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New York resident physician evaluates the strike at Elmhurst hospital

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Resident physicians in New York are showing an increasing willingness to fight against intolerable conditions and poverty wages. The Committee of Interns and Residents (CIR), however, is doing its utmost to keep a lid on its members’ anger and enforce the hospitals’ priorities.

Militancy among the residents at Elmhurst hospital forced CIR’s leadership to schedule a limited, five-day strike in May. But after only two days, the union abruptly ended the strike and announced a tentative agreement with meager raises. Before and after the Elmhurst strike, CIR issued last-minute proclamations to call off strikes at Jamaica and Flushing hospitals and Mount Sinai Morningside and West.

Tyler, a first-year resident at Elmhurst hospital, spoke about the strike at his workplace with the *World Socialist Web Site.* His name has been changed to protect his anonymity.

Erik Schreiber: What does your job entail?

Tyler: I have all the treatment duties of an attending physician, but residents work under attending physicians’ licenses and malpractice insurance. We go through two-to four-week rotations in various areas of the hospital and different services such as inpatient wards, outpatient clinics and even tertiary services for the community. When I am assigned a patient, I interview, treat and follow up as indicated. I am also responsible for didactic work, as it is a training program. The Accreditation Council for Graduate Medical Education (ACGME), the governing body of residents, requires us to fulfill certain criteria for graduation to get a full, unrestricted medical license at the end of residency. That allows us to work independently.

ES: How would you describe your working conditions?

T: Depending on my rotation, clinical duties and call schedule, I work anywhere from a minimum of 50 hours to a maximum of 80 hours per week at the hospital. That’s reported to the ACGME. On my most recent rotation, I was working 72 hours per week. That’s essentially double the workweek of an average blue or white-collar worker. New York’s Libby Zion law limits the amount of work to 80 hours per week, but that limit applies to an average period over four weeks. So, one can work 100 hours one week and then work 60 hours the next week, and that is considered within the duty hours, because that would average out to 80 hours per week. The schedule is variable. It’s taxing.

My pay as a first-year resident is around $68,000 per year. Averaged over an 80-hour workweek, it comes down to $16 per hour. That’s a figure to balk at when you consider that to become a resident, one has to complete four years of college, then complete four years of medical school, then go on to residency. The cost of living in New York City is high. A market-rate apartment in Queens, maybe, is $2,000 per month. Using New York’s “40-times” rent rule, one would need to have a salary of $80,000 per year to qualify for a $2,000 apartment lease. This shows how inadequate the salary is.

Along with that, we work within our country’s insurance-based healthcare system. The insurance company bills the patient for a larger amount than I receive. Let’s say I counsel the patient on smoking cessation. The hospital would bill the insurance company something like $85, let’s say, for a five-minute conversation about that. Yet I would see none of it. That’s inherently a problem of the insurance-based healthcare system. I do not feel that the amount of work that I do is represented in my compensation of $16 per hour in an 80-hour workweek.

ES: How would you describe the community that you serve?

T: The community that we serve is possibly the most multicultural population of any hospital in New York City. Every one of my patients on a single day might be from a different country. They might speak different languages. We accommodate that with interpreter lines. We respect people’s cultural practices and preferences. The community that we serve is mostly impoverished. Many of the patients don’t have insurance or are covered under emergency Medicaid. Most of these patients are not able to pay for the services that they receive without insurance coverage. Thankfully, the hospital can negotiate lower payments or waive them for some patients. Sometimes the hospital has to take a loss on the care of these patients, but as a city community hospital, this is a given.

I enjoy the work that I do for all the patients that I see. I’ve even started learning Spanish to talk to our patients. I find that it develops better rapport. Patients are more willing to open up and tell you what their real problems are when you’re talking in their mother tongue.

ES: Why did you and other residents strike recently at Elmhurst?

