



***AN ADDENDUM TO THE REPORT
“NEW DIRECTIONS: WCB REVIEW 2019”***

- *Acknowledgements of Presenters*
- *Workers’ Voices*

Report to the
British Columbia Minister of Labour
Honourable Harry Bains

Janet Patterson
August 07, 2020



INTRODUCTION

The report *New Directions: Report of the WCB Review 2019* relied on presentations made in the Review’s public hearings, held around British Columbia between June 14 and July 19, 2019.

Over 170 injured workers or family members took the opportunity to make presentations as did 40 other individuals, as representatives, health care professionals or employers. All presentations were time-limited and recorded digitally*, for the public record. The public presenters were not listed in the Report although their presentations were identified as an important foundation for the Report’s recommendations.

With the delayed release of the Report, I have taken the opportunity to add this Addendum and acknowledge these in-person presenters and their important contribution to the Review.

I have also selected a few brief highlights from the presentations of injured workers and their families. These selections are representative of many presenters who gave their personal experiences a public voice.

(*) Two public hearings were not recorded due to technical difficulties.



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ACKNOWLEDGEMENTS:

The following individuals and organizations presented at the public hearings.

We acknowledge the importance of these public presentations and the depth with which they were prepared and presented. Each presenter was asked to make recommendations for how to improve the compensation system, and many offered their personal experiences as well as submissions and claim disclosure. Many of their recommendations are reflected in the final report.

We also acknowledge the individuals who presented to the Review anonymously. They are not identified in the following list but their personal accounts regarding their WorkSafe challenges were greatly appreciated and considered.

Some workers who had reserved a presentation time ultimately were not able to attend. Many contacted the Review to cancel their hearing slot and explain why they could not attend. This was usually due to health circumstances or barriers from work, family obligations or travel demands. Many of these individuals sent written submissions instead. We are not able to publicly acknowledge these workers by name. However, we understand the reality of the barriers that they face and appreciate both their wish to participate and courtesy of contacting us to explain their situation.

We also wish to acknowledge the special efforts of two older workers to attend the public hearings. Both had been disabled for many years. Z was blind, so B drove and they travelled to the hearing and presented together. The next day, worker Z called the Review to inform us that B passed away that night and how appreciative they both were of the opportunity to publicly present their cases.



PRESENTERS LIST

PRESENTERS IDENTIFIED AS INJURED WORKERS:	
NAME	NAME
ALLAN, Susan Enid	ETTEL, Jade & Eva Menzies
ARCHAMBAULT, Joseph	FARIBORZ, Nazi
AUJULA, Sandeep	FARSKY, Chris
BACKELAND, David	FAUSTEN, Ilona
BARKLEY, Donna	FELKER, Reginal
BEACOM, John	FERGUSON, Sean
BELL, Agnes	FURLONG, Michael
BELL, Stanley	GAGNON,Shauna
BILN, Kuldeep	GARCIA, Marcy
BOLTEN, Peter	GIBSON, Dave
BORDEN, Grant	GILL, Jaskaran Singh
BOWIE, Donna	GIRARD, Sasha & NOCK, Fred (advocate)
BREZINSKI,Michelle	GOODWIN, Owen
BRAR, Gurtej	GREGORY, Darren
BRONSCH, Marvin	GREGORY, Randy
BRODERICK, Robert	GREWAL, Aman
BROOKER, Joanna	GRIFFITH, Gary
CAIL, Robert	GRUEN, Sarah
CARTER Mark	GRAFTON, Elspeth
CHERRY, Bruce	HAGGARD, Don
CHILD, Alvin	HARTLEY, Brad
CLUBINE, Grant	HAVERS, Tom
COULOMBE, Joel	HELTMAN, Brenda
CZAKO, Heidi	HENCZEL, Paul
DAVIS, Ralph Davis	HENRY, Pauline
DAVISON, Che	HERNER, Jill
DEAN, (Edward) Ted (& Jason Thomas, advocate)	HEWETT, Karly
DHADLY, Ajit	HILVERDA, Ron
DUROCHER, Dan	HOORNAERT, Shawn
ESTABROOKS, Jolene	

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PRESENTERS IDENTIFIED AS INJURED WORKERS (continued):	
NAME	NAME
HUDON, Joseph	MELODIAS, Emily
HUNDAL, Joginder	MILLER, Jacquie
JENSEN, Jun'ichi	MOEBES, Brian
JIRASEK, Vaclav	MOONEY, Daniel
JOHNSON, Ross	MOORE, Kali
KELLER, Jennifer	MORRISON, Chris
KIERNIS, Cara	MURAD, Shukria
KIM, Rachael	NETTLETON, Dan
KITTO, Peter Kitto	O'KEEFE, Tyrone
KLATT, Debbie *	OLIVERIO, Maria
KOONER, Jasbir Kaur	OLKIEWICZ, Balbina
KOWAL, Ziggy & O'BRIEN, Bill	OWEN, Pamela
KRISTIANSEN, Arvid	PABLA, Gian
KUMAR, Nirmala & RAM, Roshin1	PATTINSON, Richard
LAMONT, Diana	PAUPST, Allen
LAWTON, Zale	PAVLOU, Tasos
LIGHTBODY, Karen	PENNER, Robert
LOGAN, Dawn	PFRIMMER, Josie
MACK, Lana	PHILBROOK, Allen
MANSELL, James	PORTUGAL, Luisa
MARC, Debbie	POWER, Katie & DAVIDOFF, Andy (advocate)
MARCHANT, Randy	RAYMOND, Lesley
MASKAS, Lynn	REAL, Barbara
MAZAREDO, Paz	REARDON, Scott
MAZZOCCA, Maria	REMIN, Terry
McLEAN, Tim	RESENDIZ, Ewa
MELENKA, Carolyn	RICHARDS, (Benjamin) Guy & Dr. Rif Kamil (representative)
MELIEN, Teri	

