

Physician unions and single payer

Doctors are workers too, and it's time we started acting like it

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PNHP National Meeting 2022

Disclosures

- Andy is a former regional Vice President from Massachusetts for the Committee of Interns and Residents (CIR-SEIU).
- Taylor is the current regional VP from Massachusetts for CIR
- And we both think unions are rad



Outline/overview

1. What is a labor union? How do physicians fit into the labor movement?
2. Organizing on the job- how unions link workplace concerns to broader political fights
 - a. CIR and reproductive justice post-Roe
 - b. CIR endorsing national health insurance
3. Why every PNHP member should think of themselves as a workplace organizer

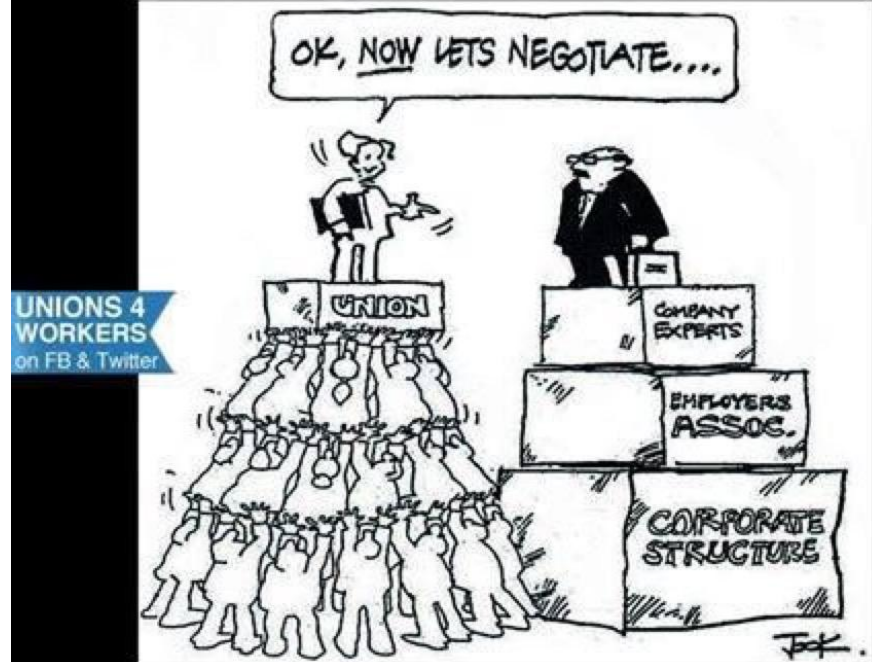
Labor Unions 101



How do unions work?

- A group of workers negotiating collectively with an employer
- Use **collective action** to win gains
- Funded by workers through dues
- Standardized wages, working conditions, and benefits
- Independent political action

UNIONS. SIMPLIFIED.



UNIONS level the playing field for workers.

Why do doctors unionize?



COLLECTIVE POWER!

- Almost all physicians now employed, more decisions made by administrators
- Leverage power to improve working conditions and patient care
- **Helps politicize and radicalize your coworkers**

Changing contexts for physicians

- Rapid growth and consolidation of large health systems
- Decline and fall of the private or solo practitioner
- Alarming rise in private equity (PE) involvement
- In 2021, **74% of all physicians** are employed by hospitals or “other corporate entities”
- Increasing divergence of interests of hospital ownership/management, their workforce, and patients they care for

This Issue

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Viewpoint

July 28, 2022

The Rise and Potential of Physician Unions

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Who can organize?

- Housestaff: definitely under current law, danger a GOP labor board would try to classify housestaff as “students” and not workers
- Licensed midlevels: generally yes, often join with nursing unions (NPs) or band together with MDs
- Attendings:
 - Contractors: no
 - Physicians in private practice: no
 - Employed physicians: yes
 - “Tenure track physicians”: unclear. Would be excluded if there are clear supervisory/managerial responsibilities
 - Academic physicians are included in some unions, contracts define “academic work” as outside the scope of the contract (ex. U of California, county)

