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"We're Joining to Make Improvements for Our Patients"

HOUSESTAFF AT THE UNIVERSITY OF NEW MEXICO HOSPITAL JOIN CIR



Drs. Jose Sterling, Libby Watch, John Ingle and Brian Johnson enjoy the victory following the UNM vote count.

CIR's newest chapter was formed in the high desert of Albuquerque, New Mexico, following a vote by a greater than two-to-one margin on January 31, 2007.

With 497 interns, residents, and fellows in 17 different departments at UNM Hospital, there are many different reasons for wanting to form a union, but the most oft-cited one is to make a difference – for patients, and for improved house-staff working conditions.

"Residents put in more hours than anyone else – each resident is doing over an 80-hour work week – and we would like to have a say, a seat at the table, like adults," said Dr. Gilbert Esser, a PGY 1 in Psychiatry. "I'm here at the hospital from 7 AM until 5 – 7 PM. We're the first line of defense when patients come in – we see the problems and how things are managed. We have a lot of information and the hospital could benefit from our input."

For more on this story, see centerspread pages 4-5.



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Page One Photo: Amy Hall/CIR

President's Report

SIMON AHTARIDIS, MD, MPH

CIR Milestone: 50 Years

Fifty years ago, a group of New York residents came together during a moment of shared clarity and conceived of the idea that residents could and should have a voice in the workplace and in addressing the health needs of our patients.

These residents worked, organized, and agitated, and nine months later, the Committee of Interns and Residents was born, a healthy union at 9 lbs, 3 ounces (or 600 members, however you choose to count). In one year's time, they had a first contract that covered 2,000 members.

It's not everyday that a resident union turns fifty. How do you celebrate it? A birthday cake, candles, a gathering of people who shaped and changed us, reflections on past accomplishments, a moment spent envisioning our next steps, and perhaps a screening colonoscopy?

This May, we will officially recognize 50 years of resident leadership and organizing at our annual convention. This celebration will include much of what was just mentioned (except the colonoscopy).

Over the past 50 years, generations of residents and their patients have benefited from the work of CIR in both patient care and resident advocacy. We have grown to become a 12,500 member-union affiliated with SEIU, a 1.8 million strong union.

As we have grown and matured, we have broadened our focus considerably. Though negotiating contracts at the local level is still one of the core activities that we perform, we have also become increasingly involved with graduate medical education and health reform.

We have just begun to get involved at an international level, meeting with resident organizations in Canada, the United Kingdom, New Zealand, and Australia to learn from our differences, and work together to tackle our common problems. We are doing this with the goal of improving patient care and resident working conditions.

CIR just went through another growth spurt with an organizing victory at the University of New Mexico, a very welcome addition to the CIR family. I spent a few days out in New Mexico during the organizing campaign, and took note of the fact that former CIR members, when they travel to other programs for more advanced training, are our best advocates. In the New Mexico campaign we had terrific former CIR members who joined with other UNM resident leaders to make the campaign a success. We are very excited about our latest addition to the CIR family, and hope that we will



soon have others.

As we look ahead to the next 50 years, it has become apparent that growth will be a high priority. Residents deserve to have the rights that CIR can bring them. Furthermore, as we grow we can do more, and have a greater impact on the things that matter.

CIR has established itself as a leader in understanding the effects of work-related fatigue. We will continue to press for innovative ways to keep patients and residents safe. This will involve working with groups that have a direct role in implementing safety recommendations and regulations.

It has also become apparent that CIR will need to be more involved in protecting safety-net hospitals and the communities they serve. We will

work hard to turn back current proposals calling for massive and thoughtless cuts to already strapped institutions. In the past, CIR won major victories in protecting our hospitals in California and New York from massive cuts, but there are new budget threats looming at both state and federal levels. We will continue to find new ways and develop new relationships to help protect our hospitals and the communities they serve.

Certainly a top priority for future CIR residents will be to become

"Over the past 50 years, generations of residents and their patients have benefited from the work of CIR."

increasingly involved in the fight for universal health care. It is clear that we need broad and sweeping reform. The U.S. stands alone among developed nations in not providing some form of universal coverage. Forty-six million Americans are uninsured, and their numbers continue to grow. CIR will join forces with our allies to push for health reform that allows us to give our patients the health care they deserve. Let us hope that when we come together for CIR's 75th anniversary, we will be able to celebrate and take pride in the hard work of residents that helped to end this crisis.

