson also heard many speakers complain openly about today's residents being poorly-trained. "There were countless references to 'the good old days' when there were no hours limits. They painted a picture of today's residents as unprofessional shift workers, so uncommitted that if hours were fur-

ther reduced, we would surely walk out on our patients when the bell rang. That is not a picture of the residents I know," she said.

"We are taught, above-all, to practice evidence-based medicine," said Dr. Thompson. "Yet here are our medical educators ignoring the evidence and recommendations for change! It was quite an eye-opener."

CIR urged the ACGME to embrace the IOM report, champion those medical innovators who are already successfully making change, and aggressively lobby for the additional federal funds needed for implementation.

The IOM report states that although the additional funding required may be significant — at least \$1.7 billion — that figure is actually only 0.4% of the entire Medicare budget. Should preventable adverse events drop by just 7% as a result of reducing resident work hours to safer limits, the IOM suggests the savings to the system

would offset the costs.

CIR also reminded the ACGME Task Force that patients and the general public are deeply concerned about the relationship between fatigue and errors. They are aware that other industries entrusted with the public's safety—like aviation, trucking and nuclear power—have had regulation in place for decades to limit work hours to safe levels.

That common sense notion that staying up for 24 hours impairs performance holds for medicine as well. In a 2004 Kaiser Family Foundation survey of public opinion on the causes of medical errors, 74% of respondents listed overwork, stress or fatigue of health professionals as a "very important cause of medical errors" and 66% felt "reducing the work hours of doctors in training to avoid fatigue" would be very effective in reducing preventable errors.

Where is the ACGME headed post-Duty Hours Congress?

ACGME Director Tom Nasca, MD, sent out a letter later in June, reporting "The ACGME has commissioned three comprehensive reviews of the literature on related topics to provide the intellectual basis for any new standards recommended."

Dr. Nasca said it will take 10 months to consider any hours changes it will recommend and that the ACGME will also "initiate a separate, annual "Patient Safety and the Learning Environment" evaluation of each ACGME-accredited sponsor coincident with the implementation of new duty hour standards." An ACGME end run to address the IOM's patient safety concerns without implementing its recommendations? Stay tuned.

Where CIR Departs from the IOM Recommendations

CIR testimony made clear that some alterations to the IOM recommendations were necessary:

1. A 30-hour shift with a mandatory five hour nap is unworkable and unenforceable, and should be abandoned in favor of the IOM's recommended maximum shift of no more than 16 hours.

2. The IOM's limit of 4 consecutive night shifts should be extended to 5 nights, as is currently the case in many programs that have successfully reduced hours.

3. Hand-overs: in addition to a greater emphasis on standardized, state of the art hand-overs to address continuity of care concerns, resident scheduling should also allow for sufficient overlap to allow the necessary time for quality hand-overs.

4. Home Call limitations should be included for those rotations when the number of phone calls results in frequent night-time disruptions, even in those cases in which the resident is not required to come into the hospital. (Note: the IOM report is silent on the subject of home call.)

To read CIR's complete testimony at the June 2009 ACGME Duty Hours Congress, the IOM Report summary, and complete IOM report, go to www.cirseiu.org

From the Streets of the Bronx to the Mountains of Nepal

Nyaya Health Develops Model for Health Care Delivery

by Dr. Bijay Acharya

When not on the wards and clinics of Bronx-Lebanon Hospital as a PGY2, I sit on the Board of Directors of Nyaya Health, a unique and innovative non-profit public health organization.

Nyaya Health is a collaboration between Nepali and United States public health experts to provide services to the Achham region of Nepal. My involvement with Nyaya Health started in the summer of 2006 while I was working as a volunteer physician in Nepal for a non-profit HIV/AIDS clinic in my hometown of Pokhara, Nepal. We worked in an extremely rural and impoverished region in the west of the country, with some of the highest rates of maternal mortality, and poorest public health statistics in Asia.

Prior to Nyaya's opening of the first clinic in 2008, there was no doctor in a region of over 250,000 people. We began with a single clinic in a renovated grain shed; now we operate a full hospital, which is completely free for all patients. Services include a full outpatient and inpatient department, 24 hour labor/delivery and emergency care, a pharmacy, and a network of community health workers for health outreach and follow-up in the surrounding communities. Nyaya is presently scaling up its services and plans in coming years to offer surgical services, as well as expanded public health programs for the region.

Our mission is two-fold: to work in collaboration with the Nepali government to develop health care infrastructure, and to utilize our experiences working in Nepal to develop a scalable model for health care delivery in similar resource-limited settings around the world.

