CIR SEIU NEWS

COMMITTEE OF INTERNS AND RESIDENTS December 2005

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Contracts

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In a successful burst of negotiations, final pacts were inked at St. John's Episcopal Hospital in Far Rockaway, NY, Interfaith Medical Center, and Kingsbrook Jewish Medical Center in Brooklyn, NY, North General Hospital in Manhattan, and St. Michael's Medical Center in Newark, NJ.

With perseverance, housestaff at these hospitals stood firm against any cutbacks to their medical benefits, and won salary increases that set a standard for all CIR housestaff in the New York area. In Miami, Florida, housestaff at Jackson Memorial Hospital continue to struggle for similar gains in what is shaping up to be very tough negotiations.

CIR SEIU NEWS
Committee of Interns and Residents
520 Eighth Avenue, Suite 1200
New York, NY 10018

Address Service Requested

CIR SEIU NEWS

Committee of Interns and Residents
National Affiliate of SEIU

National Headquarters
520 Eighth Avenue, Suite 1200
New York, NY 10018
(212) 356-8100
(800) CIR-8877

E-mail: info@cirseiu.org
http://www.cirseiu.org

555 Route 1 South, Third Floor
Iselin, NJ 08830
(732) 596-1441

1 Boston Medical Center Place
Boston, MA 02118
(617) 414-5301

1400 NW 10th Ave., Suite 1210
Miami, FL 33136
(305) 325-8922

1338 Mission Street, Third Floor
San Francisco, CA 94103
(415) 861-5235

Box 512075
Los Angeles, CA 90051
(310) 632-0111

Washington, DC Office
(202) 872-5838

Ave. San Ignacio 1393
Urb. Altamesa, San Juan P.R. 00921
(787) 775-0720

COVER PHOTOS, CLOCKWISE FROM TOP: ARSENIA REILLY/CIR; GEOFF BETTS/CIR; AND TRICIA WHITE/CIR.

President's Report

Barbie Gatton, MD, CIR President

Driving While Drowsy

What Residents Should Know

At an international resident work hours conference held in New Zealand November 9-11, 2005, I learned a great deal about how nations around the world have improved residents' work hours. One thing we learned is that we work longer hours than any of them, and that that's not without some negative consequences. As an article in last fall's *New England Journal of Medicine* highlighted, the first consequence is to our patients. Whenever I ask colleagues whether they've ever dozed off while driving, almost all hands go up. Long hours impact on us personally, too.

Graduate medical education has a long tradition of needing to be tough. This belief that enduring more will make us better doctors is just not accurate. We don't learn as effectively and we can harm our patients. It's not about proving that we're tough, but about providing the best level of care to our patients. Patients must come first.

Driving while drowsy (DWD) laws are another way in which the public is becoming aware of the effects of impaired cognition due to lack of sleep. Residents are not only in danger of harming their patients, but also of putting our own lives, and the lives of the general public at risk. Studies show the similarities between sleep deprivation and being impaired by drinking. New Jersey has passed a law giving similar penalties to drowsy and drunk drivers, which puts residents in jeopardy.

Interns and residents who have been working 30 hours, as permitted by the ACGME, can go to jail and lose their medical license for driving while drowsy. Residents are particularly at risk, as our hospitals document our hours of work. Now two additional states – New York and Mass. – are proposing similar DWD laws. And while CIR supports public safety, we don't support an environment that allows hospitals to schedule residents in this manner with no concern or responsibility for resident or public safety.

As you'll read in the center spread of this issue, many hospitals that require these hours don't accept any legal or moral responsibility for injuries that occur from accidents when residents drive home. They claim that if we're too tired, we should not drive. However, after 30 hours of working, our judgment is impaired regarding our own safety. Similar to driving while drunk, we are too impaired to decide for ourselves if we are safe and alert.

New Jersey passed a law giving similar penalties to drowsy and drunk drivers.

For hospitals to claim no liability by saying, "if you're too tired, don't go home, stay and sleep," doesn't make sense. Anyone who has been awake for 28-30 hours is impaired cognitively, and should not drive. As residents, we are all dedicated, hard-working and willing to do whatever the hospital requires to complete our residencies. Hospitals are taking advantage of that, putting our lives, our patient's lives and the general public at risk when we get behind the wheel after an extended shift.

Health Care for All

CIR, AMSA and Others March Across the Brooklyn Bridge, Rally for Health Care

Judging by the roar of horns honking in support, health care for all is one idea whose time has come. On November 12, 2005, CIR members, vice presidents and staff joined with over 400 medical students in AMSA, doctors in Physicians for a National Health Plan and other health care advocates to press for universal coverage with a spirited bridgewalk and rally. "One of the biggest problems with our current health care system is the issue of access," said CIR Vice Pres. Marino Tavarez, MD, addressing the crowd. "Why is the U.S. the only industrialized country in the world in which health care is not a right? We have to find the will for a humane, publicly funded single-payer health care system. Everyone's mother would say it is a good thing to do!"

CIR Exec. Committee Changes

CIR Exec. VP Mark Amorosino, MD, a member of the CIR Exec. Committee since 2003 and Exec. VP since 2004 has resigned due to increased fellowship and family responsibilities. "Mark made many contributions to CIR over the years, beginning with his intern year as a CIR delegate," said CIR Pres. Barbie Gatton, MD. "He was very active in organizing new CIR chapters, and advocating for resident work hour reform. We will miss his participation in guiding CIR, but wish him well and know he will still be an active local CIR member."

On October 11, 2005, the CIR Exec. Committee confirmed CIR Pres. Barbie Gatton's appointments to replace him. Former CIR Secretary-Treasurer Simon Ahtaridis, MD, will become the new Exec. Vice President, and former NY Regional Vice Pres. Rajani Bhat, MD, will become the new Secretary-Treasurer. Dr. James Rodriguez, a PGY 3 in Emergency Medicine at Bellevue Hospital, has been tapped to fill Dr. Bhat's vacancy as one of the New York VPs.

PHOTOS: (TOP) BILL BURKE/PAGE ONE PHOTOGRAPHY; (BOTTOM) PAT FRY/CIR.