Notice of Election of CIR National Officers

POSITIONS TO BE FILLED:

President

Executive Vice President

Secretary-Treasurer

Vice Presidents:

- Florida.....1
- Massachusetts.....1
- New Jersey.....1
- New York.....5
- Northern California.....1
- Southern California.....2

TERM OF OFFICE

One year, commencing with the election at the 2007 National Convention and ending on the next election date.

ELIGIBILITY REQUIREMENTS

Members in good standing, who will be serving as housestaff officers at a member institution for the next residency year shall be eligible to stand for election as officer. In addition to such persons, housestaff officers in good standing at a member institution for the current residency year, or a housestaff

officer in good standing who is serving as a full-time officer of CIR during the year preceding the election, shall be eligible to stand for election as officer, but in no event shall service as officer commence or extend more than two years after separation from a housestaff program. No person may run for more than one Executive Committee office.

NOMINATION PROCEDURES

Nominations are to be made by petition signed by two delegates, which must be received in the CIR National Office at 520 Eighth Avenue, 12th floor, New York, N.Y. 10018 prior to May 8, 2007.

CAMPAIGN PROCEDURE

Officer elections will take place on Sunday, May 20, 2007, at the National Convention. Only delegates, and alternates who are replacing delegates who are not in attendance at the National Convention, are eligible to vote.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE CIR NATIONAL OFFICE AT 1 (800) CIR-8877.

Ways to Reform our Nation's Health Care

CIR and SEIU add our voices to the debate

There is a growing recognition that the American health care system is broken and in need of reform. "With over 46 million uninsured in America – and that number steadily growing – there can be no doubt that we need major change," said Dr. Luella Toni Lewis, CIR New York Vice President. CIR's Executive Committee passed a resolution in July 2006 highlighting the crisis in health care, and committing CIR to a wide-ranging discussion among our members on ways to achieve universal access.

Fixing health care has come to the top of everyone's political and policy agenda, whether Democrat or Republican, union leader or corporate CEO. Long-time adversaries, such as the Service Employees International Union (SEIU), CIR's national affiliate, and Wal-Mart held a joint press conference on February 8, 2007 to talk about the crisis.

We are at a unique moment in time, because everyone recognizes that the status quo on health care is not sustainable.

Health care reform will be among the top issues in the 2008 presidential election. With a growing segment of the public favoring some sort of universal access and single-payer solution, we may now be

closer than ever to realizing major health care reform. Not content to wait for federal action, states have already begun to address the problem.

Massachusetts embarked on a plan to provide universal coverage by expanding benefits and eligibility for state-subsidized care, requiring all residents to buy insurance, and providing additional subsidies to those who can't afford to do so. Employers who don't offer plans are taxed to cover their employees. California is looking at similar proposals, and many other states are studying programs to expand coverage.

CIR members have been working on issues of access to care for many years. In New York, CIR members spent the past year testifying and lobbying to fend off cuts by a state commission that threatened safety net institutions. While successful on that score, there are now new threats looming, from newly-elected Governor Eliot Spitzer, and from President George W. Bush's plan to cut federal funding. If both sets of cuts were to go through, the result would be devastating to New York's health care system, including graduate medical education, which is specifically targeted in the federal plan.



CIR leaders in NY at a rally to save safety net hospitals are, from left to right, Drs. Rasheed Yakubu, Nichele Nivens, Karen Morice, and CIR NY Vice Pres. Luella Toni Lewis.

New Jersey recently set up a similar commission to New York's, which is fast-tracking a decision on how to cut health care costs throughout the state for a June 1, 2007 deadline; at the same time, legislators are hoping to introduce bills for universal access in the state.

In California, CIR members from the northern and southern regions have been advocating successfully for their county hospitals for years, including passage of legislation to extend health insurance coverage to more Californians. At a February 21, 2007 statewide meeting, (photo, left) CIR leaders strategized about how to improve access to care throughout the state. "Elected officials need to hear our stories about caring for the uninsured and underinsured in California," said CIR Delegate Anje Van Berckelaer, a PGY 3 in Family Medicine at Harbor-UCLA Medical Center in Torrance, Ca. "We all have stories of patients whose diagnoses could have been prevented if they had access to primary care. Over the past few years, we have worked hard to pass legislation, including a bill for universal access, but each

time we faced roadblocks. Now is the right time for CIR members to get involved and have a voice in Sacramento."

