CIR News

Committee of Interns and Residents

SEIU Healthcare®

March 2010

Talking About Resident Work Hours

What do residents think?
What do patients think?
What do YOU think?

Story on pages 4-5.

CIR SEIU NEWS
Committee of Interns and Residents
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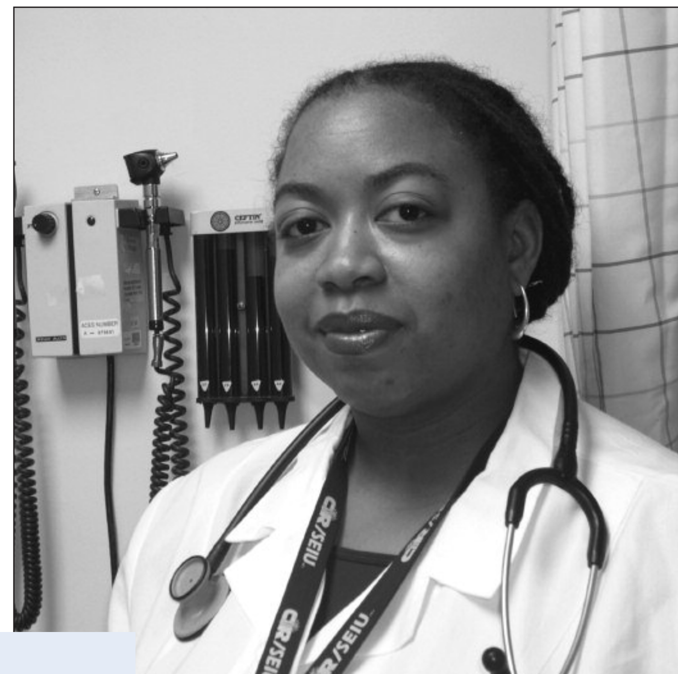
PRESIDENT'S REPORT

LUELLA TONI LEWIS, MD

A SOAP Note for CIR

It's hard to believe, but this is my last President's column for *CIR News*. My term as national president ends this spring, and it's been an incredible ride. What better way to evaluate the current state and future prospects of an organization of residents, governed by residents, and to the benefit of residents than by writing a SOAP note?

For the non-physicians reading this column, it's a format clinicians use dozens – if not hundreds – of times each day to record our interactions with our patients. The four sections are Subjective, Objective, Assessment, and Plan (hence, "SOAP").



Subjective – CIR the patient has a rich history that stretches back over 50 years, with demonstrated commitment, passion, and activism, both within the hospital and without. Our most recent "symptoms" include strong collective bargaining in unquestionably the worst economic times of our lives. In this issue alone, you'll read about the first contract for Long Island College Hospital, and contracts for St. Michael's in New Jersey and Boston Medical Center. We know that the finances for our hospitals are under incredible pressure, and our ability to negotiate for reasonable compensation and benefits, and on behalf of our patients through Patient Care Funds is a testament to our unity.

> "Although the patient is in good condition overall, we know our challenges will continue to be great in the coming year."

Another "symptom" is our robust organizing program, with a victory at Kern Medical Center, and continued pressure at St. Barnabas Hospital in the Bronx and Riverside County Regional Medical Center in California to allow those resident physicians to finally have a voice in their workplace as CIR.

The last "symptom" is a clear devotion to patient advocacy through political action. In the yearlong push for health care reform, CIR has stood shoulder-to-shoulder with other physicians across the country and has worked hand-in-glove with organizations representing half a million doctors. You've been vocal, you've been strong, and your efforts have helped ensure that the national debate was not just focused on politics and procedure – that it also took into account doctors and patients. If the appreciation of lawmakers like New Mexico Lt. Gov. Diane Denish, Senator Charles Schumer, and Rep. Kendrick Meek – all of whom you'll read about in this issue – are any indication, your voices are being heard.

Objective – Examining CIR's vital signs, we are blessed with a strong infrastructure and organization, supported by dedicated staff and led by outstanding delegates at each of our hospitals. We also have a strong heart. When disaster struck the island of Haiti, hundreds of you volunteered your time, dozens of you deployed, and dozens more will deploy.

Assessment – Although the patient is in good condition overall, we know our challenges will continue to be great in the coming year. There's so much on the horizon, from an anticipated plan from the ACGME on how to restructure residency programs – including duty hours – to state budget fights over healthcare funding.

To diagnose CIR's greatest need – it's you. We need the next generation of resident physician leaders to stand up and continue the struggle to improve working conditions for ourselves and the quality of care for our patients.

Plan – Talk to your CIR organizer, your delegate, or your department rep about how you can become more involved. When you see an action alert email from CIR, take the moment to open, respond, and forward it on. Join our Facebook group ("I'm proud to be a CIR doctor!") or check us out on YouTube, Flickr, or Twitter. Join the bargaining team for your hospital to help get the best contract we can. Become a mentor to a medical student.