When the Going Gets Tough…

CIR members Aid Hurricane Katrina Relief Efforts

Hurricane Katrina exposed our country's vulnerabilities in a time of need. There was widespread confusion, and lack of supplies, logistics, and manpower to help out in the face of overwhelming devastation. CIR members who wanted to volunteer their medical skills for the Katrina relief efforts found a mix of experiences awaited them – some were stymied (placed on lists but never called), others were able to volunteer, but not as doctors, and one was able to use his medical skills, and found the work both rewarding and daunting.

"I walked away from this experience a very different person"

Dr. Lars Eric Reinhold, a CIR delegate and PGY 2 in Internal Medicine at Boston Medical Center was encouraged to volunteer by his wife, who saw footage of the hurricane on TV. A group of his colleagues at Boston Medical Center were also interested, but when it became apparent that they would not be able to work as medical professionals because of licensing and insurance issues, only Dr. Reinhold and Dr. Neha Shah, PGY 2, Internal Medicine headed south.

Drs. Shah and Reinhold distributed checks and provided counseling and medical referrals to evacuees, whose lives were in disarray. Both said the experience has changed their practice of medicine back home in Boston.

They volunteered through the Red Cross, and were first sent to Montgomery, Alabama. "No one, including the Red Cross or the federal government, was prepared for the magnitude of this crisis," Dr. Reinhold said. He and Dr. Shah were sent to a financial disbursement center in Jackson, Mississippi where evacuees received checks and were given referrals to nurses and other medical professionals.

"It was a good experience for us … we could do the one thing no one there was doing – reach out to people, and offer some counseling to those who wanted to talk about what they had gone through. Some people really needed to tell their stories, and process the events they had been through," Dr. Reinhold said.

"The stories just repeat, over and over, the loss that people have gone through. You hear things like, 'I'm third generation in that house, I got out with just my clothes, not even a checkbook.' One guy lived on his roof for five days, another had lost both his parents. No matter how strong a person you are, it just tears you up. I have a certain amount of emotional armor, you need it as a doctor, but my armor was completely ravaged by this. I walked away from this experience very different in the way I perceive myself, my job, and the way I interact with people. It was a life changing event for me, a valuable, enriching experience," Dr. Reinhold said.

His colleague Dr. Neha Shah hopes to do public health and medical work in India when she's done with her residency. She has already had a wide range of experiences with relief work, from a malaria project in Nigeria (when she was getting her master's in public health), to a clinic for children in India's sweatshop industry, and most recently, in New York City on September 11th, a day that she was post-call during her medical school.

"This experience gave me a different perspective about my work here in Boston," Dr. Shah said. "We work with an underserved population, and try to get people medical services and medication, but sometimes there's more we can do beyond health services, such as create a network of social support, listening and talking with family members, understanding what our patient's housing situation is, where they can store their medications. These things are imperative to people taking care of themselves, but we don't see these things at the hospital."

"It makes a huge difference in people's lives just to be heard"

"I think anytime I do this type of work I'm very grateful for my life, what I have and what I can give to people," Dr. Shah said. It re-centers me on my own life, without focusing on my frustrations and what I *don't* have. A lot of what we did was listen to people, which seemed very helpful to them. It makes a huge difference in people's lives just to be heard," she said.

At right, Dr. Tavarez' ID enabled him to be "a first responder for the first responders (firefighters)" in Port Arthur, Texas.

In New York City, Dr. Marino Tavarez, a CIR NY Vice President said, "I got the idea of volunteering from our CIR regional meeting, where people reported that they were signing up on lists to volunteer for Katrina relief at NYC public hospitals." HHC (the public hospital system) set up teams of volunteers for Katrina relief, raised money for two public hospitals in New Orleans and Gulfport, Mississippi, and offered residents in the affected hospitals the opportunity to continue their residencies at an HHC facility. [At press time, Health and Human Services has not deployed the HHC volunteers, choosing teams of doctors from areas closer to the event.]

Dr. Tavarez responded to a request from SEIU to help out in a clinic set up for first responders by the fire fighters union. The doctor who was manning that site wanted to leave before the onset of Hurricane Rita. "I got a message of desperation, they were asking me if I could come tomorrow…I'm working one day, and the next, I asked my program director and chairman for permission to go, which they gave."

Dr. Tavarez traveled first to Louisiana and then to Port Arthur, Texas, packing up a clinic's worth of supplies in a van, and crossing the border, with Hurricane Rita right behind him. "I was now trying to figure out where my next hot meal and air mattress would be," said Dr. Tavarez, who slept in churches and clinics that were used as shelters. He operated his clinic without running water, or electricity, due to Rita.

"Some of my biggest tasks were to draw blood as a baseline liver function measure for the first responders, give tetanus and Hepatitus A vaccinations, and perform primary care referrals to a FEMA unit," he said. "The local hospitals were closed and evacuated. There were guys in need of emergency care with abscesses, and allergic reactions. I referred them to the nearby FEMA mash unit, which treated them, and then referred them back to me for follow-up care. I saw men, women, and children, and was able to supply them with necessary medications for chronic and other conditions."

Ongoing, palpable need

"When the power finally came back, I realized how important water is, electricity is, a hot shower is, and a buddy is – I was there alone, and you're always "on" when you're alone," Dr. Tavarez said. I think the great need now is to think long-term. How will people get their vaccinations for the flu shot? The CDC is not making any plans for flu shots for Gulf state evacuees. Doctors are gone, hospitals are closed, and people are returning without the infrastructure they need. After 9/11 we could all go back to work, we had power, electricity, our families, and normalcy, unless you were directly affected. In this case, there was no power or water, families were separated, areas like Baton Rouge have tripled in size, and you see people looking so disoriented. I saw an ongoing, palpable need.

"This experience has reinforced everything I know — our health system is in shambles, the federal government doesn't want to get involved, and poor people suffer disproportionately. I was there because the firefighter's union knew that fire fighters wouldn't be taken care of, so they had to set up something to treat their own members."

PHOTOS COURTESY OF DRS. TAVAREZ AND REINHOLD.