T: We struck because there seem to be two different worlds of residents employed by Mount Sinai. I work at Elmhurst hospital, which is affiliated with Mount Sinai hospital. We rotate through Mount Sinai hospital. Our checks are signed by Mount Sinai hospital. The union also negotiates with Mount Sinai hospital. We have been out of a contract since fall 2022 and we were clearly seeing that there was a divide between Mount Sinai residents and Elmhurst residents.

Trainee doctors at both hospitals do the same type of work. We rotate through their hospital, and they rotate through our hospital. We see the same patients. We do the same procedures and give the same treatments, yet we are compensated differently. On top of a larger salary (I believe it was around $74,000 for a first-year resident), Mount Sinai residents have additional benefits such as subsidized housing and no-cost Uber transportation at certain times (late at night or early in the morning, when it would be unsafe to travel by street or subway alone). Elmhurst residents, on the other hand, have none of those benefits.

We went into negotiations through the union with Mount Sinai hospital to bring into congruency the effort that we put into our work and the outcome. We felt that we weren’t being treated fairly, when compared to Mount Sinai residents. And so, through nine, going on 10 months of

negotiations, we had asked for additional benefits and salary increases. The counter-offers that we received, quite frankly, were not appropriate. A 2% increase to salary each year for the next three years, when the inflation rate is skyrocketing. I believe that at that time it was 7%. It did not make sense.

ES: What do you think about the way that the strike was led?

T: The union membership was the tail, and the leadership was the head, the legs and the body. Whenever a directive or strategy came down from the leadership, it would filter down through the union representatives, who would amplify the message to the union membership.

There was little opportunity to make any counterpoints within the union. When the general union membership gave opposing views, the union representatives would all reply, flooding the chat, trying to speak over the opposing views. The only way that one could dissent was to continue dissenting.

Polls to understand the thinking of the union membership were conducted hastily without the full union membership present, without notification to the union membership and without honest follow-up. It was messy. The full strategy was never communicated to the union membership. There was an issue of transparency, as well.

ES: What is your opinion of the tentative agreement that CIR negotiated?

T: The strike wasn't successful. It felt like a failure. The agreement [that Elmhurst offered] beforehand was nearly identical. We got an additional $2,000 ratification bonus.

Earlier in the year, the nursing union [i.e., the New York State Nurses Association or NYSNA] won an 18% raise over three years. The strategy given to us was that it was capped: there was no way to negotiate past an 18% increase. The union leadership told us that we had to accept raises of 7%, 6% and 5% yearly: essentially equivalent to what the nurses' union received. We would not have any chance to negotiate higher raises, so that the nursing union would not counter-negotiate to receive a raise themselves. We were in competition for raises, and they wanted us to be on even territory. When we asked for a higher raise, they would automatically deny it. That was the message that the union leadership was telling us.

There were negotiations about hazard pay and transportation benefits such as the Uber benefits that the Mount Sinai residents receive. On both of those points, there was no set agreement made. There was only a tentative agreement that there will be a committee formed to evaluate this and further discuss it. But in the hazard pay benefit, there was a set deadline for the end of negotiations. If the committee can't reach a decision, it would go through arbitration. For the transportation benefit, there was language about the formation of a committee, yet there was no set deadline for a decision to be reached, leaving it as what feels like an empty promise.

A moonlighting benefit was written into the agreement. Moonlighting, for residents, is one of the benefits that I was looking forward to, where one could earn a good amount of money per hour, something closer to an attending physician's wages. I could always work a little bit more.

But overall, the contract negotiations were not a success.

ES: CIR called off a strike of resident physicians at Mount Sinai Morningside and West at the last minute. In May, it did the same thing to residents at Flushing and Jamaica hospitals. Would you have favored a united strike of residents at Elmhurst, Mount Sinai Morningside and West, Flushing and Jamaica hospitals?

