PNHA Sets Convention

PNHA has scheduled its seventh National Assembly for May 4-7 in Washington, D.C. The Assembly will confront major issues in health care and create important policy for housestaff.

A day-long symposium on Health Care and Public Policy will bring together leaders from Congress, the Carter administration, and health professional organizations. In addition, PNHA will arrange appointments with Senators and Representatives for housestaff to discuss HR 2222 and S 1884, the "housestaff amendments" to national labor law.

Workshops on all aspects of housestaff organizations will be presented by PNHA staff and leaders. Perhaps most importantly, the National Assembly provides a chance to meet other housestaff leaders and PNHA staff from all over the country and to compare approaches and results on a broad range of issues facing housestaff physicians today. Housestaff who want to attend the Assembly must call CIR at (212) 725-5500 by April 20. Most convention costs are reimbursed by CIR and PNHA.

CIR HOSTS NATIONAL HEALTH SERVICE CORPS

On February 27, CIR hosted a National Health Service Corps conference on physician opportunities with the Corps. Produced in cooperation with HEW, PNHA, and Project HELP, the conference was an "umbrella" presentation that supplemented more than 24 local conferences on the Corps conducted by CIR at area hospitals.

Chief speaker Dr. Fitzhugh Mullen, Director of the NHSC, discussed "The NHSC and the Urban Initiative." Mullen, a former CIR president and delegate from old Lincoln Hospital, described his experiences with the Corps as both practicing physician and director. Cesar Perales, the principal regional official of the Department of Health, Education, and Welfare, outlined the Carter administration's efforts to bring doctors into underserved urban areas.

Over a hundred housestaff officers and their spouses, community representatives, Health and Hospitals Corporation officials, and government staff exchanged information and opinions at the two-hour session.

National Health Service Corps President, Dr. Fitzhugh Mullen, speaks about NHSC practice opportunities as Dr. Jay Dobkin, PNHA President, listens . . .

CIR members came enmass to hear about NHSC opportunities . . .

... and they questioned the panelists and got answers.
**PRESIDENT’S MESSAGE**

**WASHINGTON, HERE WE COME**

HR 2222 has passed both the labor subcommittee and the full Education and Labor Committee of the House of Representatives. Now we’re really in the game and have to press even harder to get the bill passed! The first thing to do is write letters (see p. 4); if you’re from out of town or went to school out of town, write to representatives from this district as well as to the New York congresspeople. The New York congressional delegation has been pretty supportive so far (Mayor Koch was a co-sponsor of the bill and addressed an emergency House of Delegates meeting before our 1976 strike), but it’s not too early to start educating Senators Javits and Moynihan.

The next step is to attend PNHA’s National Assembly in Washington this spring. D.C. is where the congressional action is. When five or ten housestaff drop in on their Senator or

**DIRECTOR’S REPORT**

**benefits**

by Edward T. Gluckmann

CIR members are entitled to a wide range of benefits. Many of these are included in our contracts with the hospitals, but others are not.

CIR contracts guarantee salary levels, grievance procedures, disciplinary due process, non-renewal notification dates, fringe benefits, and vacations.

Non-contractual benefits include the right to nominate and vote for your representatives to CIR and hospital bodies. Also, through CIR-arranged

CIR members are also automatically members of the Physicians National Housestaff Association, our national organization. PNHA represents housestaff across the country; it is currently coordinating the national housestaff effort to regain employee rights.

For information about any CIR benefits — call us at (212) 725-5500.

**LETTER TO THE EDITOR:**

The Health and Hospitals Corporation would very much like to end the present practice of providing housestaff with free meals. There has been some thought by CIR executives of giving up meals if additional cash or other inducements were offered by HHC. A $1500 salary increase has been mentioned.

Exchanging cash — even $1,500 — for meals would be a financially "unhealthy" bargain for housestaff.

Any salary increase would be subject to federal, state, and city income taxes at the highest bracket percentage. Taxes for a single PGY-1 taking the standard deduction amount to a combined rate of almost 40% of the raise. Rates for more senior staff would be higher. For married housestaff and those itemizing, it would be slightly lower depending on the spouse’s income and other factors. On top of this, meals bought with cash are subject to 8.5% sales tax!