Finally, if you are finishing your residency or fellowship and want to continue working with other CIR alumni (as I will), check out the National Doctors Alliance at www.nationaldoctorsalliance.org

Our prognosis – the sky is the limit!

New Leadership at CIR

The makeup of CIR's Executive Committee has undergone some changes.

Dr. Michael Jolley, Regional Vice President for Southern California, moved to pursue a new career opportunity in Utah. Due to the demands on his time, he resigned from the Executive Committee in December 2009. Dr. Michael Core, a PGY2 in Family Practice at County of Los Angeles – Harbor Hospital, was appointed and confirmed by the Executive Committee to fill out the remainder of Dr. Jolley's term.

Dr. Nailah Thompson, who has left an indelible mark on CIR in a number of different roles, from delegate to Regional Vice President to Secretary-Treasurer to Executive Vice President, likewise resigned her position in December 2009. Dr. Elizabeth Burpee, CIR's former Secretary-Treasurer, and an attending in Internal Medicine at the New Mexico VA Health System, was approved by the CIR Executive Committee to become Executive Vice President, and Dr. Farbod Raiszadeh, former CIR New York Vice President and a Cardiology Fellow at Albert Einstein College of Medicine in the Bronx, was approved as CIR Secretary-Treasurer.

Appointed by the Executive Committee to fill out the remainder of Dr. Raiszadeh's term as one of five New York Regional Vice Presidents was Dr. Greg Dodell, a PGY3 in Internal Medicine at St. Luke's-Roosevelt Hospital.

The term for all current Executive Committee members ends in either May or June 2010, dependent on the outcome of the election of national officers for 2010. For information on these elections, which will be taking place this spring, **go to "Election Central" at www.cirseiu.org**.

Gubernatorial Candidate Diane Denish Sits Down with CIR Doctors

Improving patient care and the working conditions of residents would be high priorities for Lt. Gov. Diane Denish if she succeeds in her bid to become the next governor of New Mexico, she told resident physicians at a sit-down with CIR members on January 13, 2010.

Denish, considered the front-runner in this year's gubernatorial race, met with 16 residents representing 10 different departments. It was not CIR's first meeting with the lieutenant governor – she has often met with the residents of UNM, has always been willing to speak on their behalf and has been a great supporter of CIR for years.

"CIR residents have worked with all politicians interested in improving health care for our patients," said Dr. John Ingle, CIR Regional Vice President for New Mexico. "Lt. Gov Diane Denish came to our meeting to explain her positions on health care and child care, two issues very important to the residents at UNM."

The residents explained that many doctors with families have been waitlisted for child care at UNM, and the wait on that list is several years long. CIR had previously proposed a subsidy to help pay for off-campus childcare services, which was ultimately rejected. Lt. Gov. Denish recognized the problem, and said she would fight to expand childcare services to address what she considers a long-term problem throughout the state.

Lt. Gov. Denish outlined several health care reform measures she supports, including retaining current reimbursement rates by not cutting Medicaid dollars, and developing the workforce, particularly primary care physicians, via better loan forgiveness and subsidized housing programs. She stressed that insurance companies need to be held accountable so that they spend more on services and less on administration. She added that cost containment is crucial in order for health care reform to be successful.

PHOTO: BILL BRADLEY/CIR

(l. to r). Dr. Alisha Parada, Lt. Gov. Diane Denish, Dr. John Ingle, and Dr. Sheila Modi and other CIR members discussed health care and child care on January 13.

She also solicited suggestions from the residents and made a point of asking residents to get involved in various committees and commissions on health policy that her campaign is forming.

Many residents had questions and suggestions. Dr. Tony Lee, for example, asked for assistance from the Lieutenant Governor on working with the state Guardianship office, to address the problem of patients occupying hospital beds when they could be in a nursing home, driving up costs exponentially. Dr. Lee will be meeting with Ms. Denish's staff soon to work on this cost containment issue.

Senator Schumer, Meet Dr. Whittaker

As the push to reform the inequities of the American health care system spilled over into 2010, CIR continued to make sure that the national debate was as much about doctors and patients as it was politicians and process. Throughout January and February, resident physicians in nearly every region marched in rallies, spoke at press conferences, and met with their elected representatives. Dr. Vaughn Whittaker (far right), CIR Regional Vice President for New York, was part of a delegation that met with Senator Charles Schumer (center) on January 22, 2010.

PHOTO: PAT FRY/CIR

CIR 2010 NATIONAL CONVENTION PHILADELPHIA, PA

All 2010-2011 delegates and alternate delegates are invited to attend the annual CIR National Convention, held in Philadelphia, PA on May 20-23. 2010.

Join your fellow delegates from Massachusetts, New York, New Jersey, Washington DC, Florida, Puerto Rico, California, and New Mexico to learn more about CIR and the issues facing all housestaff. You'll have the opportunity to trade ideas on important matters such as how to prepare for negotiations and how to make your hospital a better place for both residents and patients.

MEMBERS

Be sure to let your delegates know what issues you're most concerned about so they can represent you at the national convention. Also be sure to check out www.cirseiu.org the week of May 24, 2010 for the most up-to-date reporting on the convention.