THE PUBLIC PUSH FOR Driving While Drowsy Evidence in Illinois:

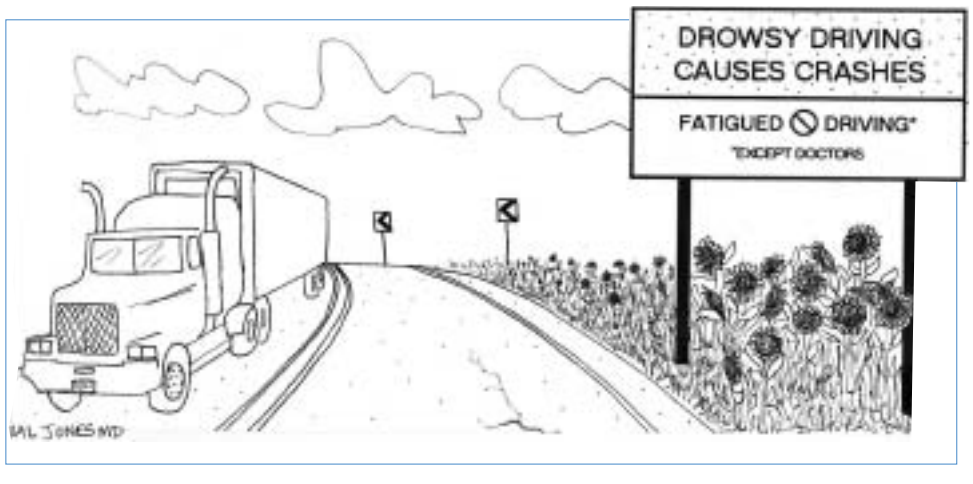
High Profile Case Drives Hospitals' Fear of Liability

As residents working in the ER, we will take care of our share of the victims of car accidents caused by drivers who've fallen asleep at the wheel. But how often do we stop to think that we might be the one on that gurney? We try to forget the fender-benders, the colleague who totaled her car or the one who fell asleep in the parking lot for hours with his car motor running. What can we do? We have to work the hours that we do. So we shrug our shoulders and move on to the patient in the next ER bay.

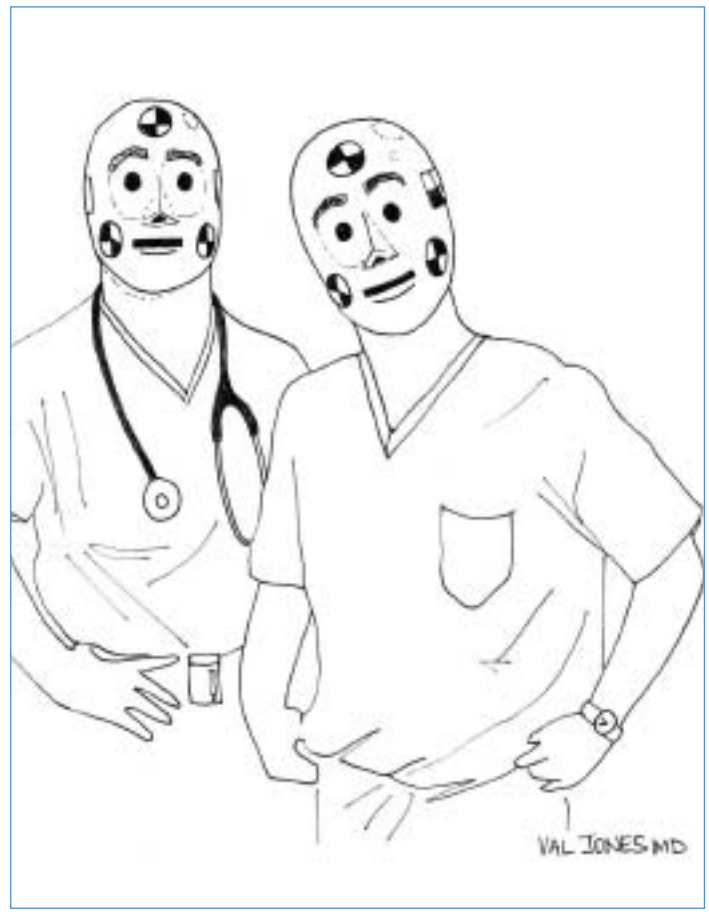
Meanwhile, a public safety movement, modeled on the successful effort decades ago to regulate "driving while intoxicated," is gaining momentum in state legislatures and on Capitol Hill. Along with education campaigns and training for law enforcement personnel, there is a push to include "driving while drowsy" (DWD) in the vehicular homicide statutes. That means jail time for anyone convicted of causing a death on the highway as a result of falling asleep at the wheel.

The National Highway Traffic Safety Administration (NHTSA) estimates that 100,000 police-reported crashes are the direct result of driver fatigue every year. These crashes, (the National Sleep Foundation labels the figure conservative), accounted for over 1,550 deaths and 71,000 injuries as well as $12.5 billion in diminished productivity and property loss, according to a 1995 NHTSA survey.

Untreated sleep disorders and "lifestyle choices" account for some of the driving while drowsy statistics, but a large portion is the result of long work hours – people working two jobs or a double shift who are too exhausted to drive home. And then there's us – 100,000+ resident physicians nationwide who are routinely scheduled and required to work 24-30+ consecutive hours and average workweeks of 80. Our high profile hours (who hasn't watched *ER* or *Scrubs*?) put us squarely in the crosshairs of acute and chronic sleep deprivation and the move to criminalize driving while drowsy. As CIR members, we have to research this issue and advocate for a solution that won't put residents or the public in jeopardy.



In 1997, a first year resident at Chicago's Rush Presbyterian Hospital drove home after being up for 34 of the previous 36 hours in the hospital. On the way, she caused a serious car accident and permanent brain injury to a young graduate student named Heather Brewster. Ms. Brewster's family sued – and settled with the resident physician. But the family also sued Rush, believing that the teaching hospital bore some responsibility for having scheduled the resident to work so many hours.



"Resident physicians John and Mike bore a striking resemblance to one another at the end of their 30 hour shift."

