



# Perspectives on Unionization of Residents

ANNA YAP, MD AND MELISSA DAVIDSON, MD

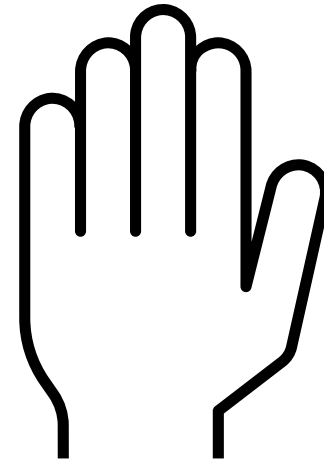
MODERATED BY KAREN GEORGE, MD, MPH

# Disclosures

- ▶ Dr. Davidson None
- ▶ Dr. Yap None
- ▶ Dr. George None

# Audience poll

- ▶ Have you had experience with resident union discussions within your own institution?
- ▶ Is this a topic of conversation within your program director associations?
- ▶ Which word (phrase) comes to mind when you hear of unionization for physicians in training?



# Background

- ▶ Bargaining unit for employees with common interests against a specific employer
- ▶ Recent interest among residents in collective activism
- ▶ All residents have had the right to unionize since 1999, always the case for those employed by govt
- ▶ Employment Relations Boards
  - ▶ State employment relations boards (govt) or
  - ▶ National Labor Relations Board (pvt)
- ▶ Committee of Interns and Residents, Service Employees International Union (CIR/SEIU) is largest residency union in country

Ahmed, JAMA.net Oct 26,  
2023

# Prevalence of unions across the country in ACGME accredited programs in IM, Psych, FM, Peds

- ▶ 2023 web review of websites, press releases, news reports, and union contracts
- ▶ Of 1909 programs from 1188 public and private institutions, 67 unique physicians-in-training unions were identified
  - ▶ 97% in non-right-to-work-states
  - ▶ 60% were against private employers
  - ▶ 91% were represented by CIR/SEIU
  - ▶ Most were in CA (22) and NY (19)
- ▶ Looking at NLRB activity (pvt institutions) from 2011 to 2023 identified 18 elections for residents
  - ▶ Residents voted to unionize in 16/18 elections, though participation was variable
  - ▶ All were in non-right-to-work-states

Table. Union Elections Among Physicians in Training With Private Employers, 2011-2023<sup>a</sup> Ahmed, JAMA<sub>net</sub> Oct 26, 2023

Year <sup>b</sup>	Employer <sup>c</sup>	Eligible voters	Voter turnout, % <sup>d</sup>	No. (%)		Election result	Labor organization
				Votes for union	Votes against union		
2013	Dignity Health-California Hospital Medical Center	25	88.0	22 (100)	0	Win	CIR/SEIU
2014	Beth Israel Medical Center	417	75.3	110 (35.0)	204 (65.0)	Loss	CIR/SEIU
	Icahn School of Medicine at Mount Sinai at Elmhurst Hospital Center	142	82.4	65 (55.6)	52 (44.4)	Win	CIR/SEIU
2015	Howard University Hospital	263	82.1	110 (50.9)	106 (49.1)	Win	CIR/SEIU
	St Mary Medical Center (Long Beach)	37	43.2	9 (56.2)	7 (43.8)	Win	CIR/SEIU
	Palisades Medical Center	79	79.7	47 (74.6)	16 (25.4)	Win	CIR/SEIU
2018	Bayonne Medical Center	55	78.2	14 (32.6)	29 (67.4)	Loss	CIR/SEIU
2022	Greater Lawrence Family Health Center	40	97.5	29 (74.4)	10 (25.6)	Win	CIR/SEIU
	Keck School of Medicine of USC	56	94.6	53 (100)	0	Win	CIR/SEIU
	Stanford Health Care	1450	72.3	835 (79.6)	214 (20.4)	Win	CIR/SEIU
	University of Vermont Medical Center	347	77.2	209 (78.0)	59 (22.0)	Win	CIR/SEIU
2023	California Pacific Medical Center	109	77.1	71 (84.5)	13 (15.5)	Win	CIR/SEIU
	George Washington University	420	64.0	253 (94.1)	16 (5.9)	Win	CIR/SEIU
	Loma Linda University Health Education Consortium	805	62.7	361 (71.5)	144 (28.5)	Win	UAPD
	Mass General Brigham	2304	70.6	1215 (74.7)	412 (25.3)	Win	CIR/SEIU
	Montefiore Medical Center (Moses Campus)	1188	63.7	620 (81.9)	137 (18.1)	Win	CIR/SEIU
	University Medical Resident Services PC (University at Buffalo)	799	47.6	270 (71.1)	110 (28.9)	Win	UAPD
	University of Pennsylvania Health System	1394	71.9	892 (89.0)	110 (11.0)	Win	CIR/SEIU



Why do residents unionize?

