

Residents and Fellows' Organizing Efforts Frequently Asked Questions

Updated March 10, 2022

Since we filed for a union on behalf of a supermajority of our fellow residents and fellows, Stanford Health Care and GME have sent out this FAQ to program leadership, residents, and fellows. **To provide balanced information and share insights from our year-plus of organizing efforts, your housestaff organizers compiled our answers to the same questions to help dispel misleading information, and recenter the focus on what we stand for.**

Even though these answers are in response to what came from Stanford, we want to stress that our goal is to be the voice of residents and fellows, which includes advocating fiercely for anything that supports our programs and program leadership. **In organizing, we intend to advocate for a bigger voice and increased resources, instead of simply debating how to divide a wholly inadequate pool of resources.** After we win our election, we hope that our programs' leadership will provide their input and collaborate in creating an environment at the cutting edge of resident/fellow experience and training.

We would love to hear from you. You can find this and more on our website: www.stanfordhousestaffunion.org, or by emailing us: stanfordhousestaffunion@gmail.com.

Our Commitment to Residents and Fellows

1. What is Stanford Health Care's perspective on the efforts of residents and fellows to have CIR/SEIU be their union representative?

SHC Says: Consistent with our values, we respect the rights and opinions of all our residents and fellows and believe it is up to each of them to choose whether or not to join a union. It is every resident and fellow's decision, and, under the National Labor Relations Act, each resident and fellow has the right to express their views on union representation through a secret ballot election conducted by the National Labor Relations Board (NLRB).

We Say: Yes, residents and fellows have a federally protected right to organize, and we appreciate Stanford allowing us to have a free and fair election. Before filing, we had conversations with a supermajority of residents and fellows who have already indicated by signing cards that they would like to be represented by our union.

2. How will a possible residents' and fellows' unionization effort impact the graduate medical education experience at Stanford?

SHC Says: The success of our residents and fellows' experiences depends greatly on the direct relationship they have with their program leadership and clinical program departments. We value our ability to have first-hand conversations about how we can improve, what tools or resources are needed, or why we should rethink specific approaches. This direct relationship has allowed us to respond to feedback we receive, find solutions in real

We Say: We agree that direct conversations are needed between housestaff and their clinical departments. As housestaff, why would we want our union to interfere with productive conversations between housestaff and their departments? A housestaff union will not interfere with these productive conversations. Many program directors at other unionized residencies (e.g. UCSF) have found regularly-scheduled labor management meetings helpful, as both union housestaff representatives and management are present.

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time, and work in tandem to design an experience that is meaningful and rewarding for every one of our residents and fellows.

This direct relationship between our physician trainees and their clinical departments will change should our residents and fellows unionize because that relationship will then be between Stanford Health Care and the union. The customized training experiences that each department has developed, including electives, team structures, resources and stipends, will have to yield to a universal approach, with the union representing the collective voice of residents and fellows.

3. Would residents and fellows have a stronger voice if a union represented them?

SHC Says: We don't think so. Here's why: We believe that when residents and fellows have their own voice and the ability to express their opinions and desires directly to us, it is more powerful and effective for them and our patients. In a union environment, those messages may be factored in with many other potentially competing voices, and then delivered to us by the union through filters. This "indirect method" may not accurately or completely express individual views.

While solutions successfully negotiated within a department do not need to be brought up to the union, PDs who have run into limits from management have found these meetings as a way to facilitate expeditious resolution. Additionally, the union will be a peer resource for housestaff who do not feel comfortable having certain conversations with their departments.

The union will represent the collective voice of the housestaff, but the voice of the housestaff would not mandate a 'universal approach' to electives and team structures, as we recognize that this is not how clinical care is conducted. A contract negotiated by the union would put into place a 'universal floor' for each represented resident and fellow, to ensure that everyone is receiving sufficient benefits. **However, this is not a 'ceiling' - there is nothing inherent to a union contract that would limit additional department-specific resources and stipends from being granted. Holding back those additional benefits would be purely at the discretion of the department and the GME.** As an example, UCSF's union contract states, "[Programs may provide funds to Residents and Fellows for educational purposes. It is not the intent of the University to reduce any benefits in place as of the effective date of this Agreement.](#)" Indeed, many other residency union contracts enshrine department-specific benefits into their contracts.