Since 2002, the case has been wending its way through the Illinois courts. Rush has consistently denied all responsibility for the accident and the Illinois Hospital Association concurs. In an amicus brief filed in support of Rush, the Association said:

"No hospital forces tired residents to drive home when they are too tired to drive safely. On the contrary, hospitals provide beds and rest facilities for their residents while they are working in the hospital. Nothing prohibits an off-duty resident who finds that he or she is too tired to drive home immediately from getting sleep at the hospital before taking the wheel." The Association went on to stress that sleep deprived residents had other choices – public transportation or "ask[ing] if someone at the hospital could drive them home."

"No legislature or court should impose far-reaching liability on remote parties who did not put the key in the ignition, their foot on the pedal or their hands on the wheel," concludes the Hospital Association.

But CIR President Dr. Barbie Gatton takes issue. "If you've been up for 30 hours, your judgment is impaired and you don't even realize it. All you're thinking about is getting home and into bed as quickly as possible."

To residents, the hospital's response does not reflect the real situation. "CIR just didn't think it was right," continued Dr. Gatton, "that Rush, or any teaching hospital, could walk away from the fact that a) they schedule residents to work these long hours and b) they know that sleep deprivation causes car accidents. So in 2004 we decided to file an amicus brief on behalf of the Brewster family's position that Rush should be held liable."

On September 19, 2005, the Illinois state appeals court ruled in favor of Rush and dismissed the Brewster family's suit. The case will likely be appealed to the Illinois Supreme Court.

SAFETY ON THE ROADS

Conflict with Resident Work Hours

New Jersey:

First State DWD Law Passed; UMDNJ Puts Responsibility Solely on Residents

New Jersey's "Maggie's Law" was passed in 2003 and is named for a 20-year old woman who was killed in 1997 by a driver who had been up all night partying and then fell asleep at the wheel. He crossed three lanes and hit her head-on. At that time, the driver could only be cited for reckless driving and fined $200. Today, being awake for more than 24 hours and causing a fatal crash in New Jersey can result in up to 10 years in prison and a $100,000 fine.

Maggie's Law is a wake-up call for all New Jersey's resident physicians who drive, as well as those residents who live in New Jersey and commute to teaching hospitals in New York and Pennsylvania. Some teaching hospitals unfortunately are trying to put the responsibility to comply squarely on the shoulders of New Jersey's residents.

CIR Regional Vice-President Cristin McKenna, MD, PGY 3, UMDNJ.

In June of 2005, the UMDNJ Graduate Medical Education Committee, without CIR consultation, passed a new policy which says: "Housestaff who have been without sleep for a period in excess of 24 consecutive hours must, before driving, take one or more of the following actions:

- sleep for a period of time sufficient to feel rested before driving;
- arrange (on their own) to be driven to their home or alternative site;
- take public transportation to their home, place of residence, or alternative site."

UMDNJ is the largest teaching hospital in New Jersey. "The hospital says it wants to make sure residents don't put themselves or others at increased risk," said CIR Regional Vice-President Cristin McKenna, MD, a PGY 3 resident in PMR at UMDNJ. However, "residents are feeling frustrated and powerless – they don't have control over their work schedules," said Dr. McKenna.

"One of the problems with the mandatory nap after being up for 24 hours is 'sleep inertia,'" explained Dr. McKenna. "From what CIR understands, you can actually wake up from a nap and be more impaired than when you went to sleep. The UMDNJ policy puts all the responsibility on us – the nap, paying for a taxi home – many of us live miles away from the hospital."

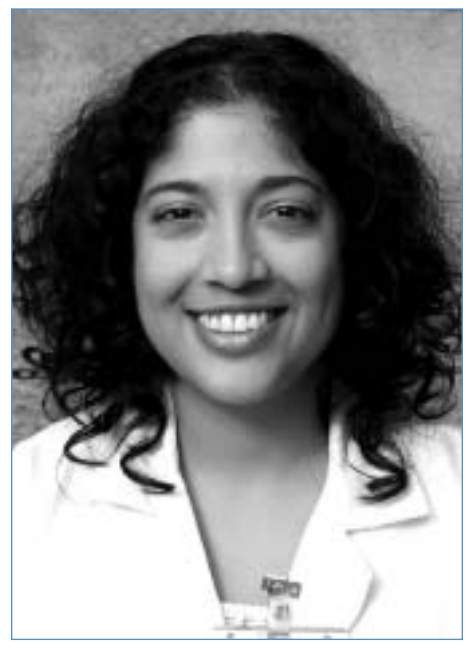
CIR has filed a grievance objecting to the new hospital policy and a CIR UMDNJ housestaff negotiating team is in the midst of contract bargaining, where they want to address the driving while drowsy issue. "We want to work with the hospital to address the problem of driving while drowsy," says CIR President Barbie Gatton, MD. "But realistically, reducing the number of hours that residents are in the hospital has to be a part of the solution."

Massachusetts:

CIR Weighs in on Proposed Senate Bill, "An Act Relative to Drowsy Driving"

Following in the footsteps of New Jersey, and similar legislation proposed in New York and in Congress, the Massachusetts legislature now has before it Senate Bill #2124 – An Act Relative to Drowsy Driving. On September 29, the Joint Committee on Transportation held a hearing on the bill.

Speaking in support of the bill was State Senator Richard Moore, the bill's author, noted sleep scientist Dr. Charles Czeisler, and Amy Huther, whose fiance Robert Raneir died in an accident caused by a drowsy driver.



Dr. Paru Patrawalla, PGY 3, Internal Medicine, Boston Medical Center.

Also joining the panel on behalf of CIR was Delegate Paru Patrawalla, MD, a PGY 3 in Internal Medicine at Boston Medical Center. Dr. Patrawalla testified that CIR supported previous speakers in recognizing the significant and compelling evidence that driving while drowsy poses a serious public safety problem that the legislature should address. She went on to describe the difficult position that the proposed legislation puts the state's 3,000 resident physicians in, who are compelled by their hospitals to work 24-30 consecutive hour shifts and 80 hour work weeks.

"I challenge you," said Dr. Patrawalla, "to find a resident who hasn't fallen asleep at the wheel, who hasn't had a fender-bender. I know many, many colleagues who have had serious car accidents."