## **STAGNANT BENEFITS**

Increased costs of living, medical school debt, longer training

## **AGENCY**

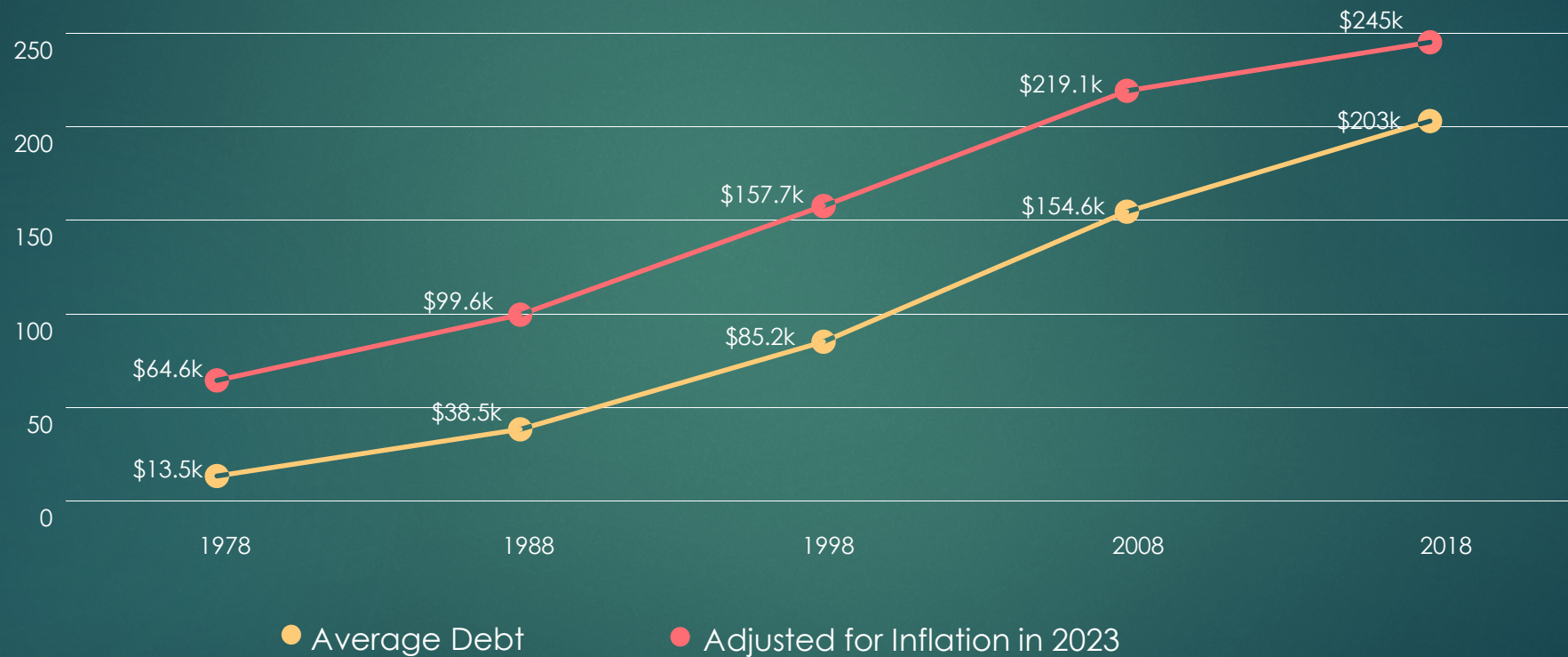
Antitrust Exemption, Employer Changes, Corporatization of Medicine