Should HHC offer more “time off,” this would probably only mean more “cross coverage” for fellow housestaff, and would probably not provide any more time for conferences than is now arranged on an individual basis.

Finally, the cost of meals would be far more than $1,500 (a figure the City will try hard to bargain down, anyway).

We have spoken to many housestaff at Metropolitan and other hospitals. Overwhelmingly, they prefer the present system. The bargaining team should be very wary of any attempt by the Corporation to wear away our present contract rights in this matter.

Ira L. Salom, M.D.
Hayden Severin, M.D.
Antonio Cardona, M.D.
Murray Jones, M.D.
Mary Burtyk, M.D.
Samuel Louis, M.D.
Maurice Gaspar, M.D.
Robert Frank, M.D.
Department of Medicine, Metropolitan Hospital
GRIEVANCES UPDATE

by DAVID STOLOW, CAROL DAVIS, and ROBERT WOLLK

Harlem
RESIDENT RESTORED

A resident at Harlem was advised that she was to be dropped from her program for budgetary reasons. Three years ago, her department, in order to use an available job line, had asked the resident to accept a higher PGY-level. An extra resident was then added at her old PGY-level. This year, limited by the City's fiscal crunch, the department could not get funding for a final year of training for the resident, whose PGY-level indicated she had completed her program. The department chairman assured CIR that it was strictly a matter of money, that the resident was quite capable, and that the department would be glad to keep her should funds be made available.

CIR protested this obvious injustice, and insisted that the resident's contract be renewed. The resident had done the department a favor and was now being made to suffer for it. Under this pressure, the hospital agreed to renew the resident. To make up for past "overpayments," though, the resident's PGY-level will be once again "adjusted."

Kings County
UNNECESSARY SURGERY

At a recent meeting with the Health and Hospitals' Corporation Director of Labor Relations, representatives from the Kings County surgical department, the hospital, and the Corporation agreed that the current every-other-night schedules of County surgical residents constitute a violation of the CIR-HHC contract. No one would clearly state, however, just how such a program, and it could serve as a model for Kings County. The Corporation has already approved the hiring of four PA's, although recruitment and training will not be completed for four to eight weeks. Moreover, at least a dozen PA's would be needed to have an effect on more than one service in the department.

According to the Kings County Personnel Department, the Department of Surgery has sufficient staff to alleviate some, if not all, of the problem itself. However, there has been no attempt by the department to rearrange schedule. While the internal politics of the hospital churn on, CIR is pushing for an expedited arbitration hearing. CIR will also seek an award that prevents this sort of needless obstruction of action in the future.

Bargains Struck With Four Voluntaries

CIR has reached four separate collective bargaining settlements with voluntary hospitals. Three agreements completed wage negotiations for the period October 1, 1977 to September 30, 1978. Other settlements resolved such local issues as parking, patient care, security, and on-call facilities. The settlements are summarized below.

Maimonides. PGY rates for all housestaff officers, regardless of date of hiring, increase by 3½% effective October 1, 1977, and by another 5% effective April 1, 1978, for a total increase of over 8½%. The hospital has also agreed to continue to recognize and bargain in good faith with CIR for a new contract effective October 1, 1978. The housestaff have agreed that should negotiations break down next fall, no action will be taken without a ten-day written notice as called for by the National Labor Relations Act, and that such notice will not be given prior to October 1.

Kingsbrook. PGY rates for all housestaff officers, regardless of date of hiring, will increase by 3½% effective January 1, 1978, and by another 5% effective April 1, 1978. The housestaff accepted the three-month delay in implementing the initial increase in recognition of the hospital's chronic financial problems.

Bronx Lebanon. Through long, hard negotiating, the Bronx Lebanon housestaff have won improved security — including easier transit between hospital housing and the hospital; on-call rooms and lockers in emergency rooms at both divisions; additional telephone lines on service wards at Fulton; assurances that in the event another division is added through merger, a beeper system will be installed; long-range beepers for several first-call residents in medicine; two new EKG machines and easier access to a third. Also concluded were agreements on parking facilities, continued bus or taxi service between divisions, and restricted lounge areas for housestaff. Wage reopener negotiations, held in abeyance pending this settlement, can now begin.