We Say: We as housestaff lead our union, and we understand what works best for our individual programs (and that each program is very different). We believe that housestaff have a stronger voice with a union, as this gives housestaff (and their allied programs) a seat at the table to negotiate directly with hospital management about the issues that matter to them. We have seen both in programs and the GME instances where progress is limited by hospital-level policies that are out of their control. Housestaff will continue to engage with their leadership as normal, but will be empowered by the collective strength of the union.

As it stands, when housestaff "express their opinions and desires directly" to leadership, it is up to leadership to decide whether they take those opinions and desires seriously. Unfortunately, over the past year of advocating for housestaff interests within the existing

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system our GME representatives have found that our concerns often fall on deaf ears. Unionization and collective action give us an avenue to advocate directly for our interests, and not wait for other people to advocate for us.

4. Does this mean a union contract is a "one-size-fits-all" agreement across all departments?

SHC Says: Yes. Under a union contract, residents and fellows across departments may find themselves subject to a "one-size-fits-all" situation. The union will become the exclusive bargaining representative for the entire group, making it difficult to consider the unique needs and preferences of all residents and fellows and their departments. This means what may be important to specific training programs may not be on the top priorities of the negotiation committee.

We Say: Our negotiation committee is made up of housestaff, and we are actively seeking broad representation from each and every department so that all voices and interests are adequately represented during bargaining ([get involved!](#)). This is not a "one-size-fits-all" agreement, but rather a "no department left behind" agreement (see Q2)

5. How can we as chairs, program directors and faculty support our residents and fellows?

SHC Says: Our residents and fellows value the relationship they have with their department chairs, program directors and faculty. This direct, trusted relationship is critical to the success of their training experience.

We thank you in advance for:

- *helping ensure they have all the facts and information needed to make a fully informed decision about what unionization could mean for them.*
- *encouraging them to vote so they can express their own perspectives.*

Given how vital this decision is, we want to make sure residents and fellows have all the facts and information needed to make a fully informed decision about what unionization could mean for them.

These are important discussions, and we'll be providing you with additional information to share with residents and fellows that reinforces our commitment to supporting all their training at Stanford Health Care through a highly competitive total compensation and benefits package, and the many ways we have been able to work together and

We Say: We absolutely agree that residents and fellows need to have all the facts, and we need to have a strong turnout at the election! Please encourage your residents and fellows to vote, and direct them to www.stanfordhousestaffunion.org to read our FAQs. We are happy to speak with any housestaff or faculty to answer questions directly! Housestaff are invited to weekly virtual or in-person happy hours to answer questions (more information on website).

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improve the program and hopefully their experience for the better.

6. How should we engage with residents and fellows during this election process?

SHC Says: We want and need our leaders to be effective communicators on issues important to our residents and fellows, including the topic of unionization. Do talk about facts, the law, opinions and experiences. Do discuss the implications unionization will have on your department's training and education program, and on the direct relationship that residents and fellows have with their respective clinical departments.

You must always respect that all residents and fellows have a legal right to choose to be represented or not by a union. Any actions that threaten, interrogate, make promises, conduct surveillance or discriminate are in violation of the National Labor Relations Act.

We Say: We want to have open and honest communication with both housestaff and faculty regarding the union. We understand that many program directors may have questions about how this will affect their program and interactions with their residents and fellows - it is also a top priority for us to avoid any negative impact on how our programs are run. Please feel free to reach out to any of us to have a conversation! We affirm that the National Labor Relations Act protects employees from employer behavior that threatens, interrogates, makes promises, surveils, or discriminates - however there is nothing prohibiting general conversation!

Election Process and Voting

7. What's the latest update on the union process that is underway?

SHC Says: A formal petition has been filed by the Committee of Interns of Residents, SEIU with the NLRB regional office. This means that a secret ballot election will take place where residents and fellows will vote on whether or not they wish to be represented by the union.

The NLRB will decide on the election details, but we anticipate the election will take place in 3-4 weeks and will be a mail ballot election where residents and fellows will vote by mail.

We Say: We are looking forward to a fair election free from interference. Mail ballots will be sent to the entire house staff on March 31. Ballots must be returned to the NLRB by April 28, so we encourage everyone to vote as soon as possible after receiving the ballot. Ballots will be counted by the NLRB on May 2. We will provide more details soon.