## **ADVOCACY**

Patient & Workplace Safety  
Legislative & Political Pursuits

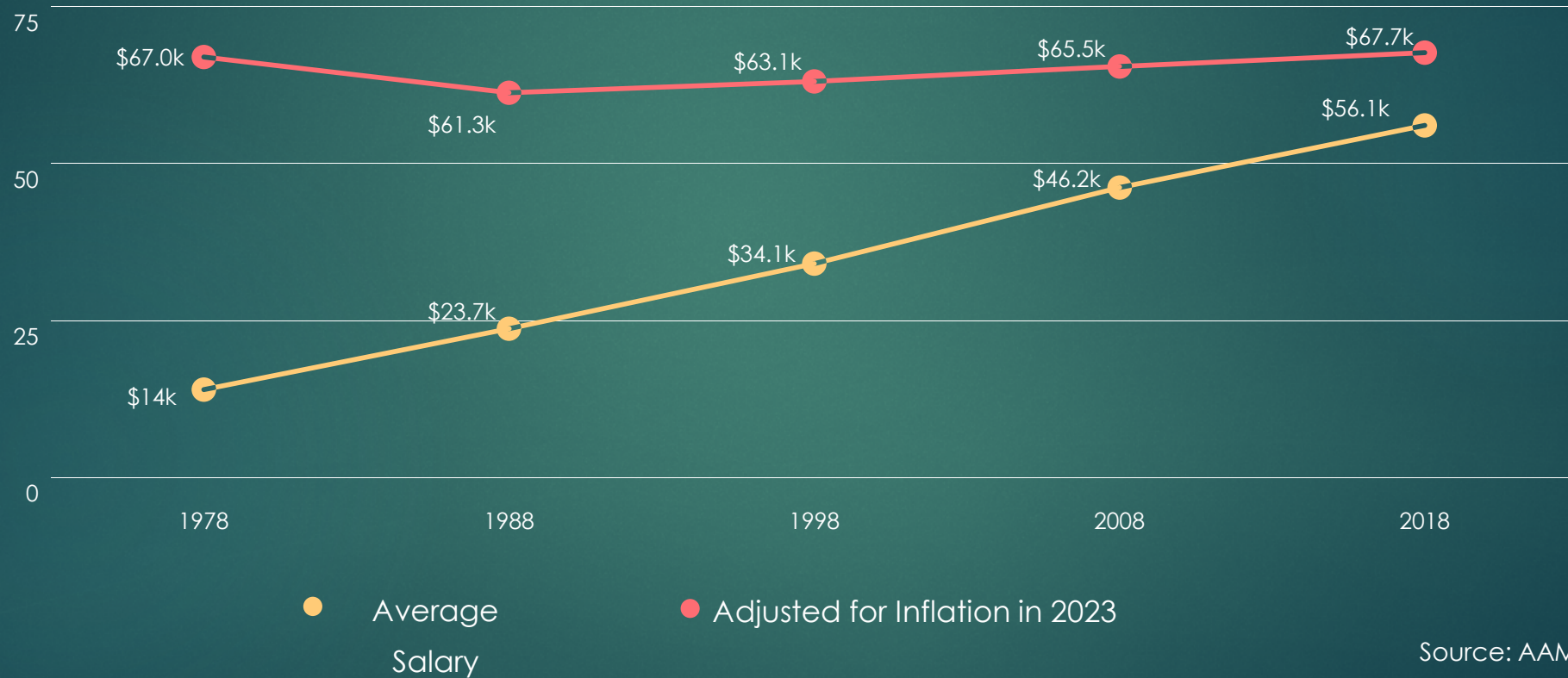


# MEDICAL SCHOOL DEBT



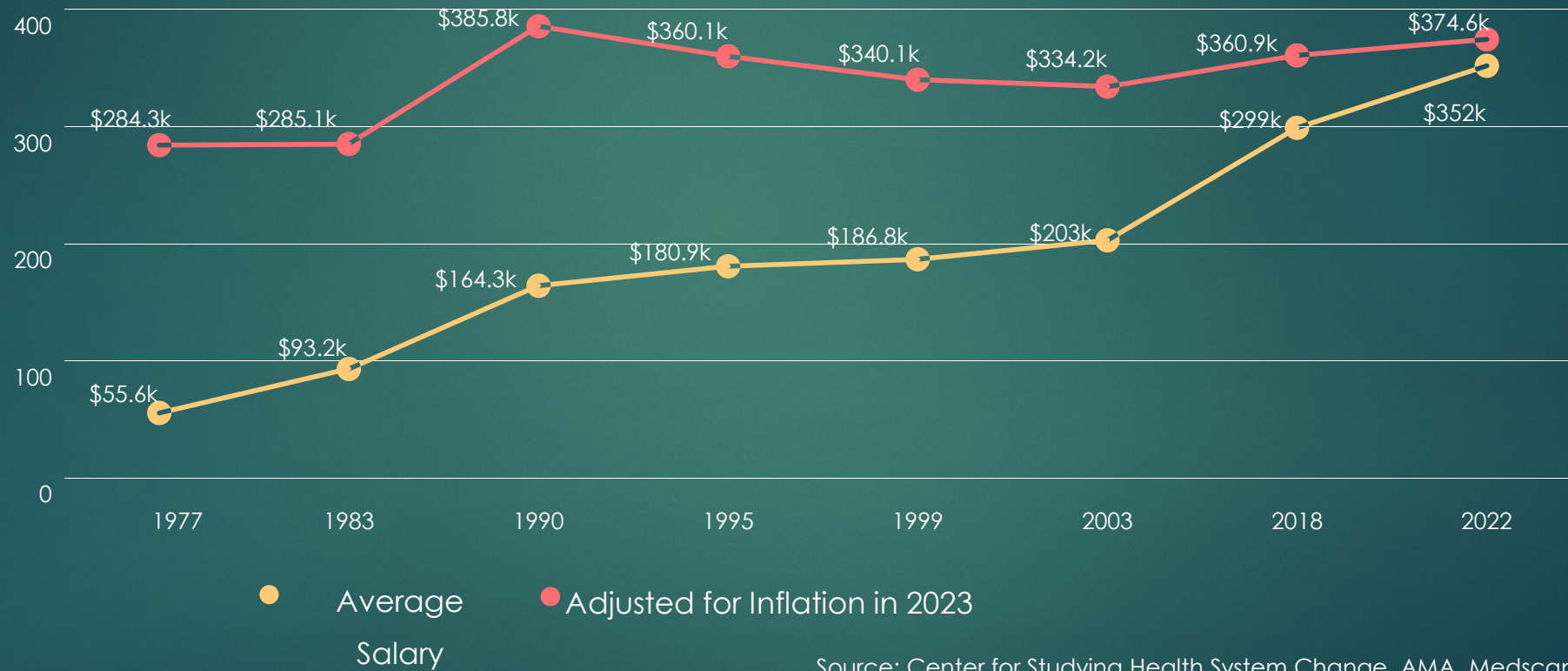
Source: AAMC

# AVERAGE PGY-1 SALARY



Source: AAMC

# AVERAGE PHYSICIAN SALARY



Source: Center for Studying Health System Change, AMA, Medscape



# RESIDENTS ARE A CAPTIVE WORKFORCE

In 2002, *Jung v. AAMC* asserted that the NRMP violated the Sherman Act (antitrust law), then Congress passed the Pension Funding Equity Act of 2004, granting the NRMP antitrust exemption resulting in the case dismissal.

# COVID-19

Residents were often the front-line workers and felt helpless, feeling unable to speak up safely about their workplace and were unable to stop working.

- Stanford residents organized when only 7 of >1300 residents were selected to receive the vaccine in the first round of doses