MAY 20-23 2010

DELEGATES

Delegates' travel and hotel accommodations in Philadelphia, PA (double-room occupancy) will be paid for by CIR. For more information regarding convention travel or registration, please call CIR toll-free at 1-800-CIR-8877, contact your local organizer, or log on to www.cirseiu.org.

Delegates are chosen by CIR members in each hospital. Elections will be held during the months of March and April. More information will be mailed to the newly-elected delegates and alternate delegates in the next few weeks.

PHOTO: BILL BURKE/PAGE ONE PHOTOGRAPHY

Talking About Resident Work Ho

40+ Consumer Groups Send Letter to ACGME Demanding Implementation o

"Post-call, I tend to feel confused in the morning, and very 'slow,' and I often have to ask people to repeat themselves. I generally have a headache, and my body becomes hypothermic. Recently, while post-call, I pulled the wrong chest tube from a patient who needed his chest tube kept in place after thoracic surgery."

Surgery resident, Baltimore, MD

For decades, patient safety groups have been calling for measures to better protect patients from medical error. Now, advocates are turning their attention to the strong evidence linking the working conditions of sleep-deprived and/or under-supervised resident physicians and medical error.

On Feb. 4, 2010, a coalition of organizations led by Public Citizen, Mothers Against Medical Errors and other patient advocates sent a letter to the head of The Accreditation Council for Graduate Medical Education (ACGME) calling for shorter shifts and more supervision of resident physicians in an effort to boost patient safety. More than 40 health care, patient safety and other public interest advocates signed the letter, which was timed to coincide with a meeting by the ACGME.

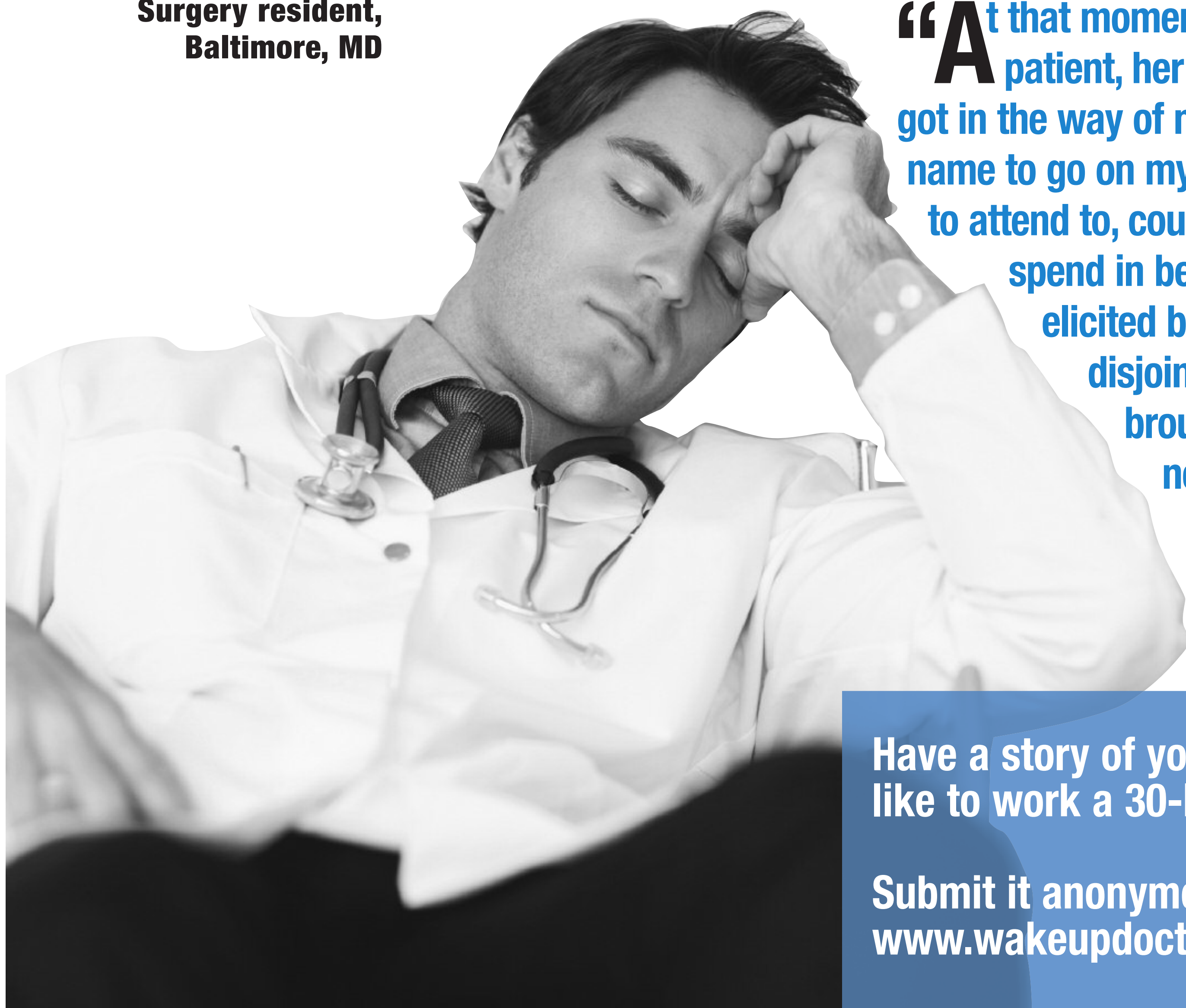
The groups also launched a Web site, www.WakeUpDoctor.org, to solicit additional signatures and collect stories of patients who may have been harmed by the current system. Since its launch, over 650 individuals have signed the petition.

