



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

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

February 14, 2018

Dear Colleague,

For most of the MNA bargaining session on Thursday, February 8<sup>th</sup>, we appeared to be making some continued progress toward resolution of your contract. Unfortunately, things then changed when the head of the MNA arrived from Canton at the end of the day and your bargaining committee handed us notice of a February 27<sup>th</sup> walkout.

Any strike is a serious matter, of course, and a second strike in five months even more so. We hope that, if your bargaining committee chooses to take you out on February 27<sup>th</sup>, you completely understand the offer that is on the table and the issues over which you are striking. As we negotiate a new contract for you, we must rely on your bargaining committee to tell us what you would like to see in a contract. It is extremely important, therefore, that you know what your bargaining committee is proposing or rejecting on your behalf.

Earlier this month, members of your bargaining unit working at the North Adams SEF took the time to understand a proposal affecting their shift times that the bargaining committee had presented and we had agreed to. An overwhelming majority of the RN staff and other staff not only did not agree with what the committee had proposed, but many did not even know that the proposal had been made. That group felt so strongly that the proposal was inappropriate and even unsafe, that they signed a petition asking that the proposal be withdrawn from contract consideration. We advised the MNA of this fact on the 8<sup>th</sup>. Without that group of RNs learning what was being proposed on their behalf and having the will to speak up about it, we would have *never* known that what the bargaining committee had proposed was not what the RNs wanted or believed was appropriate.

We understand from what the MNA has said publicly that one of the key issues over which you are asked to strike are Charge Nurse and Clinical Team Leader patient assignments. As has been said in earlier letters, our goal is to avoid Charge Nurses and Clinical Team Leaders from having patient assignments whenever possible. In fact, we are successful in reaching that goal well over 90% of the time. However, unexpected events happen—spikes in patient census and nurse call-outs, for example—and permanent Charge Nurses and CTLs need to help out so that the unanticipated load is not borne by nurses who already have patient assignments.

February 14, 2018

Page Two.

The bargaining committee, however, has insisted on contract language that is much more restrictive in this regard. The language of that current proposal is as follows:


“Charge Nurses and Clinical Team Leaders will not take a patient assignment on day and evening shifts. The foregoing does not create new limitation on Charge Nurses’ and CTLs’ ability to assist as needed, as distinct from taking a patient assignment.”

The proposal goes on to state that charge nurses on night shift (except those in the ED and ICU who do not take assignments at all) will have a “reduced assignment of not more than ½ a normal assignment....”

We have repeatedly told the bargaining committee that there is simply no way that we can prudently agree to such a contract provision.

I want to be sure that you understand this Charge Nurse/CTL proposal that the bargaining committee has described as one of its most important ones. You should also be sure to understand the wage and benefit and staffing components of the offer that is currently on the table. Before you consider walking out, I urge you to be fully aware of what your bargaining committee has, on your behalf, both proposed and rejected. We continue to work toward a fair and reasonable contract. Our next two bargaining sessions are February 16<sup>th</sup> and 22<sup>nd</sup>.

Respectfully,

A handwritten signature in black ink, appearing to read "Brenda Cadorette", with a stylized flourish at the end.

Brenda Cadorette MSN, RN NEA-BC