- Residents saw physicians who spoke out about working conditions get fired without due process
- Residents were often left out of COVID-19 hazard pay or bonuses, and they saw coworkers die due to lack of PPE.

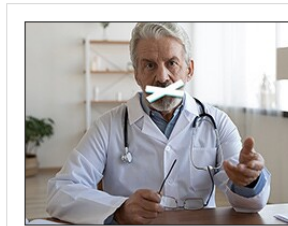


## Doctors Lose Jobs After Speaking Out About Unsafe Conditions

Leigh Page  
April 28, 2021



In April 2020, hospitalist Samantha Houst Memorial Hospital–North, in Oxford, Mississippi, to get donations of N95 masks for nurses hospital, saying she was improperly fired yet gone to trial.



In January, Raymor an emergency after rejection which it Missouri the company it was o damage

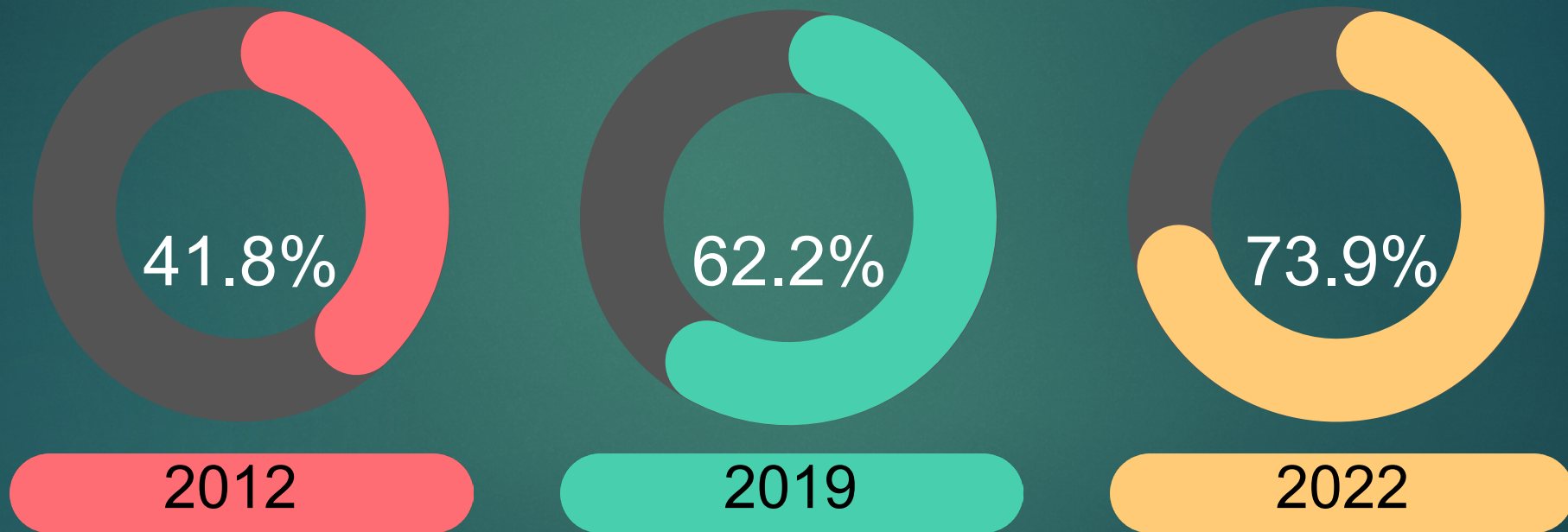
These are just two of several cases in recorded. Spoken out about problems involving patients. Other physicians who see problems choose