She called on the Transportation Committee to also support proposed legislation that would begin the process of regulating resident work hours in the state under the purview of the Department of Public Health.

Finally, CIR called for the DWD legislation to hold teaching hospitals liable for requiring the long hours that they do. Referring to UMDNJ's solution to require residents to sleep at the hospital after they are post-call, Dr. Patrawalla said, "Imagine a bar owner requiring patrons to consume drink after drink and then telling them – in their impaired state that they must either sleep it off in the bar or leave their car there and get home some other way — and then come back in a few hours to start all over again!

"This analogy is not farfetched," added Dr. Patrawalla, "as sleep scientists agree that after 24 hours of wakefulness, cognitive function deteriorates to a level equivalent to having a 0.1% blood alcohol level – significantly above the legal driving limit."

PHOTOS: BILL BURKE/PAGE ONE PHOTOGRAPHY; SANDY SHEA/CIR.

The Impaired State: You Don't Know It When You're In It

"When we asked the subjects [Anesthesia residents] if they thought they had fallen asleep during the MSLT [Multiple Sleep Latency Test], only half gave the answer that corresponded with the EEG data. Among those who thought they had stayed awake, 68% were wrong. These findings have been reproduced elsewhere and raise important concerns in the complex environment of health care. Individuals have little ability to determine how sleepy they are or if they have fallen asleep. This may make them more likely to perform a critical task when they are not prepared or less likely to use a countermeasure strategy to improve alertness."

Steven K. Howard, MD

Department of Anesthesiology, Stanford University School of Medicine
Patient Safety Center of Injury, Veterans Affairs Palo Alto Health Care System Lecture, Baylor University Medical Center, 11/17/04

NEW CONTRACTS IN TI

ST. JOHN'S EPISCOPAL FAR ROCKAWAY, NY

A line in the sand against health care givebacks

"Fighting for just treatment was, and is important," said Dr. Michele Coleman, a PGY 1 in Osteopathic Medicine at St. John's Episcopal Hospital South Shore in Far Rockaway, NY. "I wanted to make sure that our health insurance is paid for, and that our salaries are on par with other hospitals," she said.

For Dr. Coleman and the rest of the 135 residents, those two issues were paramount. "We started our negotiations in September of 2004," said Dr. Abhijit Adhye, CIR delegate and a PGY 3 in Internal Medicine. It took so long, "because the hospital said they would only pay a 3% increase in health benefit costs, and that residents should pay more out-of-pocket increases. So right from the beginning, this was about health benefits," he said.

"We couldn't give up on our health benefits, because if they had gotten us to pay part of the costs, the next hospital that negotiates with CIR would ask for an even bigger percentage to be paid by residents," said Dr. Bogdan Vatra, also a CIR delegate, and a PGY 3 in Internal Medicine. Any raise gained would quickly evaporate into increased benefit costs.

"It took a full year to get a contract, and we had to do informational picketing and a petition that we delivered to administration. It was my first time walking a picket line, and we all felt like we really did something," Dr. Adhye said. "Almost everyone in the hospital – nurses, aides, 1199SEIU members, wore our 'Fair Contract Now' badges and told us, 'We're supporting you.' They joined us on the picket-

An informational picket at St. John's Episcopal Hospital.

line, and so did City Councilman, James Sanders, Jr.," Dr. Adhye said. The lunchtime informational picketing on August 19, 2005 was covered by a local newspaper.

The new three-year agreement was ratified September 30, and includes an immediate 2.5% increase in salaries that is retroactive to September 1, 2005, followed by a 3% increase on September 1, 2006, and a 3.5% increase September 1, 2007.

While the increased cost of health benefits was the most contentious issue thoughout negotiations, at the 11th hour, administration tried to abolish CIR standard contract language regarding due process rights, and take away the 7 ½ month advance notification for non-renewals. Residents held firm against those demands, and were able to prevail at the bargaining table. "There's always room for improvement (in a contract), but for right now, we did the best we could," Dr. Coleman said. The contract expires on the same date, October 31, 2007, as nearly all other New York CIR contracts, a key to building unity among all chapters in the area.

INTERFAITH BROOKLYN, NY

Equalizing salaries and maintaining health benefits

"I was already working on this contract right from the time I became a delegate," said Dr. Chijoke Ogbu, a PGY 2 in Internal Medicine at Interfaith Medical Center in Brooklyn, NY. It was almost two years of work, he said, and was well worth it in the end, with a commitment by the hospital to cover the increased costs of the benefits package, and a strong and equitable contract that brings up the rates of PGY 1s and 2s, who were paid at significantly lower rates than other PGY years.

The contract delivers first raises of $1,970 to all 93 residents at all PGY years, retroactive to September 1, 2005; an additional raise of $1,375 to all PGY levels effective September 1, 2006; and another raise of $1,600 to all PGY levels, effective September 1, 2007. There are no increased costs to residents for their health benefits. In addition, there are improved reimbursements for Board Review courses and increases to the Chief Resident differential.

"We used some unorthodox methods," Dr. Ogbu said. "We met with Bishop Walker (the Chairman of the Board of Interfaith) at his home, we held informational picketlines, and had nearly 100% of residents come out. We had support from all the other staff [members of NYSNA and 1199SEIU, including nurses, technicians, janitors, and food service workers]; we took out an ad in

CIR Benefits Plans Release Annual Reports

Every year, CIR updates and publishes the financial reports on the five benefit Plans provided to members. Four of the Plans have reported audit results for December 31, 2004. The Professional Educational Plan, which has a June fiscal year end, has presented the audit results for June 30, 2004. All of the funds have received an unqualified (or clean) opinion from the auditors and each of the funds has made available all of the records to the auditors.

Summary Annual Report of the Public Sector:

House Staff Benefits Plan
Legal Services Plan of HSBP
Professional Educational Plan of CIR

This is a summary of the annual report of the **House Staff Benefits Plan** of the Committee of Interns and Residents (HSBP), Federal Identification Number 13-3029280, for the year ended December 31, 2004. The annual report has been filed with the Internal Revenue Service. The Plan is not required under the Employee Retirement Income Security Act of 1974 (ERISA) to release financial information, but elects to do so for the information of the participants.