Nyaya also works to communicate with the international global health community more broadly. A core element of our work is the development of a Web site (<http://wiki.nyayahealth.org/>) through



which we share all clinical and administrative protocols, operations research, and health and financial data, in a further effort to offer our work as a model for other organizations doing similar work.

My work with Nyaya is important to me. I am busy developing programs and protocols and dealing with bureaucratic and legal issues in running the organization. I feel that my work, both in rural Nepal and the South Bronx is shaping up my training, career and life. My involvement with CIR has added to my advocacy skills and my passion for "just" health care wherever I practice.

You can find more information at www.nyayahealth.org

CIR Member Takes Global Action

When Arta Bakshandeh, PGY 1 in Internal Medicine at Los Angeles County+USC Medical Center, was in medical school, there was no formal international program. But that didn't stop him from expanding his medical education beyond the borders of the US.

"Ever since I can remember, I wanted to do medical work in Africa," Dr. Bakshandeh said. Under the guidance of Drs. Walter Hartwig and Eiman Mahmoud at Touro University College of Osteopathic Medicine, Dr. Bakshandeh and several students came together to establish an International Health focus group. Their efforts evolved in 2005 into the formal establishment of the Global Physicians Corps (GPC).

They began by setting up malaria bed nets and conducting public health research. Over the years, they have pioneered new initiatives, with a focus on partnering with local communities who



were already engaged in public health efforts and creating sustainable long-term programs. One example is the award-winning "Bike Project," started by Katie Townes (now a Pediatrics resident in Oregon). It's a three-year intervention program designed to provide access to safe deliveries and other health care emergencies for women living in rural areas in Tanzania.

Finding innovative ways to treat patients in low-access areas that are both sustainable and affordable is always a challenge. Dr. Bakshandeh recalled a patient who was suffering from advanced HIV/AIDS and came in with acute seizures. He had Cryptococcal Meningitis, and the best available treatment was an anti-fungal medication that costs \$1 a day. In Tanzania, a two-week course of treatment would cost the patient roughly a third of his yearly salary.

When the team of medical students realized the scope of the problems and the need for long-term, sustainable solutions, they began building a permanent organization and obtaining not-for-profit status. The organization has found creative ways to grow without raising overhead costs. Board members and participants are all volunteers, so there's no overhead expense. They have partnered with companies that can provide discounts on everything from paper and envelopes to airfare for volunteers.

In just three years, the Global Physicians Corps has made strides. The organization, which is now a mix of medical students and physicians, expanded their work in 2007 to include a village in Ethiopia, where the doctors hope to set up mobile clinics. They've conducted diabetes education and have built two water pumps in the area. All told, fifty volunteers were signed up to go to Tanzania and Ethiopia from the end of May through early July 2009.

Dr. Bakshandeh said that the experience has taught medical students and doctors a great deal about working with local communities and international organizations.

"The reality is that as students . . . we ended up learning from [the local communities] more than us teaching them," Dr. Bakshandeh said. "But we came back with a sense of responsibility which translated into action and the founding of the GPC."

For more information, visit www.globalphysicians.org.



Dr. Farbod Raiszadeh (in black) runs marathons and half marathons while juggling his schedule as a fellow.

Sound Mind in a Sound Body – CIR's Athletes

They treat patients, they study for the Boards, they work 80-hour weeks, and in their free time, they serve as CIR delegates or executive officers. But then, on top of all that, many CIR members somehow find the time to train for marathons or triathlons. How do they do it?

Here's a look at some CIR doctor-athletes and how they incorporate fitness into their lives:

DR. NAILAH THOMPSON, CIR EXECUTIVE VICE PRESIDENT Triathlete, Runner, Basketball Player

How did you get into athletics?

I started playing basketball in high school at Lowell High School in San Francisco, CA. Our team was very successful, winning the city championships three out of four years and making it to the state finals of California my senior year. I received a full ride scholarship to the University of San Diego, a Division I University in the West Coast Conference. After college I was able to continue playing basketball professionally.

What sports are you doing now?

I completed my first Sprint Triathlon in June. I swam half a mile in open water, biked 18 miles, and then ran three miles. I basically just set the goal, found a training schedule and did it. I'm now training for a half-marathon. I also enjoy lifting weights and Bikram Yoga, which I do several times a week.

How did you find the time during residency?

For me working out wasn't an option — it was necessary. It was my way to stay sane, and time for myself. The same goes for me now while I am doing a fellowship and going to school full time. When I go to yoga or to the gym, that's the time that I allow my mind to relax.