## Texas doctor, 28, dies of Covid: 'She wore the same mask for weeks, if not months'

Adeline Fagan tested positive in early July and died in September - as US health workers lost to Covid skew younger and lack protective equipment



# PHYSICIANS EMPLOYED BY HOSPITALS, HEALTH SYSTEMS, AND CORPORATE ENTITIES



Source: AMA, Physicians Advocacy Institute via Avalere Health



The New York Times Magazine



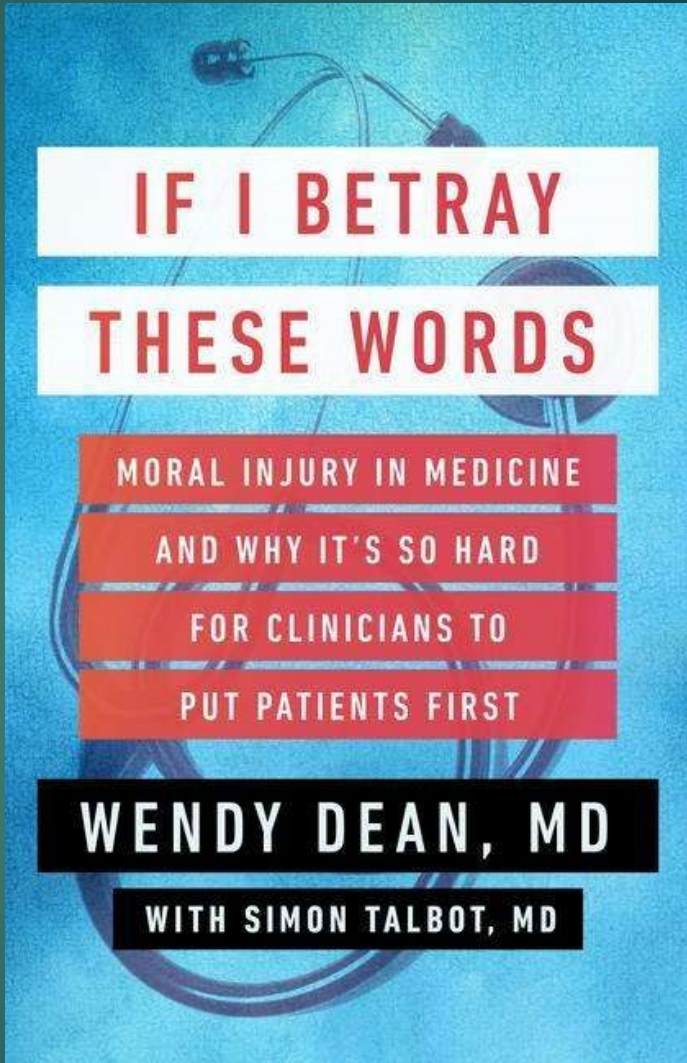
Balazs Gardi for The New York Times

# The Moral Crisis of America's Doctors

The corporatization of health care has changed the practice of medicine, causing many physicians to feel alienated from their work.