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- 8. Does this mean residents and fellows are already unionized?**
- SHC Says:* No. Residents and fellows are not represented yet by a union, which is why it is important for every resident and fellow to know how critical it is for them to participate in the election by voting so their voice can be heard.
- We Say:* Correct. Although Stanford had the option to voluntarily recognize the existing supermajority of resident/fellow support (nearly 1000 housestaff), they chose not to do so - the process now goes through a formal National Labor Relations Board election.
- 9. Why is it critical for all residents and fellows to vote?**
- SHC Says:* The outcome of the election is determined by a simple majority (50% +1) of only those who actually vote.
- For example:*
- 1,450 Eligible Voters
 - 200 Vote (101 vote Yes for the union; 99 vote No)
 - Result: All 1,450 eligible voters are now represented by the union, even those who voted no or didn't vote at all. You cannot opt out.
 - Remember: there is no opting out of union membership or dues if this passes
- That is why it is so critical that eligible residents and fellows to vote so their voice is included in this important decision and that they understand their vote impacts all residents and fellows in the future.*
- We Say:* We already have supermajority support based on 65% (nearly 1000) housestaff who have signed cards of support over the past year. **It is incorrect** to state that “you cannot opt out of union membership or dues”. [The facts are:](#) You can opt out of union membership (you will not be able to vote on the contract or other union matters). Non-members receive the benefits of being in a union but typically have the option to pay a “fair share fee” that is less than dues. This fee covers their fair share of the costs related to bargaining (e.g. costs related to negotiations, staff, etc.). We agree it is critical to vote - please be informed!
- 10. What can we expect during the election process?**
- SHC Says:* We can expect that the next several weeks will be an intense and emotional time for everyone involved. We ask that you reinforce with residents and fellows to always be respectful of everyone's views and remember that we are all connected in our shared commitment to providing the very best care for our patients.
- We Say:* We want everyone to come to their own decision without being influenced by misinformation.
- 11. How will residents and fellows know if they are eligible to vote in the upcoming election?**
- SHC Says:* Once the final voter list has been determined by the NLRB, all eligible job positions will be included on the NLRB election notices posted throughout the hospital. We will also communicate those details to residents and fellows.
- We Say:* Correct. Make sure to update your address in MyWorkDay to ensure you receive your ballot!

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12. Is the voting privacy of residents and fellows protected?

SHC Says: Yes. The NLRB oversees and conducts the secret ballot election to ensure that residents and fellows' privacy is protected. Ballots will be anonymous meaning no one will know how someone votes unless they choose to share that information.

We Say: Correct.

Negotiations/Collective Bargaining

13. What is collective bargaining? Unions often talk about what they will get for employees -like more pay, better benefits, and improved working conditions. Can a union guarantee this outcome?

SHC Says: During a campaign, unions have significant leeway to "promise" higher wages, more benefits and other changes. However, CIR/SEIU cannot guarantee any of that will actually happen. Collective bargaining is a give-and-take process between management and the union to discuss wages, benefits and terms and conditions of employment. There are no guarantees. This means that the highly competitive total compensation and benefits package residents and fellows already have today both from the hospitals and individual departments goes on the negotiation table and must be bargained anew. At the end of bargaining, they may get the same, more or less.

We Say: CIR/SEIU cannot promise any changes in benefits! It is up to housestaff to negotiate for the improvements in benefits and working conditions that matter to them. However, union members must still vote to ratify any negotiated contract - and there is no reason why we would vote on a contract that gives us less. Our current benefits, including our health insurance, also cannot be taken away by the hospital as this would constitute retaliation. Our current contract and benefits remain the 'floor' while we negotiate a new contract.

14. How long can it take to negotiate a contract?

SHC Says: On average, first contracts can take over 500 days to negotiate. There is no set timeline for reaching an agreement. This means that even if the decision is made to create a union, the outcome of the negotiation may not occur for another 18 months.

We Say: Contract negotiations do not have to be a long, drawn-out process [unless either party is failing to negotiate in good faith](#). Housestaff are ready to bargain and intend to get it done in a timely manner, and we ask that Stanford have the same commitment.

15. What happens during bargaining periods?

SHC Says: During the lengthy bargaining period, there is a legal requirement called "status quo" that requires wages and other terms and conditions of employment to remain the same throughout unless both parties agree to make changes.

