

Union organizing- residency and beyond

Andy Hyatt, MD

SNaHP Training at PNHP Annual Meeting 2022

Special thanks to several CIR staff who helped with a prior version of this presentation, including Ira Washburn, Joon Kang, Eric Peterson, and Sejel Barbera

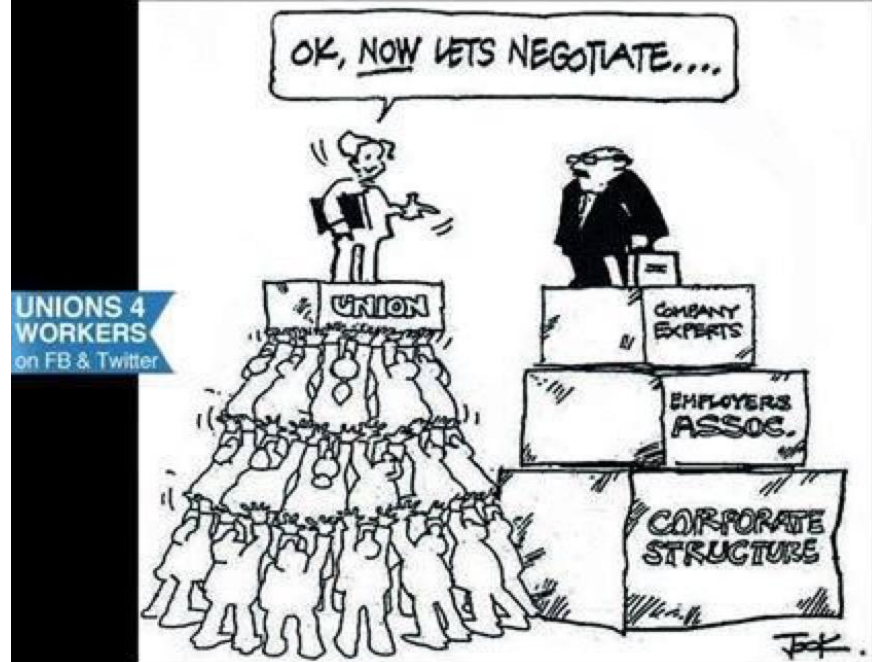
Union basics



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 should residents (and all 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**

So what's it like to be in a unionized residency?



**Unions sounds cool, but what about
single payer?**



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.

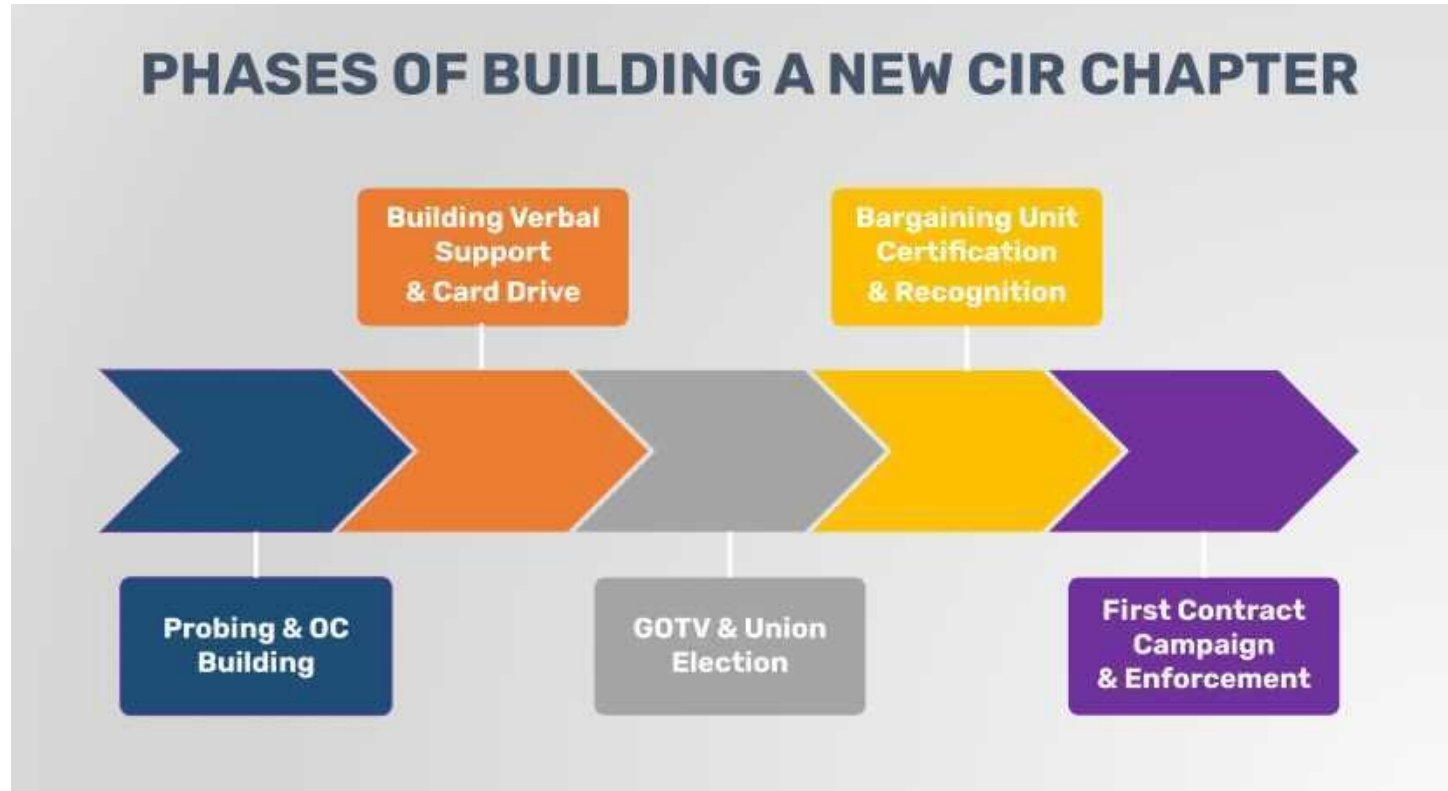
Strong contracts are won by member-led bargaining with mass participation, refusing to accept concessions at the bargaining table, and always “bargaining for the common good” of the local community.

