

ALLIANCE CANADIENNE DES VICTIMES D'ACCIDENTS ET DE MALADIES DU TRAVAIL

CANADIAN INJURED WORKERS ALLIANCE

HIGHLIGHTS

Focus on Medical Issues

This issue of our newsletter has a focus on the medical treatments, programs and assessments that an injured worker may go through as part of their recovery. As well, how these medical issues relate to their claim with the Workers Compensation Boards.

This can be a complex and too often a controversial process where injured workers and their lives get caught between various medical practitioners' opinions. Often, this process can result in conflicting opinions and recommendations. Then who is the injured worker to believe and which recommendation does he/she follow? And then, what impact will that have on her/his future benefits and future health?

We have a chart starting on page seven that lays out the comparisons of how this works across the country.

Also we have news on an exciting CIWA/ACVAMT project reaching out to youth in our communities (see pg. 3 for more info). You may want to get involved. As well, there are news and views from across the country so please, read on.

We encourage you to write in to Highlights, with your story or news in your area of Canada. The next issues will focus on the Employer attack on Injured Workers' benefits.

Visit our Web-site at <http://www.ciwa.ca>

Fall
2001
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THANKS for Your SUPPORT!

Editor's Note

This newsletter is for sharing and exchanging information. The views and opinions expressed here are those of the individuals or groups making submissions. We take no responsibility for their accuracy or opinions.

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CIWA/ACVAMT Youth Project

HAVE YOU HEARD THE NEWS?



We are pleased to announce that The Canadian Injured Workers Alliance has now held 2 training sessions for the Youth Project in Ontario!

The first training session was held in Thunder Bay while the second session was held in Orillia.

There was an **awesome turnout** of young folks and injured worker activists from local groups across the province! In total, 38 folks attended the sessions. Participation was extremely high and contributed greatly to the success of each of the sessions! Thanks everyone for making Phase II of the project a great success!

What was the main item on the agenda, you ask? Well, the main focus was learning how to present a 45 minute workshop on Workplace Health and Safety to youth. The workshop is interactive and includes a combination of skits, facts and personal stories. And of course, getting to know each other was very

valuable! By sharing experiences and ideas and participating in a variety of exercises, folks learned more about each other and their similarities and differences.

The result: By the end of the session, participants were quite comfortable with the workshop and the idea of presenting it to youth! **As well, folks learned from each other, built links and had FUN!** In addition, many injured workers left the session with a better understanding of how to reach out to young people and get them involved in injured workers' issues.

BE A KEY PLAYER

Good News! Our funding to take the project across the country has been approved. As a result, we will soon be holding a session in your area! If you are or someone you know is interested, contact your CIWA Provincial Representative or CIWA directly on our toll free number at 1-877-787-7010.

Let's try to get as many people involved as possible by spreading the word about the Youth Project to all those we know!

Recommended Reading

"Fast Food Nation", by Eric Schlosser

Houghton-Mifflin (<http://www.houghtonmifflinbooks.com>)

Gerry Tremere suggests this is a great, great book. Every injured worker should read Chapter 8, "The Most Dangerous Job". An injured worker in Colorado won a \$2,000,000 US lawsuit from a company that tried to deny him WCB. The book deals with the abuses of our new age McJob economy. (He borrowed it from the Library)

Thanks to the Social Development Partnership Program of HRDC for the funding necessary to produce this newsletter.

News & Happenings

COMPENSATION CLAIMS STALLED

Years of work on compensation claims for former Owens Corning workers with lung cancer and other illnesses is being stalled by the company, according to the union representing workers. About 170 Workplace Safety and Insurance Board claims opened in 1998, can't proceed until the company supplies needed information about the plant that made fibreglass insulation. It closed about 10 years ago. During the past two years, the union has assembled evidence linking exposure to chemicals in the plant to lung cancer and other respiratory illnesses. Information needed by the WSIB to begin making decisions about the claims should be easily available from the company.

QUALITY OF LIFE, NUMBER ONE ISSUE

OTTAWA, Aug. 30/CNW/ - The Canadian Labour Congress, has launched a series of initiatives designed to place the standard of living and the quality of life of working Canadians at the centre of public policy making. Statistics gathered by the Canadian Labour Congress show that working families in this country have seen their wages stagnate or diminish through the 1990's while the public services and social programs that help maintain their quality of life have been cut, privatized, deregulated or otherwise curtailed.