We Say: When workers unionize, all existing benefits and other working conditions become the established terms of employment that we start to bargain from and that cannot be unilaterally changed by an employer. In addition, an employer may not reduce or even threaten to reduce current wages or benefits in retaliation

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In some instances, during this status quo period, the hospital may choose to provide new benefits or enhance current ones for its workforce. As part of this process, those enhancements may not be made available to the group represented by the union for quite some time due to the status quo obligation and the practicalities of union negotiations. For example, we have learned of an organization that enhanced parental leave benefits and added health care coverage for gender identity surgeries. These new benefits were immediately available to those not represented by the union but unfortunately, they were delayed for the union represented employees because of the pending negotiations over a first contract.

16. Do you have to pay dues regardless of whether you voted for the union or not? How much are the dues?

SHC Says: Yes. Should this pass, all fellows and residents will have to pay dues regardless of how you voted.

According to CIR/SEIU, dues are 1.6% of your gross salary. This means for residents and fellows who are PGY I, II and III, union dues will be approximately \$1,200 per year.

You will be asked one question on the secret ballot: Do you wish to be represented for the purposes of collective bargaining by CIR/Service Employees International Union?...In California, CIR/SEIU has historically and consistently negotiated contract clauses that requires all Residents and Fellows to become members of the union and to pay union dues as a condition of employment - which means if dues are not paid, then the Resident or Fellow would be dismissed from their training program.

for support of a union before the NLRB election. The employer also may not promise to give a benefit in exchange for not unionizing.

We Say: All housestaff will receive the benefits conferred by the negotiated contract, and no housestaff will have to pay any dues or fees until the contract is ratified by union members. We would not vote yes for a contract that did not give us additional benefits that outweigh the cost of dues. Union members pay dues of 1.6% of base salary (approximately \$1,200/year for PGY 1-3). Non-members receive the benefits of being in a union but typically have the option to pay a "fair share fee" that is less than dues. This fee covers their fair share of the costs related to bargaining (e.g. costs related to negotiations, staff, etc.).

In short: you will not be fired for not joining a union! While our union will have greater negotiating power and be more effective with strong unified membership, no one is required to join the union. If you do not want to be a member, you will still benefit from any contract that the union negotiates and will likely be required, as per the newly negotiated collective bargaining agreement, to pay a fair share fee (percentage of dues) to cover the costs of bargaining (['Do I have to join a union?'](#))

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The clause referenced in this SHC email is an example of a "union security clause", which is a clause that employers and unions typically agree to during negotiations and simply requires that bargaining unit members contribute either membership dues or fair share fees as non-members. While it is true that the employer and union could theoretically negotiate in the "union security clause" that dismissal would be an available option if a non-member refused to pay a fair share fee, we are the union, and we are the ones who would decide whether to enforce a union security clause. Frankly, we would be hard-pressed to find anyone who thinks that firing a resident over dues or fair share fees is a good idea. Additionally, as stated above, federal labor law guarantees that no one is required to be a union member, and non-members are not subject to union fines/discipline.

17. If the union represents all residents and fellows and they don't like the contract, can they opt out?

SHC Says: No. Once a union represents the residents and fellows, the contract that is negotiated applies to all of them. The rules do not allow for residents or fellows to "opt out" of a union contract he or she doesn't like, nor do they allow for a resident or fellow to disregard portions of the contract that he or she doesn't agree with. For at least the first year, there are no changes that can be made to the contract.

We Say: Any negotiated contract must be voted upon by the housestaff before it goes into effect. We can negotiate a contract period of a certain length (typically 3 years), after which housestaff will again negotiate for a new contract. Our current contracts do not allow a resident or fellow to 'opt out' either, and we effectively sign these during the Match before we even know where we will be working.

18. Does the union offer a "trial" period, and if residents and fellows do not like union representation can they withdraw from the union?

SHC Says: No. There is no "trial" period associated with unions. A union is presumed to represent the residents and fellows for as long as the contract remains active unless they become dissatisfied and take action to vote out the union. Under the law, the residents and fellows have the right to vote to "decertify" the union. The process, however, is quite complex and there are time limits and rules about when/how this can happen. Employers cannot assist in any way to decertify the union.

We Say: A union is led by its housestaff, not a third party, so our vote to unionize is to establish our own, unique chapter and exercise the right to collectively bargain. We are the union and our union leadership represents the diversities of our departments.

During our organizing campaign, we had individual conversations with our fellow housestaff about what they would change at Stanford if given the chance. The input collected during this period, in addition to future bargaining surveys that will be sent to all housestaff, is how we ensure that housestaff union leadership is truly representative.

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