SEIU has been activating its 1.8 million members to play a role for greater access on both the state and

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 "We all have stories of patients whose diagnoses could have been prevented if they had access to primary care."

Dr. Anje Van Berckelaer
 PGY 3, Family Medicine
 Harbor-UCLA Medical Center

national levels, to come up with new ways to increase access so that everyone has the right to quality health care.

Want to play a part in the national debate to expand access? Contact your CIR staffer and begin discussions with colleagues now.



California CIR leaders strategizing for increased access are, left to right, Drs. Peter Kim, Antonio Beltran, Alice Cheung, Anje Van Berckelaer, and Monique Phan.

Sharing the Love & Respect at Jackson Memorial

Housestaff Celebrate 6th Annual Appreciation Day

It's always nice to be appreciated for what you do – and CIR members at Jackson Memorial Hospital in Miami, Fla., got to enjoy that warm, fuzzy feeling...and barbeque, too, on a sunny day – February 8, 2007 – at the 6th Annual Housestaff Appreciation Day sponsored by the Committee of Interns and Residents.

"This is a day that we thank resident physicians for all the hard work they put in every day. Housestaff Appreciation Day has been proclaimed by the Miami-Dade County Office of the Mayor and County Commissioners every year

since 2002," said CIR Co-chair Dr. Seema Chandra, a PGY 4 in Med-Peds, as she introduced speakers at the event. "As well as being a celebration, this is also a chance for residents from many different fields to meet," Dr. Chandra said. "We have over 300 housestaff attending this year, as well as leaders from our sister union SEIU 1991, AFSCME, and hospital administration."

Right: CIR delegates enjoying Housestaff Appreciation Day at Jackson Memorial Hospital this year included, from left to right, Drs. Anibal Loza, CIR Co-chair Janetta Cureton, Neil Pasco, Alex Llanos, CIR Co-chair Seema Chandra, and Sergio Badel.



MAKING A DIFFERENCE

CIR's newest chapter hits the ground running...



CIR Vice President Dr. Nailah Thompson paid a visit to UNM and met with Dr. John Ingle and other UNM housestaff. She discussed residency issues and shared some of her own experiences with how CIR works in her residency program at Highland Hospital in Oakland, CA.

Continued from Page One

Issues, Strategies and Goals

“Forming a union is a big step forward. This was the best way to get a voice for residents,” said Dr. Jose Sterling, a PGY 4 in General Surgery, and the chair of the Resident Council. “There were a couple of main issues here – the change in health benefits, which would have drastically increased premiums for residents with families – that was a big driving force for the change. It made us realize that residents didn’t have enough representation. We need

the hospital overall. New Mexico is medically underserved – there is so much you can do here if you want to help people. We’re a county hospital, so we turn nobody down. If someone needs care and it’s an emergency, we treat them.” As a Level 1 Trauma Center for the state, Dr. Sterling said, residents come to UNM because they share a sense of mission about providing care to the un- and underinsured. “But we need more financial support from the state legislature.”

Being able to share their concerns about patient care needs with legislators, who are in a position to make decisions that ultimately affect the hospital’s bottom line, was a motivator for Dr. Watch, too. “I think a union gives us power in numbers to talk to the legislature about our patients...it’s not about taking money away from our patients, but about getting more for patient care,” she said.

Another key issue she mentioned is ensuring that patient care remains a top priority. “We’re building a new wing to our hospital, and I want to make sure that resources are used for patient care, and not just the economic success of the hospital.”

.....
“Change is always a scary thing, but the core group of residents here at UNM are working for things that are not selfish – things that would improve the hospital overall.”

**Dr. Jose Sterling,
 PGY 4, Surgery**

someone who can help us to negotiate, and that’s where CIR came in.”

The Resident Council took an active role in meeting with residents and the administration on the issue. “Premiums were raised so high – they were doubled – that people couldn’t afford them, especially the family premiums,” said Dr. Libby Watch, a PGY 5 in Surgery.