***Editor's Note:** Keep your eyes open for events in your community*

SOME ELIGIBLE WORKERS DON'T FILE COMPENSATION CLAIMS

Forty per cent of workers who are eligible for workers' compensation claims do not submit a claim. This research was presented by Harry Shannon, Institute senior scientist, at the 2001 Congress of Epidemiology.

The report was based upon a survey, sponsored by the Canadian Policy Research Networks of 2,500 Canadian workers. Respondents were asked if they had been injured at work in the past year. If the injury required medical aid or time off work and/or a change in job assignment, and whether they had filed a workers' compensation claim. These and other criteria were used to ensure eligibility for workers compensation.

Just over 10 per cent of the respondents in this group

had been injured. But 40 per cent of those eligible to claim had not done so, only 60 per cent had filed a claim if their injury required medical treatment. 70 per cent filed if they needed time off work, and 60 per cent filed if their injury meant they needed to change their work assignment.

The results will have implications for workplace and public policies. It is important to ensure that those workers who are entitled to receive benefits do so. In addition, if workers are not making claims, treatment costs are presumably being borne by the public health care system.

***Editor's Note:** We have heard this for many years. It's good to finally get some research that proves it.*

CHANGES CHART A NEW COURSE FOR WORKERS' COMPENSATION SYSTEM

Taken from an Alberta Government press release.

ALBERTA

The changes to the Alberta WCB and the Appeals Commission will:

- Increase the accountability of both the WCB and the Appeals Commission to Albertans, through the adoption of an accountability framework audited by the Auditor General;
- Improve the WCB decision-making process, by enhancing case management and case manager knowledge of the workplace and communication with workers;
- Increase the independence of the appeals system by separating the Appeals Commission and the Office of Appeals Advisors from the WCB, with the Appeals Commission becoming a separate government entity reporting to the Alberta Human Resources and Employment Minister, and;
- Improve the appeals process by ensuring the sharing of information, recording hearings and implementing timelines for decisions.

A new advisory body, the Workers' Compensation Authority, will monitor the implementation of the changes. The Authority will also advise the Minister on the overall performance of the workers' compensation system.

Rehabilitation:

Physiotherapy verses Primary Caregiver/Specialist

The Western Injured Workers Society (WIWS) (Sask.) is receiving far too many complaints from injured workers in regards to the treatment received by their rehabilitation therapy team.

All over Saskatchewan the WCB is advertising in pamphlets, left at doctors' offices about early intervention and an explanation of how well WCB's programs work. These pamphlets say that the physiotherapy team discusses the program and treatment with the injured worker's primary caregiver, and the primary caregiver has the final decision on the treatment plan. As well, the physiotherapy team and primary caregiver will work together and stay in contact throughout the treatment program.

What the WIWS has found out from many injured workers and many primary caregivers is that this is not happening. The primary caregiver is rarely informed that the patient is entering the treatment program.

We are also finding out that WCB is forcing injured workers to enter the program much too soon, in many cases with further damage to the original injury. For example, we have injured workers who were told by specialists that they would be needing surgery to correct their problem, but when the injured worker returns to his physiotherapy treatment the

therapists tell the injured worker that they don't need surgery and that most of the problem can be worked out with therapy and that 99% of their pain is in their head. These types of reports are actually sent in to WCB.

When the treatment team is questioned or challenged on the issue or asked why the primary caregiver hasn't been informed, the treatment team actually sends the injured worker home. Then they send a report to WCB stating that the injured worker is not cooperating in regards to treatment. WCB then terminates the injured workers' benefits. This rehabilitation program seems to overrule the primary caregiver and specialists, which we feel is totally wrong. We see this happening on a regular basis, just another way for WCB to cut injured workers off benefits.

When injured workers enter these private clinics they are told to do things like lift weights or do tasks that are much too difficult for the injured worker. This causes more harm than good. Many primary caregivers agree to this problem, but again the treatment team reports to WCB that the injured worker isn't trying hard enough and now they think that the injured worker has a mental problem too. They then make an appointment for the injured worker to see a psychiatrist, just to make things look even worse.

