



**Canadian Injured Workers Association of Alberta
(CIWAA)**

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Written Submission to the Alberta WCB Review Panel

Submitted by email to: wcbreview@gov.ab.ca

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Organization Name: Canadian Injured Workers Association of Alberta Society (CIWAA)

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Please identify the industry of the organization(s) you represent:

Other – Support and Advocacy organization for Injured Workers

Dear Members of the WCB Review Panel:

Please find, below, CIWAA's comments on some of the questions from the WCB Review Workbook. We are an organization made up of, and for, Alberta Injured Workers, our families and allies. Most of us have complex cases and have experienced and continue to experience pain, suffering and a complete disruption in our work, family and community lives. We are people who have come up against the WCB time and time again, only to be denied our entitlements and our basic human dignity.

We hope that you will take our comments to heart, and that meaningful change will come out of this review that will help restore justice to the thousands of vulnerable people and our families whose lives have been irreversibly changed not only by our workplace injury or illness, but also by the very system that was set up to protect us.

We invite you to contact us if you require any additional information.

Sincerely,

Donna Oberik

Executive Director

Canadian Injured Workers Association of Alberta Society (CIWAA)

1. Please provide your insights below on how eligibility for workers' compensation in complex claims should be determined.

WCB is supposed to be no-fault insurance, according to the Meredith Principles.

Medical evidence, clinical evidence, treating physicians and specialists should override the Case Manager's opinion in all cases.

The Case Manager, however, has 100% power to reject and limit. If a case manager brings in a WCB-paid physician consultant, the Case Manager should not have the power to accept this one physician consultant's opinion over the medical opinions of a multitude of other medical experts.

In some cases, the WCB medical specialist reviews a case file and makes an opinion without ever physically examining the patient. The Case Manager can then take this one opinion over those of other medical experts.

Many workers are refused compensation based on an opinion from a physician the WCB has chosen. These bought opinions are substituted for clinical observation, diagnosis and real medical evidence provided by the Injured Worker's treating physician(s) & expert specialists and determines whether a worker receives benefits. The WCB compensation system simply shows that the practice of medicine is not based on medical certainty or science. How can there be a difference of medical opinion when numerous doctors are either examining or reviewing the same medical evidence involving the same patient?

The Case manager is NOT a medical expert and should not have the power to decide on medical issues, especially in complex medical cases.

There is serious concern about motivation for Case managers to close cases, and in the case of Complex Cases, this can translate to denying a legitimate claim rather than seeing justice through for the injured worker.

We have concerns that the WCB is making decisions to deny legitimate claims that for fear that acceptance will set a precedent for other injured workers, and end up costing the system. Keeping costs down should not be the determining factor.

Furthermore, legislation currently protects the WCB-paid medical consultants, and therefore there is no policing of their participation in the system. They are also stakeholders – they receive money for their services, and may be loath to sever this relationship with the WCB. WCB interferes and intimidates and unduly prejudices doctors before worker gets to see the doctor. Many of these doctors simply do not want the hassle of fighting with the WCB, and the injured worker does not get the unbiased medical treatment that they deserve. Doctors with their years of experience and expert knowledge are not able to stand up to the constant pressuring tactics of WCB Case Managers, and some agree to commit

fraud on the public, just to avoid the hassle and expense of going against the WCB. This would be different if the government protected the medical profession.

The end result is that doctors are changing their reports mid-stream. Additionally, these doctors are degrading the whole medical profession when other doctors are relying on their expertise and honesty, breaking their Hippocratic Oath to first do no harm. The injured workers, meanwhile, are denied the justice they are entitled to.

Complex cases need to be referred to an external watchdog, to ensure justice for injured workers.

3. In your experience, what are some concerns that arise when it comes to claims around psychiatric and psychological injuries?

Policy 0301, Application 7 - Marked Life Disruption

Chronic pain should be accepted by WCB (as it was accepted at Supreme Court of Canada). WCB needs to recognize that the push for rapid return to work can lead to secondary injuries, chronic pain, depression, family and relationship problems, poverty, and distrust of your own treating physicians.