Brooklyn/Cumberland. The Brooklyn/Cumberland housestaff has nearly unanimously approved a wage negotiation settlement and a new parking agreement to replace the one expiring this July. PGY rates will increase by $336 a year retroactive to October 1, 1977, and will increase again by 5% on April 1, 1978, for a total increase of more than 8½%. The second increase will bring the housestaff up to rates already agreed to at other hospitals. In addition, the housestaff won reduced parking costs for 1978-79. CIR bargained with the hospital for an arrangement that permits the housestaff association to purchase 112 parking stickers for a lump sum of $4000. A sticker is good for one year, and provides indoor parking for any housestaff officer who has one.

Last year's group purchase price was $5000, so the new settlement saves housestaff about $90 apiece.
Position Paper:

THE BAKKE CASE

The upcoming Supreme Court decision on Bakke vs. the University of California will have far reaching implications not only for medical school admissions, but for all affirmative action programs. Alan Bakke is suing the University of California at Davis for admission to medical school on the grounds that its minority admissions program, which sets aside a certain number of places for national minority students, is reversely discriminatory against white applicants, and that it gives admission to supposedly "less qualified" students. These two points are excellently refuted in the New England Journal of Medicine (September 8, 1977) by Drs. Schatzkin and Yergan from Montefiore.

First, it was the civil rights movement that brought to light the under-representation of national minorities in professional fields. To integrate the medical profession and improve health care, HEW, the medical schools, and the Association of American Medical Colleges increased class size by about 5000 from 1968 to 1974. Yet only 23% of these places went to national minorities. The remaining 77% of the spaces that went to traditional "majorities" might never have been created had it not been for the civil rights movement.

Second, numerous studies have shown that MCAT scores and pre-med grades do not correlate well with medical school, or later professional, performance. So for Bakke to claim that national minority students are "less qualified" than he because their scores are lower (which incidentally is frequently not true), has no basis in fact, and completely ignores the cultural factors involved in being a good physician.

There are other important points the Bakke suit brings to light. Affirmative action programs were legislated at a time when economic conditions were favorable, and jobs more readily available. But now, with a falling economy and a tight job market, national minorities, who are always "last hired and first fired" are being shut out under the guise that their acceptance for educational programs or jobs is reversely discriminatory against whites. This incorrectly distills the problem down to a black-white issue.

The real question we should be asking is: why aren't there enough jobs, places in medical school, or educational opportunities for all who want them? We should not be concerned that black and other national minorities being given preference over whites in certain instances. Certainly no one would say on a national scale that we have too many doctors. The reverse discrimination argument serves only to divide us, rather than to unite us so we can put pressure on those institutions that should be providing adequate jobs, medical school places, and university openings.

The argument that affirmative action programs are discrimination in reverse ignores the massive social and economic injustice suffered by national minorities. Until we have completed social and economic equality, no amount of affirmative action will insure that everyone has equal educational and job opportunities. Given the economic and cultural barriers faced by national minorities, fixed percentage quotas (albeit minimal) provide us, at this time, the only way to define programs and guarantee that national minorities will be at least minimally represented in the medical professions and other fields. However, the real solution is to have educational and professional programs that are available on a steepladder basis; that would allow one to upgrade his or her position within the profession so that, for example, a nurse's aide would become a nurse, and then a doctor, by taking additional courses. In that way the job experience of people and the merit of their work, not skin color, how much money their parents made, or the connections they have, would influence their acceptance by a program.

SPEAK OUT!

Housestaff leaders have developed CIR's positions on issues crucial to patients and the profession. Individual housestaff also have strong opinions on matters that affect their working conditions and capacities. With this issue of the Bulletin, we begin to present "Letters to the Editor" — see page 2 — as well as position papers on important issues — this page and page 5. All housestaff are asked to respond to these opinions; moreover, the Bulletin urges the submission of further position papers and editorials for publication in future issues. Although we can certainly publish anonymous statements, please include name, address, and telephone number in case we have to verify any details. Send articles to CIR, 396 Park Avenue South, New York, New York, 10016.