I feel strongly that as physicians, we have to be an example to our patients and lead a healthy lifestyle, which doesn't mean working 80 hours, being stressed out, and never doing anything positive and nurturing for ourselves.

What advice do you have for overwhelmed residents?

We have a very demanding job as physicians and specifically as residents. You can't expect to help your patients live a healthy life physically, mentally, and emotionally if you aren't taking steps to do the same.

You may not have as much time to do these activities as you have in the past, but plan to do them when you can and don't break the appointment. Make yourself a priority. You work hard and you deserve to do the things you enjoy sometimes.

DR. DAMIEN HANSRA, CIR DELEGATE, JACKSON MEMORIAL HOSPITAL Half-Marathoner

What kind of athletics do you do?

I participate in half marathons and runs for the American Cancer Society and breast cancer. I just became an athlete fundraiser for the Leukemia Lymphoma Society.

How did you decide to start training for half marathons?

I've always been a runner. I love it. You can always find time for the things you enjoy. I'm going into HEM/ONC, so running for the American Cancer Society is up my alley. I'm thinking about running in the next ING Miami half marathon coming up in January.

DR. FARBOD RAISZADEH, CIR REGIONAL VP, NEW YORK Training for New York City Marathon on Nov. 1, 2009

What made you decide to train for a marathon?

I started running during the first year of residency. Living close to Central Park provided a big motivation to run. Every time I walked in or around

the park, I would see so many runners at different levels of physical fitness; I was tempted to join. I got more serious about running after registering for a race with New York Road Runners Club and after joining a running group at the local gym. Running kept me sane during the hard months of residency.

What's your training program?

My training program includes two days of running with the run club where we do some speed workouts, a long run of 10-18 miles over the weekend, and a loop of Central Park on any other day that I can run. It's not possible to stick to this schedule all the time, but I try to not miss more than one or two days per week.

How do you find time in the middle of all your other work and studying for the boards?

Finding time to run can be a big challenge, but if you are creative with your time and flexible with your out-of-hospital hours, you can always manage to run regularly. In my intern year, I remember coming home, changing at around 9 pm and going for a short or long run in the park. Thinking back, I feel it was crazy to do so, but it allowed me to stick to my training and reach my goals. Now I am trying to fit running into the schedule of my fellowship and my long commute to the Bronx. That may involve combining running and commuting!

CIR Doctor Helps to Integrate Cuban Lessons on Community Involvement and Public Health in Oakland

During a seven day research tour in Cuba, a group of health professionals from Oakland, CA including CIR Regional Vice President Dr. Davida Flattery (pictured, right) explored how an economically isolated nation has developed an exemplary health care delivery system. Organized by Medical Education Cooperation with Cuba, a nonprofit organization based in Oakland, their tour was part of collaboration between the Alameda County Public Health Department, Oakland's Ethnic Health Institute, Alameda County Medical Center, and a community clinic called La Clinica de La Raza. During the next three years, the group will collaborate on the development of a community health project inspired by what they observed in Cuba and focused on improving chronic disease outcomes in Oakland.



CIR Meets New Jersey Governor Corzine

On August 8, New Jersey CIR members received a commitment from Governor Jon Corzine that residents affiliated with a new medical school will have the right to join CIR as state employees, if they so choose.

The meeting at Rutgers University was an endorsement interview conducted by the SEIU NJ State Council, of which CIR is a member. Although CIR does not plan to endorse a candidate in this year's elections, CIR doctors were invited to participate in the forum.

Dr. Michael Nagar, CIR Regional Vice President for NJ and Washington, D.C., took the opportunity to ask the governor about how the new affiliation of Cooper Hospital with Rowan University will affect residents.