Case Managers and medical-consultants have the power to determine the final diagnosis in psychological injuries, and not necessarily based on up-to-date medical information.

Psychological assessments themselves do damage to injured workers. They are done from a template, not necessarily based on current medical information, and without a complete picture of the person, all done within an hour and a half behind closed doors with doctors who treat people with disrespect.

Part of this could be solved by allowing injured workers to have a witness go with them to these sessions.

Additionally, CIWAA recommends the WCB use physicians or medical specialists who are part of the **Canadian Society of Medical Evaluators**. (www.csme.org). This would free up billions of dollars, bring respect back to the medical profession, eliminate bias and stop harming injured workers.

4. Please provide your views on some of the issues and concerns that arise in claims involving pre-existing conditions.

On paper, the current policies are fine. However, in practice, the experience of many injured workers is that Case Managers presume a Pre-Existing condition as a way of quickly denying claims. In some cases, injured workers report Case Managers making up pre-existing injuries that never existed for the worker,

without having to prove it.

In many cases, injured workers have had pre-existing conditions that have been asymptomatic for many years, and have never affected their work or quality of life, until their accident or a new injury exacerbated their condition.

Again, WCB is supposed to be no-fault insurance. The burden of proof should be on the WCB, not on the injured worker.

The WCB should have to PROVE:

- A. a pre-existing condition even existed.
- B. that the pre-existing condition would have affected the worker even if they didn't get reinjured

WCB is an insurance company. Other insurance companies have to accept you as you are. The term is called "thin skin".

Bonuses for disregarding the overall health of the injured worker, closing cases quickly or denying claims, has to stop. The culture of denial still remains in the WCB, where the hope is that the injured worker goes away, goes broke, or commits suicide. This must change now.

5. Please provide your comments on the timeliness and effectiveness of the WCB claims process.

If you are accepted for an acute injury that is easily treated, the timeliness and effectiveness of the claims process is fine, though the emphasis on speedy return to work can lead to secondary injuries, as the focus can be on speed instead of healing.

If, however, your work injury or illness is long term, complicated, involves chronic pain or psychological injuries or illnesses, the system does not work as effectively.

Though a minority in total number of claims the WCB is faced with, it is these injured workers whose injuries or illnesses tend to be more complicated, for whom the WCB is simply not effective.

An internal incentive program within the WCB, which rewards the quick closing cases is seriously problematic. It damages workers when the focus is on the bonus, and not the health and wellness of the worker.

6. What are your views about creating a mechanism in Alberta's workers' compensation system that would provide a single window for people to raise concerns about WCB claims management and service delivery? If you

support this concept, what could it look like?

It is clear that the WCB needs a watchdog to police the internal goings-on of the WCB's everyday practice. It is important that this watchdog entity be external to the WCB, and not on WCB payroll.

Injured Workers and registered and recognized Injured Worker groups need to be consulted (and listened to) by MLAs, advocacy groups, ombudsman on their experiences fighting the WCB system so that justice for injured workers can be reached. The injured workers who have gone through the system are well-positioned to teach those unbiased decision-makers what needs to happen.

The Government needs to step in and take responsibility, to become a steward that safeguards the rights of the injured workers the WCB is supposed to be helping. The government needs to reopen long-term claims that were decided on an opinion and/or Claim Managers' interference (versus medical certainty or science) so those injured workers that fell through the cracks can achieve the compensation they deserve. This is line with promises made by politicians numerous times, but this is an opportunity to actually change things.

The WCB needs to be accountable to an outside power.

7. Please describe your views on the willingness of physicians and other health professionals to interact with the workers' compensation system on behalf of their patients.

Our experiences are that treating physicians are frustrated by the treatment from Case Managers. Their years of experience, education, and practice are displaced and discounted by Case Managers who have no medical background themselves.

In many cases, the Case Managers do not even communicate with the treating physician.

The medical evidence and clinical evidence they send to the Case Manager does not become part of the file, it is rejected. Instead, they go for an opinion from a chosen, WCB-paid medical consultant for their opinion.