Following successive meetings with their GME committee, and a petition signed by residents, they succeeded in putting a halt, for now, to the increased premiums to the health benefit plan. “But the administration said they could raise the rates again in the future,” Dr. Watch said. For many, that was reason enough to make the case for a solid contract, negotiated with the protection of union representation, so that gains achieved one day would not be obliterated the next.

Putting Patients First

“Change is always a scary thing,” said Dr. Sterling, “but the core group of residents here at UNM are working for things that are not selfish – things that would improve

.....
“I would love to involve everybody — people who were for a union and people who were against the union — and find the things we can all agree on.”

**Dr. Gilbert Esser,
 PGY 1, Psychiatry**

A Unique Place

The way the decision to form a union came about at UNM was unique in many ways. For one thing, it was not adversarial, as union campaigns sometimes can be. “We never had any animosity between the administration and us,” said Dr. Sterling. “This was not about the ‘kids rebelling against their parents,’ so to speak. There were no secrets. I met with the dean, program coordinators and director, and held meetings with every program, including fellows. If a program director or



Celebrating the CIR victory are (left to right) Drs. Ziad Ismael, Chris Murphy, Charlesly Joseph and Tony Lee.

VOICE IN NEW MEXICO



anyone else in administration wanted to show up for meetings, they were welcome. We made it an open forum — everyone was welcome.”

For John Ingle, a PGY 1 in Otolaryngology, the biggest challenge was dealing with misconceptions that some residents had about unions. “The majority of residents wanted CIR, but some had perceptions about what a resident union is, and were skeptical. They felt that efforts to unionize were selfish in nature. Residents at UNM are compassionate and giving and just want to treat their patients, many of whom don’t have health insurance.”

CIR Experience

For a small group of UNM residents, prior experience with CIR at their previous hospitals gave them the confidence and knowledge to share with their colleagues what CIR can do and, of equal importance, to dispel some of the fears about what belonging to a union could mean for residents.

Dr. Ingle came from a medical school — Boston University — where students work at a CIR-affiliated hospital, Boston Medical Center. “I observed CIR in action, and got to know it quite well. There’s a pretty active chapter at BMC, and I saw big changes in our ancillary services. One of my frustrations with the way the hospital operates at UNM is that residents basically have no say. One of the biggest things is the availability of interpreter services, especially in the Emergency Department. At BMC, we had extensive interpreter services,

and it was primarily because of the CIR contract. So I saw this as something that can be gained. Residents there did question the way things were organized, and worked to change things.”

Other CIR “alumni” included Dr. Christine Chen, a PGY 4 in Nephrology, Dr. Amir Axelrod, a PGY 6 in Cardiology, and Dr. Aidejoi Onime, a PGY 5 in Nephrology. Dr. Chen was a member of CIR at LAC + USC Medical Center in Los Angeles, where she saw gains such as each

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“I think a union gives us power in numbers to talk to the legislature about our patients...”

**Dr. Libby Watch,
PGY 5, Surgery**

.....

Medicine floor having an otoscope, portable ultrasound and ophthalmoscope due to the CIR Patient Care Fund. “I would encourage everyone to get involved in CIR and voice your concerns. It doesn’t take too much time to make a real difference through CIR.”

Dr. Axelrod was previously a resident at Santa Clara Hospital in California, where he saw CIR help deal with the problem of a bottleneck in the Emergency Room, where



Housestaff from CIR’s California chapters put together this welcome for the new UNM chapter.

patients would be stuck while waiting for a bed to open up. “We negotiated a holding area for admitted patients that was supervised by the Medicine Department,” he said.

Dr. Onime was a resident at Harlem Hospital in New York City. In his experience, “CIR was an excellent advocate for us with the hospital and residency program in areas such as work hours, conditions, and work environment, as well as resident contracts and salaries.”

Residents are, as a group, very informed and hands-on. But they’re also among the busiest people on the planet. “As you know, it’s difficult for residents to get involved because we’re overworked, and our primary goal is to become good physicians, not to negotiate all the details and make careers out of that,” said Dr. Sterling. “The people I’ve met from CIR are all great people — supportive, and so good at dealing with residents, who can be grouchy and tired.”

Next Steps

With their election only days behind them, CIR’s New Mexico chapter hit the ground running. On

February 13, 2007, residents met to discuss their next steps, which include forming a negotiating committee, with one delegate and alternate from each department. They are also compiling the results of a housestaff priorities survey. They will soon begin negotiating with the university over their issues.