These therapists and treatment teams should be held accountable for the wrong and distasteful things being done to injured workers during the treatment programs. The injured workers are totally humiliated and made to feel degraded, because of the things they are asked to do or the things said to them while in treatment.

Take a look at all the private physiotherapy clinics that have started up. We know that WCB has funded most, if not all of these clinics with grants or donating equipment to them. WCB funds these clinics for a reason. One reason only is a scheme to force the injured workers off of WCB benefits. They are funding these clinics and dictating how they want them to run. Of course this is in WCB's best interest not the best interest of the injured workers. We are seeing the primary caregivers feeling totally frustrated over what is happening to their patients.

Our understanding is that the primary caregiver has final say in what treatment the injured worker will receive and if the primary caregiver disagrees or thinks that the treatment would do more harm than good, then the treatment team must accept the primary caregiver's decision, and not overrule his decision to suit WCB.

La réadaptation : **le choix entre la physiothérapie et le principal soignant ou le spécialiste**

La Western Injured Workers Society (WIWS) (Saskatchewan) reçoit beaucoup trop de plaintes de la part de victimes d'accidents et de maladies du travail au sujet du traitement donné par leurs équipes de réadaptation.

Partout en Saskatchewan, la WCB fait de la publicité dans des brochures déposées dans les cabinets de médecins au sujet de l'intervention précoce et du bon fonctionnement des programmes de la WCB. Ces publications disent que l'équipe de physiothérapie discute du programme et du traitement avec le principal soignant de la victime du travail et que le principal soignant a le dernier mot quant au programme de traitement à donner. Aussi dit-on que l'équipe de physiothérapie et le principal soignant travailleront ensemble et demeureront en contact durant tout le programme de traitement.

Ce que la WIWS a appris de la part de plusieurs victimes d'accidents et de maladies du travail, c'est que ce n'est pas ce qui se passe. Le principal soignant est rarement informé que le patient entreprend le programme de traitement.

Nous apprenons aussi que la WCB force les victimes du travail à entreprendre le programme beaucoup trop tôt et que, dans bien des cas, ceci cause d'autres dommages à la lésion d'origine. Par exemple, nous connaissons des victimes du travail à qui des spécialistes ont dit qu'elles auraient besoin de chirurgie pour corriger le problème; par contre, quand la victime du travail

retourne à son traitement de physiothérapie, les thérapeutes qui annoncent qu'elle n'a pas besoin de chirurgie et que la plus grande partie du problème peut être résolue au moyen de la thérapie, et que 99 % de la douleur réside dans sa tête. Ce genre de rapport est effectivement envoyé à la WCB.

Quand on questionne l'équipe de traitement à ce sujet ou qu'on lui demande pourquoi le principal soignant n'a pas été informé, cette équipe renvoie la victime du travail à la maison. Ensuite, elle fait parvenir un rapport à la WCB déclarant que la victime du travail ne collabore pas au sujet du traitement. La WCB met alors fin aux prestations de la victime du travail. Ce programme de réadaptation semble prévaloir contre le principal soignant et les spécialistes; nous croyons que cela est tout à fait injuste. Nous voyons cela se produire régulièrement; ce n'est qu'une autre façon pour la WCB de priver les victimes d'accidents et de maladies du travail de leurs prestations.

Quand les victimes du travail vont à ces cliniques privées, on leur dit de lever des poids ou d'accomplir des tâches beaucoup trop difficiles pour elles. Ceci cause plus de tort que de bien. Plusieurs principaux soignants sont d'accord au sujet de ce problème, mais là encore, l'équipe de traitement déclare à la WCB que la victime du travail ne fait pas assez d'efforts et qu'on pense que cette personne a un problème mental en plus. On organise alors un rendez-vous avec un psychiatre pour la victime du

travail, ce qui fait paraître la situation encore pire.

Ces thérapeutes et équipes de traitement devraient être obligés de rendre compte pour les choses injustes et désagréables faites aux victimes du travail dans le cadre de ces programmes de traitement. Ces personnes sont complètement humiliées et forcées à se sentir méprisables à cause de ce qu'on leur demande de faire ou des choses qu'on leur dit lors des traitements.