T: It would be something to see all three hospitals strike at the same time, but there were some logistical issues that did not necessarily allow that to happen. We had conversations about a unified strike. I was opposed to it. The chief reason was because we would start striking on June 8. Our conversation was taking place in the middle of May, so there would have been a long wait before we went on strike. I felt like we had momentum. The press and the community were starting to talk about it. The hospital administration was starting to talk about it. I was for an earlier strike, because we would have had more of the membership on board. The union membership voted in one of those hasty votes against a unified strike and for an earlier strike.

In terms of the power that we would have had, we would have made a resounding impression. The impression currently is that we made an article in the *New York Times*, and that's it. That sort of pressure on Mount Sinai might have gotten them to negotiate a counteroffer for a better contract than we got.

There was also this thought that Morningside and West would have different priorities than we Elmhurst residents, and Morningside and West would be the big fish in the pond. Our strike actions would have paled in comparison to theirs. Our final-year residents who were graduating would be less interested in striking. Incoming residents after July 1 would be completely caught up in this strike, and the union leadership wouldn't have a chance to give them the message of what we're doing and get them up to speed. I supported an earlier strike because of these reasons.

However, our strike was not successful. Maybe if we did strike with Morningside and West, it could have gotten us a better contract.

ES: What are your thoughts about CIR?

T: Initially, that it was a residents' union, and I was part of the 18% of residents who were lucky enough to be unionized, and that we were going to have more negotiating power against Mount Sinai. I was optimistic. But now my thought is that what the union leadership says goes. It's run by the leadership, not a union run by the members. It does not stay true to the tenets of what a union should be.

Earlier in the year, there was a conference for CIR unions where the leadership met up. There were prerecorded talks given by key Democratic figures, and there was a push to invite as many local Democrats to speak to us, to "represent us," to be with all of us as we put our careers on the line, while they were in front of the cameras, getting B roll for their next re-elections. It didn't feel like there was support from these members of political parties. If there was, it didn't matter, in terms of securing a better contract. [My attitude] went from optimism to pessimism.

ES: Union leaders would not allow you to ask for raises higher than those that NYSNA nurses got, which barely keep up with inflation. You said that the union presented residents as being in competition with nurses for raises. But nurses and residents face many of the same conditions. What do you think about the prospect of residents and nurses joining forces to fight for better wages?

T: I think that would be more sensible than having this dual effort. If there were to be a healthcare workers' union, then not only residents, but also nurses and other staff could negotiate for benefits that would help us all out. Everyone works in the same setting. For example, if the residency negotiated a hazard pay benefit, then why not extend that across all the services working in the hospitals? That means doctors, residents, nurses, janitorial workers and service workers.

When the COVID-19 pandemic hit the hospitals, a lot of the staff deaths were among administrative staff who were working in offices rather than with the patients. Hazard pay should extend to everyone working in the hospital. That would be a solution that would allow us more negotiating power and would circumvent this problem of being in competition with the nurses' union, whereas we could be in cooperation with them.

ES: The union leadership limited the Elmhurst strike to five days. Then it ended the strike after only two days, having reached an agreement that was little different from management's original offer. CIR sent residents back to work before you could vote on or even study the agreement. What do you think of these decisions?

T: I think they discourage the future membership of the union.

When the final contract negotiations were completed, they were done early in the morning without warning or notice to the union membership. I

imagine that a near majority of the union membership did not join these negotiations. But the contract negotiations were already predestined: the CIR leadership's counter-proposals were already written down without any more input from the union members. To delay the union leadership in agreeing to or presenting these terms would have been the necessary strategy to continue negotiating on the contract, continue the strike and get a better contract.

This was all driven by the leadership: the contract negotiations, the acceptance of the counter-proposals and the return to work. We got to the strike through a majority vote for its authorization, with a majority of union members voting. The decision to terminate this strike was a bit premature. I would have understood it better if we had had a strike that did not have a set end date, where those tactics could be more appropriate. But we had a set end date for the strike. We had an agreement that we would return to work, so offering a weaker contract to Mount Sinai and returning to work or ending the strike earlier was a strange move. It didn't seem like a strategy that would benefit the union members.