



**Berkshire
Medical Center, Inc.**
BERKSHIRE HEALTH SYSTEMS, INC.

725 North Street
Pittsfield, MA 01201
(413) 447-2000

January 8, 2018

Dear Colleague,

We recognize that all members of the Berkshire Medical Center community—physicians, nurses, clinical and non-clinical support staff and management—are more eager than ever for our nurses' contract issues to be resolved in a prompt, fair, reasonable and sustainable manner. The cooperative and collaborative tone that was apparent in the first three post-strike negotiating sessions made us optimistic that we were progressing toward a settlement.

In the first post-strike session, the union's bargaining committee focused its attention on staff safety and security within the hospital and offered modifications to the proposals on staff safety that it had made earlier in our negotiations. Because staff, patient and visitor safety is such an important concern and one that we all share, we proposed to take time at the second negotiating session to more fully apprise the bargaining committee of the comprehensive safety and security program that currently exists within the entire hospital environment.

Sean Jennings, Vice President of Support Services, joined us at the second post-strike bargaining session and described for the bargaining committee the history of the hospital's work in improving the safety and security of our environment. Mr. Jennings reviewed the regular assistance that the hospital receives from outside experts on safety, the technological and physical additions that have been made over the years throughout the hospital setting, the trainings that are available in the management of aggressive behavior, the enhancements that have been introduced to the Health Systems' security team and the close interaction that has been established with local law enforcement agencies. For its part, the nurses' bargaining committee also shared helpful observations, concerns and suggestions about the safety of everyone working, receiving services or visiting in any part of the Berkshire Health Systems care locations.

As a result of that sharing of ideas, at the third post-strike session, we responded to the bargaining committee's safety proposals with some modified language that, after some discussion, the hospital and the union were able to find a way to resolve these important safety and security issues. We were able to reach consensus on language that includes confirmation that no nurse will face hospital disciplinary action if he or she responds in a reasonable way to safety threats from patients or visitors. The consensus reached also assures that nurse members of the hospital's safety committees will, whenever reasonably possible, be released from nursing work assignments so that they can fully participate in safety committee work.

We understand that there are issues that continue to need resolution. One is, of course, how we go about determining the appropriate level of staffing on each of our many units. We have offered an inclusive and, we believe, effective process participated in by both nurses and nurse managers for addressing this complex challenge. We do not believe that determining shift staffing by a rigid numerical formula or by regular arbitration, as proposed by the MNA, is a safe or appropriate approach.

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Since the strike, we have also continued our efforts to recruit registered nurses to the Berkshire County area, including participating in two job fairs and actively recruiting throughout Massachusetts, Vermont, New York and Connecticut. Those efforts have allowed us to cut our vacancy rate by 45% and we see continued improvement in the coming months. We understand that our efforts are visible within the hospital because many of you have commented on the number of new nurses orienting on your units.

We have continuing disagreements about how the charge nurse function is addressed in the MNA collective bargaining agreement. We agree that charge nurse duties include important non-direct patient care functions and we are willing, whenever reasonably possible, to keep charge nurses free of direct patient care assignments in order for them to fulfill those other obligations. However, the ever-changing patient care needs on each of our units make it impossible to reduce that goal to a specific contractual commitment.

We have also asked that the 227 registered nurses who choose the individual health insurance plan pay the same 20% of the premium amount that all other employees throughout BHS pay for that coverage. We recognize that the change from a 10% contribution to a 20% contribution amounts to approximately \$18 per week as an additional cost for our registered nurses who select that plan, but we believe that it is important that all BHS employees selecting individual coverage, including our registered nurses, pay an equal share of its cost.

In connection with this health insurance question, the BHS Health Plan has provided the union with several years of aggregate premium, claims and expense information for the Health Plan. However, the union has asked that the Health Plan also turn over detailed individual claims data for all Health Plan participants, including employees of BMC, Fairview, the physician practices and the management company and the eligible dependents of those employees. We understand that the Health Plan cannot properly share such detailed protected health information, but we are continuing to discuss alternative approaches with the union.

Our positive experience in the three negotiating sessions since October, led us to believe that we could work collaboratively with the union to resolve the remaining outstanding issues with our registered nurses. We were, therefore, both surprised and disappointed to learn that the MNA had scheduled votes on January 11 and 16 to authorize a second strike.

We remain hopeful that the cooperative spirit that the bargaining committee showed at the most recent negotiating sessions will continue in future ones and will result in a fair and reasonable agreement that serves the interest of the registered nurses, the other hospital employees, the hospital itself and, most importantly, the community that we all, collectively, serve.

Respectfully,



Brenda Cadorette, MSN, RN, NEA-BC