Considérez toutes les cliniques privées de physiothérapie qui ont été établies. Nous savons que la WCB a financé la plupart sinon la totalité de ces cliniques avec des subventions ou par des dons en équipements. La WCB finance ces cliniques pour une raison. La seule raison est de priver les victimes du travail de leurs prestations. La WCB finance ces cliniques et dicte la façon de les exploiter. C'est clair que ceci est dans le meilleur intérêt de la WCB et non dans celui des victimes du travail. Nous constatons que les principaux soignants sont très frustrés au sujet de ce qui arrive à leurs patients.

Nous estimons que le principal soignant a le dernier mot au sujet du traitement que la victime d'un accident ou d'une maladie du travail doit recevoir et que si le principal soignant est en désaccord ou croit que le traitement fera plus de tort que de bien, l'équipe de traitement doit alors accepter la décision du principal soignant et non la renverser pour plaire à la WCB.

PROVINCIAL COMPARISONS ON "MEDICAL ISSUES"

NF	NS	PEI	NB	QC	ON	MB	SK	AB	YT	BC
1. DOES THE WCB SEND INJURED WORKERS FOR MEDICAL TREATMENT?										
YES	YES				YES		YES		YES	YES
	YT BC	On the advice of their medical personnel or of the treating Dr. The WCB in BC often imposes medical treatments, medical rehab programs, work conditioning/hardening programs etc. under the threat of discontinued benefits against the advice of more qualified treating medical practitioners. Furthermore, the WCB often delays recommended time sensitive medical treatments recommended by treating medical practitioners including treating specialists pending approval by WCB Medical or Nurse Advisors who most often never examine the worker.								
A) IS THIS DONE IN PARTNERSHIP WITH THE FAMILY (TREATING) DOCTOR (PRIMARY CARE GIVER)?										
NO							YES			
	NS ON SK BC	Some times. At first it is done by a family doctor. When the Board takes the initiative on sending a worker for treatment, in many cases the only way the family doctor will be made aware of it is through the injured worker. The Board should be consulting the treating physician as it is the treating physician who actually SEES the worker, not just information in a file. It is suppose to be done through consultation with primary caregivers, but it never happens Very rarely, most often this practice is in direct conflict with the family (treating) doctor (primary care giver)?								
2. ARE FAMILY DOCTORS BEING OVERRULED BY WCB DOCTORS? BY PHYSIOTHERAPISTS? BY CHIROPRACTORS?										
YES	YES	YES			YES		YES			YES
	NS NF ON SK YT BC	Doctors are quite frequently overruled by WCB doctors. They are also known to rule over physiotherapists, and chiropractors. Most especially by Occupational Therapists functional capacity evaluations. The WHSCC, in policy, sets the guidelines that they require, to access function to match to an occupation that WHSCC wants assessed to match the worker. The result is then they reduce benefits or eliminate them, to the worker. Yes, yes and yes. The Board will overrule a family doctor using arguments like "lack of objective findings", or "inability to establish a causal link between the injury and the work history" etc. If a family doctor gives a worker an expected recovery time of 8 weeks, and the worker's chiropractor gives an expected recovery time of 4 weeks, the chiropractor's opinion will be given more credence as it is what the Board wants to hear. At times it seems like a reverse auction: whoever bids "lowest", their opinion wins. Even Orthopaedic Surgeons and highly skilled Specialists are being overruled by Board doctors. This is a very big problem is Saskatchewan. Sometimes. They seem to work in conjunction with one another. The practice of family doctors, a multitude of other treating medical professionals, including treating specialists with the highest degree of respect and experience in their field being overruled by not only WCB 'medical advisors' but also WCB 'nurse advisors' is so serious in BC that many medical professionals will refuse to treat injured workers because of their disrespect and often disdain for WCB practices related to medical decisions and treatments.								
3. ARE INJURED WORKERS BEING SENT FOR VARIOUS MEDICAL/PHYSIO TREATMENT PROGRAMS AND BEING INJURED? PLEASE EXPLAIN ...										
YES					YES		YES		YES	YES
	NF NS ON SK YT	Workers are being pushed beyond their physical limitations. The various medical/physio treatment programs are determined to persuade the worker he/she can continue the program. If the injured worker says he/she is finding the injury has flared up and they are worse, then the provider states "well that is to be expected" and the worker continues to worsen the injury, because most will listen to the professional caregivers opinion. If the worker complains of a problem area not related to the original injury, the WHSCC Dr. will not compensate as a new injury because no new incident was reported. Also, they are being told by the WHSCC managers that they are not co-operating or have refused to participate, and benefits are suspended. Some people are sent for work hardening and are pushed into strenuous programs. This does occur. Workers are being injured in physiotherapy, and work hardening programs. When a worker is being sent for Labour Market Re-entry training, often the training facility/workstation is so ergonomically poor/incorrect that workers are developing injuries throughout their re-training. IW are forced to do more than they are capable of. Then it is reported that the IW is not cooperating. YES. We have a number of injured workers further injured at their respective treating facilities. Mostly due to over exertion of the claimants injured areas.								