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PRESENTERS IDENTIFIED AS INJURED WORKERS (continued):	
NAME	NAME
ROGERS, Lorelei & SPENCER, Dawn	TASSE, Steven
RYDER, Norm	THOMAS, Jason
SABYAN, Lori	TOOMBS, Greg
SAFAEI, Homa	UNRAH, Lorrie
SALCEDO, Rafael	UPPAL, Davinder
SANDHU, Tehl Singh	URBANOVIATCH, Michelle
SCHNEIDER, Martin	URQUHART, Scott
SCHNITZER, Renate	WALSH, Brian *
SCHREINER, Jim	WARAWA, Wayne
SCHULTZ, Ralf	WARNER, John
SEIDELIN, Greg	WATKINS, Al
SEYDELL, Janice	WELLS, Florence
SHERSTOBITOFF, Dale	WIENS, Benjamin
SIMPSON-WHITE, Sally	WILLIAMS, Elizabeth
SMAILES, Mark	WILSON, Jason
SMEATON, Michaela	WILSON, Linda
SOLES, Trevor	WOOD, Melanie
STEIN, Cheryl	YWAYAN, Susan
STEWART, Rob Roy	
STONE, Keith	
SWEET, Linda	
SORENSEN, Deanna	
SZAKACS, Sabrina	

PRESENTERS IDENTIFIED AS FAMILY MEMBERS OF INJURED WORKERS:	
NAME	NAME
BRINONI, Angie	LUCIER, Linda
FELKER, Jackie	SADOWICK, Jodi-Lynn
GIBSON, Tammie	SENUK, Bernard
HOPKINS, Karen	THOMPSON, Kristin
LEWIS, Jacqueline	TRAYNOR, Sharon

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PRESENTERS IDENTIFIED AS ORGANIZATIONS & REPRESENTATIVES:	
NAME	NAME
ALEXANDER, Annette and Sunny Burm (worker reps)	LINDSAY, Brendan (worker rep)
AUBICHON, Nicolas & Steve Carter (CUPW 846)	LYNCH, Glenna (BCNU)
BLANCHETTE, Corinne (union) & John Randell	MALONE, Kevin (Unite Here 40)
BROCK, C (IBEW)	McGRATH, Gord & SAIRANEN, Sari (worker reps)
CAMPBELL, Michael (other)	McKAY, Tana (Unifor 333)
CROLL, Lara (BC Care Providers Assn)	MENZIES, Eva (worker’s advocate for ETTTEL, Jade – See CAMR-004)
COLE, Julie (School Dist. 20)	MILLS, Maurice (Unifor 114)
CRONK, Laird (BC Fed)	NEDERPEL, Barb (HEU)
DEMPSTER, Jessica (CUPW 850)	O’DONNELL, Merrill (BC Building Trades)
DHILLON, Gurcharan, GILL, Sarb, STOEHR, Claudia – Archway Comm. Services	O’DONNELL, Merrill (worker rep)
FRASER, Charlie Fraser (Unifor 10-B)	PETRIE, Paul (consultant)
GREAR, Adriane (BCNU)	RIEHL, Fred (USW 7884)
HANNA, Janice (retired WCB case manager)	SCHUEPFER, Jeff (USW 480)
JANSEN, Michelle, (consultant)	SMITH, Stephanie (BCGEU)
JOHNSTON, Graeme (BC Ferry & Marine Workers Union)	SYMINGTON, Don
KAMIL, Dr. Rif Kamil (Registered Psychiatrist)	THOMAS, Jason (USW 7619)
KERINS, Cara (ILWU)	ULMER, Dr. Brandon (psychologist)
LAURIE, Michelle	WARAWA, Wayne (worker rep)
LEVESQUE, Jacqueline B.	YOUNG, Michael (BCNU)



INJURED WORKERS SPEAK: SELECTIONS FROM THEIR PRESENTATIONS

CONSULTATION WITH INJURED WORKERS

Near the start of the public hearing process a presenter asked a simple question; “When was the last time a public hearing process on the Workers’ Compensation system took place?”

Prior to the hearings we had gone over all of the previous Royal Commissions and reviews of the British Columbia Workers’ Compensation system. We knew the answer but it had been a long time since this question had been asked. More important was giving this question some thought.

The last time there had been open public hearings on the BC Workers’ Compensation system was the public hearings which were held for the Gill Royal Commission. Those hearings took place in 1998 some 21 years prior. There is a very important asterisk to this question. The Gill Royal Commission produced a comprehensive report with extensive recommendations. The Gill Royal Commission recommendations had not been enacted when The Winter Core Review made recommendations that changed the Workers’ Compensation legislation considerably. There was no open public consultation for the Winter Core Review.

The fact that the Gill Royal Commission recommendations were not legislatively acted upon means there should be an important modification to the question. *“When was the last time an open public hearing process resulted in significant changes to BC Workers’ Compensation legislation?”* The answer is during the Tysoe Royal Commission hearings in 1966.

In this Addendum, we provide a few selected cases and comments from the presentations by injured workers or their families. These brief selections highlight some key issues and start to bring a worker’s voice to the compensation conversation.