How does the Case Manager, without medical knowledge, know to choose that one paid opinion is more correct than 5 or 10 other medical opinions backed up by clinical and scientific evidence? Again, there is an incentive for Case Managers to deny and close claims.

8. What are your views on the WCB's current process for referring injured workers for medical treatment or services?

We have questions about the “negotiations” that the WCB does with physician and treatment providers.

Their expertise is not the same in most cases as is available outside of WCB medical treatment. The WCB–required treatment providers (many owned and operated by the WCB) do not necessarily have the expertise in the field of your injury, because the Case Manager gets to determine:

A: what your injury is

B: the treatment required

C: what level of expertise is required, and in what field of medicine.

This becomes a lucrative business model for treatment providers, one that any will be hesitant to break if they rock the boat – they do not want to bite the hand that feeds them.

Many injured workers have received secondary injuries, or a worsening of their injuries by treatment providers that are not the best in their field. Injured workers do not have the ability to seek out other medical treatment instead – workers are required to go to the treatment provider required by the WCB.

There is a serious lack of oversight of the medical proficiency and ethics of treatment providers, which is leading to increased damage and suffering of injured workers.

9. How do disagreements about medical issues impact the relationships that physicians and other health providers have with the workers’ compensation system?

Physicians are displaced, frustrated, and not asked for their evidence and treatments, and even when they do provide evidence and treatments, they are not used. Doctors have lost their licenses, and/or are afraid of losing their licenses.

We recommend that doctors who have been pressured by WCB, and refuse to commit fraud upon the public, be allowed to come forward with protection to make recommendations and shed light on the mismanagement they see from their medical point of view. This would keep physicians in Alberta.

The Review Panel should research what is happening in Ontario with Doctor Brenda Steinnagel, who “refused to commit fraud upon the public” when pressured by the WSIB, alleging wrongful dismissal when she refused to give the WSIB the medical opinion they wanted to see.

The Ontario Network of Injured Worker Groups (ONIWG) has facilitated this, and 160 doctors, protected under the umbrella of ONIWG (“the War Zone”), now have come forward to give their own experiences with the WSIB.

10. In your view, who should be able to request a Medical Panel review? Why?

Medical Review Panels solve nothing as a MRP is a process involving more paid doctors with different opinions. The opinions provided do not have to be based on medical evidence, treating physicians and specialists' reports nor clinical observation, treatments or medical science. The government has enacted legislation that these opinions are binding and leaves no recourse for the injured worker. Many of these paid physicians give a binding opinion in a field of medicine they have never practiced, have no knowledge of, or have ever seen a patient with these types of injuries or diseases.

Medical Commissioner and Medical Panels should be abolished.

The WCB pays out billions of dollars for opinions. Many physicians have quit their practices as giving opinions is much more lucrative than treating patients with overhead costs.

Case Managers are requesting medical panel reviews before all evidence is in, because a decision is binding on the worker (but not on the WCB), and the case can become closed that much quicker. As well, the WCB is allowed to interpret Medical Panel finding any way they want to. We have evidence that sometimes a Medical Panel goes forward even with no difference of opinion because the WCB has rejected all opinions before getting to the panel. Secondary Medical Panels can be comprised of the same biased medical panel members as the first time around. In some claims, cases are closed "as per Medical Panel" even when there was no Medical Panel.

There is no adherence to 46.1, and in practice, there is no enforcement or watchdog.

CIWAA feels that the Medical Panel and the Medical Panel Office should simply be eliminated. If the Case Manager disagrees with medical evidence from a treating physician or medical specialist, responsibilities should be handed over to the **Canadian Society of Medical Evaluators. (www.csme.org)**. This would free up billions of dollars, bring respect back to the medical profession, eliminate bias and stop harming injured workers.

11. What other roles, if any, could the Medical Panel Office play in resolving medical conflicts? Please describe.

See above.

12. Should the Workers' Compensation Act contain a provision that influences or compels an employer or worker to cooperate on return to

work? Why or why not?