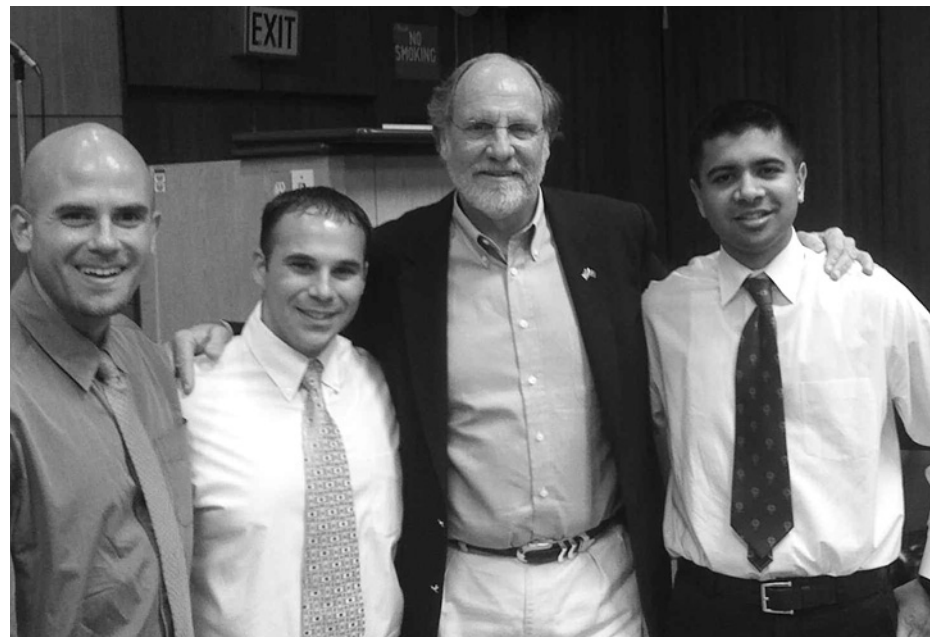
The new Rowan Medical School will be fully funded by the state. Legislation concerning the new medical school is being drafted now, Dr. Nagar explained, but there has been no word about how the new

residents affiliated with Rowan will be classified. Dr. Nagar asked Gov. Corzine if these new residents will be treated like all other state employees, who are able to join a union through majority signup.

He also asked if he would specify in the legislation that even if residents are paid by Cooper Hospital, they would receive the same right to be a part of CIR.

Gov. Corzine responded that "Yes, the new residents from Rowan or Cooper will be eligible for the PERC card check." Employees not covered by the Public Employment Relations Commission (PERC) "card check" or majority signup are often forced to go through a lengthy petition and election process in order to gain union representation.

Dr. Nagar also raised concerns about whether resident positions at Robert Wood Johnson Hospital that are paid for by Cooper University Hospital will lose their funding because of these changes. The governor responded that "There will be



From Left to Right: NJ Area Director Cliff Freid, Regional Vice President Dr. Michael Nagar, Governor Jon S. Corzine, and Dr. Avishek Kumar.

no negative impact on any current residency positions; I guarantee that."

The CIR members at the meeting

left feeling reassured about their residency positions and impressed with the governor's understanding of issues important to them.

Former CIR Leader Opens New Home for Children with Complex Medical Needs

As 8 1/2-year-old Connor Scott Millard neared the end of his lifelong battle with mitochondrial disease, he kept asking his parents to bring him home from the hospital, back to "Connor's house." Connor's parents fought to allow Connor to spend time at home and questioned the medical establishment that said it couldn't be done, due to the complicated equipment and level of expertise needed to care for their son.

Their struggle showed their physician, Dr. Arun Chopra, who had been a delegate and member of the CIR Executive Committee during his residency, just how limited the options are for

children with complex needs. He decided to work jointly with the Millards to found a respite house, which will be named, fittingly, "Connor's House." It will be one of just a handful of respite houses in the United States.

Dr. Chopra first got into palliative care because of his ICU experiences during residency at DC Children's Hospital. His years as a CIR member and officer also taught him how to advocate for solutions that are "outside the box."

"The combination of what Connor's life was and what Connor's parents had done for him — without any help — was sort of remarkable," Dr. Chopra said. "We were fortunate to be able to get him home, where he was able to die at home with his parents."

However, most families don't have the financial capability or the connections "to question the medical establishment and win," Dr. Chopra said. "A respite house is something that can take the amazing job Connor's parents did for him, and try to make that experience more attainable for other people."

Respite houses are widely used in England, but are just beginning to be recognized in the United States as a valuable resource. Dr. Chopra described the vision for Connor's House as a safe place that's not a hospital and "that has a family feel to it." It has a dining room, not a cafeteria, and bedrooms instead of hospital rooms, but still has the capacity to accommodate all the life-supporting medical devices. "There's space for the family to sleep in the same suite or room with their child, in

a comfortable bed, not a hospital chair. There are nurses around to help with giving medication or monitoring the machines. But the nurses also don't have to, which is different than a hospital," Dr. Chopra explained. "When you're in a hospital, the hospital takes over."

It's a model that Dr. Chopra and his colleagues hope will shed light on ways to accommodate patients

"It's really only these families who have these children with a million needs, that after years of working within the health care system, they realize you can do things a little differently."