NF	NS	PEI	NB	QC	ON	MB	SK	AB	YT	BC
BC	Injured workers in BC are often prematurely forced into various treatment programs including work 'conditioning' and work 'hardening' programs and not only suffering aggravation of the primary injury but too often resulting in new more serious injuries.									
4. IF THE WCB SENDS INJURED WORKERS TO A PHYSIOTHERAPY CLINIC OR ASSESSMENT, DOES THE WCB SEND INFORMATION AHEAD OF TIME TO CHALLENGE THE CREDIBILITY OF THE INJURED WORKER										
YES							YES		YES	
NS	Not sure, but this would not surprise anyone as they are capable of anything.									
ON	Background information is often sent in advance, or consultation may be done prior to the worker's assessment.									
SK	All the time. Some very slandering statements are made about the IW and even their spouse.									
BC	The WCB will often attempt to direct the outcome of outside assessments by providing selective information prior to the process as well as making their expected outcome well known and have even been known to being suggestive with respect to WCB favorable outcomes having an impact on client volume.									
5. DOES THE WCB HAVE A SCHEDULE OF NORMAL HEALING TIMES FOR SPECIFIC INJURIES? WHAT HAPPENS IF THE INJURED WORKER DOESN'T HEAL IN THE "NORMAL TIME"?										
YES	YES				YES		YES		YES	YES
NS	As a rule, they are cut off their benefits and then they have to prove that they are not ready for return to work or they return and are re-injured as they returned too early.									
ON	The worker's benefits may be reduced or suspended for failing to comply or co-operate in healthcare measures, or for not following prescribed treatment.									
NF	Benefits suspended, programs stopped.									
SK	Their benefits are usually terminated and then the appeal process begins.									
BC	The WCB follows a number of practices that result in decisions being made solely on the basis of 'normally' expected recovery times. Most often the WCB imposes poorly planned, poorly implemented and medically dangerous rehabilitation and /or return to work plans often resulting in re-injury and/or new injury.									
6. DO EMPLOYERS SUPPORT AND FOLLOW THE PHYSICAL RESTRICTIONS PRESCRIBED FOR THE INJURED WORKER? (WORKPLACE MODIFICATION)										
NO							NO			
NS	Some do and some do not.									
ON	Under the Workplace Safety & Insurance Act, the employer has a duty to accommodate the worker. The only way they can get out of it is to prove undue financial hardship. The employer is supposed to support and assist the worker in returning to the workplace, however many workers find that the support is totally lacking.									
SK	Some employees do.									
YT	In some instances.									
BC	Some employers do, both recognizing and respecting the benefits to both the employer and the worker but this is still the exception rather than the rule. Unfortunately, programs and legislation which has helped to facilitate better access and reintegration of injured and disabled workers back into the workforce are now threatened.									
7. DOES THE WCB PUT INJURED WORKERS INTO RETURN TO WORK PROGRAMS TOO SOON AND SOME INJURED WORKERS GET RE-INJURED ?										
YES	YES				YES		YES		YES	YES
NS	More often, than not.									
ON	Recurrences are alarmingly high considering in Ontario the process is supposed to be Early and SAFE Return to Work.									
BC	As described above									
YT	Some workers experience a lot of pain, frustration and discomfort with the RTW programs.									
8. DO YOU HAVE MEDICAL REVIEW PANELS?										
YES	NO						YES		NO	YES
ON	The claims adjudicator has the ultimate power in deciding a claim. The claim is normally sent to the Sector Medical Consultant to provide a medical opinion on the claim. The SMC reviews the information on file and renders his/her opinion. The SMC's themselves are normally former or current MD's who are not specialized with occupational related medical training. The SMC's are so overloaded with claims it is not surprising their opinions appear to be so brief and uninformed.									
BC	There is still the MRP as an avenue of appeal based on a doctors certificate of bona fide medical dispute, however this is an avenue of resolution slated for the chopping block by the Liberal Government									
a) WHAT IS THE STRUCTURE? (THREE PERSON REPRESENTING IW, EMPLOYER?) HOW ARE THEY WORKING?										

