

## Advocating for patients, fighting service erosion

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by CAROLE PEARSON



**armela Vezza is a good person** to have on your side. "I realized quite young," she says, "that in order for people to get services they needed they had to have an advocate, somebody who could dig around and find out what was available and pursue it. I realized I was sort of good at it " or maybe I should say, successful."

Carmela Vezza Social Worker and Chief Steward Saanich Peninsula Hospital
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Vezza is the co-ordinator of social work and HSA chief steward at Vancouver Island's Saanich Peninsula Hospital. Her mother had multiple sclerosis, and the family learned first hand of the challenges created when a health care system falls short.

"My experience in growing up with a mom with a chronic illness was one of a constant struggle to find resources, even health care, which should be accessible to everyone. That was what really drove me into social work," she explains.

Born in Victoria, Vezza attended the University of Victoria where she initially completed a degree in sociology. She says, "One day, I asked myself: "What are you doing? You really need to be in social work to do the things you want to do."

Vezza went back to school for two more years and completed a BA in social work. Since then, she worked for the MS Society and the Victoria Epilepsy and Parkinson's Centre before being employed at SPH.

"I love being able to make things work for people," she says about her job. "There's a rewarding feeling, when, at the end of the day, you can say, "OK. We made something happen for somebody. We made a difference."

She's seen a lot of changes in the health care system during her years at SPH. Budget cuts have resulted in reduced services, closed acute care beds and more health care services off-loaded onto the community.

Vezza adds, "The frustrating part about working in social work now is there are fewer and fewer success stories in terms of being able to get people what they need. I see more families in total crisis and totally burned out because they have to take on more and more of the work. I've seen that progressively getting worse over my 15-year practice."

Her caseload numbers have dropped from about 120 a month to around 75 to 80, but her workload has increased significantly. The people she's seeing now have more complex problems caused by the reduction in

services and medical coverage. "It's a real erosion of service," Vezza says. "We're doing far more family conferences, and seeing more angry people."

More angry people. More burned out people. More people overburdened by the task of caring for ailing family members. She says, "There are people who tell us, 'I can't deal with this anymore.' I see older women — some men, too — often in their 70s and 80s, and who have health issues themselves, looking after their elderly spouse and, on some occasions, looking after their elderly parents."

That's why Vezza sees a desperate need for a national home care program, covered under federal legislation. The Romanow Report did address the issue by recommending \$2 billion in annual transfer payments be set aside for home care.

If implemented, home care would become a publicly-funded health care right like a hospital stay or a doctor visit. Vezza would like a separate Home Care Act where home and community supports and rehabilitation are provided as well, and would allow people access to a variety of health care services regardless of their financial situation — or level of perseverance.

That's why Vezza, as part of her MSW program, participated in presenting a brief to the Romanow Commission proposing a National Home Care program.

"I just think there's such inequity," Vezza complains. "When the system is under such stress and there are staff shortages and not enough resources, it's the squeaky wheels that are getting the grease. The person who doesn't have an advocate and who doesn't have a family member who's jumping up and down and demanding services, they tend to get overlooked. Human nature? Yes. Is it fair? No. And should you have to scream and shout and jump up and down? Don't think so!"

When the Canada Health Act was drawn up, home care was not considered to be medically necessary. But things have changed as hospitals downsize and proportionate funding isn't being funneled into meeting the increased reliance on home or community-based care. According to the Canadian Centre for Policy Alternatives, private spending on home care increased in the 1990s by 50 percent. It says half of this comes from shifting services covered by the CHA to locations not covered under the Act, like people's homes.

"For some people, there's no burden to pay the extra costs. For others, it is a huge stress on individuals and their families." She sees plenty of people in the latter group during the course of her day. She does her best to find solutions for them, but until Ottawa and the provinces take decisive action to address home care funding, she's prepared to be the "squeaky wheel" on behalf of her patients. ❌

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