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.

Sounds great, how do I get one of them unions?



Organizing and mapping- thinking like a union leader



Organizing as a theory of change

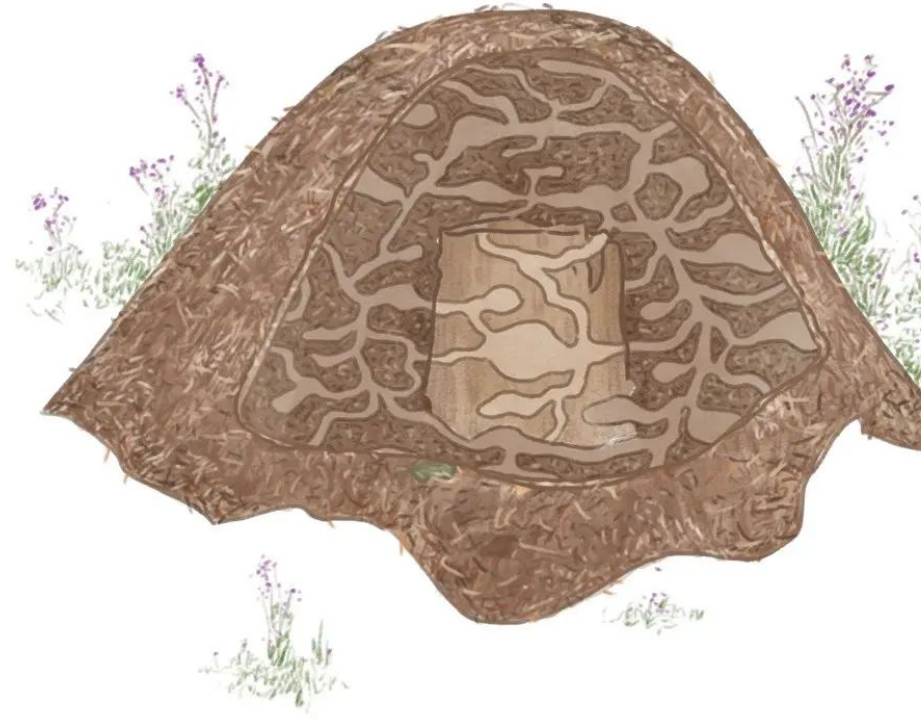
Models for effecting change:

- 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 (or students) taking action regularly
 - Outcomes:
 - Develops new leaders
 - Elevates power relative to their boss (or admin!)