NF	NS	PEI	NB	QC	ON	MB	SK	AB	YT	BC
NF	The Medical review consists of a WHSCC employed doctor reviewing the file &/or, sending the file to a Dr. contracted by WHSCC to review. They never see the injured worker. They are usually General Practitioners doing the job of the WHSCC to reduce and eliminate the Commissions financial liability. In our experience, the GP's are overriding the Specialists i.e. Surgeons, orthopedic and other caregivers, no specialty background. They seem to work against the worker. Their job is to render an opinion in favour of WHSCC, which is who is paying them.									
SK	2 doctors picked by IW, and 1 Chairman picked by WCB.									
BC	Three person panel, including a chair and with the injured worker and employer choosing one member each from a provided list of specialists. There is mixed opinion as to the quality of decisions handed down through the MRP process.									
9. ARE PERMANENT FUNCTIONAL IMPAIRMENT ASSESSMENTS DONE BY WCB STAFF DOCTORS?										
YES	YES				NO		YES		YES	YES
NF	As well as Doctors on contract to do PFI Assessments for WHSCC.									
ON	When a worker is sent for the permanent impairment assessment, (in Ontario the PI assessment is known as a Non-economic loss assessment = NEL), the WSIB sends out a roster list of MD's and the worker is given the opportunity to select one from the list. They must select a doctor that the worker or anyone in their family has never seen. This list contains many physicians, some of whom are "injured worker friendly", and some who are very anti-injured worker. It is important that workers do as much research as possible when selecting the doctor.									
BC	All PFI's are done by the WCB and in some regions this is combined with a computer assisted program relying on electronic measuring devices, although still susceptible to human error (or manipulation), called ARCON, which also generates a computer print out of the percentage of impairment.									
10. IS AN INJURED WORKER ALLOWED TO HAVE A REPRESENTATIVE AT THEIR ASSESSMENT?										
NO	NO				YES		YES		Unsure	
NS	They are not even allowed to have their spouse sit in.									
NF	But we advise the worker to insist.									
ON	Although many injured workers are not aware of this.									
SK	A lot of cases the IW doesn't know his or her rights, and without a rep WCB gets to snowball the IW.									
BC	The official WCB line is 'yes' however assessments have been cancelled when workers have asked to have a representative present or the accompanying person has been refused access to the exam room etc.									
11. DOES YOUR GROUP HAVE A POSITION ON THE ROLE OF WCB STAFF DOCTORS? WHAT IS IT?										
YES	YES				YES		NO			
NS	Incompetent. For your assessment, in their office they are equipped with a little hammer, a piece of cotton batten, a measuring tape, and a stick pin. In 10-15 minutes, your assessment is done. The reports from your two or three specialists, and your family doctor are not even considered. It's a one man show. If you don't like it, you have the right to appeal. Isn't this a great system?									
NF	They are biased, not independent because of WHSCC being their Employer.									
ON	The position of the Ontario Network of Injured Workers Groups is that the Board should acknowledge and consider the recommendations of the injured workers treating physicians (family doctor, specialists etc.), and not rule solely based upon the opinion of the Board doctor.									
BC	The general consensus in BC is that medical staff at the WCB for the most part is biased, unprofessional, often arrogant, and displays an alarming level of incompetence and /or negligence in the decisions they render. Therefore given the clear documented history of the irresponsible, incompetent, negligent and biased conduct of WCB medical staff in BC and the obvious inability of administration to appropriately manage a credible, competent and professional medical division, the WCB should be prohibited from direct involvement in the medical treatment and / or decision making process and be required to rely on the clearly more qualified, professional, and credible medical community outside their corporately motivated control.									
YT	Only to complain and point out the incorrectness of his findings to the External Appeal Commission.									