For Dr. Esser, who hopes to participate in the negotiation process, one of his goals is for that process to involve everyone and bring people together for a common purpose. “I would love to involve everybody — people who were for a union and people who were against the union — and find the things we can all agree on. I want people to present all of our ideas and think critically about the issues.”

CIR’s newest chapter is just beginning. Over time, residents at UNM will use their CIR structure to address needs as they come up in all their individual departments, and as a whole, to advocate for patient care.

Look for more coverage of UNM’s first contract at www.cirseiu.org and in future issues of CIR News.

It's Time for Solutions: AMSA Campaign for Greater Health Care Equity

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

This statement is as true today as it was when it was first said by Martin Luther King, Jr.

Given the stark nature of disparities in US health care based on social and economic factors, it is not surprising that this issue has struck the conscience of members of both CIR and the American Medical Student Association (AMSA). AMSA, a longtime CIR ally on many issues, and the largest national organization of medical students, is dedicated to activism on behalf of health care as a right, not a privilege, and is committed to improving medical training and the nation's health care.

Early this year, AMSA launched a Health Equity Campaign to ignite discussion about both short- and long-term solutions for reducing disparities in health care.

"Physicians are already aware that there are disparities," says AMSA Public Health Justice Coordinator Zachary Ginsberg.



(Left to right) Zachary Ginsberg, AMSA Public Health Justice Coordinator, Dr. Simon Ahtaridis, CIR Pres, and Kirsten Spalding, AMSA Health Disparities Coordinator at a CIR event hosted by the Brown University AMSA Chapter in October.

"What the Equity Campaign does is shift the focus to looking at solutions within the frame of equity. It starts by asking people to think about what a just health care system would look like and then

challenges us to examine our situation to find ways we can infuse solutions into what we do."

Moving Outside the Examination Room

Confronting broad issues like the social determinants of poor health, environmental toxins that make people ill, and lack of access to health coverage requires thinking about factors beyond the traditional sphere of medicine.

"We're looking a lot at poverty, because it is the number one social determinant of poor health," says Ginsberg. In this way, issues of economic and social justice become as important to promoting good health as clinical encounters.

According to the AMSA campaign, subjecting the delivery of health care to market forces has created "a profit-driven 'sick care' system," leaving more than 46 million Americans uninsured. The costs of medical education have also been driven up to unaffordable levels, pressuring young physicians overwhelmed by massive debt to abandon primary care to pursue more lucrative specialties.

"The more that health care professionals are exposed to issues of disparities during their training, the more they'll work to address those issues in the future," explained

Kirsten Spalding, AMSA's Health Disparities Coordinator.

Standing up for Reform

Former AMSA activists like Casey KirkHart, D.O., continue their work on health care disparities once they become CIR members. "As

Problem Solving in Bellevue Hospital's ER

Bellevue Hospital is the oldest public hospital in the country, dating back to 1736. Like Emergency Departments throughout the country, it has its share of violent and sometimes psychotic patients. "At many hours there is only one resident on duty in our ER's Urgent Care Walk-In Clinic, particularly at night and on weekends," said CIR delegate Dan Drukteinis, MD, a PGY 3 in Emergency Medicine at Bellevue. "This can obviously create a dangerous situation. What was even worse was that we had a non-functioning alarm system that Security couldn't hear, so no one would come if a patient became unruly."

"Residents talked about the problem with each other for nearly two years," Dr. Drukteinis said. "Once we involved CIR, it was solved within two months. CIR gave us the organizational structure and pull to get things done.

"A labor-management meeting was held in early October, 2006. Five CIR delegates attended, as did our CIR organizer, and the head of HR and the head of the Security Department," Dr. Drukteinis said. "We discussed the problem and worked out solutions."

Results followed quickly, with "our alarm system repositioned



Dr. Dan Drukteinis, Emergency Medicine physician at Bellevue, shared their solution for making their department safer.

correctly, so Security now hears it and responds immediately. Also, security checks are now done at regular intervals, and an electronic door jam was fixed. Previously, you needed a sensor card to exit, now you can just touch a button and walk right through.

"While safety can never be 100% guaranteed it is much safer now than it was before."