The letter was copied to Rep. Henry Waxman, chair of the House Energy and Commerce Committee, the legislative body that had originally requested a study of resident physician fatigue and medical errors that culminated in the 2008 report by the Institute of Medicine, *Resident Duty Hours: Enhancing Sleep, Supervision, and Safety*.

In a telephone news conference, activists, sleep experts, medical students, and resident physicians spoke about the dangers posed by residents working 30-hour shifts and urged the ACGME to act on the recommendations from the IOM report.

"Few, if any, people would fly on a plane whose pilot had been awake and working for 25 to 30 hours. Federal regulations prohibit pilots from flying more than 30 to 35 hours a week," said Dr. Sidney Wolfe, director of Public Citizen's Health Research Group. "But because medical residents work on shifts lasting as long as 30 hours straight, they become fatigued, making them more susceptible to making errors that greatly harm patients. It is likely that there are more deaths in U.S. hospitals each year caused by sleep-deprived doctors than the total annual deaths from plane crashes and train accidents."

The scientific evidence linking acute and chronic sleep deprivation with preventable medical errors has mounted steadily over the years, Wolfe said. "Reducing the length of their shifts is the commonsense approach that both the medical field and consumers need."



"At that moment, I cared nothing for my patient, her family, her life. Her living got in the way of my sleep. She was one more name to go on my patient list, one more life to attend to, countless hours I wouldn't spend in bed. Absolute exhaustion elicited by a demanding and disjointed health care system brought out a dark side of me I never want to meet again."

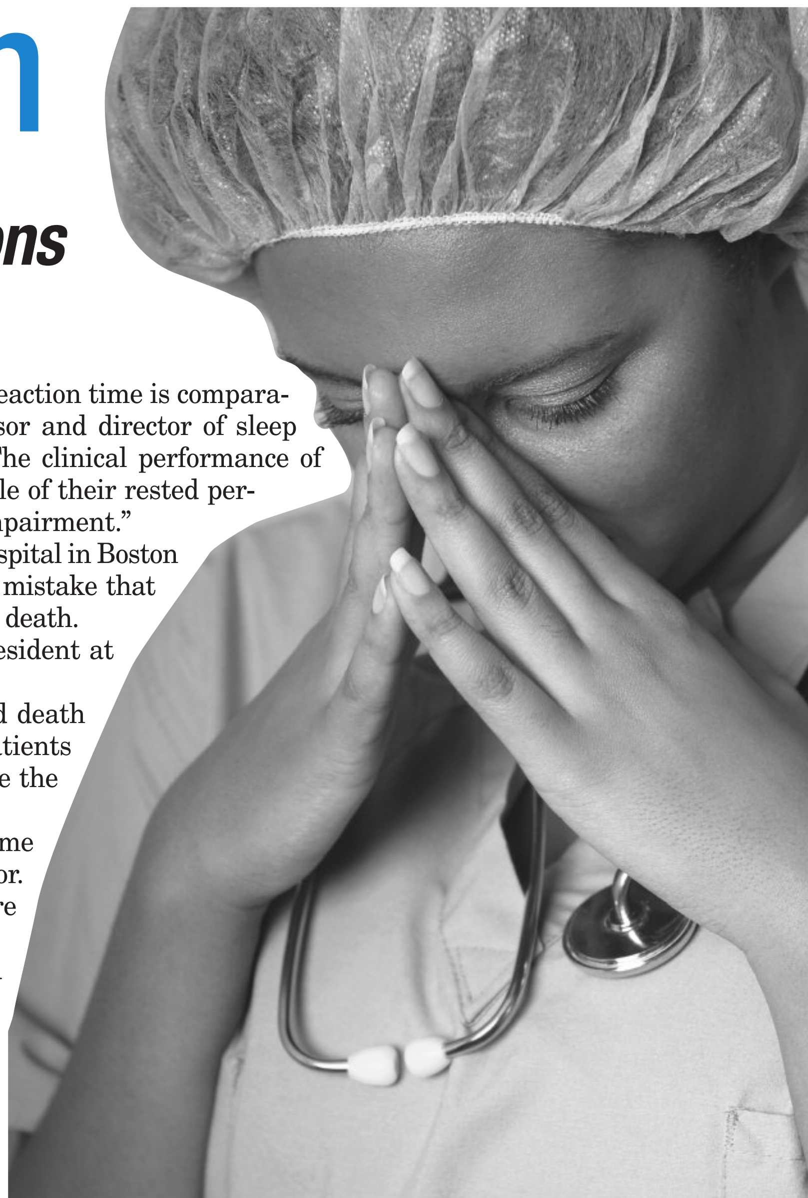
Family Physician, Los Angeles, CA

Have a story of your own about what it's like to work a 30-hour shift?

