

# Six thousand University of Michigan nurses voting on strike authorization

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**11 September 2018**

Nearly 6,000 nursing staff in Ann Arbor, Michigan employed by Michigan Medicine, formerly known as the University of Michigan Health System, are casting ballots this week in a strike authorization vote.

The nurses have entered their third month of working without a contract, after it expired on June 30 without a resolution in ongoing contract talks. The eight-month long negotiations between the University of Michigan Professional Nurse Council (UMPNC), an affiliate of the Michigan Nurses Association (MNA), and the UMHS have reportedly stalled over key issues—including staffing workload, hospital conditions, retirement benefits, pay increases, and the new Victors Care tier-system model for health care at the hospitals.

A strike vote by rank and file nurses would give MNA leaders the authority to decide whether to go forward with a strike “if they feel the need to act on that authorization” according to recent statements.

Nurses confront a medical care system beholden to powerful corporate interests and a trade union bureaucracy that will seek to dissipate social anger and divert a genuine fight for working conditions, wages and genuinely universal healthcare for all workers back behind the pro-big business politics of the Democratic Party.

In order to wage a genuine struggle, nurses must form rank-and-file committees controlled by workers themselves, and independent of the MNA and the Democratic Party, to take negotiations into their own hands and link up their struggle with those of teachers, UPS workers, Amazon workers, steel workers and other sections of the working class fighting for better living standards and working conditions.

Reports on the contract negotiations indicate that significant cuts and concessions are being demanded by Michigan Medicine. Proposals for decreasing the nurse-

to-patient staff ratios and increasing individual workloads are a major point of contention among the nurses. The University of Michigan’s medical center currently has one of the best ratios in the country for nurse staffing.

Low nurse-to-patient ratio is known to be a critical factor in providing proper care. A 2002 study by the University of Pennsylvania, for instance, found that “for each additional patient over four in a registered nurse’s workload, the risk of the death increases by 7 percent for surgical patients. Patients in hospitals with the lowest nurse staffing levels (eight patients per nurse) have a 31 percent greater risk of dying than those in hospitals with four patients per nurse.”

The reported proposal of a 3 to 4 percent pay increase over the next 3 years is also woefully inadequate to even keep pace with expected rate of inflation in the coming period. Reports also indicate the hospital’s administration is seeking to cut nurses retirement benefits and wages, or possibly tie them to market adjustments.

One of the most contentious issues in the contract negotiations is the implementation of a concierge two-tier system of care for patients, known as Victors Care, which began in April. Under this new program, the university provides wealthy patients with 24 hour on-demand specialized care that diverts necessary resources away from other patients.

Victors Care places emphasis on preventive medicine and health maintenance for wealthy patients, who agree to pay an additional \$3,600 out of pocket. Services include 24-hour access to their physician via telephone, text or email and same or next day appointments. More than 300 faculty and physicians signed a letter protesting this two-tiered system. Medical staff claim the program restricts access to care for non-wealthy

patients at UM and poaches primary care doctors.

At an MNA-sponsored protest rally in July, ambulatory care nurse Desiree Conyers told the *Michigan Daily*, “I want quality care for each and every one of my patients. That’s why I’m deeply concerned about new Victors Care Program.”

A recent *Detroit News* report elaborated on this elitist scheme: “Victors Care members are seen at a private off-campus facility with free parking and get annual ‘executive’ physicals that include a litany of medical studies not normally included in insurance-paid annual exams.”

The concierge care model is also being implemented at other large medical health systems, such as Stanford Health Care, Virginia Mason in Seattle and the UNC Physicians Network. There is a clear indication that these sorts of programs will spread further with hospitals prioritizing profits over general care.

The move to create a nakedly class-based system of care in Ann Arbor is taking place while Michigan Medicine is already cutting resources for the regular staff and patients.

Long-time services, such as free meal passes for patients and bereavement food trays for families in emergency rooms, have been eliminated. The hospital’s administration has begun to remove traditional in-house services from nurses too. One instance involves a new effort to implement remote telemetry practices where heart rates of up to 64 patients are now monitored remotely at the hospital by a single nurse, instead of allowing one nurse to monitor three patients personally in home. Nurses are also complaining of being allowed less time to prepare and administer surgery patients in some departments.

All of this is taking place when UM Medical reported in June that it had made \$103 million in profits off of \$4.3 billion revenue in fiscal year 2018.

The cumulative impact of the attack on working conditions for nurses has and will have devastating consequences for patient care. A 2011 study demonstrated that “Nurse staffing is contingent upon the quality of the nurse work environment, and vice versa.” The study also noted, “In hospitals with average staffing environments the odds on both deaths and failures decrease by 4 percent, and in hospitals with the best environments by 9 and 10 percent respectively.”

The attack on nursing care at Michigan Medicine

bound up with the overall attack on the conditions of the working class, which has seen massive reversals in living conditions and elimination of healthcare access under both Democratic and Republican presidential administrations. A United Way report revealed, for instance, that “Forty percent of American adults don’t have enough savings to cover a \$400 emergency expense such as an unexpected medical bill, car problem or home repair,” and “More than a quarter of adults skipped necessary medical care last year because they couldn’t afford it.”



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