People are already organized

- All workplaces inherently have some form of social organization
- We're not building a new social organization but grafting onto existing ones

In what ways are our workplaces and medical schools naturally social and/or organized?



Natural Leaders are everywhere!

Leaders are people who have *followers*.

Every workplace has informal leaders who aren't elected or appointed; they just *are*, and they influence others in their group

There's multiple leaders in a workplace! Often tied to social groups and work groups. Someone might just have one or two followers.

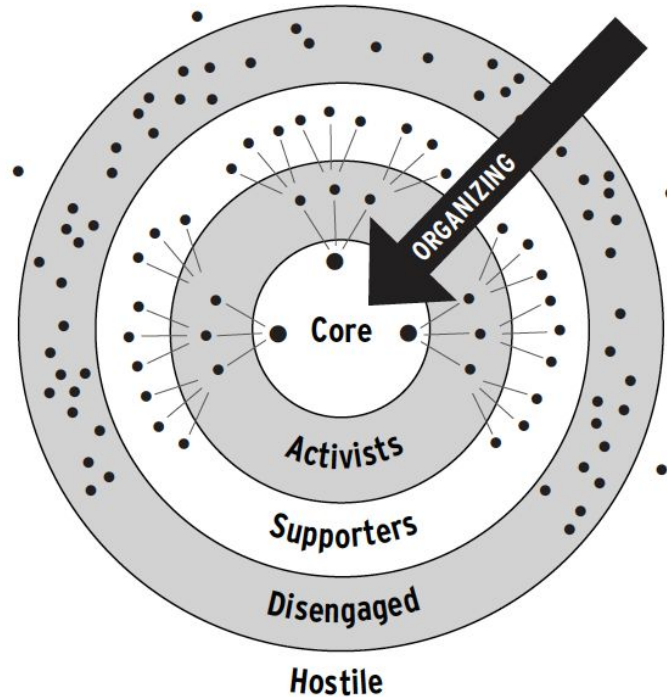
Leaders are respected and they can *move* their colleagues

**Think about possible leaders
in your class...**

what makes them a leader?

Bringing Leaders Together as a Team

AIM FOR THE BULLSEYE



Organizing Process

1



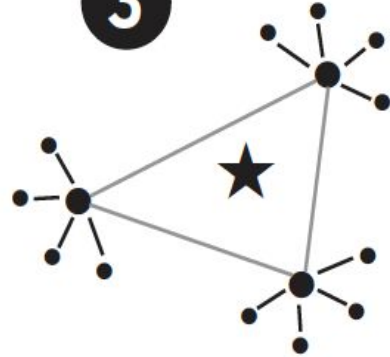
Organizer has
one-on-one
conversations.