By Eyal Press

Published June 15, 2023 Updated June 16, 2023



# WELLNESS AND BURNOUT

Suicide Deaths are

**250-400%**  
**HIGHER**

among female physicians  
compared to women in other  
professions

Medical Students have

**15-30%**  
**HIGHER**

rates of depression than  
the general population

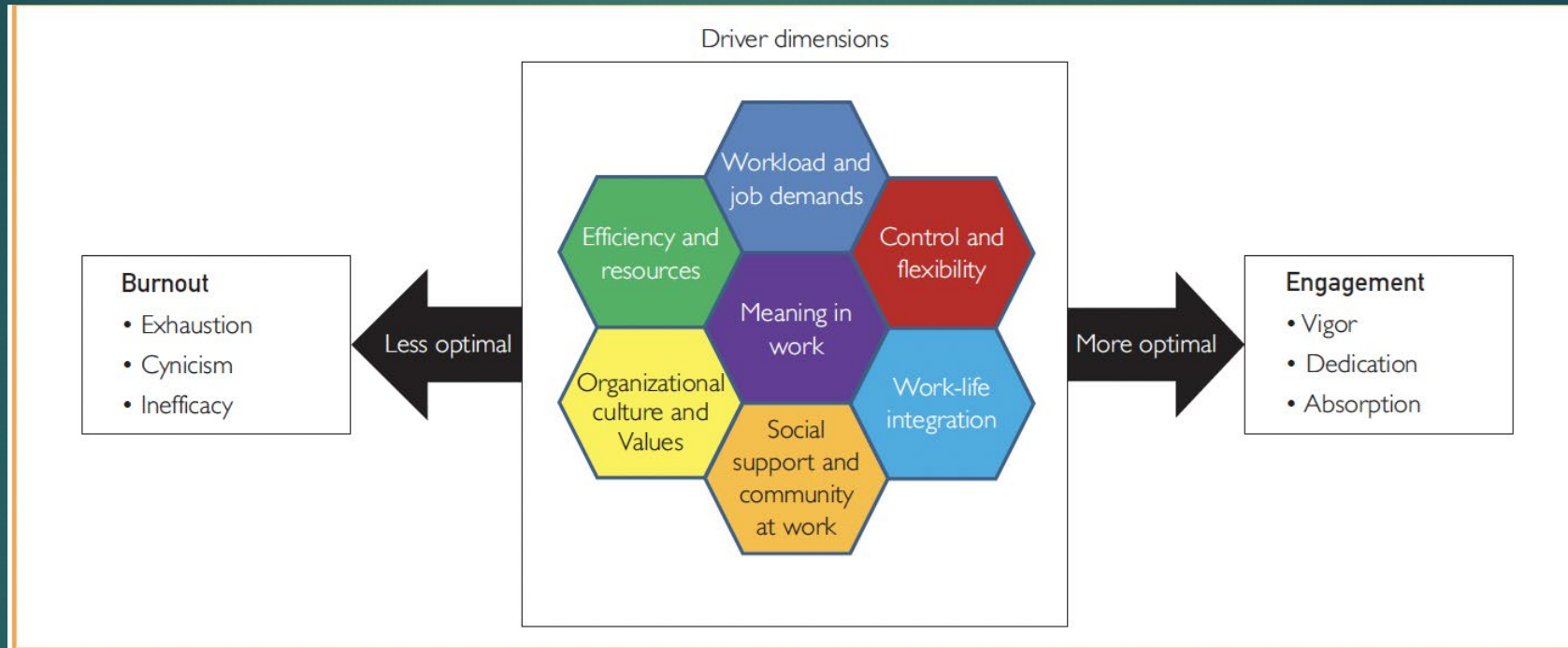
“One truth is the honor it is to care for the members of The Bronx community and New York at large ... The other truth is that with its [medical training] current conditions, this work is often unnecessarily challenging to our wellness as individuals.”

- Dr. Nakita Mortimer

Source: The American Foundation for Suicide Prevention



# DRIVERS OF BURNOUT AND ENGAGEMENT





# Please know, it's not about you.

Fundamentally, residents unionize to make changes with their employers, and it is often not a criticism of their program leadership. It is about who holds the purse strings and creates the institutional policies that require collective action and bargaining in order to change.

*The heart and science of medicine.*

UVMHealth.org/MedCenter

# Resident Unionization: A DIO's Perspective

Melissa Davidson, MD, MHPE

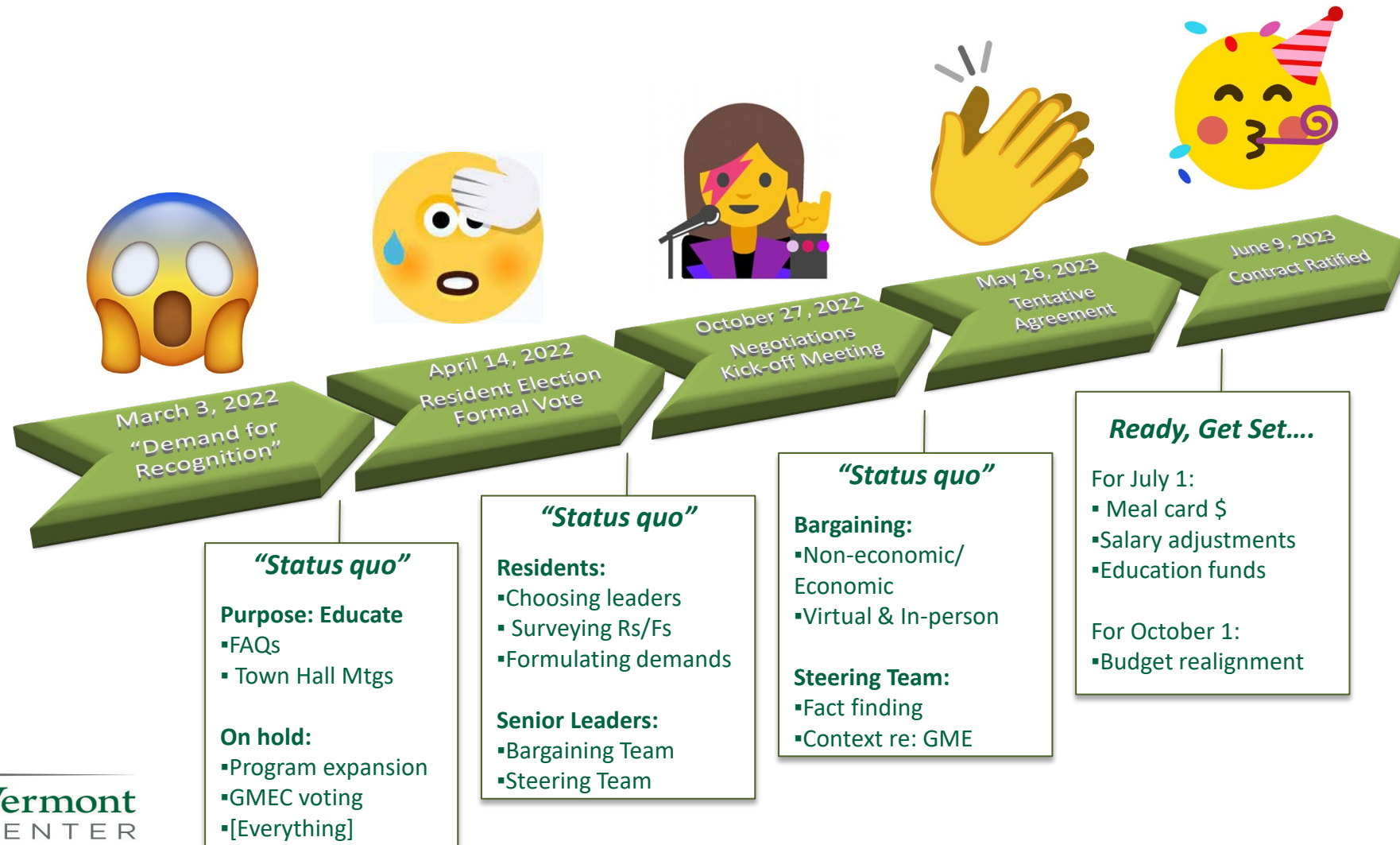
The Howard Schapiro, MD '80 and Janet Carroll, MSN, MPH, Green & Gold  
Professor in Anesthesiology

