

December 17, 2020

CC:

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To Stanford University, Stanford School of Medicine, Stanford Health Care and Stanford Children's Health Leadership:

As you know, Stanford Medicine rolled out its Tier 1 COVID-19 vaccination plan today to around 5,000 hospital employees. Despite reiterated promises to prioritize house staff front-line providers in this initial phase of vaccine administration, we have learned only seven residents/fellows were ultimately included. There is still no articulated plan to vaccinate the remaining 1,300+ residents and fellows, including those on the front line directly treating COVID-19 patients.

It is important for us to articulate to you that at this time, residents are hurt, disappointed, frustrated, angry, and feel a deep sense of distrust towards the hospital administration given the sacrifices we have been making and the promises that were made to us.

Stanford's decision to de-prioritize residents and fellows is defenseless on the basis of science, reason, ethics, and equality. Many of us know senior faculty who have worked from home since the pandemic began in March 2020, with no in-person patient responsibilities, who were selected for vaccination. In the meantime, we residents and fellows strap on N95 masks for the tenth month of this pandemic without a transparent and clear plan for our protection in place. While leadership is pointing to an error in an algorithm meant to ensure equity and justice, our understanding is this error was identified on Tuesday and a decision was made not to revise the vaccine allocation scheme before its release today. We believe that to achieve the aim of justice, there is a human responsibility of oversight over such algorithms to ensure that the results are equitable. Negligence to act on the error once it was found is astounding, and to us is reflective of the lack of resident representation in decision-making and oversight at Stanford Medicine.

To be clear, we are exceptionally supportive of our front-line attendings and other front-line colleagues in nursing, respiratory therapy, food services, environmental services, and other hospital departments who are being included in Tier 1 of the vaccination plan. They have served alongside us and, like us, they have risked their well-being for our patients.

But as Chief Residents of the many GME programs at Stanford, we must express the degree of outrage we feel to be excluded in this first round of vaccinations. The degree of anger felt amongst our colleagues is unprecedented in all of our time here and is producing justified reactions among many residents. It represents a broken promise, and there is a strong sense of betrayal among many of our colleagues. We have been told that we will likely be included in the next round of vaccinations, but these promises do not carry significant meaning for us given that they have been broken before. Moreover, failing to include house staff in this first round of vaccinations -- and a communicated intent to vaccinate the entire house staff next week -- means almost certain workforce shortages due to post-vaccination reactions. This will be yet another hardship for us and for our patients.

On behalf of the chief residents of this hospital, who represent the entire house staff, we believe that the following must be communicated with us by end of day tomorrow, Friday December 18:

1. A concrete timeline for vaccination of the house staff.
2. Clear transparency regarding the algorithm utilized to develop the institutional vaccination order. In particular, we expect an explanation of what checks were in place to ensure that the list was indeed equitable as intended, and whether it took into account the needs of all front line workers. We also expect this by tomorrow.
3. If the decision is indeed made to continue tomorrow with vaccinations as scheduled, excluding most house staff despite the concerns raised, we expect an explanation of why the prioritization was not revised after it was known to be flawed by GME leadership on Tuesday, and why it was not revised tonight after the resident concerns were raised.

Given long-standing concerns about the lack of resident representation in leadership, which have proven to be decisive in this case, we also list several items that we believe must be implemented swiftly to restore resident trust and to ensure a continued harmonious relationship between house staff and the hospital.

1. All interested house staff must be vaccinated within the next wave, with reasonable staggering to avoid staffing shortages to be determined at the departmental level.
2. Chief resident leadership must be elevated, including naming a resident to co-Chair of the GME Committee alongside the Director of Graduate Medical Education and the Associate Dean of Graduate Medical Education.
3. An established monthly meeting between the Chief Resident leadership and the President and CEO of Stanford Health Care to discuss issues related to house staff and hospital operations.
4. In accordance with a demonstrated priority of residents for the past several years, residents and fellows must be eligible for 403b employer matching at Stanford at levels commensurate with other employees starting in July 2021.
5. A seat on the Stanford Health Care Board of Directors.

Ultimately, we understand that the lack of inclusion in the institutional vaccination plan is a result of resident disempowerment at Stanford Medicine. Our disempowerment is not isolated to

vaccine allocation, which is why many of the items above reflect our need to have a greater stake in the decisions that impact us and our patients within the institution. We care deeply about Stanford Medicine and about the patients we care for here, and we would like to be a greater and more constructive part of how our institution's priorities are shaped moving forward.

We look forward to your responses,

Chief Resident Council

On Behalf of:

Chief Residents - Emergency Medicine Department

Chief Residents - Department of Surgery

Chief Residents - Department of Anesthesiology

Chief Residents - Neurology Department

Chief Residents - Psychiatry Department

Chief Residents - Otolaryngology–Head & Neck Surgery Department

Chief Residents - Ophthalmology Department

Chief Residents - Department of Cardiothoracic Surgery

Chief Residents - Department of Orthopaedic Surgery

Chief Residents - Family Medicine

Chief Residents - PM&R Department

Chief Residents - Department of Pediatrics

Chief Residents - Obstetrics & Gynecology

Chief Residents - Radiation Oncology

Chief Residents - Neurosurgery Department

Chief Residents - Department of Pathology

Chief Residents - Division of Medical Genetics