2

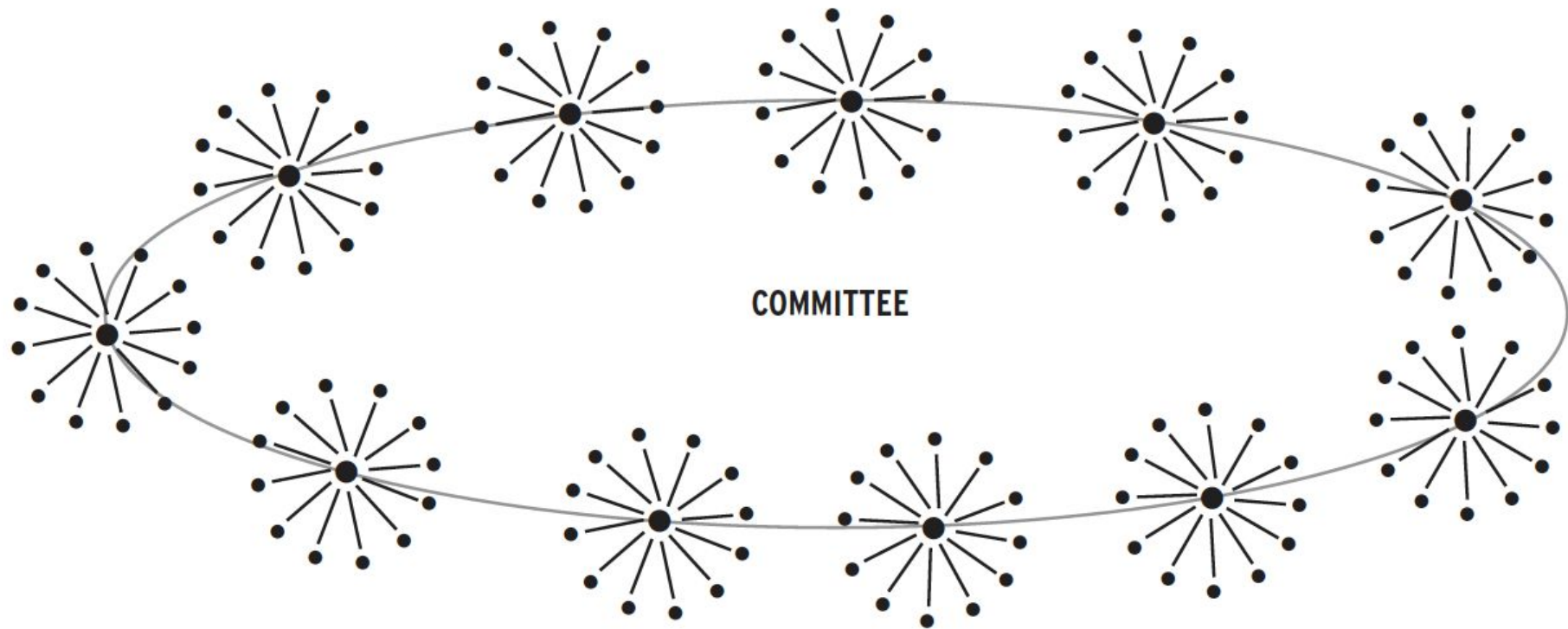


Organizer
identifies
leaders.