The CIR has gone on record as opposing the Bakke suit and supporting affirmative action. We urge you to influence your friends and colleagues, and to write to your congressional representatives and Senators Javits and Moynihan in this regard. If you are interested in working further on affirmative action, please contact the CIR. We welcome any questions, comments and suggestions on this important issue.
NOMINATIONS OPEN

Active, committed CIR delegates and alternates are crucial to effective representation of housestaff rights and needs. Delegates and alternates handle grievances at the hospitals and coordinate a wide variety of CIR-sponsored activities. Delegates and alternates are required to attend CIR House of Delegates meetings the third Tuesday of each month. You can nominate yourself and other housestaff officers to serve as delegate, alternate, or representative on various medical board committees. Self-nomination is encouraged. Please use the appropriate nomination blank for your hospital and send it to CIR, 386 Park Avenue South, New York, New York, 10016, by April 7.

COMBINED NOMINATION BLANK — I

I nominate .................................................. for the position(s) as

☐ Delegate* ☐ Medical Board
☐ House Staff Affairs Committee ☐ Standards & Grievances Committee

representative of the house staff at ..................................................

(HOSPITAL)

(YOUR SIGNATURE)

I accept the above nomination(s).

(NOMINEE’S SIGNATURE) (DATE)

PLEASE COMPLETE AND SEND TO CIR. THIS NOMINATION BLANK MUST BE RECEIVED IN CIR OFFICE ON OR BEFORE APRIL 11.

A NOMINEE CAN BE ELECTED TO MORE THAN ONE POSITION.

*DELEGATES MUST BE CIR MEMBERS.

COMBINED NOMINATION BLANK — II

I nominate .................................................. for the position(s) as

☐ Delegate* ☐ Medical Board
☐ House Staff Affairs Committee

representative of the house staff at ..................................................

(HOSPITAL)

(YOUR SIGNATURE)

I accept the above nomination(s).

(NOMINEE’S SIGNATURE) (DATE)

PLEASE COMPLETE AND SEND TO CIR. THIS NOMINATION BLANK MUST BE RECEIVED IN CIR OFFICE ON OR BEFORE APRIL 11.

A NOMINEE CAN BE ELECTED TO MORE THAN ONE POSITION.

*DELEGATES MUST BE CIR MEMBERS.

DELEGATE NOMINATION BLANK

I nominate .................................................. for the position of CIR

(Delegate to represent the house staff at)

representative of the house staff at ..................................................

(HOSPITAL)

(YOUR SIGNATURE)

I, a CIR member in good standing, accept the above nomination.

(NOMINEE’S SIGNATURE) (DATE)

PLEASE COMPLETE AND SEND TO CIR. THIS NOMINATION BLANK MUST BE RECEIVED IN CIR OFFICE ON OR BEFORE APRIL 11.
The Ad Hoc Committee on Brooklyn Hospitals is a Political Action Committee of the CIR. At a recent CIR House of Delegates meeting the prospect of continued cuts in the City's municipal hospital system was raised. This committee was charged with developing ideas and modes of action which the CIR can take in response to worsening health conditions in the City of New York.

In the past the stands the CIR has taken on the Bakke case, abortion, and FMGs we feel have been commendable. Work in these areas should be continued. However, there are major areas that the CIR needs to address now. We recognize the necessity to act quickly regarding issues such as health care cutbacks. Contract negotiations are about to begin and the outcome of these negotiations can affect the state of health care in this city. In view of this, The Ad Hoc Committee recommends that the CIR:

1. strongly oppose all cuts in city health services,
2. strongly oppose and work against all cuts in City services (such as schools, sanitation). A union of personnel involved with health care should realize that the maintenance of such services directly affects the health of the City population;
3. go on record for improving the City hospital system until such time as a National Health Service (not insurance) is established in the U.S., thus ending the two-class health care system;
4. begin to work with organizations that support a National Health Service, and recommend that its national union, The Physicians National House-staff Association, be asked to join CIR in this effort;
5. recommend that maintenance and improvement of the City hospital system be funded by a cut in the debt service that the City is presently paying to the major banks in the country. Currently 20% of the City budget is for debt service, an enormous increase in the past few years. Rather than having staffing cuts in the hospitals in the form of "productivity clauses," the City should end the usury presently being perpetuated on it by the banks;
6. actively work with DC 37 and 1199 in areas of common interest. The possibility of strong support of, or even a joint strike when contracts are up should be openly discussed;
7. begin to collect data on the supposed extra hospital beds in the City. CIR staffs should attempt to provide the CIR membership with the original "reports" which cast the idea to the public that there are 5000 extra beds in the City. In debunking what we feel are myths concerning the availability of hospital beds, the CIR staff should attempt to identify who is involved in making decisions on bed cuts, what their relationship is to the Emergency Financial Control Board, the HHC, and the voluntary hospitals. We think some surprising relationships will be found. CIR members should also begin to collect data at their own hospitals on how many days the ICU and CCU units are full and how long a wait there is for a monitored bed, days the medicine service is full, etc.;
8. should use its offices to publicize the information it receives (i.e. news conferences, press releases) so that the public can be made aware of the many myths surrounding health care in this City; and
9. at each House of Delegates meeting set aside time for a discussion of these issues.

WRITE ON, WRITE NOW!

The bill to provide specific coverage of housestaff under the National Labor Relations Act recently took two big steps. On February 21, the House Subcommittee on Labor-Management Relations passed it, 9-3; on March 1, the full Labor and Education Committee of the House passed the bill with a clear voice vote.

Very soon, the bill will move to the floor of the House of Representatives. It may encounter greater resistance there than it has up to now. Housestaff across the country must mount a large-scale letter-writing campaign to establish the importance of this issue in the congressional mind and to counter the opposition propaganda promulgated by the AAMC deans and the AHA administrators. A victory in the House will provide momentum for similar action in the Senate later this spring; it is crucial that representatives hear from young physicians in their own districts that this law should be enacted, and they must hear it now!

Below is a sample letter urging support for HR 2222. To get an answer, be sure to include a legible signature and return address.

Dear Representative ________________________:

As a resident physician at ________________ Hospital, I am very much concerned with HR 2222, which gives housestaff physicians protection under the National Labor Relations Act. I urge you to vote for this bill. Housestaff physicians deserve the same rights to bargain collectively as other hospital employees. I believe that improvements in the working conditions and hours of housestaff can materially improve medical care in our hospitals.
# QUESTIONNAIRE TO FORMULATE HOUSESTAFF CONTRACT DEMANDS

CIR contracts with the Health and Hospitals Corporation and most voluntary hospitals expire by December 31, 1978. CIR is now setting up city-wide and local hospital bargaining committees. To ensure all CIR members the opportunity to have their demands considered and to participate in negotiations, we have assembled this questionnaire to cover issues of patient care, working conditions, training programs, wages and fringe benefits, and membership services. We urge you to complete the questionnaire, tear off the page, and mail it to CIR at 386 Park Avenue South, New York, New York, 10016 or give to your delegate. Housestaff who want to serve on the local or city-wide bargaining committees should complete the last section, which asks for name and address, so that we can contact you.

Check off the degree of importance you feel that each issue has as a bargaining demand at your hospital.

## I. PATIENT CARE ISSUES

1. The number of nurses is insufficient to provide adequate patient care.  
   **Specify:** ____________________________  
   **Degree of Importance**  
   [ ] Most  [ ] Moderate  [ ] Not

2. More technicians and housekeeping and transportation personnel are needed.  
   **Specify:** ____________________________  
   **Degree of Importance**  
   [ ] Most  [ ] Moderate  [ ] Not

3. Ancillary services (radiology, laboratory, social services) need to be improved.  
   **Specify:** ____________________________  
   **Degree of Importance**  
   [ ] Most  [ ] Moderate  [ ] Not

4. The physical condition of patient care facilities needs to be improved.  
   **Specify:** ____________________________  
   **Degree of Importance**  
   [ ] Most  [ ] Moderate  [ ] Not