The Case Manager should not be in charge of Return to Work, because they are incentive driven and not following medical restrictions, and they do not understand what modified work consists of. They and the employer are then acting like doctors when neither of them have the medical knowledge needed for safe return to work. Case Managers should just be administrative.

There needs to be a voice of the worker and doctor in all Return to Work situations.

13. What challenges do employers face in returning an employee to work? If there are challenges, what additional supports do employers need from the WCB?

They need expert medical support, to help them design modified work that people can do without causing further injury or complications in healing.

They also need workplace training for themselves and all staff on workplace injury and stigma, bullying, and the importance of Return to Work.

15. Please provide any other comments you have relating to the WCB claims process.

WCB was founded to help injured workers. It has lost its way.

Claim Managers have 100% power. It is bonus driven and this has to be stopped immediately.

Claims Management is administration, and should not venture into medical opinions.

WCB has a culture of claim denial and quotas that encourages the denial of legitimate claims.

This has to be stopped and can be stopped immediately.

There needs to be oversight and accountability for a system that has been able to operate with none for a long time.

16. Please comment on whether the current limits on insurable earnings should be changed.

Cost of living goes up for everyone, including Injured workers, who must also pay market price for a loaf of bread or a prescription refill.

17. Should an option be made available for workers to obtain additional coverage through the WCB? Why or why not?

No. WCB doesn't work already, now you want a two-tiered system that will work better for those who have the money to opt in? Absolutely not.

18. Please comment on whether WCB benefits should recognize career progression.

Of course.

There are also inflation and cost of living increases that affect all workers, injured or not. Injured workers should not be penalized for this.

19. Please comment on the WCB's use of "deeming" earnings for those workers who are not able to return to work with their original employer.

Even those workers whose claims have been accepted are often reduced to a life of poverty. This is a result of the practice of "deeming." Compensation for loss of earnings is based on the difference between pre-injury earnings and the amount that injured workers are able to earn in suitable and available employment after their injury. However, the WCB deems most workers to have returned to paid, full-time employment after their injury, regardless of their real life situation.

In reality, in many if not most instances, the worker is unable to get a job in the occupation for which they have been "deemed" capable. These jobs may not exist or there are no jobs in their community in the occupation cited, or no employer may be willing to hire them given their disability. When the WCB reduces Injured Workers' benefits by overstating their earnings, it cheats them out of compensation that is justly owed. Many Injured Workers are told (by the WCB – and we have evidence of this) to lie to a future employer about their injury in order to get hired and spread the risk.

20. When circumstances arise that may be considered non-compliant (e.g., refusal to participate in medical treatment, refusal of return to work, etc.), what actions should WCB consider and what should happen with a worker?

We have evidence that shows that Injured Workers have been forced to return to work by their case managers (who are not medical experts, nor is their employer) into jobs and duties that are not safe for the worker to perform, causing further injury. Every other worker in the province has the right to refuse work they consider to be unsafe. WCB, however, has the power to force a worker to perform dangerous tasks, and the worker must comply or lose their benefits and

get fired from their job. On top of this is shame and intimidation for being injured.

Injured workers can be heavily medicated, which further puts themselves and others at risk both at the workplace and en route to work (where WCB coverage does not extend). They are essentially impaired, and this becomes a public safety issue as well (one that M.A.D.D. would be interested in), but injured workers will do this to keep their jobs.

An injured worker's safe return to work is handled by administrators, not by medical experts. We have evidence of a worker's safe lifting load being 20lbs, but due to clerical error and no medical oversight, was written down as 200lbs, which was then enforced by the employer, leading to further and more serious injury.

So what choices does an injured worker have? They can choose to not listen to their doctor or MRI's or medical evidence and hope that they will not be injured, their bulging disc will not explode. Or, they can refuse and be fired, and have their benefits cut off.

When the return to work program set out by the employer and case manager is more dangerous than the job that got you there in the first place, there are serious problems with the system that must be fixed.

21. Please provide any other comments you have relating to the WCB benefits process.

When you meet all the criteria and requirements for WCB policies, you still don't get benefits. You have to continue to prove and prove and prove your injury, even though causation and injury have already been accepted.