3

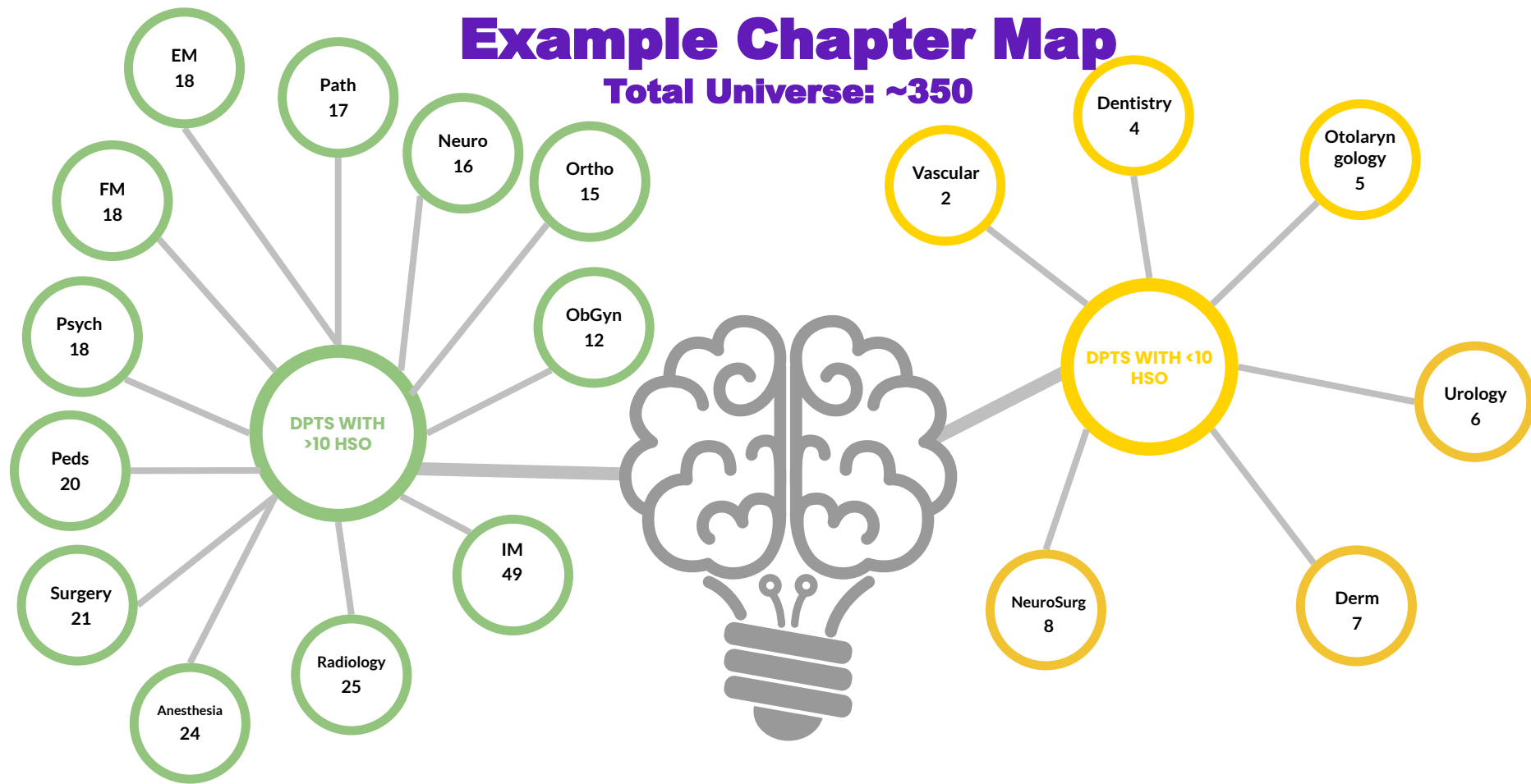


Organizer
recruits
leaders to
organizing
committee.



Example Chapter Map

Total Universe: ~350



Where do we start?



GET A LIST!

It's the Best Place to Start

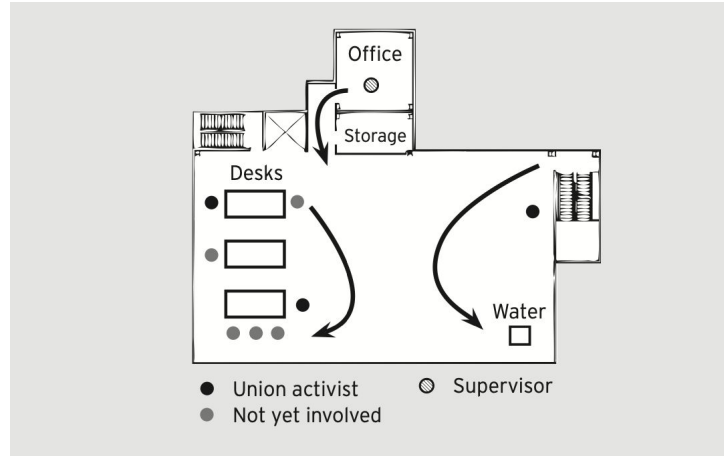
Mapping

Drawing a map will help you bring work groups, social groups, and their leaders to light.

This visual tool will help you and your fellow organizers pool your knowledge to see..

- who's where
- who looks up to whom
- who hangs out with whom
- and who's facing the same problems

Charts & Maps



First	Last	Work area	Job	Shift	Cell phone	Email	Wage	Steward	Safety petition 10/31	Grievance training 11/10
Wanda	Smith	X-Ray	Tech	Day	123-456-7890	wandasmith@123.com	\$15.02	X	X	
George	Hernandez	Med Rec	Clerk	Eve	234-567-8901		\$16.73		X	X
Silvia	Pham	Surgical	CNA	Night		phams@34567.com	\$14.15		X	

Scenario: You want a majority of your medical school to sign onto a SNaHP campaign. How would you go about this?



MAP OUT HOW PEOPLE CONNECT

By Identifying...

- Groups
- Leaders
- Union or issue support

Identifying Groups

Look for both work and social groups of people by asking yourself questions like...

- Who works together?
 - Within and across specialties, rotation sites, and PGY levels
 - Who commutes together?
 - Who hangs out after work?
 - Who participates in student orgs?
-

Identifying Support

Identify support in two groups:
Leaders & Supporters

For leaders, ask...

- Who is already participating?
- Who has helped in the past?
 - Examples
 - Gathering petition signatures
 - Distributed literature or materials

For Supporters, ask...

- Who participated in the past?
 - Examples
 - Signed a petition
 - Attended a meeting or event
- Who is a dues-paying member?

Activity! Make a map



Analyze Your Mapping

What did we find?

Now that we all the information, what does this tell us? Take some time and ask...

- Are there any patterns?
- How does news travel?
- What new questions does this map raise?

You can also use your mapping information to identify areas and leaders to focus on such as...

- Specialties, rotation sites, PGY _____ levels with no contact

Thanks so
much!
Questions?

Email: andrew.s.hyatt@gmail.com

Twitter: @andy_hyatt_

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>