Current landscape

- Housestaff unions (ex. CIR, independent housestaff associations) are exploding
 - 16,000 members in 2019, now up to over 23,000 and growing
 - Right to unionize generally legally accepted, although some hospitals still claim housestaff are “students” and not workers
 - Hospitals bitterly fighting housestaff efforts at all levels
- Slower but noticeable uptake in attending and midlevel organizing
 - Suspect trends will accelerate in coming years



a national affiliate of **SEIU**

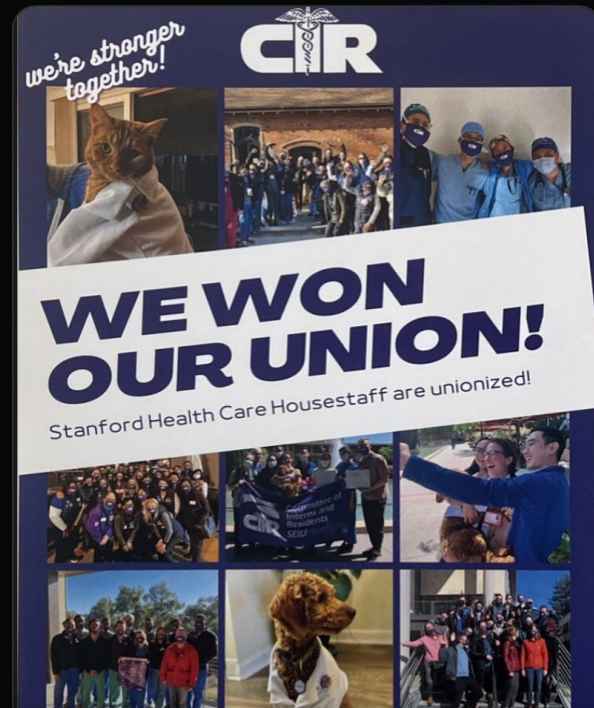
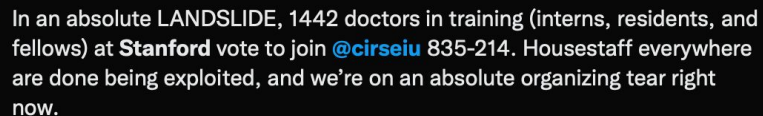
**A United Voice for Doctors, Our Patients,
& the Communities We Serve**



nyti.ms/3pe3AXv



11:40 AM · Dec 19, 2020 · SocialFlow



HUNDREDS OF RESIDENT DOCTORS UNIONIZING AT NY'S MONTEFIORE MEDICAL CENTER

More than 7,000 medical residents have joined unions since 2019, marking a shift in health care labor activism.



<https://perfectunion.us/hundreds-of-resident-doctors-unionizing-at-nys-montefiore-medical-center/>

Residents, providers blindsided by Montefiore's plans to relocate Grand Concourse practice to Fordham Plaza



By Robbie Sequeira

comments Posted on August 16, 2022



<https://www.bxtimes.com/montefiores-relocate-grand-concourse-fordham-plaza/>



MONTEFIORE HOUSESTAFF UNION PLATFORM



A Seat at the Table

Residents and fellows often have no say in the decisions that affect us. Forming a union means we gain the federally protected right to bargain with Montefiore on issues that matter to us, our colleagues, and our patients.



Fair Compensation for Our Labor

We had to fight to get the same raises Montefiore Wakefield residents negotiated in their CIHR contract. Unlike our colleagues on Jacobi payroll, we don't receive additional pay for sick coverage or comp time for working holidays. While our counterparts at BronxCare receive a stipend for orientation, we have to attend mandatory sessions without pay.



Resources for Housestaff, Resources for The Bronx

When housestaff have what we need, we are better able to provide the excellent care our patients deserve. We call on Montefiore to invest in us through a union contract, and to invest in The Bronx, including restoring the clinics at Fordham Plaza and Grand Concourse.



Safe staffing, No More Out of Title Work

Safe staffing means we can provide our patients the care they deserve. Time we spend on tasks like patient transport or phlebotomy is time our patients miss with their doctors.



An Increased Commitment to Housestaff Career Development & Training

Many of us have to cover the cost of essential equipment or travel to far-away rotation sites. We should preserve and expand our access to conference funding and time off for conferences and interviews as we build our careers—and Montefiore's reputation.



Support for Parents and Families

Having a child during your residency or fellowship is hard! Childcare stipends, adequate lactation suites & expanded parental leave time policies would make it better.



SCAN ME! TO SIGN ON!

‘Time’s up’: Santa Clara County doctors to strike



by Tran Nguyen

OCTOBER 19, 2022





**Valley
Physicians
Group**



FOR IMMEDIATE RELEASE

October 28, 2022

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Breaking:

County of Santa Clara and Valley Physicians Group Reach Tentative Agreement; Avoid a Strike

Linking workplace and political organizing



How does union organizing politicize workers?