At the appeals process, medical panels, right up to the top levels – it still comes down to the case manager who is given the power to interpret the decisions any way they see fit, because the legislation says "MAY consider treatment..." rather than SHALL or MUST. With an internal bonus incentive, this means the Case Manager can interpret the word MAY for their own gain.

The medical findings of a medical panel are final and conclusive and not open to question or review in any court.

This once again puts the injured worker in an Orion circle, so that you never get benefits and you have to keep fighting, at huge personal and financial cost. Even when you win, you lose.

22. Please provide your views on the effectiveness and timeliness of the DRDRB process.

Waste of time and money, as it is not a true review process that looks at medical evidence. WCB is working within its own circle.

As it stands it is just another step to discourage Injured Workers from continuing to fight their claim. Many injured workers will simply walk away at this step.

23. What are your views about the one year limitation period to file a request for a DRDRB review?

Severely injured workers who are in pain, are now struggling financially with no help or support, their kids need food, they have no sleep. Demands on time are huge and pain and day-to-day life takes precedence over trying to move forward on a written review request. Add in pain medication and depression, the amount of papers the WCB inundates you with, and a review process to get what you should be entitled to is more than daunting. Time is altered, it slips away as you try to navigate your new reality. Your life has changed dramatically since the date of accident.

All told, a year in the life of an Injured Worker life is equivalent to one day in the life of an able-bodied, healthy person. So, a one year limit to file a review request is not long enough.

Many workers do not have a computer, a printer, access to internet or fax machine.

Many workers don't know you can appeal. Other don't know how. Others don't trust the WCB system that denied them in the first place, and they don't trust the Office of the Appeals Advisor (paid by WCB) to help them with any review or appeals process. And there is a huge gap in free or affordable external WCB advocates to help with this process.

24. Please provide your views on the effectiveness and timeliness of the Appeals Commission process.

What effectiveness? Sometimes it takes 18 months to 2 years for the Appeals Commission to send their decision back to the Case Manager to make the decision. In other words, the Appeals Commission never made a decision, even though they had the medical information two weeks after the appeal was put forward. Meanwhile the injured worker has been waiting.

This is two years of more suffering for injured workers, only to have to start it all over again.

25. What discretion, if any, should the Appeals Commission have to examine issues relating to a claim that might not be the subject matter of the appeal, but might resolve the matter in its entirety?

100%. If a just resolution can be found, then do it.

26. What factors should be considered by the Appeals Commission when determining whether a case should be reconsidered?

Every factor that an injured worker and their doctors (and medical specialists) bring forward.

27. What are your views about the ability of the Office of the Appeals Advisor to offer impartial and effective advice to workers?

CIWAA feels that the Office of the Appeals Advisor is biased, and will not bite the hand that feeds them.

The whole office needs to be taken out of the WCB to an external office that has all injured workers' best interests at heart, with no outside interference.

28. Should employers have access to WCB-funded representation at appeals? Please explain.

No. What information can employers offer in an appeal? The only questions are whether an injury happened at work or not, and the information that medical experts provide.

29. Are the safeguards currently in place by the WCB adequate to protect worker information during the appeal process? If not, what safeguards would increase your level of confidence?

There is no privacy. Case Managers cherry-pick the slanderous information in the opinions of the hired doctors, as in most cases they have not spoken to your doctors in years. We have evidence they have cut and pasted another injured workers' information to send to the appeals process. Many injured workers have received another workers' claim information.

Once an employer has a workers' personal information (fabricated, exaggerated or not), what is to stop them from sharing this with others at the workplace or outside? Who is watching over this?

30. Please provide any other comments you have relating to reviews and appeals.

Once again, CIWAA recommends that the Alberta Government step in to bring in the **Canadian Society of Medical Evaluators. (www.csme.org)**. This would

free up billions of dollars, bring respect back to the medical profession, eliminate bias and stop harming injured workers.

For long-standing claims: settle them. Let injured workers have some form of dignity for the rest of our shortened lives. Injured workers should not be living on the streets. The tragedies that have been suffered at the hand of WCB must end.