The selection does not represent the many compelling accounts of the experiences of injured workers. If compensation is to be worker-centred, then the recorded presentations of injured workers and their families will illuminate an important path. They have been heard and will continue to be so.

One submission by a family member was included in the Review Report (Appendix 4 “In Their Own Words”) and so is not included in this Addendum.

HEAD INJURIES OR TRAUMA

Workers with head injuries or psychological impairments are disadvantaged in a case management system which focuses primarily on physical injury, recovery and RTW.

KEY ISSUES

- **After a traumatic head injury, both the worker’s physical injury (brain injury or concussion) and any psychological consequences (PTSD) need to be addressed.**
 - **Complex head injuries require specialized case managers who become familiar with the worker’s claim file so they provide support to the injured worker and the family members who are essential participants in the worker’s care and recovery and RTW.**
 - **When workers with concussion injuries remain symptomatic on RTW, they should be assessed for post-concussive syndrome.**
 - **Workers with cognitive impairment, whether from MBI, concussion or PTSD, need accommodation and navigators in the compensation system**
-

CASE #1

In June 2013, O. was working on a construction site on Annacis Island when a 20 pound metal plate hook used on an overhead crane struck him on the left side of his face, causing multiple fractures, lacerations and loss of consciousness. His claim was accepted for these physical injuries and a concussion. Through the Head Injury Assessment and Treatment Services (HIATS), he learned to walk and read again but he still experienced blurry vision, tinnitus, anxiety and headaches. O. describes this as a very difficult period for his family.

... One of the biggest things I noticed in hindsight going through this whole process was the lack of any kind of support for family. My wife had a 3 month old son, my son, when I got hit in the head. So I’m laid up. I can’t get out of bed. She has to help me go to the bathroom because I can’t walk and now she’s dealing with that and a 3 month old son and there was absolutely no support in place for her.

And while he was appreciative of the benefits, he was always nervous, as the CM told him that when he was plateaued or RTW, he would be cut off even if his doctor did not agree. His graduated return to work (GRTW) was extended three times with strong employer support.

O. describes the CM as good until plateau in February, 2014, by which time he was working.

My case manager was really good, really personable, right up until the point where it was either “we’re going to cut you off or you’re going back to work”. And there wasn’t any real discussion



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around that. It was ... “we know your doctor thinks you should stay off but we think you should go back. So go back or you’ll be cut off”. Right up until that point I think he did very well. And then shortly thereafter, I was given a different case manager.

O. describes his RTW as something he endured for almost a year with ongoing headaches and other disturbing symptoms - anxiety, hypervigilance, increased irritability, decreased concentration, avoidance of areas around the hook, intrusive thoughts and sleep disturbances.

I went back to work for almost a year until it was almost to the point where I was going to get a divorce. Because I was angry all the time at home I brought work home with me from being stressed out all day. I thought I could just “suck it up” and deal with it myself because that’s what WorkSafe kinda told me to do and so it almost got to the point where I got divorced. It was affecting every aspect of my personal life. So I finally made the call to WCB and said, “look, I can’t do this. I need to get some more help” and then I did another 2 rounds of counselling after that to try to deal with it a little bit better. But I had to make the phone call and I had to make the plea for the PTSD classification and I had to do everything. Which I don’t think is right for somebody going through what they’re going through and have to beg for help.

O. describes himself as “one of the lucky ones” because his PTSD was accepted as a compensable consequence of his accident, whereas the bar for the acceptance of PTSD is “impossibly high” for other workers. O. remains at full-time work, full duties with his supporting employer. He has also taken up doing WCB Advocacy with his Union to support other injured workers.

So I’m one of the lucky ones that actually got a claim approved for a mental disorder. ... The PTSD, I still hate going to work. I still hate working with the equipment that I have to work with, but I had bills to pay. I still have bills to pay. I got a family to feed. I have to go to work. ... I had no choice. Or, at the time I didn’t know I didn’t have a choice. Now I know I probably had a choice. ...

And then being approved for the mental disorder, now because I do a lot of advocacy work with the Steelworkers, is quite rare. I know that mental disorder claims are almost impossible to be approved for which I think is a big problem. There’s a lot more mental disorder claims that probably should be approved. But the threshold to meet is so extensive that it’s almost impossible.

CASE #2

WorkSafe treated M. well and accepted that his complex head injury had caused significant psychological restrictions and limitations and 40% PFI. However, as case managers changed, new CMs failed to grasp his complex condition as set out in the medical evidence on file, including his psychological fragility and suicidal ideation.

Instead, a case manager tried to have him RTW three times and did not communicate his situation to the employer. In the workplace, M was put into situations that were untenable and had serious meltdowns during the RTW, after which his case manager terminated his benefits.

His representative got involved and alerted the case manager to the detailed medical reports on file. After reading M.'s medical file, the CM immediately reopened his claim and restarted wage loss and treatment.

CASE #3

In 2016, TM was working as a helicopter ski guide when the helicopter crashed. TM was badly injured and spent many months in an ICU unit.

TM says that WCB was very supportive of his physical recovery but things started to change when he was left with cognitive and psychological symptoms. It was accepted that he had permanent PTSD and he went through treatment but he continued to have headaches, dizziness, memory issues, visual disturbances and nausea.

His specialist reported *“The cognitive symptoms of traumatic brain injuries overlap with those of PTSD and I suspect he has a combination of the two. His dizziness also appears more consistent with a head injury...”* He recommended that TM be assessed by WorkSafeBC's Head Injury Program. His physiotherapist also said that TM was showing the symptoms of post-concussion syndrome and since these were a barrier to RTW, he should have a post-concussion consult.