Dr. Arun Chopra



Dr. Arun Chopra wants to create a "respite home" where children with complex medical conditions can receive care from their parents and medical staff outside of the intimidating environment of a hospital.

WRITE FOR CIR NEWS!

CIR Members and Alumni: Tell us about what you do when you're not at work, or what you've done since you left residency. Please send story ideas and photos to tfoley@cirseiu.org or happel@cirseiu.org

Western Regional CIR Leaders Bridge the Health Care Reform Gap

On Saturday, August 29, 2009, about 50 CIR members from New Mexico, Los Angeles and Northern California came together in Oakland to receive advanced training in organizing and bargaining, share experiences from chapters around the region, and strategize about how to win health care reform this year.

“It was great to meet all the great people who are involved with CIR and inspiring to hear what they’ve been doing, said Dr. Nick Nelson, an Internal Medicine resident at Highland Hospital in Oakland. “My enthusiasm for CIR was renewed, both as an avenue for political activism and a means of collective bargaining.”

The weekend meeting also provided the delegates with a look inside the health care reform bills being debated in Congress. Anthony Wright, executive director of the

“My enthusiasm for CIR was renewed, both as an avenue for political activism and a means of collective bargaining.”

Dr. Nick Nelson

California advocacy group Health Access, broke down the complicated proposals on the table, and explained how expanding coverage would

affect doctors and patients in California and New Mexico, which have some of the highest rates of the uninsured.

After Wright’s keynote address, residents were fired up and ready to take action. They participated in the “Every Patient Matters” campaign through the Partnership for Quality Care by writing messages on paper “scrubs” to explain how our broken health care system has harmed their patients and urge reform. They also wrote “prescriptions for change” on an oversized tablet page. Many residents also taped video testimonials for Senator Dianne Feinstein, stressing their preference that a public health insurance option be part of reform.

In the afternoon, the discussion shifted to organizing and bargaining. Residents learned the steps to organize a new CIR chapter—a process many members are unfamiliar with since their hospital chapters were organized long ago. They broke into groups to act out different scenarios, from a meeting with residents who are resisting the union, to a meeting with a politician and his chief of staff to enlist their support for the organizing campaign.

The participants left Oakland with souvenir scrubs featuring a custom CIR logo with an image of the Golden Gate Bridge, and a renewed commitment to fighting for their patients and for a better health care system.

Supporting Health Care Reform in New Mexico

On July 15, 2009, CIR doctors and other health care providers came together outside the office of US Senator Jeff Bingaman to present him with a “Health Care Reform Check-Up” that examined the senator’s progress to date.

As the only Democratic senator on both committees crafting the legislation, Sen. Bingaman has been a key player in the debate in Washington. While he has generally been a champion for universal health coverage, he has recently been targeted by the insurance and pharmaceutical industries who tried to convince him to vote against a strong public health insurance option.

The CIR doctors who visited his office in July gave him a “clean bill of health,” based on the positions he has taken in the Senate.

This was just one in a series of events UNM residents have participated in to advocate for quality, affordable health care. They also conducted a strong turnout operation for Rep. Martin Heinrich’s August town hall in Albuquerque on August 22, 2009. As a result, the town hall wound up being an orderly forum where participants felt free to express their strong opinions both for and against reform without the fear of being shouted down or intimidated—in contrast to news reports from many other town halls across the country.

Additionally, CIR President Dr. L. Toni Lewis was a featured speaker for a 1,000+ rally in support of health care reform in Albuquerque, NM on August 28, 2009. The event was sponsored by Organizing for America.



Dr. Shadi Battah leads a press conference outside the office of New Mexico Senator Jeff Bingaman.



Members of CIR's Negotiating Team at UNM delivered a contract with raises for the third year in a row.

Despite Difficult Economy, New Mexico Wins Another Strong Contract

For the third year in a row, CIR members at UNM successfully negotiated raises for all residents. The salary increase was one of several gains in a new two-year contract, which residents ratified on June 18, 2009 with a unanimous vote.

“Over several months of hard work in this tough economic climate, the resident team accomplished a lot at the negotiations table,” said Dr. Megan Hough, who chaired the negotiating team. “We won an increase to \$75,000 over 2 years for the Patient Care Fund; a 3% average salary increase; cost containment on family health insurance increases; and full reimbursement for USMLE Step 3.”