Submit it anonymously on www.wakeupdoctor.org

urs and Supervision

f 2008 Institute of Medicine Recommendations



"After 24 hours without sleep, attentional failures at night double and impairment of reaction time is comparable to the impairment induced by drinking alcohol," said Dr. Chuck Czeisler, a professor and director of sleep medicine divisions at Harvard Medical School and Brigham and Women's Hospital. "The clinical performance of physicians—who are used to being at the top of the class—drops to the seventh percentile of their rested performance. Yet, as with alcohol, those affected by sleep loss often do not recognize their impairment."

In 2006, the Harvard Work Hours, Health and Safety Group at Brigham and Women's Hospital in Boston reported that one in five first-year resident physicians admitted making a fatigue-related mistake that injured a patient. One in 20 admitted a fatigue-related mistake that resulted in a patient's death.

Dr. John Ingle, CIR Regional Vice President and a fourth-year ear, nose and throat resident at the University of New Mexico, added a residents' perspective.

"Considerable scientific evidence backs up what common sense tells me: that life and death decisions should not be made by someone who is sleep-deprived," said Dr. Ingle. "My patients are consistently horrified when they learn that I haven't gone to sleep since they saw me the previous day."

Helen Haskell, the founder and president of Mothers Against Medical Error, became involved in patients' rights after her 15-year-old son died from a preventable medical error. When her son went to the hospital for an elective procedure in 2000, he died from "failure to rescue," or failure to recognize and act upon the signs of serious decline in a patient.

"I know that fatigue must have played a role in my son Lewis's intern's judgment and in her inability to buck the system for the sake of a patient," said Haskell. "There is no way I can ever know how large a role it played, but I do know that in those hours of crisis, the last thing we needed was to have an exhausted, unsupervised young trainee as my dying child's only lifeline."

The ACGME Board met the weekend of February 6, 2010 to review the work of its Duty Hours Taskforce. ACGME officials have said that they expect to announce a final decision on implementation in September 2010.

Key recommendations from the Institute of Medicine's report *Resident Duty Hours: Enhancing Sleep, Supervision, and Safety*

In December 2008, the Institute of Medicine (IOM) released a series of recommendations on resident work hours and patient safety. The changes recommended in the 428-page report include the following:

- Maximum shift lengths of no more than 16 hours.
- If the current 30-hour shift is preserved, a resident must not admit patients after 16 hours and must have a 5-hour protected sleep period between 10 pm and 8 am, with the remaining hours spent only in transition and educational activities.
- Maximum in-hospital on-call frequency: every third night, with no averaging.
- A mandatory five days off per month, including 24 hours off per week and one 48-hour period off per month.
- Increased time off between night shifts to 12 hours (14 hours after a 30-hour shift, with no return until 6 am the next day).
- Current 80-hour work week limit retained, with moonlighting (both internal and external) counted towards the 80 hours and no averaging.
- Workload limits (number of admissions, cross-coverage and number of surgical cases to assist per day), determined by RRCs in each specialty.
- Measurable standards of supervision for each level of residency. First-year residents on call require immediate access to a supervisory physician in-house.
- Hospitals should provide safe transportation home (taxi, public transportation vouchers) for residents too fatigued to drive home safely.
- Increased ACGME enforcement of work hours, including unannounced visits, strengthened complaint procedures, and confidential reporting of hours violations.
- Independent monitoring from the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission to ensure that both current and new work hours limits are adhered to.
- Additional funding for graduate medical education, with an independent body to bring all financial stakeholders together, and special attention paid to the needs of safety net hospitals.

"I never expected the physical toll that residency would take on me: the middle of the night nausea and chills, the post-call headaches. I don't understand why doctors are expected to risk their health and the health of their patients in order to learn medicine."

Obstetrics & Gynecology Resident, New York, NY

CIR Residents at LICH Win Their First Contract

CIR officially grew by 130 members when resident physicians at Long Island College Hospital (LICH) ratified their first union contract on January 14, 2010. The contract guarantees all residents a 3% raise, retroactive to October 2009, another 3% raise in April of this year, and greatly improved health coverage, as well as a book allowance and meal provisions.

The residents at LICH started organizing in 2008 in response to the administration's plans to close down multiple programs and sell off some of the hospital's buildings. They quickly gathered the signatures of 90 % of the housestaff on a petition asking that CIR be recognized as the residents' union. An election was set for December, 2008, and the vote was unanimous in favor of the union.