Is Your H-1B Expiring Soon?

If your H-1B status is expiring within the next 6 months, now is the time to begin the renewal process. For members of CIR Legal Services (CIRLS) please contact us at (212) 356-8195 to begin work on your case. If you are not a CIRLS member, you may wish to retain private counsel to start the extension process.

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"As a county facility, my hospital deals with people who have slipped through the cracks. When they come to us, we're forced to address not only the health issues, but all the other issues they're faced with."

Dr. Casey KirkHart,
former AMSA activist,
now PGY 2, Family Medicine
Harbor-UCLA

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a county facility, my hospital deals with people who have slipped through the cracks," says Dr. KirkHart, a PGY 2 in Family Medicine at Harbor-UCLA Medical Center. "When they come to us, we're forced to address not only the health issues, but all the other issues they're faced with. CIR has been able to provide for some of the ways to confront the issues, with the Patient Care Funds being a perfect example."

Seeing CIR as a great collective venue for physician advocacy, he stresses the "need to stand up with other physicians, nurses, medical students, community leaders and our patients and demand reform that reflects our values of health care as a right."

Visit AMSA's Equity Campaign:
www.amsa.org/cph/phjustice

StopPagingMe.com

C'mon, admit it — you've felt that way sometimes, too...

It's 3 AM, you wish you could sleep, but it's not that kind of a night. At a free moment in your schedule, you might want to check out *StopPagingMe.com*, an irreverent website created by a resident (and CIR member, coincidentally) whose goal is to create an online community for all residents.

Britney Spears, Paris Hilton, Lindsay Lohan...and more

The site may draw you in with its lighter side – the *Celebrity Illness* feature, for example, adds a unique perspective not to be found anywhere else on celebrities' health-related dust-ups with the news (Mel Gibson, Paris Hilton, and Fabolous have all had their moments) — but it is also quite serious about providing features that residents need, such as *Open Spots* (residency vacancies), reviews of medical books and reference guides, information on loan repayment programs, gadget reviews (*“What We're Into”*), and other topics that residents are irresistibly drawn to.

It's the brainchild of Jordan Safirstein, currently a sixth year Fellow in Cardiology at St. Vincent's-Manhattan, who is living proof that



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“StopPagingMe unites a wide variety of stuff, and also talks about medicine in a mature way, with a sense of humor... We're like The Daily Show for residents.”