Designated Institutional Official, University of Vermont Medical Center

Associate Dean for Graduate Medical Education, Larner College of Medicine

THE  
University of Vermont  
MEDICAL CENTER

# The Journey



## Resident Physicians at UVM Medical Center Hope Unionization Drive Delivers

By COLIN FLANDERS [@CFLANDERSVT](#)



Published April 6, 2022 at 10:00 a.m. | Updated April 6, 2022 at 10:07 a.m.

Medical school graduates have very little control over where they serve their residencies. They submit a list of preferred hospitals to a private nonprofit that then assigns them to one of the nation's 1,000-plus teaching hospitals. At an annual event known as **Match Day**, every graduating doctor in the country opens an envelope to learn their fate.

It is difficult for residents to transfer once they have been matched, so hospitals have less incentive to compete on pay or working conditions. And residents are reluctant to complain once they arrive at their assigned hospitals, aware of their status in the hierarchical world of medicine.

Sanders, the health network executive, said officials review feedback from an annual survey that includes questions about compensation. A resident-led committee also regularly interacts with the hospital, he said.

But residents on that committee say almost all their requests have been shot down with little or no explanation. [REDACTED], the chair, said she asked for a meeting with hospital leadership about compensation months ago and never heard back. "It just feels like there's no way to advocate for ourselves," she said.

Dear Ms. [REDACTED]

I am writing to you in response to a statement that was made concerning the expansion of the [REDACTED] Residency program, or a [REDACTED] Fellowship.

It was stated by Dr. Melissa Davidson, who to my understanding is the DIO. Dr. Davidson stated that while UVMMC wanted to expand the number of [REDACTED] Residents, and/or wanted to create a [REDACTED] Fellowship which would fix the [REDACTED] hours and UVMMC call system, they were unable to because of the Union negotiations.

I wanted to officially notify you that CIR has no objection to expanding the number of [REDACTED] Residents and acknowledges that the number of Residents in a given program or specialty is clearly a function of Management, and is a Management decision.



cirseiu



# UNION BUSTING INCIDENT REPORT



## Basics

Hospital: UVMMC

Date of Incident: 3/28/22 Time of Incident: 12pm

Evidence Attached?

## Description of Incident

Head of GME sent all residents an anti-union FAQ

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# Resident and Fellow Frequently Asked Questions

To further understand the law regarding collective bargaining, please visit the National Labor Relations Board website: [National Labor Relations Act | National Labor Relations Board \(nlrb.gov\)](http://www.nlrb.gov).