The Board of Trustees has committed itself to pay accidental dismemberment, optical, newborn benefit, outpatient psychiatric, short term disability, supplemental major medical, supplemental obstetrical, hearing aid, prescription drug, childbirth education, smoking cessation and conference reimbursement.

Insurance Information

The HSBP Plan has contracts with Aetna to pay all dental claims and with Prudential Insurance Company of America for life insurance claims under the terms of the Plan. The total payments paid and accrued for the plan year ended December 31, 2004 were $1,366,877 in Dental Insurance to Aetna and $327,884 to Prudential for Life Insurance.

The Plan has a contract with The Guardian to process and pay long-term disability benefits and The Guardian was paid $276,985 for the year ended December 31, 2004.

The value of the Plan assets after subtracting liabilities of the Plan was $5,531,584 as of December 31, 2004 compared to $5,157,771 as of December 31, 2003. During the year, the Plan experienced an increase in net assets of $373,813. This increase included both realized and unrealized gains and losses on securities.

During the year, the Plan had total income of $3,918,545, which included employers' contributions of $3,812,621, interest on investments of $94,537, COBRA receipts of $23,628, investment losses of ($22,547) (realized and unrealized), and $10,306 in insurance dividends.

Plan expenses were $3,544,732. These expenses included $2,963,439 in benefits paid (to participants and beneficiaries or on their behalf) and $581,293 in administrative expenses

Legal Services Plan of HSBP

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

The House Staff Benefits Legal Services Plan ended December 31, 2004 at a deficit of ($153,808), (liabilities exceeding assets). This was a deficit increase of $12,404 over the prior year. During 2004 total employer contributions were $239,278 (with $1,289 in other income) and total costs were $252,971 ($188,068 in benefits and $64,903 in administration expenses.)

Professional Educational Plan (PEP) of CIR

This plan reimburses up to $600 per year to members for licensing exams, video and audiotapes and certain other job related expenses.

The Professional Educational Plan of CIR (Federal Identification Number 13-4071468) ended the June 30, 2004 fiscal year with a surplus of $1,601,949 (assets exceeding liabilities). During the fiscal year ended June 30, 2004 the plan reported an operating deficit for the year of ($224,606). Total employer contributions, were $905,440, investments netted to a net loss of ($2,644), and total costs were $1,127,402 ($980,746 in benefits and $146,656 in administration expenses.)

Summary Annual Report of the Private Sector:

Voluntary Hospitals House Staff Benefits Plan
Legal Services Plan of VHHSBP

Voluntary Hospitals House Staff Benefit Plan

This is a summary of the annual report of the **Voluntary Hospitals House Staff Benefits Plan** of the Committee of Interns and Residents, Federal Identification Number 13-3029280, for the year ended December 31, 2004. The annual report has been filed with the Internal Revenue Service as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees has committed to pay for insurance costs (listed in the next section) and for optical claims incurred under the terms of this plan.

Insurance Information

The Plan has contracts with Aetna to pay all dental claims and with Prudential Insurance to pay all life insurance and accidental dismemberment claims. In addition, coverage is secured with United Healthcare to pay medical, basic medical surgical and major medical claims incurred under the terms of the Plan. The total premiums paid to United Healthcare for the Plan year ended December 31, 2004 were $13,722,680. The plan will receive a United Healthcare dividend in the amount of $936,561 because of favorable claims experience during 2004.

The VHHSBP plan paid $933,046 to Aetna for Dental Insurance and $311,373 to Prudential for Life Insurance for the year ended December 31, 2004.

The plan paid Guardian Insurance to process and pay long-term disability benefits. In 2004, $250,412 was paid to Guardian for long-term disability. The long- term disability plan became effective on April 1, 2000.

Basic Financial Statement

The value of the Plan (assets less liabilities) was $9,625,558 as of December 31, 2004, compared to $9,903,043 for the prior year. During the year the Plan experienced an operating deficit of ($277,485). The fund records all securities at market value and records any unrealized gains or losses on securities.

During the year the Plan had a total income of $14,774,938 (excluding the insurance dividend listed below), which included employers' contributions of $13,828,745; COBRA receipts of $438,741, and $269,806 as interest income (from Investments and from delinquent employer contributions). In addition the fund made $237,646 on Investments (realized and unrealized) on securities held. The Insurance Section, just above, details the dividends paid as a result of favorable claims experiences in both medical and life insurance claims, in the amount of $936,561.

Plan expenses and benefits were $15,988,984. These expenses included $589,853 in administrative expenses and $15,399,131 in benefits paid to participants and beneficiaries or on their behalf.

Legal Services Plan of VHHSBP

The plan covers certain basic legal services for the members. The Federal Identification Number is 13-3029279. Effective for 2004 the Legal Services Plan of VHHSBP and the VHHSBP file combined tax returns but issue separate financial statements.

The Legal Services Plan of VHHSBP ended the year with a surplus of $45,185, an increase of $21,522 from the prior year's surplus of $23,663. During 2004 employer contributions were $311,796 and costs were $290,274 (benefits of $262,527 and administration expenses of $27,747).

Participant's Rights to Additional Information

Any participant in any of the above-mentioned plans has the right to receive a copy of the full annual report or any part thereof on request. The items listed below are included in that report:

- an accountant's report;
- assets held for investment;
- fiduciary information, including transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan);
- transactions in excess of 3 percent of plan assets; and
- insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report of any plan or any part thereof, write or call the Benefits' Plan Office, 520 Eighth Avenue, Suite 1200, NY, NY 10018, (212) 356-8180, Attention: Plan Administrator. There will be a nominal charge to cover copying costs for the full annual report or for any part thereof.

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

Any participant also has the legally protected right to examine the annual report of any plan at Benefits Plans Office (520 Eighth Avenue, Suite 1200, NY, NY 10018, (212) 356-8180) and the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to Public Disclosure Room, N 4667, Pension and Welfare Benefit Programs, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, D.C. 20216.