Then the hard work of negotiations began. For nearly a year, members of the bargaining committee attended department and hospital-wide meetings and dozens of negotiating sessions. The negotiations were complicated by speculation and rumors about SUNY Downstate possibly taking over the hospital, and residents felt it was urgent to settle the contract before there were changes in management.

"I felt really great – after the work we did, we got something back," said Dr. Samer Diab Agha, a resident in Internal Medicine, after the ratification vote. "The best thing is we have a contract now, so when we negotiate with Downstate in the future, we have a basis."

Free or reduced health care premiums will be a big relief to many residents who were previously paying up to $400 a month for family coverage, and a new book allowance of $350 will help subsidize materials and test registrations.

Between the 6% raise this year negotiated in the contract and the standard PGY additional salary, some residents can expect a salary increase of $7,000, said Dr. Haidar Yassin, another Medicine resident. Dr. Yassin said it was exciting to have been a part of the initial campaign to organize a union at LICH in 2008, and then see the negotiations through to the end. "It was exhausting, but it paid off," he said.

PHOTO: HEATHER APPEL/CIR

Dr. Magaly Villafradez and Dr. Sameer Diab Agha celebrate their first CIR contract victory.

IHI Open School Gives Residents Tools to Improve Quality, Patient Safety

When resident physicians find themselves suddenly thrown into the workforce after medical school, they quickly discover the importance of teamwork and leadership. They may begin to hear buzzwords like "quality improvement" and "patient-centered care." Employers place a premium on these skills, yet these areas are rarely covered in medical school.

That knowledge gap led the Institute for Healthcare Improvement (IHI) to create the IHI Open School for Health Professions in 2008.

"The idea behind the Open School was, 'How can we galvanize the next generation of health care professionals to create change in quality improvement and patient safety?'" said Dr. Jay Bhatt, a CIR delegate at Cambridge Health Alliance who has been active with the Open School since its formation.

Much like CIR, the Open School provides a vehicle for students and professionals who want to become change agents in their workplaces. Using an interactive Web site as well as monthly conference calls and local in-person chapter meetings, the IHI Open School offers students and new professionals in all health fields – medicine, dentistry, nursing, pharmacy, policy, etc. – the resources to

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CIR Launches
http://medstudent.cirseiu.org

Expanding our online outreach to medical students in organizations including AMSA, SNMA, APAMSA, SOMA, and LMSA, and building off the popular "Med School Today, Residency Tomorrow!" group on Facebook, CIR launched a new Web site, jam-packed with information to help medical students plan for the next phase of their medical career.

The Site Includes:

- The latest news on issues affecting medical students
- Links to Facebook, Twitter and YouTube
- A calendar of upcoming events
- "Class Notes" – a synopsis of what medical student organizations are up to

Check out http://medstudent.cirseiu.org today!

CIR NEWS BRIEFS

Boston Medical Center Residents Gain Bonuses, Taxi Program, Emergency Childcare

During one of the most difficult economic times in recent memory, residents at Boston Medical Center (BMC) settled a contract that includes modest bonuses, an increase in the professional education allowance, as well as some innovative programs that could serve as a model for other CIR hospitals.

The contract, ratified on December 15, 2009, includes $10,000 a year for a Taxi Program for late-night and post-call residents. For the first time, the hospital also agreed to pay $4,500 for the Parents in a Pinch retainer fee, which provides residents with access to qualified childcare providers 24 hours a day.

The negotiating committee made headway on other issues as well. The hospital agreed to meet with CIR to discuss a program whereby the hospital would serve as lease guarantor for resident physicians renting apartments. The hospital also agreed to increase the funding for the Minority Recruitment Program by $1,500.

Successful Wage Reopener at St. Michael's Medical Center

At St. Michael's Medical Center in Newark, NJ, 90 residents received 3% salary increases with the settlement of a wage reopener. They also negotiated for three months' back pay.

New Mexico Residents Win Security Measures in Parking Structure

At the University of New Mexico, CIR members were tired of returning to the designated resident parking area to find that their cars had been keyed or defaced with graffiti. After one resident reported a particularly bad incident, delegates started collecting complaints and turned them into a grievance.

Through the Labor-Management process, the residents and management negotiated a series of improvements. By early 2010, the hospital had installed key-swipe access mechanisms to make the parking structure more secure, added gates to the facility, and announced plans for better lighting. Residents reported that they felt much safer after the changes were made.

New CIR Chapter Recognized at Kern Medical Center

On January 12, 2010, the Kern County Board of Supervisors voted unanimously to recognize CIR/SEIU Healthcare as the union for the resident physicians at Kern Medical Center in Bakersfield, CA.

The recognition vote came after a swift organizing campaign. Resident leaders reached out to CIR in Fall of 2009. Within nine days, a full 70% of the housestaff had signed cards stating that they wanted to be represented by CIR. Under local labor laws, workers can gain union recognition where a majority of residents sign cards or petitions, so long as that petition is acknowledged by local government officials.