The Board Medical Advisor disagreed. She downplayed the severity of his original injury and opined that the symptoms were likely related to PTSD so a referral to the Head Injury clinic “won't help.”

In his presentation, TM identified a major flaw in the compensation system being that a medical opinion, contrary to his specialist and his physiotherapist, could determine his medical rehabilitation and RTW issues, without remedy.

His doctor told him *“This is why I do not work with WorkSafe.”*

CASE #4

T fell at work and suffered a concussion. She was trying to RTW but still had symptoms of dizziness, headaches and difficulty with complex thinking. WSBC said that her concussion had “resolved” with no permanent impairment and that these symptoms *“are anticipated to continue to resolve”*. Her claim was closed.

T's symptoms did not resolve and she continued to receive vestibular treatment and struggle at work to function with her limitations, which included light sensitivity, memory and concentration issues and difficulty reading. She applied to re-open her claim but the Board said that “concussions” don't recur without a new injury. Her physician considers that she had post-concussion syndrome.



CASE #5

D. was a firefighter who had a head injury in 1988. After his RTW, he experienced symptoms and was diagnosed by a psychiatrist as having PTSD. He tried to commit suicide twice and was hospitalized. The Board accepted his PTSD claim but the employer launched a successful appeal on the grounds that it was out of time. D. did a GRTW in a non-safety sensitive position and worked on and off until he was age 50 and retired.

“No where during the WCB deliberations was consideration given to the fact that emotionally and psychologically injured people to the degree of my injury, cannot function like able-minded individuals. This prohibits thinking clearly, rationalizing and making decisions all of which precludes the ability to understand and appreciate the requirement to make a time-sensitive claim.”

OTHER CASE COMMENTS:

Other workers presented cases where their concussions were found to be “*anticipated to continue to resolve*” and their claims were closed even while they were symptomatic. In one case, the worker never worked again due to these symptoms.

VIOLENCE IN THE WORKPLACE

Some workers - including health care workers, teachers, transit workers, probation officers and corrections officers - reported being injured as a result of physical, psychological and/or sexual violence on the job.

KEY ISSUES

- **Violence should not be dismissed as part of the job. Workers have a right to a safe workplace and being told that a violent event and the associated injury are part of the job compounds the trauma.**
- **An injury from violence should trigger safety improvements in the workplace. The common problem of not connecting claims and prevention is a point of significant concern for workers injured in violent events.**
- **Claims processes have a significant impact on how victims of violence recover (or not) from injury. Claims should implement trauma informed practices with a particular focus on trauma informed return to work practices.**
- **Workers who suffer sexual harassment or sexual assault in their workplaces are both injured and vulnerable. WorkSafe should assist employers so the worker’s immediate need for safety and medical help are addressed.**

CASE #6

P was a working in a hospital as a Recreational Therapist when she was suddenly attacked, choked and seriously beaten by a psychiatric patient. Criminal charges were brought against the patient. P’s presentation included her victim impact statement to the court, documents from her RTW, notes from other presentations and a written submission. She also included a media report about her case and others **“Nurse attacks: are bruises and black eyes the new face of B.C. health care? Health care most violent sector in B.C. due blatant non-compliance with WorkSafeBC rules, say workers”** CBC News (March 3, 2015). The following excerpts are from P’s extensive presentation.

As part of her victim impact statement to court, P. said:

The court outlined the patient’s background of Fetal Alcohol syndrome, command hallucinations, schizophrenia/bi-polar, brain injury AND diminished IQ and read out the facts of the assault as well as the fact that the patient’s condition had been de-stabilized by moving from Riverview.Crown stated he needed to be in a locked ward but did not meet the threshold of not criminally responsible.. however society and other patients and staff must be kept safe... the onus was on [the Employer] to set up a plan which fit the above.



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First and foremost I would like to say charging an individual who I do not hold accountable for his actions has been one of the most difficult decisions that I have ever had to make. There is absolutely no doubt in my mind that if I did not do something extreme then he would end up killing someone... I believed that I had a moral responsibility to do what I did.

...

But why did it take my willing to stand up and take action before something was done? Why was he allowed to inflict serious harm over and over and over again? The assault that I endured was inevitable. All of the signs were there....

For over 20 years I have worked with marginalized populations and have seldom felt unsafe. By not providing me or other staff with adequate information, [the Employer] set every employee who played a part in this individuals care up for disaster.

Regarding her experience with WorkSafe:

When I finally returned to work, I was very excited to normalize my life and focus on my wellness. I had brought closure with what had happened, and I had resolved my anger...I was invested in showing up, doing a good job and going home at the end of the day feeling like I had accomplished something. ...

But my transition back to work was anything but positive or successful. To date, it has been my worst employment experience. ... My only saving grace throughout the nightmare was that everyone who heard my story validated what I was going and continued to go through.

.....

One quickly realizes the investigation side of WorkSafe becomes your best friend as they sort through the incident and are determine and intent on finding out the facts. The investigating officer was excellent and very supportive. Sadly, the claims division becomes your worst nightmare. WorkSafeBC is an insurance corporation and it is in their best interest to get you off their books as soon as possible. To accomplish this, they discredit your character and dismiss any medical documentation that supports your symptoms. In the midst of absolute crisis and insanity, they begin to label you and document that you are resistant to treatment. Their bullying tactics are counter productive. Instead of supporting an individual in their recovery, they force you to stay the victim. It is made clear that it is not about recovery it is about plateauing. As soon as it is determined that you have plateaued your claim is closed.