5. Ambulatory care facilities (emergency room and outpatient department) need to be improved.  
   **Specify:** ____________________________  
   **Degree of Importance**  
   [ ] Most  [ ] Moderate  [ ] Not

6. Equipment (EKGs, etc.) and supplies need to be improved and standardized.  
   **Specify:** ____________________________  
   **Degree of Importance**  
   [ ] Most  [ ] Moderate  [ ] Not

7. Patient care fund. For the past three years the Los Angeles County Interns and Residents Association, an affiliate of PNHA, has administered a trust fund to hire auxiliary staff and purchase equipment. The fund totaled more than a million dollars, and was financed in part by housestaff, who took a smaller pay increase in order to establish the fund.  
   **Specify:** ____________________________  
   **Degree of Importance**  
   [ ] Most  [ ] Moderate  [ ] Not

## II. WORKING CONDITIONS

1. Total weekly hours of duty should be shortened to a maximum of 80 hours 60 hours other.  
   **Specify:** ____________________________  
   **Degree of Importance**  
   [ ] Most  [ ] Moderate  [ ] Not

2. Total shift length should not exceed 24 hours 16 hours other.  
   **Specify:** ____________________________  
   **Degree of Importance**  
   [ ] Most  [ ] Moderate  [ ] Not

3. Patient load should be limited to 20 patients 10 patients other.  
   **Specify:** ____________________________  
   **Degree of Importance**  
   [ ] Most  [ ] Moderate  [ ] Not

4. Work schedules are unbalanced, too variable and should be improved.  
   **Specify how:** ____________________________  
   **Degree of Importance**  
   [ ] Most  [ ] Moderate  [ ] Not

5. More housestaff, attendings, PAs, and nursing staff should be provided to cover for a housestaff officer who becomes ill.  
   **Specify:** ____________________________  
   **Degree of Importance**  
   [ ] Most  [ ] Moderate  [ ] Not

6. Beepers should be provided to  
   A. all housestaff.  
   B. housestaff on first call or primary care services only.  
   **Specify:** ____________________________  
   **Degree of Importance**  
   [ ] Most  [ ] Moderate  [ ] Not

7. On-call rooms must be improved.  
   [ ] more rooms  [ ] cleaner rooms  [ ] other  
   **Specify:** ____________________________  
   **Degree of Importance**  
   [ ] Most  [ ] Moderate  [ ] Not

--- Continued Overleaf ---
### III. TRAINING PROGRAMS

1. The teaching component of the training program needs to be expanded.
   - Specify which program(s) and how:
   
   __________________________________________________________________________

   Specifications for any services might provide for housestaff officers (and dependents) through CIR contracts or as CIR staff functions

   __________________________________________________________________________

2. Training facilities (conference rooms, audio-visual equipment, etc.) need to be improved.
   - Specify:
   
   __________________________________________________________________________

3. The library needs to be improved.
   - Expand seating
   - Expand and update materials
   - Other
   - Specify:
   
   __________________________________________________________________________

### IV. WAGES AND FRINGE BENEFITS

1. Wages increase must be 5%
   - 10%
   - Same as raises given to other unions in upcoming negotiations with hospitals
   - Other
   - Specify:
   
   __________________________________________________________________________

Suggestions for any services might provide for housestaff officers (and dependents) through CIR contracts or as CIR staff functions

To offset the costs of any such new services, would you be willing to have your weekly CIR dues increased from $2.50 to

- $3.00
- $3.25
- $3.50
- Other

- Specify:

__________________________________________________________________________

If you want to help work these issues into the CIR contract demands, please provide the information below so we can contact you.

- Name
- Address
- Hospital
- Home telephone
- I want to serve on the city-wide demands committee
- My local hospital demands committee

REMINDER: YOUR PARTICIPATION IN FILLING OUT THIS QUESTIONNAIRE WILL BENEFIT THE FORMULATION OF IMPORTANT AND RELEVANT DEMANDS ON BEHALF OF HOUSESTAFF PHYSICIANS AND THEIR PATIENTS.

FILL OUT TODAY—REMOVE THIS PAGE AND RETURN TO CIR—MAIL PROMPTLY