Injured Workers Day – June 1, 2001 - RALLY Queen's Park – Toronto, ON



Hundreds of injured workers and supporters from the province of Ontario, gathered for the rally, filling the streets in front of Queen's Park in Toronto. They were expressing opposition to the government's proposed mega-tribunal for appeals. The government has now withdrawn the proposal!

LETTERS TO THE EDITOR

Dear Editors, Writers and Readers of this Publication:

Picture this, if you may, please:

You are an average person, a typical Canadian, with reasonable dreams that you work hard for, knowing that you have to – not having been born rich. You've worked most of your adult life – proud to be neither a bum nor a parasite. You are a productive member of society.

You are happy that your country is a progressive, well-developed country that takes care of its citizens through structures and systems that protect democracy and human rights. You enjoy peace of mind, believing that come what may, you have institutions to turn to should misfortunes arise.

Little by little you watch your dream taking shape, becoming reality.

Then, one fine day, you meet an accident. Immediately, you get help, as you knew you would. After medical tests, treatments, surgery, and more medical tests, however, your doctors tell you that you can't get back to your job, your injury is irreversible

and permanent. You're afraid, worried about your family, stressed by both your pain and insecurity about the future. You think you've hit bottom, but find out that you're wrong – for this is just the beginning of the decline.

Amazed and baffled, you watch how medical results are brushed aside, your pension is cut, you watch your savings dwindle, and you starve. Just when you need help the most, help is withdrawn. You can't figure it out – all you're asking for is delivery of a promise, i.e. that there could be positive life after an injury for a Canadian citizen. You're willing to be re-trained for a more suitable job, but apparently you're useless for anything or anyone else, useless and helpless.

You feel like a dead horse being beaten.

You look around you, in real time and in the net. You find so many others – hundreds, thousands of people suffering like you are – permanently injured workers left out in the cold by the institution that was supposedly established for the insurance of workers.

Or, was it after all, established for business and government to protect each other – at the expense of injured workers?

Stress after painful stress, you watch not just your future slipping away, but your present. How has your life suddenly become like a nightmare? How can you suddenly have nothing, as though you had been idle all your life? My mistake, even your past has been erased!

I dare anyone to do some objective investigative journalism about the WCB's abuse and mistreatment

of the permanently disabled workers they're supposed to protect. I assure you that mine is not an isolated case, nor is this the plight of just a few people.

Please help me get back my life, and my faith in our country and institutions. Help others like me. Meanwhile, pray hard that this doesn't happen to you.

My personal story can be viewed at www.bcwcb.com

Truly yours,

Reinier J. Kanis,

Dear Editor

Hi. I injured my back in Nov/99. Since that time I have had nothing but problem after problem with WSIB. Last week I drew the line. I had been having a lot of problems with the medication that I was on. My doctor sent me to a shrink to see what medication may be causing the problem. The psychiatrist's diagnosis was that my depression was caused by all the pain I am in, and that the combination go hand in hand.

In May this year, I started school at Algonquin, in Smiths Falls. I was at a point where I was feeling good, and very relaxed. After about 3 days of school the seating was very poor and my pain elevated twofold.

I called my worker at NRCS, and informed her that I needed a proper chair. She informed me that WSIB only approved an Obus Form and that I should try that. I told the administrator at school, and she said don't bother. We don't have a chair here that the Obus Form will fit into, and the only answer would be a proper chair.

When I told my worker at NRCS, she said that she would have to take it up with my WSIB Adjudicator. It took about a month, but the chair was finally approved. During the course of that month, my back worsened to the point that I was doing my school work at home. This is where my problem with medication began.

Last week my doctor switched my Zoloft medication with something else. I asked to use the doctor's phone to call WSIB for their approval of the new medication. I spoke to the NCM, and she was her usual happy self (if you know what I mean). She was asking questions when she started to say something, and stopped. She continued asking questions, and also talked to the doctor. When she was done, she asked that I call her after my appointment. I wanted to know why, and asked what was on her mind. She

blurted out "It looks like we're funding a depression problem not a lower back pain problem."