WCB needs to start prioritizing inclusion and wellness. They need to educate and implement trauma informed practice. This begins at the top. If those who are making the decisions do not understand trauma then it will not be practiced. How I was treated by everyone involved, greatly interfered with my recovery and ability to move forward. The incident that forever changed my life happened in 2012. My healing did not begin until 2015 when I moved Victoria. It took leaving a job that I loved, a city that I was raised in and being able to start over for me to feel like I was able to take back control of my life and figure out what I needed to start my recovery

...Since March 17, 2012 have been pushing and advocating for change in a system that is very fractured and very broken. I have written letters, spoken with and presented to [the employer, the union] Ministers, MPs, and I have publicly spoken at forums. I have spoken

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out in the hopes that the preventable incident that happened....would be studied and learned from, so that the far-reaching impact of what I have experienced and forced to endure will never happen to anyone else.

CASE #7

C. worked as a Care Aid in a psychiatric ward of hospital, providing “one on one” care to an assigned patient. In 2016, the male patient in her care, who was much larger than she was, sexually assaulted her. C. immediately reported this and asked for relief from her assignment. Her request was denied.

For the next three days, repeatedly requested reassignment while she fended off this patient’s numerous and aggressive sexual advances. She describes this period as one of utter psychological terror. C. finally wrote a letter to the hospital manager asking for relief. The response was that “one on ones” are in the Care Aid job description and she must remain within arm’s length of the patient, to do her job.

C. left her job and was diagnosed with PTSD. She describes her mind as broken. It took her weeks to leave her front porch and now, 3 years later, she is still suffering; she struggles to eat or go out of the house, she is afraid of the dark and crowded spaces. She says that, at age 48, it is like she is 5 again – always assessing threats - and she is a shell of her former self. She was unable to continue nursing.

The Board accepted her claim but C describes the claims experience was awful. She had 3 case managers in 1.5 years and 5 vocational rehabilitation consultants in an 18 month period. Each VRC was ruder than the last one and the last one, yelled at her. None seemed to have read her file and she ended up telling her story eight times. She is seeing a doctor and counselor and OT and had hoped to achieve re-training, but during a practicum, she saw the patient who assaulted her. She had a panic attack, vomited and called home for assistance. The Board is still pressuring her to RTW.

C. was supported in her presentation by her union representative and her daughter, who also presented. The daughter said that after this work event, her mother came home and has not been the same person. She can hardly go out of the house, she locks the car doors multiple times and wakes up with nightmares.

POST TRAUMATIC STRESS DISORDER (PTSD)

KEY ISSUES

- PTSD is a common workplace injury when workers are exposed to a traumatic event or series of events.
 - Workers with a PTSD injury identified all aspects of the claims process as having a key role in their outcomes. The cases below highlight the need for a review of all claims practices from the perspective of mental health outcomes.
 - In 2017, the Act was amended to provide a presumption of work causation for certain first responder occupations. This presumption is not available to workers in other occupations who develop work-caused PTSD.
-

CASE # 8

J. worked for 15 years as a Corrections Officer in the Lower Mainland and then moved to a northern B.C. city as a Probation Officer. He described his experience of a few years later, with PTSD under the presumption.

In October 2017 my world came crashing in on me. I completely fell apart at work and could not stop crying and felt panicked and overwhelmed. This started a lengthy and arduous process for me to figure out what was happening to me and why. My family doctor suspected I was suffering from post-traumatic stress (PTSD) from events I experienced while working at the correctional facility. However, it was difficult in a small northern town to get access to mental health services.

I told a friend that I had considered making a WSBC claim but didn't go that route because of some attitudes I carried with me from my jail experience; essentially only the weak and the lazy have a "mental illness". I was afraid of what my old colleagues would think of me. My friend convinced me that times and attitudes had changed and also told me about a "presumption" clause in the WSBC regulations. So I made the claim, believing that doing so would help get me access to mental health professionals quicker. I was wrong.

...

The words that would best describe my experience with WSBC would be; frustrating, disappointing and confusing. I had expected that WSBC would be much quicker in accepting or denying my claim... Instead I waited 15 months for a decision to be made. In that time frame I received no assistance or support from WSBC.

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From the time of my claim being filed to the day I was seen by the specialist contracted by WSBC was exactly one year. By that time I was a month into my gradual return to work plan with my employer. By the time my claim was actually approved I had been at full hours and full duties for two months.

Communication Gaps as Barriers

Communication with WSBC was poor. No one checked in with me to see how I was doing. No one followed up on an offer of medical assistance. Phone calls to anyone at WSBC were usually met with a voice mail and messages were seldom returned. Calls to the call centre were answered, but the staff there had very limited access to information and usually they could not help because of this. To be fair to WSBC, everyone I dealt with when I did speak with someone was polite and seemed earnest in their attempts to help. The problems seem more systemic than related to a specific person or group.

Recommendations for RTW success with PTSD

In the absence of leadership from WSBC my employer stepped up and looked after me. I'm lucky for this; most workers don't have such an employer, even within government. My employer initiated an evaluation that led to a treatment plan. My employer paid me full wages in anticipation of my claim being accepted. My employer worked with me to devise a return to work plan when I was ready to return to work and medically cleared. I stayed in regular (but not obtrusive) contact with a rehabilitation nurse who was very supportive. WSBC did none of this.

I went to WSBC at a very low point in my life expecting to be helped. My functioning was so poor at that point I really needed to be lead around by the hand. I got none of this until my employer stepped in and fulfilled the roles I was expecting WSBC to take the lead in.