- Link workplace problems to political decisions
- Engage coworkers in issues **THEY** care about to start
- Learn by experience what can be won on the job vs needs political intervention
- Building bonds of solidarity with people different than you
- Engage in a democratic socialist organization as a means of aligning the labor movement with progressive ideals

Case example: CIR endorses Single Payer



Housestaff for a Democratic Union

Slate Platform

The Housestaff for a Democratic Union (HoDU) slate is running for the Executive Committee of the Council of Interns and Residents (CIR) on the premise that a strong CIR union:

1

Must be democratically run and grounded in labor organizing principles.

Democratically run unions require full transparency, competitive elections between different organizational visions, and regional/national structures that permit members to guide the organizational priorities.

2

Must negotiate strong contracts that protect our members and our patients.

Strong contracts are won by member-led bargaining with mass participation, refusing to accept concessions at the bargaining table, and always “bargaining for the common good” of the local community.

3

Must take stands on the important issues that affect all housestaff as a class.

Our union, as a medium for our collective power, should be used to support Medicare for All, the elimination of both medical and medical school debt, and the equitable treatment of all of our patients.

Case study: CIR's National Abortion Task Force



Together We Rise

Our Union Gets Us Through It All

Keeping the Pulse of Residency | Summer 2022



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Keeping the Pulse of Residency | Summer 2022



CIR National Platform on Abortion Care

CIR Stands Committed To Reproductive Justice. As physicians, we acknowledge that reproductive healthcare is inextricably linked to systems of oppression and that the US medical system plays an integral part in perpetuating injustice. This is why it is important for us as providers to speak up and be clear in advocating for the well-being of our patients. We believe that abortion care IS healthcare and that our ability to provide safe, evidence-based, comprehensive healthcare should not be limited by partisan legislation that is rooted in systemic oppression.

We oppose all limitations on patients seeking the full spectrum of reproductive care, including: the right to prevent pregnancy with contraception, the right to become pregnant, the right to become a parent, and the right to a medical or surgical abortion.

CIR is committed to fight to:

Protect Patients & Providers No pregnant person seeking abortion care should face civil or criminal liability, nor should a provider face civil or criminal liability for providing abortion care.

1. Patients seeking abortion care outside their home state must be protected from investigation or prosecution, and the use of government resources to cooperate with such attempts is strongly opposed.
2. Abortion providers who are providing legal abortion care as allowed in one state must be protected from extradition, arrest, and legal proceedings in other states with more restrictive abortion laws, and the use of government resources to cooperate with such attempts to do so is strongly opposed.
3. All healthcare settings must commit to keeping patient information confidential and must take steps to ensure their electronic medical record (EMR) cannot be audited or made available to any outside parties.

Protect the Integrity of Abortion Training Patients cannot receive high quality, safe, and evidence-based care if physicians are not trained to clinical competence during residency or fellowship. Anti-choice legislation puts patient lives at risk by limiting the opportunity for residents and fellows to access competency-based training that meets accreditation standards in the full spectrum of services available within their specialty.

4. All Family Medicine, OB/GYN, and Emergency Medicine residency and fellowship programs involving labor and

PNHP at work- becoming a workplace organizer



Why should PNHP members organize at work?

- Recruit and politicize coworkers
- Address concrete issues, draw people into bigger struggles
- Even if we win, landscape very different than when PNHP plan written
 - Can we trust these corporate and large non-profit players under single payer?
 - How can we hold them accountable or even wrest control of healthcare service planning from them?
- Organizing at work to counter rising employer (and anti-single payer) power

Organizing as a theory of change

Models for effecting change:

- Advocacy
 - Small groups making change on their own
- Mobilizing
 - Issue-specific
 - Broad turnout to one-off events
- Organizing
 - “Bounded constituency,” ex. A workplace, a university, etc
 - Target: a **majority** of workers taking action regularly
 - Outcomes:
 - Develops new leaders
 - Elevates power relative to their boss (or admin!)

