



Berkshire Health Systems, Inc.

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February 6, 2018

Dear Colleagues:

Ever since we began our negotiations with the Massachusetts Nurses Association in September of 2016, we have had two goals. First, we have wanted to reach a fair settlement with our registered nurses. Second, because what the nurses' union decides to do affects all of us and our community, we have felt an obligation to keep all members of our team and community informed of important developments as they occur. Today, we are writing to provide a current update on the status of negotiations and to inform you that, unfortunately, based upon persistent reports that we are hearing, we need to actively prepare for another walkout by our registered nurses.

After more than 16 months of negotiation, many concessions on our part, several informational picketing rallies and an October walkout, a core of issues remain unresolved. It appears to us, based upon what we have heard from various sources, including elected officials who have been approached by representatives of the union seeking their support, the most significant continuing issue relates to the duties that we ask charge nurses/clinical team leaders to assume. The union bargaining committee, many members of which serve as charge nurses/clinical team leaders themselves, have insisted that charge nurses/clinical team leaders not be given patient care assignments at all except in certain limited instances specifically spelled out in the new contract.

Our current practice and goal is to never schedule a charge nurse/clinical team leader for a patient assignment and to avoid that event whenever we reasonably can. However, as we all know, the work demands on each of us change from day-to-day and even over the course of a single day because of unexpected circumstances, including spikes in patient census, unusual changes in patient acuity and unscheduled absences of our colleagues. Of course, those unpredictable events affect the registered nursing realm of work as well. Accordingly, fixing in stone a highly restrictive patient assignment limitation for charge nurses/clinical team leaders is not a demand that we can prudently accept.

It is important to note that a review of charge nurse/clinical team leader patient assignments during 2017 showed that those nurses had no patient assignment more than 90 to 97% of the time that they worked and, even when they had a patient assignment, it often lasted for less than a full shift. We have offered less extreme protections to our charge nurses/clinical team leaders, but the union has, unfortunately, not responded positively to them.

As you may recall, the union arranged for a strike vote that took place after three quite positive bargaining sessions following the last strike. We are hearing rumors that a second strike is now targeted for the February school vacation week following the Presidents Day paid holiday. Recent negotiating sessions have shown signs of progress and included two major adjustments we made to our long-standing proposals. A relatively narrow range of issues remain on the table and two additional negotiating sessions are scheduled for February 8 and 13. Especially for those

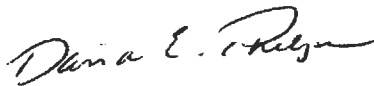
reasons, we are deeply disappointed that a second walkout may have been planned for weeks, apparently in pursuit of some purpose other than reaching a fair contract at Berkshire Medical Center.

To ensure that we are able to meet the needs of our patients and community without interruption, we have again started our strike planning in earnest. As we were in October and with your help, we will be ready and we thank all of you in advance for your cooperation.

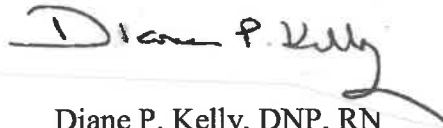
A strike is a costly event. We expect that we will, once again, have to spend \$3 to \$4 million dollars to continue to meet our community's needs during a second registered nurses' walkout. That is \$3 to 4 million that will not be available to invest in our people, technology and facilities to meet the needs of our community and other community providers, despite their growing dependence on us. The alternative to bracing for a second strike by our registered nurses is even less financially palatable. The substantial costs of yielding to the MNA's current demands will continue for years to come and far outstrip the costs of taking a stand now to protect the long-term viability of the local health care system.

We still hope a strike will be avoided, and promise you that we will work diligently to find a reasonable, sustainable solution that will benefit our entire community for years to come. We remain committed to concluding a fair contract with our nurses in the next few weeks and sincerely hope that the union and bargaining committee are also committed to that goal.

Sincerely,



David E. Phelps
President & CEO
Berkshire Health Systems



Diane P. Kelly, DNP, RN
Chief Operating Officer
Berkshire Medical Center