CASE #9

S. is a trauma counsellor in a hospital emergency room and has 7 years of clinical practice in hospital emergency and acute care settings. In 2012, S was diagnosed with PTSD from her cumulative traumatic work experiences. She stated:

Before I was injured I considered myself to be a bit of an expert on system navigation. I had dealt with WorkSafeBC hundreds of times, to help people discharged from the hospital and transition back into the community after they have been physically injured. It was my experience that WorkSafe was a well-oiled machine.

However, when dealing with her own claim, she described her experience as



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... absolutely horrific dealing with WorkSafe. From the time of my diagnosis, it took just over three years to get my claim accepted. I really felt scrutinized and the length of the process aggravated my condition.

I thought it was really important for the cumulative aspects of my condition to be highlighted. Even though I was told, “well just pick a situation, just pick a scenario.” And I thought that was diminishing my experience.

Her husband, who co-presented said:

The very first issue that S. had in getting her claim accepted ... the medical professional that was treating her, and WorkSafe were speaking two different languages about her condition. WorkSafe kept asking for incidents that caused her ailment and ... I watched her get sicker and sicker. The more she worked in her job until she couldn't do it anymore. This wasn't one horrible thing. It was years of horrible things.

S.'s claim was accepted for significant and permanent PTSD. S continues her recovery and receives regular counselling. She describes herself as a “*work in progress*”.



OCCUPATIONAL DISEASES

Workers suffering occupational diseases face a considerably more challenging task having their claims accepted. Exposures to harmful agents come in many forms including chemical, biological and radiation. Exposures are not readily visible. Some workers will develop occupational diseases and some will not with similar exposures. The process for determining work causation of occupational diseases is complex and difficult. There are very limited resources to assess exposures and to determine the probability a particular worker’s exposure was causative of an occupational disease. The allow rate is much lower and the time to a decision is much longer for occupational diseases than it is for physical injuries.

KEY ISSUES

- **Connecting an occupational disease to the nature of a worker’s employment is much more challenging than connecting a physical injury to work.**
- **Some occupational diseases have long latency periods that further complicates determining work causation when the work causing exposure may have changed or no longer exists.**
- **There are limited resources for assessing occupational exposures and obtaining expert opinions of work-relatedness.**
- **Workers are not usually equipped and have little assistance in navigating the field of occupational diseases.**
- **Some workers with accepted occupational diseases may receive only health care benefits due to some provisions of occupational disease law and policy.**
- **Suitable healthcare is often difficult to access.**

CASE #10

R had to engage in years of active appeals to have her cancer accepted as due to her work. She tried to go elsewhere when challenged with dealing with the Case Manager and it always comes back to the Case Manager.

I find the Act and policy extremely discriminating to someone like myself with invisible disabilities. My cancer leaves me limited with the need to depend on family, friends and neighbours to come to my aid.



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I feel that a lot of my advocating has got me as far as I can. This requires unlimited attention and I am exhausted. I have had to pay for imaging outside BC just so I can be heard. I am distressed emotionally, physically and financially. Lymphedema affects my mobility and function. The denials and appeals have been a ring around a rosie. They tell me I have the ability to appeal. I want to focus on my condition. I have submitted so many submissions. I was lucky to have a worker's advisor. I had a submission in 14 days due and my advisor was in Europe. I am not a lawyer. I could spend the rest of my life dealing with section this, section that. I had my friends help me. This is not how I had expected to spend my growing years. I had every intention to return to work. I am now stage 4. How can you do the paperwork. One of the things, I did not have the energy and understand the worksafe rules but I did not appeal in time a decision that accepted the bladder cancer but did not understand they were denying me an award because I am not currently at work. My lymphedema costs me \$30-\$40 thousand a year. I asked for a personal care allowance. I can't do the things to take care of my house anymore.

They accept healthcare only and only on a case by case basis on each healthcare expense. Do you know how difficult it is to deal with these expenses when you can't sit, stand and are not computer literate? Everything has been an upward battle for someone that is exhausted. I would like to see changes to the Act and policy. I should not be having to fight. I should be getting help. Lymphedema is a very progressive disease and they can't keep up with the medical changes. After the bladder cancer was accepted the workers' advisors office said I am now on my own. I was told because of #26.30 I don't get wages.



MEDICAL EVIDENCE AND MEDICAL DECISION-MAKING

A recurrent theme from public hearing participant, as well as other sources of information to the Review, is that medical decisions are often made by persons without medical knowledge or expertise. Medical decisions were also made contrary to the medical opinions of treating health care providers.

The process is not in accord with the principles of patient-based care which emphasize the importance of listening to and communicating with the patient and treating practitioners. The principles of patient based care are complimentary to a worker-centered compensation system

KEY ISSUES

- **Case Managers (CM) with no medical qualifications, make medical decisions about treatments, rehabilitation and return to work. Board Medical Advisors (BMA) are dependent on information from these Case Managers.**
- **BMA and/or CM can direct treatments in disagreement with the worker’s physician and often do not provide the Board’s rehabilitation programs with the worker’s medical file. Several presenters to the public hearings as well as other information (written submissions and online surveys) identified that they were injured again in aggressive Board treatment programs. Indications are that for many workers the injury in treatment may be worse than the initial injury.**
- **Workers are not listened to as credible sources re symptoms.**
- **Case Managers attitude and conduct are seen by workers/family members as threatening and intolerant in RTW medical issues.**
- **Disability creates a devastating financial loss for worker and family as does many years in the appeal system.**

CASE #11

G is a Registered Nurse with 31 years of nursing experience. G spoke about her compensation experience with WorkSafe during two work-related back injuries after experiencing multiple denials and appeals, as well as three back surgeries. She has successfully returned to full time modified work. She said:

I question what the medical qualifications of these case managers are to make decisions on a worker's injuries. Having been a Senior Registered Nurse for the past 31 years, I can assure you that I am fully aware of the needs of an injured worker and

how the body needs to heal and recover. To have someone with no medical or health care experience tell you they know better and are rude, condescending and very disrespectful towards the worker is not a way to treat anyone....