Jordan Safirstein, MD

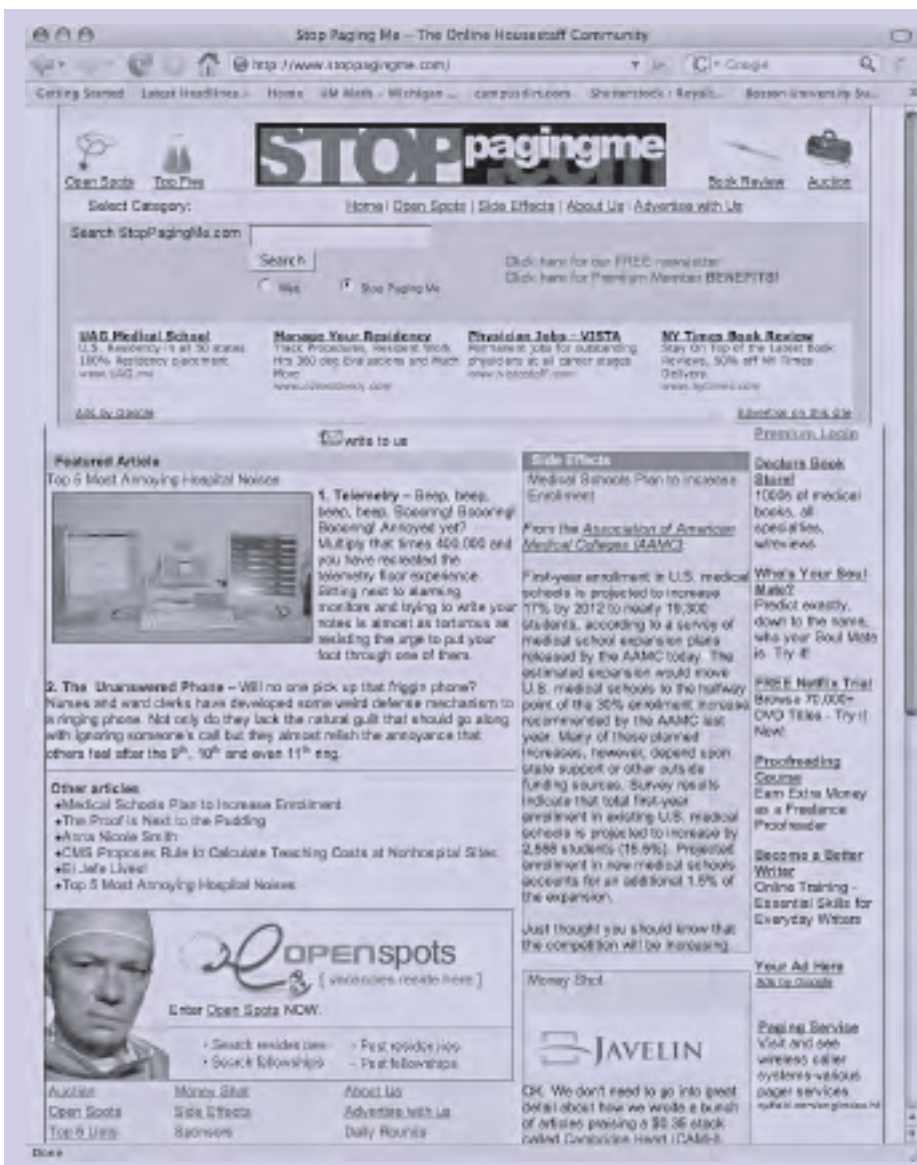


PHOTO: (TOP) CARA METZ/CIR

residency favors those who need little sleep. Not busy enough just being a second year resident, Safirstein created and launched the *StopPagingMe* website, and admits that his wife, Molly, currently a pediatric attending at a nearby hospital, has “issues” with the late night computer hours it takes to keep the content fresh. Safirstein talks a mile a minute, reeling off one idea after another. A skeptic might discount his ability to execute any of them — except for the fact that he has a track record, and actually does accomplish what he sets out to do.

“I want to have a live chat, so residents can talk to each other at any hour,” he said. Another of his ideas is to create an online resource where a large group of professors would donate 10 board questions each, and residents could use that resource in lieu of having to pay \$700 to buy books to study from.

Creating an Online Resident Community

“The original purpose of *StopPagingMe.com* was to create a community for residents,” Safirstein said in a lively discussion with *CIR News*. “All residents have so much in common, no matter where they are. We all draw bloods, do labs, deal with difficult patients, and even if we're in a different state, or in a different specialty, there are so

many things that bind us together.

“*StopPagingMe* unites a wide variety of stuff, and also talks about medicine in a mature way, with a sense of humor. Every medical discussion on the site is fact-checked and accurate. We're like *The Daily Show* for residents,” he said.

Safirstein's ultimate goal for the site is to be able to “hand it over to someone else someday, when I'm no longer in my fellowship, so it could always be sustained as an online community for residents. To be successful, it has to live on after me.”

The CIR Connection

Although not originally a union activist, Safirstein was won over to benefits of CIR and union membership during the recent first contract negotiations at St. Vincent's-Manhattan's (June 2006). “CIR played a very important role in helping me preserve my housing,” he said. “I think you need to get the word out about how CIR helps residents. It's rare for someone to do something nice and altruistic,” he said, which is why he initially didn't trust it. “It's good to know that altruism does exist.”

Coming soon: a CIR column on the *StopPagingMe* website where residents can learn more about CIR: who we are, what we do, and some of the recent accomplishments we are most proud of.

VISIT www.Hourswatch.org

CIR and the American Medical Student Association (AMSA) have long partnered to promote important changes in health policy, including advocacy for an evidence-based reform of resident work hour regulations. Hourswatch.org is a joint effort of CIR and AMSA to foster discussion of this crucial issue.

