

# Victors Care brings class-based medical care to University of Michigan hospital

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Nearly 6,000 nurses at Michigan Medicine, formerly University of Michigan Health System, in Ann Arbor, have been working without a contract since June 30. Bargaining between Michigan Medicine and the University of Michigan Professional Nurse Council (UMPNC) union—an affiliate of the Michigan Nurses Council—has reportedly stalled over the university’s refusal to commit to guaranteed nurse-to-patient staffing ratios, increased health care costs, and potential cuts to retirement benefits, among other things.

During the second week of September the nurses overwhelmingly authorized by 94 percent a three-day strike, now being referred to as a “work stoppage” by the UMPNC to comply with hospital intimidation over the illegality of strikes for public employees in Michigan. The strike authorization vote coincided with a federal lawsuit filed by the UMPNC against the hospital for allegedly prohibiting nurses and staff from wearing red shirts supporting their union while at work in the hospital.

However also at the center of the nurses’ opposition is growing anger over the implementation of a new “concierge” health care model known as Victors Care. Being called “the latest advancement in patient satisfaction” by Michigan Medicine, it is a system of primary care aimed entirely at servicing the rich and upper middle class. The foundation of Victors Care is that it grants easier and faster access to physicians, as well as comprehensive preventive care, for those who can afford to pay an additional \$3,600 per year out of pocket.

On its web site, the program lists benefits such as 24-hour telephone access to a primary care physician, ability to meet with a physician away from the hospital to avoid long waiting room experiences and parking costs, exercise and nutrition counseling, no time limits

for doctor visits, and a personalized treatment plan with an array of yearly preventive care appraisal tests.

The announcement of the Victors Care program came in December 2017, revealed at a dinner event by hospital Executive Vice President for Medical Affairs and Medical School Dean Marschall Runge. Runge brought the “concierge care” model from the University of North Carolina health system where he was Executive Dean.

Runge’s announcement was met immediately with widespread opposition from those expected to carry it out. On January 29, more than 200 Michigan Medicine nurses, staff and faculty issued a protest letter against the plans to implement the model.

The letter strongly opposed the implications of Victors Care. The signers correctly understood that this system of health care would provide preferential treatment for the wealthy and pull primary care physicians away from the general care population. They also warned it would likely increase the workloads for non-Victors Care physicians and nurses, and create a program that allows wealthy patrons to “jump the line” to see specialists, forcing those already in line to wait longer. They concluded by warning that the Victors Care model betrays the foundational principles of public health by effectively discriminating against low-income patients.

Despite the protest, Michigan Medicine swiftly proceeded to implement the program in March. Early reports, including statements from the nurses in recent weeks, indicate that most of these feared implications have become reality.

“I hear from nurses in our primary care clinics that it takes two weeks to make an appointment with a primary care doctor,” Ambulatory Care nurse Desiree Conyers told the *Michigan Daily* in July. “And good

luck making an appointment with a specialist. That can take even longer. Some patients who cannot afford Victors Care have even been forced to switch doctors because their former physician now only serves those who can pay for exclusive care.”

The architects of Victors Care have a stated goal of involving 100 doctors at the hospital, and servicing 1,500 patients. No statistics yet exist on what percentage of the nurse and administrative staff are or will be forced to facilitate the program. The January 29 letter noted that the program will affect overall workload and patient access: “Taking a physician from regular practice and reducing their patient load to 400 patients will mean that those other 1000-2000 patients will now be moved to the rest of us to assume their care, reducing access to care for all.”

Victors Care is unmistakably an effort to create a class-based system of care within public health care. It is part of a larger attack on the living conditions and social rights of the working class as a whole, which has been under way for decades and is now reaching socially explosive levels. The \$3,600-a-year out-of-pocket fee is an impossible cost for the vast majority of men, women and children in the United States, a country where 70 percent of the population has less than \$1,000 in savings.

The University of Michigan program was preceded by concierge services that were already up-and-running at several university hospital systems around the country, including Stanford, Duke, Harvard, Tufts, and the University of North Carolina. Other notable hospital systems to introduce the system include the Mayo Clinic and Massachusetts General Hospital—the latter a hospital originally founded specifically to service the poor, and now charges \$6,000 a year out of pocket for on-call physician and nurse services for the wealthy.

The idea of a “concierge-based” medical service initially emerged toward the end of the Clinton administration and first appeared as a program in 2000 at Virginia Mason Health System in Seattle, Washington. Under the Obama administration’s Affordable Care Act—which serves to shift the costs of health care off employers and insurance companies and onto the backs of the working class—the concierge class-based system of care has flourished. In 2004, a Government Accountability Office study counted 146

medical practices employing some form of “fee for extra care” program. By 2016, an estimated 6,000 doctors across the country were involved in this model of care.

The nurses and medical staff at Michigan Medicine have had to carry out this class-based model of health care for nearly six months now. They are correct to oppose it, as it will have untold consequences on the health and access to health care for tens of thousands of working class men, women, and children.

Victors Care is part of the decades-long attack on the rights of the working class, including reforms in health care such as Medicare and Medicaid. These social rights, won by workers in bitter class struggles during the first six decades of the twentieth century, are under attack by the rich and their political cronies in the Democratic Party and trade union bureaucracy.

A genuine defense of quality health care for all is bound up with a fight for genuine socialism. In the Ann Arbor area, this political fight is represented very concretely in the midterm election campaign of Niles Niemuth, the Socialist Equality Party’s candidate for the 12th congressional district.

Nurses and medical staff who are outraged by their having to carry out this class-based system of care are encouraged to contact the campaign and help extend the defense of the nurses into other areas of the working class and youth.

Niles will be speaking about the socialist program for universal health care and the rights of the working class at a public campaign meeting at the University of Michigan on Wednesday, October 3, at 7 p.m. Click here for more details.



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