<b>What is happening now?</b>	There will be an election on April 14 to determine if residents and fellows at UVM Medical Center wish to be represented by the Committee of Interns and Residents/Service Employees International Union (CIR/SEIU).
<b>How long will this take?</b>	If residents vote for a union, first time CIR/SEIU contract negotiations typically take 13 months on average, but can take even longer. There is no time limit to negotiations. The only legal requirement is that parties continue to meet in good faith.
<b>Is there a time commitment to negotiations for residents? Will all residents and fellows be able to join the negotiation group?</b>	Traditionally, a group of select resident/fellow representatives join a negotiation committee and engage in extensive planning; they then participate in negotiations over that negotiation time period.
<b>I was told we'll get _____ if we vote for a union.</b>	The union is allowed to make promises – just like any election. And just like any election, nobody can say with certainty what terms of employment will change and how. Any and all changes will be result of the bargaining process.
<b>What is <i>Status Quo</i> and how long does it last?</b>	<i>Status Quo</i> is a National Labor Relations Board requirement that prevents employers from making major changes to terms and conditions of employment – including but not limited to pay, benefits and/or schedules. The period of <i>status quo</i> started as soon as UVM Medical Center received a request to voluntarily recognize the CIR/SEIU as representing our residents and fellows. Should the union be voted in, the <i>status quo</i> will remain in effect unless and until the union and the hospital agrees to make any changes.
<b>If I don't want to join the union and I don't vote, I can still negotiate my own terms and conditions of employment, correct?</b>	No, this is not correct. If the Union prevails in an election and you are in a position that is included (i.e. a resident/fellow in an ACGME-accredited program), you will be represented by the union regardless of how you voted. Your terms and conditions of employment will be governed by the unit's collective bargaining agreement.

<b>Why not join the union? What do I have to lose?</b>	Whether you "lose" or "gain" depends on your personal situation.  When you become a member of a union, you and/or your program no longer negotiates your individual terms and conditions of employment. Instead, terms and conditions of your employment are determined by the collective bargaining agreement (the contract) that the CIR/SEIU and UVMCC negotiate and agree to.  Depending on the contract negotiated, you may feel that you've gained; you may feel that you've lost; or you may feel that there really hasn't been much of a change.
<b>Can I post flyers about the union at work?</b>	Flyers can be posted in non patient-facing areas where other non-work solicitations are posted such as break areas.
<b>What do I do if a union organizer is calling or texting me and I don't want them to?</b>	As with any type of solicitation, if you consider this an intrusion on your privacy you can contact the CIR/SEIU and ask them to opt-out from communications.
<b>If my position is included in a bargaining unit that elects to have union representation, but I don't want to be represented by the union, do I have any recourse?</b>	Your only option is not to be a full union member, which means you would not have full voting rights, but you will likely still have to pay service fees, which are set by the union. Regardless of the ability and/or decision to be or not be a full member, the terms and conditions of employment will still be determined by collective bargaining and must be adhered to by the organization and all residents/fellows.  To get more information about membership and fees, you should consider:  1. Asking CIR/SEIU what percentage of full dues is the "fair share fee." (For information purposes, with VFNHP it is 91%).  2. Asking CIR/SEIU what benefits or rights you would not have as a "fair share fee" payer. (For information purposes, with VFNHP a "fair share fee" payer does not have voting rights, therefore cannot, for example, vote on ratification of a contract.)
<b>I've heard that residents in other programs have issues that they are dealing with. I've been told that I should join the union to support them. What should I do?</b>	The contract will affect everyone in the Bargaining Unit, including you. You should make the decision you think is best for you.  What is in the best interest of one program may not necessarily improve the working conditions of another. There are other ways to support another department in addressing their issues. If you have concerns about what is happening in another program you can speak with your program directors, program administrators, GME administrators, Resident/Fellow Representative Committee



## Re: Election Results



To  Davidson, Melissa



4/15/2022

Start your reply all with:

[Thank you. I appreciate that.](#)

[Thanks for the feedback!](#)

[Happy to help!](#)

[Feedback](#)


In case not enough people have told you already: Thank you so much for your emails and guidance through this process. I found them extremely helpful and appreciate all you do in looking out for the well-being of all the residents and fellows.

# Where are we now....



- Reallocated GME funds to align with CBA
- Identified additional funds to support *programs*
- Standardized forms and processes
- Adjudicating requests
  - Interpretations of CBA language
  - Equality vs. equity across programs
  - “Reasonable-ness”
- Regular meetings with Union Reps, GME, Labor Mgmt
- Communication with CIR/SEIU Contract Organizer

# How we got through it...

A photograph of Michelle Obama speaking at a podium. She is wearing a blue short-sleeved top and has her hair styled in waves. She is looking slightly to her right. The background is dark and out of focus.

*“Our motto is when they go low, we go high.”*

Michelle Obama



# Questions

# Resident Well-being

- ▶ 2019 ASC in-service training exam focused on burnout, suicidality, job satisfaction, duty hour violations, and mistreatment
- ▶ 690 of 5,701 (10.5%) residents were from unionized training programs, 83% were CIR/SEIU affiliated
- ▶ No difference between unionized and nonunionized residents in burnout, suicidality, job satisfaction, duty hour violations, mistreatment, or educational environment
- ▶ Associated with better vacation and housing stipend benefits