31. What involvement, if any, should stakeholders have in the nomination and recruitment process of WCB directors?

Injured Workers and/or Injured Worker advocates need to be involved in the nomination process to ensure the experiences and wisdom of Injured Workers are present in the governance of the WCB. Employers naturally place a focus on financial cost, while workers may pay the ultimate price with their health, livelihood, and lives.

Alberta Doctors (not connected to the WCB) should also be represented on the board.

There needs to be a clearly defined term for the CEO.

There are serious concerns when the CEO makes more money than the Premier of Alberta, and even more so when you consider that he is paid an exorbitant salary from the Accident Fund, which should be for injured workers.

There needs to be clarification on the involvement, roles, and responsibilities of the Lieutenant Governor. The government needs to be more involved as a steward of the WCB, to ensure just treatment of Alberta's citizens who get injured at work.

32. How do you (or your organization) currently provide input to the Board of Directors? What works and what could be improved?

The Board does not have a history of listening to the concerns of our organization and injured workers in general. When tough questions are put to them, they walk away.

This is troubling (to say the least), when one considers that the WCB exists to help injured workers.

33. What are your views on the performance measures and targets currently set by the WCB? Are there additional or alternate measures you feel would be appropriate?

Targets should be not on number of cases closed, but on successful healing and

support for injured workers. In complex cases leading to chronic pain, suffering and permanent disability, the targets should be on ensuring high quality of life, not denying Injured Workers this justice.

Numbers don't tell the whole story of especially complex injured worker cases. Though a minority of claims (by number), the pain and suffering is ongoing and severe.

34. In your experience, is the WCB's current policy development process effective? Please describe how you would like to be consulted in the development of WCB policies.

Injured worker voices should be heard in any review of current policies. Do they work for Injured Workers? This is an important question that should be asked in complex cases, not just the "quick healing, easy return to work" cases for which the answer is simple and usually positive.

Injured Workers can play a key role in educating all stakeholders on the experiences that we face dealing with the policies that exist now, and future policies that could benefit injured workers.

CIWAA has been fortunate to have a relationship with Ontario's Injured Workers' groups, which enables us to be able to provide a valuable resource for the Alberta WCB. The Ontario groups have had the resources to do plenty of research to push for a strengthening of policies and action, right up to the Supreme Court. We would love to see the issues they have fought for be applied to injured workers here at home.

35. What are your views about amending Alberta's Workers' Compensation Act to require that the government review the workers' compensation system on a regular basis? If you support this approach, how often should such a review occur?

The government should be involved in day-to-day activities to see the gaps, pitfalls, and abuse within the system firsthand. This information can then be acted upon immediately, and carried forward as part of a regular formal review process.

This current review process cannot sit on a shelf for another 16 years. It has to be read, implemented and acted on. We can start today with the Premiere stopping bonuses immediately, and eliminating decisions made by personal opinion of a chosen doctor by implementing the **Canadian Society of Medical Evaluators. (www.csme.org)**. We need the government to stop giving protection for what amounts to white collar crime for those WCB employees and consultants who are above the law. The Premiere has been given the power to do this, and she should, immediately.

By eliminating the potential for abuse and corruption, we will see a renewal in our democracy.

42. To what extent is the WCB experience rating system an incentive for preventing workplace injuries and diseases? To what extent is experience rating an incentive for promoting claims suppression?

CIWAA has research suggesting that experience rating promotes claim suppression.

43. Is there a sufficient investigative process in place to deal with complaints of claim suppression and are the penalties sufficient to deter employers from this practice? How could investigative and penalty processes be improved?

No. There needs to be external oversight on claims suppression, and use legislated powers to increase investigation.

48. Distributing surplus money from the Accident Fund to employers is one way to address better-than-expected investment returns. What are some other ideas about what to do with these surpluses?

Accident Fund should not be used to deny legitimate injured worker claims. In essence, the fund is being used to pay for lawyers, medical experts and the WCB to fight against injured workers' legitimate claims. Once denied, this lends itself to abuse of social programs such as AISH, the taxpayers' expense.