With all the roadblocks placed in my way with claims being denied and appeal processes, I have remained determined and motivated to return to work and not allow how I have been treated by WorkSafe to deter me from doing so....]

The following are other excerpts from G's presentation:

A “back strain” claim

I was informed by the Case manager for WCB that my injury was only allotted a certain number of weeks for muscular-skeletal injuries to that area, based on statistics for that type of injury and I was not approved for any further treatments or time off work to recover and was to return to work and my wages would be stopped.....

WorkSafeBC should not treat any worker as a number or a non-entity, we are human beings who in the course of our occupation, in my case as a nurse caring for others, have been injured and are already suffering physically, mentally, and financially.

A complex 2012 back injury

....there were complications from the surgery that I was complaining of which nobody would listen to. It turned out that the surgeon had nicked the lining of the dura that covers the spinal column and I had been leaking spinal fluid for 3.5 years ... I required additional surgery to repair that leak and... was found to now have permanent damage from the compression of my spinal cord....

I was told by one case manager that even though I was too dizzy with vertigo from my spinal fluid leak, that I had to show up for my scheduled gradual return to work shift. I informed her that I couldn't drive and was told "I don't care if you have to take a bus or a cab you are expected to show up for this shift." My physician had not medically cleared me to return to work, but the case manager was telling me I was expected to show up for work. How are you to take care of patients if you are not physically able to take of yourself? I could lose my professional license if I was not fit to work and were to attempt to work.

It has now been 10 years that I have had to deal with, and I have to say fight against Worksafe BC to have my claim accepted. The amount of money spent by this Agency fighting against the worker rather than trying to support the worker should be investigated as well. Is this money well spent or could it have been used to better support the workers of BC?



CASE #12

M. was seriously re-injured in the Board’s rehabilitation program. His vocational rehabilitation was minimal and he suffered extreme financial hardship as a result. Similar experiences were reported by other workers.

M. was a truck driver who ruptured his bicep and had shoulder surgery. He was half way through the post-operative recovery period when the CM sent him for a rehabilitation assessment. The CM did not include his medical records in this referral and M had the following experience in the assessment:

...suddenly, without warning she rapidly forced my arm into full ROM. That’s when we heard a terrible snapping and crunching noise and I did a backwards flip off the table...

The surgeon queried why the OR2 clinic had no knowledge of the worker’s complex pathology or records before the assessment but the damage was done. M. then required a second and then a third surgery, after which there were no more surgical options.

In rehabilitation, M. was reluctant to lift any weights in rehabilitation, fearing re-injury. The CM told him

“Listen here, Mr. M. ... you have not won the lottery here and WILL be going back to work very soon. I have been with the Board for a very, very long time and you are not suffering, you are just being un-cooperative and are playing games.”

She then plateaued his claim which ended M.’s wage loss benefits. The Ombudsperson later found this plateau decision to have been premature.

The results of these experiences were devastating for M. in all aspects of his life. The following is his statement.

I have not paid since 2011. In 2016 welfare told me to sell my house. I have been going to food bank to feed my family. I spent years in appeals and it cost me \$20,000 for representation. My injury was finally accepted but they still ended my benefits leaving me disabled and unable to work.

WorkSafeBC sent me to an OR2 program. They moved my shoulder around and re-injured me making my shoulder much worse.

As soon as I got reinjured it was like the worst hell you have ever seen. You lie there in bed suffering so much pain that you don’t even want to be alive. You don’t want to kill yourself but you look forward to dying. You can’t feed your kids. At Christmas I gave my kid a bottle of body wash. Do you know what it is like when you can’t feed your kids and then you give them body wash as a present?

I lost everything we ever had. I had vehicles. Things you work hard for all your life. My daughter had to get a job at 16 to feed the house. My son had to do the same at 16 but he is four years younger than her. There was no way we could save our house. My wife lost her business she had in her since 1972. We have nothing left after losing the income I had.



WorkSafe ignores the fact you are disabled. I phoned about WorkSafe caused suicides went to every MLA in the legislature I got a call from the head of police at the legislature. He wanted to see if I was going to kill myself. I wasn't, but he believed everything I said to him. It got back to my case worker the next day. She phoned me and she tore a strip off my ass. She started laughing at me when denying batteries for my TENS machine.

My life has been basically completely ruined. WorkSafe destroyed my body at the Occupational Rehabilitation Program and then they destroyed my family. I feel I lost everything I owned so case worker could get a bonus. Destroyed a family. Five times I sent in medical authorization to WCB and they never get it. X-rays and MRIs don't go on the file.

Half the words they send me I don't understand what they mean. I would go for medical appointments at the Richmond building They wheel around a cart with nice juices for the staff and I can't even afford to buy a box of Kraft Dinner.

They deemed I could be a security guard and my personal doctor said he would not want to go anywhere near where I was a security guard. We worked hard our whole lives. I don't know what else to say other than there are many more like me. I'm just one.