“It’s hard to believe that just two years ago, we won union representation for residents at UNM,” said CIR Regional Vice President Dr. John Ingle. “This last bargaining session showed that we are now a respected workforce in the hospital, and that the issues we care about as physicians are taken seriously.”

THE FIGHT FOR HEALTH CARE REFORM



Dr. Humaira Siddiqi from St. Elizabeth's Hospital, speaks out at the Lighting the Night for Health Care Equality Rally in Washington D.C. on June 24, 2009.



State Rep. Marie St. Fleur, CIR President Dr. L. Toni Lewis, Dr. Jessica Eng, and Dr. Dylan Stentiford in the Massachusetts State House on September 1, 2009.



CIR doctors signing scrubs for the "Every Patient Matters" campaign with the Partnership for Quality Care.



Jackson Memorial Hospital residents Dr. Janetta Dominic Cureton and Dr. Akua Asare join Dr. Senbagam Virduchalam at the Health Care for America Now! Rally in Washington D.C. on June 25, 2009.



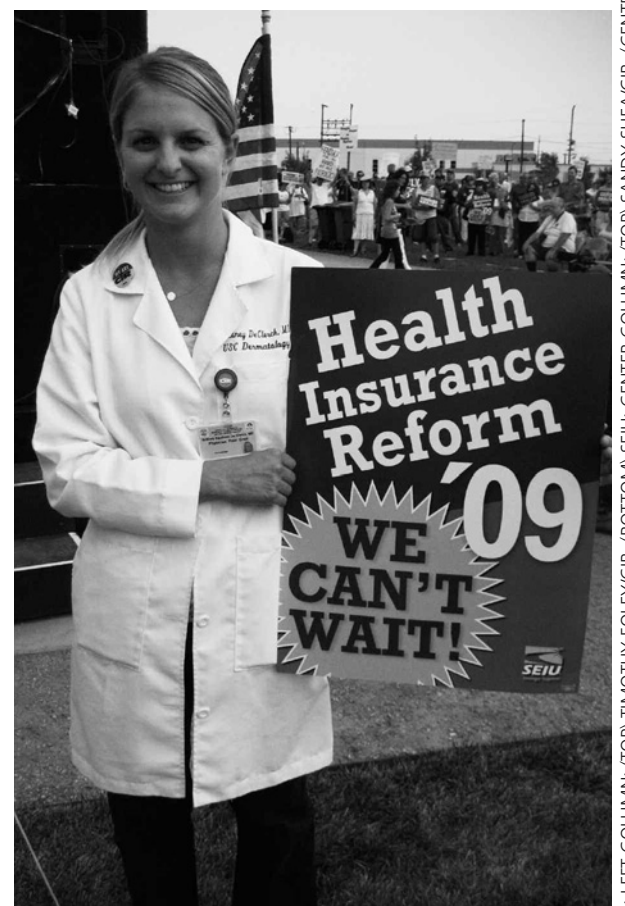
CIR President Dr. L. Toni Lewis introduces Dr. Howard Dean at a special doctor and nurse town hall in Washington D.C. on June 25, 2009.



CIR President Dr. L. Toni Lewis at the press conference announcing the health care reform bill had passed out of the Senate Health, Education, Labor and Pensions Committee on July 15, 2009.



Dr. Greg Dodell on the steps of New York City Hall on July 28, 2009.



Dr. Brittney DeClerk speaks at an HCAN/Organizing for America/SEIU congressional send off rally on September 3, 2009.

CIR and Health Care Reform in 2009: By the Numbers

We have never been closer to passing sweeping health care reforms that will change the way we deliver care and how it's paid for. As frontline physicians, CIR members have important viewpoints to share, and we have made sure we were not left out of the debate!

Here's a rundown of what CIR members have done to win health care reform this summer.

TV and Radio Interviews	5
Press Conferences with CIR Resident as a Lead Speaker	6
Health Care Town Halls We Participated in Over August Recess	7
Visits with Members of Congress and CIR Doctors	18
CIR Doctors Who Wrote Letters to the Editor in Favor of Health Care Reform	206
Calls to Voters Urging Them to Call Their Member of Congress	Over 7,000

PHOTOS: LEFT COLUMN: (TOP) TIMOTHY FOLEY/CIR, (BOTTOM) SEIU; CENTER COLUMN: (TOP) SANDY SHEAC/CIR, (CENTER) PAT FRY/CIR, (BOTTOM) HEATHER APPEL/CIR; RIGHT COLUMN: (TOP) HEATHER APPEL/CIR, (CENTER) SEIU, (BOTTOM) IVY QUICHO/CIR