ME FOR THE NEW YEAR

a local newspaper, and we had members give out a hospital survey. We didn't give up," Dr. Ogbu said. "We did everything to win our contract."

A final marathon negotiating session on October 20, 2005 led to the breakthrough residents were looking for. "I want to thank all my seniors, who as part of CIR began the negotiating process in 2003," said Dr. Iqbal Binoj, CIR delegate and a PGY 2 in Internal Medicine. "There was a span of delegates and resident members who have contributed vastly to the benefits and protection of resident rights at Interfaith," he said, noting the contributions of each, which included a "numbers wizard who could sift through the mathematics in nanoseconds; a flamboyant cowboy with a 'let's go to war' attitude; a rock-solid team player," and another who could "cut through the confusion and bring order to chaos."

"All this would not have been possible," Dr. Binoj said, "without the great solidarity of all residents, who came to the picketlines in cold winds and hot sun, and brought these negotiations to a conclusion." For Dr. Ogbu, who was a member of a residents' union in Nigeria, being on a picketline at Interfaith "was exciting – we were involved in bettering people's situations. In Nigeria, when we attacked the government's policies and corruption, they would come at us with guns. Here, it is less stress, we have freedom of speech. This is what we aspire to back home."

Dr. Iqbal Binoj, a CIR delegate at Interfaith, addressed residents and supporters.

NORTH GENERAL MANHATTAN, NY

Solid contract follows campaign

For the 50 housestaff at North General Hospital in Manhattan, ratifying their new contract on November 2, 2005 was a relief after nearly a year of negotiations. "Overall, people are pleased with the new contract, and pleased that negotiations are over," said Dr. Monica Broderick, a PGY 3 in Psychiatry and CIR delegate. For fellow CIR delegate Dr. Felix Agbo, a PGY 2 in Internal Medicine, "it was my first time at negotiations, and it was good to have the skills and knowledge of our CIR staffperson, who is very experienced in this terrain." Dr. Agbo said that without that expertise, he doesn't think residents would have come away with raises of 3% each year of the three-year agreement, and no givebacks in health benefits. Other gains include increases in payments for board review courses and board exams.

Getting their contract involved a lengthy campaign with walk-ins to the president of the hospital's office, and petitions signed by housestaff and 1199SEIU delegates stating residents' needs. CIR was set to picket North General's gala fundraising dinner when the breakthrough at the negotiating table was reached. Housestaff and 1199SEIU members, who represent all other union employees at North General, wore "Contract Now!" buttons, stickers and even gala-style bowties to keep their campaign visible.

ST. MICHAEL'S NEWARK, NJ

Negotiations yield quick results

Drs. Kate Hanify and Bernie Walters at St. Michael's ratification.

After two months of negotiations, 88 CIR members at St. Michael's Medical Center in Newark, NJ, were able to reap the rewards of their labor on November 3, 2005 when they ratified a solid three-year agreement that not only increased their salaries, but also resolved residents' top concerns.

The contract was negotiated on October 31, 2005, prior to the expiration of the previous agreement, without benefit of ghosts, goblins or ghouls. It includes 3% increases on January 1st of each year of the agreement, as well as additional increases of $300 for PGY 5s, $600 for PGY 6s, and $900 for PGY 7s each year, "because their salaries had flattened out," and reflected no increase over previous PGY years, explained Dr. Kate Hanify, a CIR delegate and negotiating committee member who is a PGY 2 in Internal Medicine at St. Michael's.

"We improved our health care coverage, with direct access, (a PPO plan), instead of managed care. All other staff at the hospital had the ability to choose direct access but residents, and this was important to us," Dr. Hanify said. Other important gains included a doubling in the book allowance from $350 to $700, major improvements to the monthly meal tickets, (which previously only covered meals when residents were on-call), a quarterly forum for addressing patient care concerns and 20 additional parking spaces dedicated to residents.

"Administration was really trying to do good things and approached us in a good spirit," Dr. Hanify said. "It was not hostile, and it worked out pretty well for everyone. I don't think we could have done it on our own," she said, "without CIR staff there to help us – I didn't know how to negotiate a contract, and wouldn't have had the time to research what residents in the state are paid, what the standards are. You need assistance from CIR staff, and you need to get as many residents to come to negotiations as you can. All our negotiating sessions were open to any members who wanted to come, and we were really well-represented," she said. "I think that there will be changes at the hospital as a result of our negotiations – we set a good precedent, and opened up a new dialogue for future discussions."

KINGSBROOK BROOKLYN, NEW YORK

Team work, patience win the day

"I am very relieved that we finally settled," said Dr. Stephen Wade, CIR delegate and a PGY 3 in PM & R at Kingsbrook Jewish Medical Center, in Brooklyn, NY. "This was a very long negotiation, about a year, and we are all glad it is over, and are proud of the result," he said, speaking for all 85 residents and house physicians at the hospital.

Getting to that happy ending took time, creativity and cooperation. CIR members held an informational picket during the summer, walked in on their CEO's office in the fall, and were planning more actions just prior to the pre-Thanksgiving settlement. The contract was ratified unanimously on November 23, 2005.

CIR Delegate Medhi Salemi, MD, a PGY 2 in Internal Medicine said that "It's a very good contract. We have salary increases of 3% each year for three years, plus a good bonus ($400 for PGY 1s, and $1,000 for all others)." Other gains in the contract include an increase in $300 in the medical equipment allowance, which will now cover PDAs, $10,000 per year in the Patient Care Fund, introduction of new language to allow residents to make voluntary contributions to the union's Political Action Fund; and an agreement that if Kingsbrook acquires another hospital, any residents at that hospital will also be CIR members.

"The important thing for negotiations is persistence," Dr. Salemi said. "If you don't like what they offer, insist on something that you want. We went back and forth with hospital management and the CEO and finally, they agreed." Dr. Wade agreed, emphasizing that, "this just goes to show that if you work as a team and have patience, you can accomplish your goals. Thanks to everyone involved, including CIR staff who worked really hard on this one."

Kingsbrook housestaff hand out leaflets near the hospital.

PHOTOS: PHIL ANDREWS/CIR; ARSENIA REILLY/CIR; AND PAT FRY/CIR.