The residents were motivated by salaries that are substantially lower than comparable hospitals, the lack of an educational stipend, and plans to reduce their existing meal allowances. The Resident Advisory Council had presented proposals for improving patient care and working conditions, but their suggestions were ignored.

Ultimately, the residents felt they needed a voice in the hospital.

"Inviting CIR to represent us has been a personal goal for two and half years," said Dr. Tiffany Pierce, president of the Resident Advisory Council. "The residents at Kern Medical Center now finally have some power behind our voices. I look forward to working with CIR to make changes at KMC that will ultimately help our patients."

Congressman Kendrick Meek Meets with CIR in Miami

PHOTO: COURTESY OF REP. MEEK'S OFFICE

Can you spot the person in this picture who is not a doctor? Congressman Kendrick Meek (holding the plaque) toured Jackson Memorial Hospital in Miami, FL on February 5, 2010. After a tour of the hospital led by resident physicians, Rep. Meek, who this year participated in the drafting of the comprehensive health reform bill as a member of the House Ways and Means Committee, sat down for a discussion of topics ranging from compensation for safety net hospitals to improving mental health care to the final fate of health care reform. "Count on me as it relates to being a part of the solution for as long as I'm in public service," Rep. Meek pledged.

Above, from left to right: Dr. Akua Asare, Dr. Eneida Roldan (CEO of Jackson Memorial), Dr. Damien Hansra, Rep. Meek, and Drs. Aarti Patel, Almari Ginory and Maya Green.

IHI Open School

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learn state-of-the-art approaches to improving the care systems in which they will work.

As of February 2010, the school had more than 174 chapters in 24 countries, and more than 20,000 registered members.

Dr. Bhatt initially got involved due to his interest in resident work hours and how that culture was contributing to patient harm and self harm, he said. But he has since gained expertise in a range of quality improvement issues, including the safe surgery checklist, teamwork and cooperation, and waste and efficiency.

At his hospital, Dr. Bhatt and his colleagues have put into practice some of the lessons of the Open School. One program implemented a new sign-out process as a result of role-play interaction and IHI Open School course modules. Other residents noticed that labs were being canceled without the physician knowing about it, Dr. Bhatt said, and the IHI Open School participants felt empowered to address the issue as a group, putting a system into place to prevent it from occurring in the future.

For Dr. Bhatt, the value of the IHI Open School lies largely in building community around change, and finding mentors.

"Being involved in organizations like the Open School and CIR allows you to effect change and also to have this mentorship that can be really valuable," Dr. Bhatt said. For more information, go to: **www.ihi.org/IHI/Programs/IHIOpenSchool**

PHOTO: HEATHER APPEL/CIR

Dr. L. Toni Lewis speaks about the factors that contributed to the closure of St. John's Queens Hospital and Mary Immaculate Hospital in 2009.

CIR President Speaks at Disparities Conference

In early 2009, CIR rallied with community members and healthcare workers to stop the closure of St. John's Queens Hospital and Mary Immaculate Hospital, run by Caritas Healthcare. Despite political pressure, frantic negotiations and a public outcry to keep them open, both hospitals closed, leaving a huge void among the people who depended on the institutions for jobs and health care.

Neighboring hospitals – including Flushing, Jamaica and Elmhurst – are still struggling to accommodate the flow of patients who were formerly served by the closed hospitals.

At a conference hosted by the Healthcare Education Project in December 2009, CIR President Dr. L. Toni Lewis spoke about the closures not only from the perspective of the hundreds of CIR doctors at the hospitals but from her experience; her own residency was spent in the hospitals.

> **"The work we're doing today is not about numbers, it's not about money, it's not about health care reform," Dr. Lewis said. "It's about lives."**

Dr. Lewis' panel addressed the threats to safety net hospitals and the disproportionate impact on communities of color. She described the climate among hospital workers and the community at the two Queens hospitals.

"The work we're doing today is not about numbers, it's not about money, it's not about health care reform," Dr. Lewis said. "It's about lives."

Dr. Lewis was joined on the panel by Lloyd Bishop from the Greater New York Hospital Association, Medisys President David Rosen, and Kalahn Taylor Clark from the Brookings Institution. She also appeared in a short documentary about the campaign to prevent the Caritas closures last year that was shown to conference attendees.

The financial crisis that shut down St. John's and Mary Immaculate is ongoing, and its impact is still being felt in New York and across the country. New York State has lost 44 hospitals since 1990.

CIR Doctors Respond to Crisis in Haiti

When Haiti was struck by a massive earthquake on January 12, 2010, CIR members immediately wanted to help. In response to an email blast, hundreds of resident physicians volunteered to help with relief efforts, and dozens were deployed in the past three months.

CIR teamed up with Project Medishare, a non-governmental organization affiliated with the University of Miami that had been working to improve health care in Haiti for 15 years. Two teams of CIR residents were flown to the Project Medishare field hospital on the site of the United Nations compound in mid-February. The physicians spent 5 days in the field hospital, working 12-hour shifts, sleeping on cots, and treating hundreds of patients each day.