Use any surpluses to fund a dedicated re-opening of closed long-term cases, to be conducted by an external body.

Re-open every case that was denied on Opinion. As their lives have been shortened and ruined, pay out these workers so they can live out what's left of their lives without the stress of being under the WCB.

Put more dollars into prevention and education for workers.

Put more money into better and affordable access for Injured Workers to the WCB system.

Put more money into meaningful worker re-education after injury.

Put more money into meaningful WCB Case Manager (and others) re-education to combat the culture of denial. In most cases they don't know what they are denying or why they are denying it. Re-educate on the guiding principles of the

WCB.

Put dollars into a complete external audit of the system as it now stands, to make public the problems in the system.

50. Where, if anywhere, do you see opportunities to incorporate consensual resolution processes (such as alternative dispute resolution) in the workers' compensation system? What could these processes look like?

There would not be a need this if Opinions were eliminated. They have caused a lot of harm because everyone interprets opinions differently.

Once again, CIWAA recommends that the Alberta Government step in to bring in the **Canadian Society of Medical Evaluators. (www.csme.org)**. This would free up billions of dollars, bring respect back to the medical profession, eliminate bias and stop harming injured workers.

By allowing the word MAY in legislation and policies instead of SHALL or MUST, even if you meet all required criteria (MAY be compensated, MAY be given treatment, etc.), in a culture of denial so far away from the Meredith Principles, there is a huge incentive to deny a claim, close a case, and thereby receive their bonus. All this with no oversight. Absolute power corrupts absolutely.

52. What are your primary concerns about workers' compensation in Alberta?

The Alberta Workers' Compensation Board has the responsibility to safeguard the health and well-being of injured workers and uphold their rights. These rights include the maintenance of the living standard the worker had before injury, suitable retraining for those who can no longer work in their old occupation, enforcement of the duty of employers to accommodate injured workers and full coverage for all the health needs of Injured Workers when they can no longer work.

These rights are being violated on a constant basis. WCB measures success by how quickly it can declare an Injured Worker fit to return to work and end benefits, not on the well-being of the Injured Worker. The end results are taxpayers footing the bill with programs like the Assured Income for the Severely Handicapped. To implement this aim, WCB has put in place a system which monetarily rewards both WCB employees and health care practitioners for declaring a worker fit to return to work and closing the file.

These violations of workers' rights are based on the outlook that Injured Workers are a "cost" and that the job of the WCB is to "keep costs down" for the employers. The WCB system provides employers cheap workers insurance at

the expense of working people and families. We know that Alberta employers pay on average 50% less than all provinces in Canada.

Alberta is the richest jurisdiction in North America. Alberta Industry is the most dangerous workplace in North America but our labour force should not be subsidizing Corporate Alberta through low WCB premiums. The Alberta Taxpayers should not be subsidizing WCB as they shirk their duties to Injured Workers and place the burden on all Albertans when the Injured are placed on AISH because it is cheaper than a WCB claim.

Every Albertan that works, runs the risk of becoming an injured worker whose life will be turned upside down, with nowhere to turn – a hopeless situation.

Injured workers are in a major battle. Many are dead, many are dying, others are suffering. Families are forced to break up just so they can provide shelter and basic needs for their children. While working in Alberta they were injured in the work place, refused compensation, medical care, left disabled and destitute and nowhere to turn or receive help, fighting a system that is run by greed. WCB is an insurance company that is self-regulated and answers to no one. Someone needs to care.

Alberta WCB is denying benefits and proper medical care with malice, false bought medical opinions, refusing to accept Medical Evidence and dismissing treating physicians' medical care and diagnoses. This results in serious consequences for people who have been injured or made sick at their jobs.

Injured workers are intimidated, exploited, abused, harassed & manipulated. They feel beaten down and want to give up as the pain, depression and poverty has become too much to bear. Their only crime was working in Alberta.

Injured workers with disabilities can be vulnerable to abuse, and with no outside watchdog and lots of money on the table, this allows for WCB staff to prey upon these people. Again, an external watchdog is needed, and they should not simply respond to complaints because especially vulnerable injured workers may not know they are being defrauded, may be intimidated, or have other barriers to complaining.