Advocating for Patient Care in California:

CIR Makes a Difference in the Golden State

CIR delegates Lian Chien and Regina Edmond at King/Drew rally.

At King/Drew Medical Center in Los Angeles, and the Stanislaus County Family Practice Program in Modesto, CIR members have been alerting the public to what cutbacks will mean, and trying to limit their impact on the patients they serve.

On November 16, 2005, CIR members, along with about 250 nurses, hospital staff and community supporters rallied at King/Drew to press the L.A. County Board of Supervisors for a stronger commitment to keep the hospital open. Empty chairs with the five supervisors' names were set up on stage to show their absence. An aide to Supervisor Brathwaite Burke told the crowd the board is trying to improve the hospital.

Further north, CIR members who work at the Stanislaus County Family Practice Program in Modesto gave testimony this fall in public hearings on proposed cuts to county outpatient clinics. "We provide vital and necessary services for patients who would otherwise fall through the cracks in our medical system," Rei Young, DO, a PGY 1 in Family Practice testified. "These services play a vital role in keeping our patients out of the Emergency Room," said Dr. Zita R. Latona, a PGY 2 in Family Practice. "Prices for care are much higher in the Emergency Room, and the burden will ultimately fall on the community to absorb the higher cost," she said. Her colleague, Dr. Brian Honbo, a PGY 3 in the Family Practice program testified that, "I treat patients with diabetes, coronary heart failure, hypertension and chronic lung problems… I am concerned because I have not been given any notice on how to refer patients to other services once we have eliminated services here."

United, Making a Difference

On October 1, 2005, CIR delegates held the second annual statewide meeting in Los Angeles to strategize and learn how to build better chapters, better leaders and a better state for California. The event was themed around the Special Election called for November 8 by Gov. Arnold Schwarzenegger, and defeating the propositions that would have harmed California's health care system and working people. CIR delegates kicked off their effort by signing *Vote No!* pledge cards, and prepared for departmental meetings in their hospitals to mobilize housestaff for the upcoming election. On November 9, CIR and other unions were much relieved when the Governor's ballot proposals were all shot down at the polls, in an outright repudiation by voters of his attempts to silence union's voices on issues, and give himself greater say in funding decisions.

Dr. Rex Greene, founder of a Southern California housestaff union during the early 1970s, was a keynote speaker at the meeting, and shared his early history of resident organizing. CIR Vice Pres. Gina Jefferson, MD, presented him with a plaque honoring him for his dedication and lifelong commitment to social justice in health care.

Left: Dr. Zita Latona and other CIR members testified at public hearings against proposed cuts to Stanislaus County's clinics; Right: (From left to right), Delegate Chi Lee, CIR S. Calif. Vice Presidents Paola Sequeira and Gina Jefferson, and Delegate Tom Davidson at the California statewide meeting strategize ways to create stronger chapters, leaders, and improve health care statewide.

Jackson Memorial, Miami, Fla.

Tough Negotiations Underway

Negotiations began in August for a new contract to cover the 1,000 housestaff at Jackson Memorial Hospital (JMH) in Miami, Fla. On September 30, 2005, the hospital's new management placed a half page ad in the *Miami Herald* stating it was "taking the high road in negotiations." What they meant came clear during the opening session. Management announced its intention of relieving financial distress through cutbacks to all employees, including housestaff. Among administration demands are:

- Salary freezes for two years at 2005 levels;
- Delete pay supplement which is currently $50.00 bi-weekly;
- Reduce chief residents' pay;
- Eliminate housestaff pull-pool coverage (in which housestaff are compensated for extra on-call shift);
- Reduce meal cards and professional reimbursements; and
- Eliminate the CIR Patient Care Fund.

"Despite tough economic times, we have won good contracts at Jackson Memorial Hospital in the past, and have no intention of accepting concessionary proposals now," said CIR Fla. Vice Pres. Zachary Pearson-Martinez, MD, a PGY 5 in Pediatric Cardiology. "In coming to JMH, housestaff have chosen to be part of the public health care system providing for Miami-Dade's most vulnerable residents. Hospital administration's attempt to shift system-wide inefficiencies and inadequate budgetary requests onto dedicated public servants is both short-sighted, and unfair. We are seeking compensation and protections in line with other county employees, and we will negotiate aggressively towards these aims," Dr. Pearson-Martinez said.

If CIR and JMH administration cannot reach an agreement, both parties can agree to go to non-binding, neutral, third-party "special master" proceedings, or housestaff can appeal to the County Commissioners to resolve the matter. Agreement will be reached through normal negotiations, or these additional means. During the negotiations process, housestaff participation is critical. Get involved by contacting your CIR staff person or delegate and volunteer to help your CIR leadership.

A Voice on the Job

At San Francisco General Hospital, CIR's First Annual Patient Care Fund Bake Sale, held in early November, was a huge success. The goal was to make everyone at the hospital aware of what the fund does, solicit ideas for projects, and enjoy cookies and cake as part of the process. Patients, hospital staff and residents all came up with creative ways to better serve patients and improve their experience at SFGH.

In Los Angeles, the 1994 Northridge Earthquake necessitated massive structural improvements to LAC+USC Medical Center, and County Supervisors voted to replace the existing building with a new hospital. The $820 million project broke ground in 2002, and is now 60% complete. It will be a state of the art hospital with all the latest technology, but fewer inpatient beds – from its current 1,300, the final building will have only 600 beds. Despite the downgrade in number of inpatient services it will necessitate, it is expected to improve operational efficiencies, provide uninterrupted emergency room and trauma services following a significant earthquake, and continue to provide excellence as a teaching facility. Resident physicians at LAC+USC are mobilizing to ensure that all ACGME requirements are included in the floor plans of the new hospital.

A cupcake for your thoughts: Medical student Jeffrey Panzer, with housestaff Saskia Vanderwaal and CIR Delegate Isabel Lee, rewarded great ideas for SFGH's Patient Care Fund with sweet treats for all who pondered new ways to use the fund to better serve patients.

PHOTOS: AMY HALL/CIR; NIC RAMOS/CIR; AND KELLY GRAY/CIR.