Dr. Nailah Thompson, former CIR Executive Vice President, was one of the volunteers treating the 120 internal medicine patients at the field hospital.

"Besides the complications from the earthquake, there are also the everyday healthcare needs we were dealing with: trauma from car accidents, premature labor, etc." Dr. Thompson said. The hospital utilized 40 pediatric beds and saw as many as 200 patients a day in triage and emergency rooms.

Also assisting in CIR-sponsored delegations were physicians from DC Children's Hospital, Alameda County Medical Center in Oakland, CA, University of New Mexico, Harbor-UCLA, Cambridge Health Alliance in Massachusetts, San Francisco General Hospital, and Lincoln Hospital in the Bronx. The residents covered a range of specialties, including neurology, pediatrics, medicine, anesthesia, general surgery, and family medicine.

Several more determined residents made their way on their own, through affiliations with their hospitals or other networks.

For Dr. Hiba Georges, a first-year anesthesiology resident at Boston Medical Center, it was personal. She was born and raised in Haiti and lost three cousins and her father's business in the earthquake. Dr. Georges worked with Dr. Paul Delonnay, another Haitian colleage at BMC, to collect medical supplies as soon as they heard about the earthquake.

"Paul and I spent two days driving around filling up my truck," Dr. Georges said. "Doctors from 6 hospitals contributed."

A makeshift field hospital in earthquake-devastated Haiti in February.

PHOTO: COURTESY OF DR. NAILAH THOMPSON

They connected with Project Medishare and received funding from Anesthesia Associates of Massachusetts to travel down with 14 duffel bags full of medical supplies, arriving four days after the disaster. "We did whatever we could," Dr. Georges said. "They were not operating yet, at the time, and there was a lot of gangrene, a lot of limbs that needed to be amputated."

Their first night there, a 9-year-old boy became septic and was unresponsive, so they took him outside under a mango tree and, with people holding flashlights, amputated his foot. He didn't make it.

All in all, the team performed 22 successful amputations in five days in their makeshift operating room.

Dr. Mike Drusano, a family medicine resident at Jackson Memorial Hospital, accompanied a member of his department and her plastic surgeon husband on a very early mission. Despite transportation difficulties, they arrived thanks to a millionaire who was offering his private jet for several trips a day between Miami and Port-au-Prince.

"The first day we went from one place to another, offering our help, our services, our supplies," Dr. Drusano said. They eventually found a place at Hospital Bernard Mevs, where two twin brother surgeons had appeared on CNN to say they didn't have enough supplies or medical staff.

> **"You know in the back of your mind you did the best you could in the situation that was presented to you."**
>
> **Dr. Michael Drusano**
> **Jackson Memorial Hospital**

"I effectively ran the mother-baby unit," Dr. Drusano said. He described some of the patients he saw, including two deliveries, a woman with severe preeclampsia, a woman with multiple fractures whose wounds became gangrenous, and two children with malaria.

Dr. Kelly Liker, a pediatric resident at Jackson, said the biggest challenge was figuring out what was next for her patients.

"You can rehabilitate people to a certain extent, or you can cure illnesses or improve people's conditions, but then what?" Dr. Liker said. "Where do they go, where do they live, how do they get there?"

For her, the greatest rewards came when children who had lost part of their limbs learned to use crutches or walkers. "I think the looks on their faces are the things that I'm not going to forget ever," Dr. Liker said. "Because it made it feel like they had hope, and that there was reason for all of us to have hope."

PHOTO: COURTESY OF DR. TYLER REYNOLDS

Dr. Tyler Reynolds, a PGY4 in general surgery at Harbor-UCLA, holds a young patient at the University of Miami Field Hospital. Dr. Reynolds went to Haiti through CIR and spent 10 days there.

Resident Physicians Work with Community Leaders to Keep St. Vincent's Open

As this issue of CIR News went to press, St. Vincent's Medical Center, a fixture in the Greenwich Village neighborhood in Manhattan, teetered on the brink of bankruptcy. Gov. David Paterson has authorized three separate loans to allow St. Vincent's to continue making payroll while a panel of elected officials, community stakeholders, and unions – including CIR – met to formulate a plan for saving the hospital.

CIR leaders at the hospital have been visible and vocal supporters of a community wide campaign to "Save St. Vincent's," particularly in public rallies. On January 28, 2010, Dr. Angela Ferguson, a PGY 2 in Internal Medicine, told the stories of patients she treated during home visits in the neighborhood who lack the mobility to travel across town for care. Dr. Jay Mathur (pictured), also a PGY 2 in Internal Medicine, moved the audience by standing alongside his patient, Larry Selman, a community activist with physical and intellectual disabilities, to represent the patients who would be left behind if the hospital were to close.

Although the continued operation of the hospital remains in doubt, patients, nurses, and elected officials have all expressed gratitude for CIR's efforts to call attention to the urgent needs of the community."

PHOTO: TIM FOLEY/CIR