We need an honest public Inquiry with workers, not politicians and lawyers. We need to change legislation to stop self-regulation and make the government accountable. Spending millions for opinions should result in a Criminal Lawsuit. Instead, these doctors that have broken their OATH for greed, are protected by our government and not held accountable, even when their opinion caused the death of an Injured worker. The exorbitant payment they demand is paid by WCB, along with incentives becoming more lucrative to close their medical practice down and just hire themselves out for opinions not based on fact or medical evidence, thereby ensuring WCB can deny your claim knowing there will be no repercussions, as the government gives them immunity.

Employers and the WCB have for years created a public perception that Injured Workers are trying to defraud the WCB system. While it is untrue for the vast majority of claimants, this perception aids in claim suppression and adds to the stigma of an Injured Worker as a malingerer. Contrast this with the internal fraud by WCB staff, where only the high profile cases tend to get reported, such as R. v. Cremer, 2007 ABQB 544 (CanLII). There needs to be an investigation and public report released on the fraud committed by WCB staff, which takes money out of the hands of the Injured Worker.

We are concerned about our future generations, who may be faced with dangerous work situations themselves, and who have been brought up now with a disdain for and distrust of the WCB and the government as a whole. Having seen their parents go through hell at the hands of the WCB has created a generation of young people who are disengaged from meaningful participation in our democracy and its institutions that are supposed to be there for its citizens.

The Modus Operandi of the WCB seems to be “Injured Workers: please don’t take this personal, it’s just business.”

For Injured Workers and our families, it is our lives.

53. We invite you to provide any other comments you have, which you have not already provided.

CIWAA stands behind four pillars of change:

1) Independent Medical Examinations

- Are wrought with fraudulent reports and diagnoses to enable WCB to deny legitimate claims of Injured Workers.

2) Medical Panel Office

- Conducts Medical Panels designed to leave no recourse to the claimant Worker as they are “binding” and biased favoring WCB while ignoring the diagnosis of treating physicians of Injured Workers.

3) Case Manager Interference

- Case Managers manipulate and intimidate Worker claimants Physicians when their diagnosis or opinion opposes WCB.
- Case Managers operate in a Bonus Salary Structure designed to clear Injured Worker claims off WCB that is discriminatory to Injured Worker claimants.

4) Where is the WCB money that is paid into by employers?

- Why are Alberta Taxpayers paying for Injured Workers who have been denied legitimate WCB claims and forced onto AISH, a taxpayer funded social program? WCB cannot displace Injured Worker to AISH leaving Alberta Taxpayers to foot the bills.

Life as an Injured Worker:

All employees and hired doctors, everyone who can affect the health and well being of the injured worker, needs to have hands-on, real life experience into what the life on an injured worker is really like on a day-to-day basis.

24 hours of pain depletes you. Two hours of sleep exhausts you. Financial, emotional, bill-collector stress panics you. Strain on your family – your kids, your spouse – demeans you. You lose your pride. Your body won't do what you ask it to do. Knowing everything you worked for – all your dreams and goals – were crushed in a day. You are recognized and declared disabled Provincially and Federally where the criteria is much more stringent, yet WCB has you back to work the next day.

Hidden disabilities are the worst – brain injuries, chronic pain, etc. The stigma of the Injured Worker is strong, allowing others in society to continue the attack on the Injured Worker. And the stigma is strong within the WCB, which forces Injured Workers to defend the lies and slander, the made-up diagnoses that is now on the medical records for everyone to see. And your whole life is controlled by someone else.

The impact of work injury on families and future generations cannot be ignored by anyone with a desire for social justice. Children of Injured Workers should be allowed to have their basic needs covered. They should be able to face their peers without ridicule. They should not be put in a position where they watch their parents – their heroes – die a slow, painful death.

Empathy is critical for the justice of human beings who have been injured or made sick at work. Injured workers lose their dignity, our stories become invisible to the public, we lose our hope and will to live. We do not deserve this inhumane treatment when our only crime was going to work.