I was shocked at what I heard. She let me go, but still asked that I call her back. I hung up the phone and burst into tears, and told the doctor what she said. He couldn't believe it, and immediately said that this was going into his report and tried to calm me down.

I left his office and headed to my girlfriend's to call her back, I was still crying and in disbelief. I called the NCM back, and she again came right out with repeating her same statement, without beating an eyelash. I let her know my displeasure and told her that her comment was very unprofessional.

I then called the doctor back, and I let him know what she again said, and he was adding it to his report. I also informed my Pain Management Doctor, and the head doctor on my case. They all couldn't believe it.

I also called a Supervisor at WSIB. I informed her of the adjudicator's comment and had a good talk. I felt relieved that something would be done on Monday. When I spoke with her again on September 27, she seemed to be siding with the NCM. When I brought up the need of a proper chair at school, and that I wouldn't have the backpeddle in my back pain, she came right out and said "Get over it."

I have had it, I am calling a lawyer on Friday, and it's time I looked out for me. The sad thing is, I still have the same pain I've had since November 1999, and if someone had done their job right, or timelier, I would not have all these problems.

Sincerely,

Doug Ouimet

Editor's Note: We get letters like this almost every day. We need to all work together to end this unnecessary suffering!

CIWA/ACVAMT IS ABOUT	OUR GOALS	PUBLICATIONS AVAILABLE
SUPPORT We are a national network of injured worker's groups (IWG's) and we exist to strengthen and support the work of local and provincial IWG's across Canada. INDEPENDENCE We believe that injured workers should be in control of their own destinies & Injured Workers Groups must be democratically controlled by injured workers. PARTNERSHIPS We believe that we can best assist these objectives by providing training and educational resources in partnership with provincial or territorial organizations of injured workers and the trade union movement at all levels. INFORMATION SHARING We believe that by sharing our stories and our experience we can learn from each other and become better educated and exert more control over our lives.	✓ To work towards a just system of compensation, rehabilitation and re-employment in all of Canada. ✓ To provide a national forum for debating issues concerning injured workers at national conferences and board workshops. ✓ To gather and share information with groups across Canada. ✓ To improve the Occupational Health & Safety of workers across Canada. ✓ To identify and make available, educational and training resources produced by the union movement and other agencies, that focus on organizing and maintaining effective injured worker groups. ✓ To enhance the local base of the injured workers movement through all our activities. ✓ To form partnerships that will achieve common goals.	☐ The VOICE OF INJURED WORKER ☐ PLAIN TALK ☐ HOW TO IMPROVE RELATIONS BETWEEN INJURED WORKERS & ORGANIZED LABOUR ☐ REPORT ON RELATIONS WITH LABOUR SESSION AT CIWA NATIONAL CONFERENCE, REGINA 1992 ☐ RETURNING TO WORK ☐ VOC REHAB & RE-EMPLOYMENT FROM THE INJURED WORKER'S PERSPECTIVE ☐ INJURED WORKERS ... ON THE MOVE ☐ COMING TOGETHER <u>VIDEOS & WORKBOOKS</u> ☐ SURVIVORS, 1997 ☐ TOGETHER WE CAN WIN, 1997 ☐ PEER HELPER TRAINING MANUAL, 2000 - "PEOPLE HELPING PEOPLE" ☐ LE COMBAT QUOTIDIEN DES VICTIMES DU TRAVAIL, 1999 <u>To find out more, please contact us at:</u> CIWA/ACVAMT P.O. Box 10098 Thunder Bay, ON P7B 6T6 Ph: 807-345-3429 Fx: 807-344-8683 Toll Free: 1-877-787-7010 Web Site: www.ciwa.ca

Connect with an injured workers group near you.

Check out our web site at: www.ciwa.ca

and click on "Who to Contact"

... OR ...

Call our office at (807) 345-3429 or Toll Free at 1-877-787-7010

This Newsletter is intended to share information of interest to injured workers, union activists and their supporters. It provides a forum for sharing our experiences - so we can learn from each other - in order to improve the lives of injured and disabled workers and the system that is there to assist them.
Please help - by sharing your story with us.