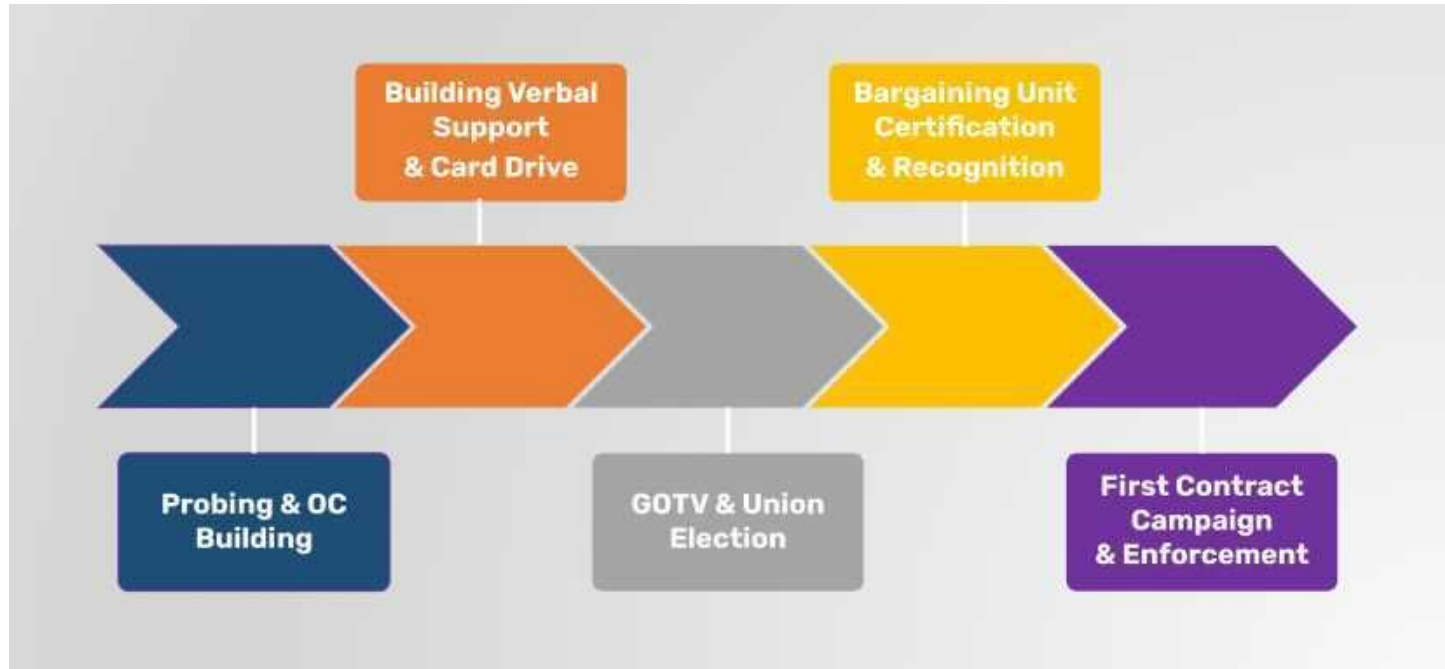
Thinking like an organizer

- Don't assume your issues are other people's important issues: ask them!
- Start with people who are likely to be allies
 - Any other PNHP members at work? Who else cares about social justice?
- Form a group of providers from across disciplines to talk about how to improve conditions at work
- Link political concerns (single payer!) to workplace problems
- Organize at work to win incremental gains while building political power
- If you're already in or will be in a union- get involved! Run for office! Look to reform and radicalize it

Identifying leaders

- You want to speak to people who are well respected and have followers
- Think about people in your workplace... what makes them a leader?
- Identifying leaders
 - Who needs to be involved for the union to be successful?
 - Who is respected?
 - Who has a network?
- Leaders are not always...
 - The loudest
 - The ones already involved

Process of building a union



A New Doctors' Union in the South Is a Model for Health Care Organizing

BY
JONATHAN MICHELS

Doctors' unions are rare in the US, and unions comprised of both physicians and other medical providers are even rarer. But in North Carolina, a group of medical providers has successfully organized an interprofessional union.



Operating room in a Mobile, Alabama, hospital, circa 1900. The doctors and nurses pose before operating on a patient. (Bettmann / Getty Images)

<https://jacobin.com/2022/10/doctors-union-piedmont-health-care-north-carolina/>

Thanks so much! Questions?

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Resources

- Starting a CIR chapter: <https://www.cirseiu.org/organize/>
- Emergency Workplace Organizing Committee (EWOC): <https://workerorganizing.org/>
- Labor Notes: labornotes.org
 - Especially Secrets of a Successful Organizer: <https://labornotes.org/secrets>