



BULLETIN

## Looking back through years of change and regionalization

April 1, 2001

### **The Report: April / May 2001 vol.22 num.2**

by CHERYL GREENHALGH

In 1993, as a newly elected board member, I never imagined how far my activism would extend or how much that commitment would come to mean to me. As I now prepare to leave HSAs Board of Directors, I cant help but look back on the many years of change that I have been privileged to be a part of.

In the mid-90s, there were nine HSA Regions divided largely on the basis of geography. When the provincial government created regional health boards and community health councils, HSA reorganized to reflect the new health boundaries ... and increased the number of HSA regions to 10.

This had a most profound effect on the region that I represent. While I currently represent Region 3, which includes HSA members who work within the boundaries of the North Shore and Simon Fraser Health Regions, I was originally part of Region 7, which included members from Burnaby to Hope. The change has helped activists keep track of their employers regional initiatives and sharing information at regional meetings has become much more important and relevant to stewards and members.

The move to health regionalization has affected HSA deeply in other ways. When members at Eagle Ridge Hospital joined HSA in 1994, we debated how it would work to have two certifications with a single employer. Today, that same employer covers six certifications and the question seems minor. The possibilities are endless and each region has a different way of tackling the task. This has had an impact on labour relations, as your labour relations officers, in many cases, now deal with large, multi-site employers rather than individual facilities. Stewards have also been affected, as they are being asked increasingly to perform duties on a regional basis.

Over the years, Region 3 has grown considerably in the number of facilities and members that we represent. In 1993, our membership outside of the acute care system was relatively low. The region now includes a variety of work places from acute care to long term and continuing care, community health services, counselling services, mental health services, child development centres and transition houses. I am very fortunate to have had the opportunity to learn about the work that our members do and how we each make our community strong. This growth has been rewarding for our organization but is not without its challenges as we struggle to make conventions, regional meetings and education programs meaningful for all members across several sectors.

When I first joined the Board of Directors (then called Executive Council), HSA had a part-time president and was predominantly run by executive staff. In 1997-1998, we undertook a major review of our constitution and at the Annual Convention that year delegates voted to become a member-run union with a full-time president. This was a profound change for HSA, and the president now is truly a meaningful spokesperson for the organization and has garnered the respect of union affiliates both nationally and provincially. The work of the

presidents office now includes media and government relations, and HSA has been very successful in delivering pertinent messages when necessary.

My tenure on HSAs Board of Directors has been a highlight for me. I have attended some 60 board meetings, countless committee meetings, regional meetings, chapter meetings and conventions. My daughter spent much of her first year around the HSA office, and has many special -aunties" and -uncles." Thank you to the activists in Region 3 - you made this job so much more enjoyable. HSA is a truly wonderful organization and I take some very good memories as well as friendships away from the table with me.

*Cheryl Greenhalgh represented Region 3 on HSAs Board of Directors. After convention in April, Director-elect Merna Allison from Burnaby General Hospital steps into the position.*

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