



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

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

April 9, 2018

Dear Colleague:

Nearly seven weeks have passed since the last negotiating session that we had with the MNA and your bargaining committee. Two dates were scheduled in March, but were both cancelled by the union. The explanation offered for those cancellations was that the union's consultants were still examining the Berkshire Health Systems Health Plan and that there was no point for further discussion until that work was done. We understand that the MNA consultants' review was completed a while ago and they had no concerns regarding how the plan is designed and operated. Allowing nearly two months to pass without further discussion of our February 22nd proposal to settle this contract raised concern for us. Therefore, we were relieved, when earlier this morning the union proposed bargaining dates at the end of April. We immediately accepted one of those dates.

As you may remember, on February 22nd, the hospital put forth a time-limited proposal that added a fourth year to the new contract so that it would run until the end of September 2020 and added the following enhancements:

- 14% increases over 4 years, with 1% retroactive from October 1, 2017.
- Base rate increases ranging from \$9,500 to \$13,000 per year over the 4 years of the proposed contract.
- Top of scale 2% lump sum in years 2 and 3 and an additional step at top of scale in year 4 that would be the equivalent of a 2% increase.
- On-call pay at \$4.00 on top of applicable regular pay rate (\$4.50 for holidays)
- Evening differential increases to \$2.10 (from the current \$1.25), replacing the bonus system for evening commitments and extending the enhanced differential to all nurses working the evening shift.
- Night differential increases to \$3.50 (from the current \$2.00), replacing the bonus system for night commitments and extending the enhanced differential to all nurses working the night shift.
- Advancement differential for nurses achieving BSN/MSN increases to \$2.00 (from the current \$1.00) constituting a \$2,080 increase per year, beginning in year 4 of the proposed contract.
- Commitment by management to hold the current RN staffing grids through September 30, 2020 (assuming a four-year contract).
- Continued commitment by management to avoid assignments when reasonably possible for charge nurses and clinical team leaders.

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This proposal was set to expire at the end of our February 22nd bargaining session if an agreement was not reached by then and the nurses were called upon to strike for a second time. The hospital explained that it would rather put its resources toward providing enhanced economic benefits to our nurses than pay the costs of another strike, including hiring replacement nurses and other necessary expenses. Doing both, we have pointed out, is simply not feasible. When the bargaining committee decided to call off the February 27th strike, the hospital agreed to keep the February 22nd offer alive, but only until the end of our next bargaining session, and only if the hospital does not have to pay the costs of another strike notice.

Recently, working through the federal mediator, the union and your bargaining committee have indicated that there would be no agreement unless the hospital were willing to agree to staffing language and other restrictions that we have long rejected, even under threat of strike, as unreasonable or unworkable.

For example, the union and your bargaining committee continue to insist that charge nurses and clinical team leaders be freed from any patient assignments except under extremely limited circumstances, leaving unexpected spikes in patient demand (from census or acuity changes or nurses' call outs) to be taken care of by other staff nurses on the floor. Although the hospital is willing to continue its commitment to a goal of avoiding patient assignments for charge nurses and CTLs (and is successful in reaching that goal more than 90% of the time), we cannot give the charge nurses and CTLs the guarantee your bargaining committee is seeking. The MNA and committee have known that for a long, long time.

At the end of February with our new proposal on the table and the second strike called off, we were hopeful—as we believe most of you were—that we were moving toward a good and fair contract settlement. With the long delay in responding to our offer and the eventual union response including conditions that the union and bargaining committee know we cannot reasonably accept, our February optimism has diminished. However, now that we have an agreed upon date for further contract discussion, we have renewed hope that we can reach long awaited closure.

We understand that there are informational meetings with your union representatives scheduled for April 10th. We ask you all to attend one of those meetings and urge your bargaining committee to schedule a ratification vote as soon after the late April bargaining session as possible.

I want to close this letter by thanking you, on behalf of Berkshire Medical Center and the communities we collectively serve, for your continued focus on delivering high quality, effective patient care.

Respectfully,

A handwritten signature in cursive script that reads "Brenda Cadorette". The signature is written in black ink and is positioned above the printed name.

Brenda Cadorette MSN, RN NEA-BC