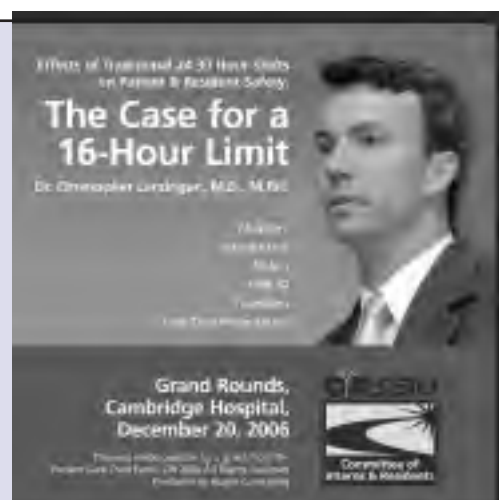


CUTTING EDGE RESEARCH ON RESIDENT WORK HOURS Now Available on New DVD

This just released 60-minute DVD features slides, lecture and Q&A from Dr. Christopher Landrigan at a 2006 grand round presentation at Cambridge Hospital entitled: *Effects of Traditional 24-30 hour Shifts on Patient & Resident Safety: The Case for a 16-Hour Limit.*

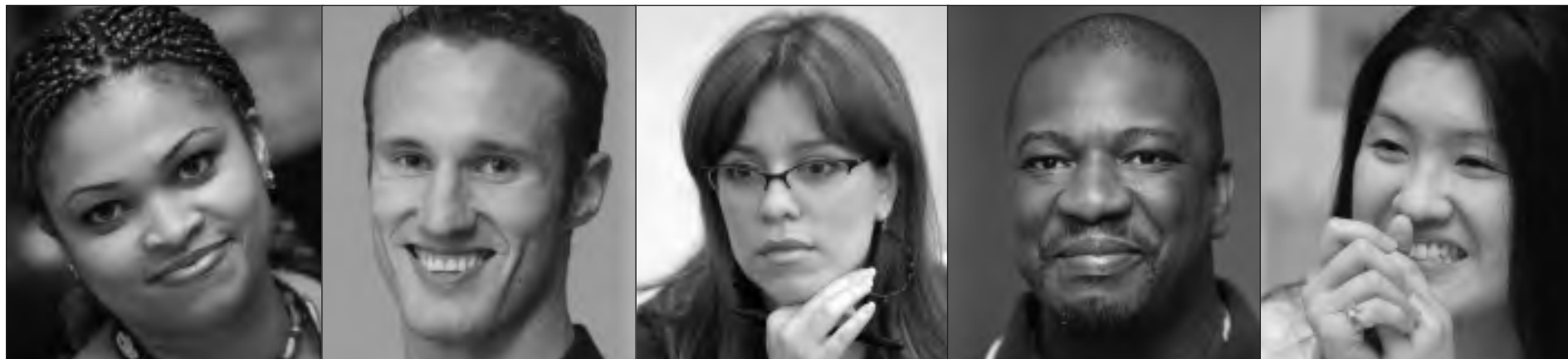
The Harvard sleep researcher presents the most recent evidence on the subject, as well as examples of how resident work schedules can be modified to optimize patient safety and resident education and well-being.

The DVD also satisfies the ACGME duty hours requirement for resident education on the topic of sleep and fatigue. A limited number of these DVDs are available free of charge to CIR members. To order yours, email info@cirseiu.org or call CIR at 1 (800) 247-8877.



CIR'S 2007 CONVENTION & 50TH ANNIVERSARY CELEBRATION PHILADELPHIA, PA. MAY 18-20, 2007

Keynote speakers: Dr. Fitzhugh Mullan, former Asst. Surgeon General, CIR Pres. 1970-1972;
Dr. Elisabeth Paice, Dean Director for 8,500 resident physicians in London, UK



All 2007-2008 Delegates and Alternate Delegates are invited to attend the CIR Annual Convention, which this year includes special 50th Anniversary programming at the Mutter Museum of the Philadelphia College of Physicians.

Delegates are chosen by colleagues in elections that are held each year in CIR hospitals in the month of March. Join us for an exciting weekend as more than 150 CIR delegates from Massachusetts, New York, New Jersey, Washington, D.C., Florida, Puerto Rico and California come together to learn more about CIR and issues facing all housestaff. You'll have the opportunity to trade ideas on important matters such as how to reduce resident work hours, and get fired up to go back home and make your hospital a better place – for both residents and patients. There will also be time for socializing with your colleagues from around the country.

This year, in honor of CIR's 50th anniversary, distinguished CIR alumni will join with current CIR leaders to share perspectives and celebrate CIR's past and future.



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