CASE #13

D is a Registered Nurse who worked for many years in the emergency room of a hospital in a remote location in British Columbia. She repeatedly experienced traumatic incidents in her work and while she was experiencing stress, she continued working.

In 2017, D. had a series of physical injuries. She tripped at work and then while driving to a Board-sponsored MRI, she was hit by a truck. She was off work for some months but was injured again during an attempted RTW. A new MRI showed a newly herniated disc but the Board would only accept a back strain. Her claim was also accepted for mental stress.

D says that the Board's claims process, and the experience of not being listened to, added greatly to her mental stress. Her key recommendation was that a person trained in mental health should educate Board employees who must deal with claims like hers, where workers have stress injuries as well as physical ones.

In medical decision making, Board Medical Advisors have too much power when they can override MRI reports and physician consults, including treating specialists and the Board routinely ignores physician progress notes. She noted that her claim file recorded medical conclusions which were not based on the medical evidence such as:

- “strain or sprain” was used to describe all of her injuries
- “your injury has resolved” or “the condition should have recovered” even when there are ongoing symptoms and treatment

D. states that throughout the claims process, she was just not listened to with one exception. At one point, a case manager took the time to review her two cases, and many case numbers and a whole, apologize for the mismanagement of her claim and spent time with her for clarification. D states:

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I felt for the first time that someone has actually listened to what I had to say... M. has been instrumental in accepting my claims and treating me with respect.

She concludes:

As a registered nurse, in order to maintain my license, I have to adhere to a rigid set of standards and ethics. I would expect from an organization such as yours there should be a similar set of standards and ethics and strongly feel this needs to be addressed and rectified, and if you can facilitate the training of your employees to treat their clients with respect and dignity then your organization would be one that all workers would be proud of. After my experience I fully understand why workers dread dealing with your organization.



PLATEAU DATES AND RTW

When Case Managers make plateau decisions or RTW decisions contrary to the principles of patient-based medicine or without good medical evidence, workers can be forced to return to work too early out of financial necessity. When this happens, they fail to heal or are re-injured during a RTW.

Good plateau and RTW decisions require credible assessments of individual circumstances and the timely dispute resolution mechanism for medical issues.

KEY ISSUES

- **“Plateau” decisions are often based on a statistical expected recovery time or by classifications given by contracted OR1 and OR 2 rehabilitation programs, rather than on the merits of individual circumstances.**
 - **Permanent chronic pain is not considered a “restriction” or “limitation”. For workers with chronic pain, there is no consideration for the worker’s endurance or tolerance nor for the impact of pain or pain medication on functional capacity.**
 - **Workers are not listened to about their own medical conditions and their concerns are often not investigated.**
 - **Disabled workers who return to work without support or specific accommodation often face stigma and discrimination in the workplace.**
-

CASE #14

T was working as a Health Care Assistant, working more than 40 hours a week on 12 hour shifts. One day, she injured her ankle while escaping an aggressive patient. An MRI showed her injury to be a severe strain with ligament tears. During T.’s Graduated Return to Work (GRTW), she could only complete a few short shifts and had “unresolved symptoms” after a 6 hour shift. Yet the OR1 program classified her as “fit to RTW without limitations” saying that she could manage these symptoms with some additional physiotherapy and self-pacing. Her claim was plateaued and told that she could return to her pre-injury job with no limitations or restrictions but with permanent chronic pain.

Many months later, an appeal body found that T was NOT fit to RTW but was still temporarily disabled for an additional 6 months. Later, T. could not be accommodated or return to her HCA job and she needed additional ankle surgery.

T said of her compensation experience:

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...I feel wcb contributed to my lengthy time off work and ended my career.... I was sent back to work too early being told “it’s not my problem you can’t do your job, find another one”. I was sent back after 6 months, couldn’t do it....

I spent times with no income because I was fighting with a review. And now I know I am not ready to come off wage loss as there are days I can barely walk.

... It has been a 3 year fight, I am not back to my pre injury state yet I feel like my life and livelihood don’t matter. This has been life changing and I am nothing more than a number someone looks at and tries to make it as cheap as possible. I would love for someone to talk to my family and see how this has changed things, they all love me but this has consumed 3 years of our lives for one injury that could have turned out differently with proper healing and care.

CASE # 15

A. presented as the wife of the injured worker, M. who was catastrophically injured when he fell from a rooftop 3 days after he returned to work from a knee injury. He was 30 years old. A’s presentation detailed her husband’s RTW:

I have no problem letting you look at his claim file because nobody should have to endure what we’ve endured. So if it helps even one person, maybe it wasn’t for nothing.

In 2006, my husband injured his knee at work and WCB sent him for knee surgery at a private clinic.... After he got out of the hospital, we would be walking down the street and M’s leg will give out and he would fall down. We told the surgeon and WCB, that M.’s knee was not stable, but both said that he was fine and that he had to go back to work.

Three days after M. returned to work, he fell from a rooftop. His supervisor and the company owner said that just before he fell, they heard a distinct pop as his knee gave out, causing him to fall to the ground. This happened just as M. was changing his position which requires a brief time out of the construction safety harness.

M. almost died from this fall, breaking much of his spine (C1-7 and T1-3), his sternum and tailbone.The neurosurgeon worked on him, vacuuming 300 shards of bone out of his spine and rebuilding it with bars and screws plus a neck plate and chicken wire to hold his sternum in place. The surgeon also told them - Do you realize that he needs knee surgery? It’s not sitting the way it’s supposed to. It’s damaged and it popped out and that’s why he fell. So after his spine healed, M. had another knee surgery.

If WCB had not insisted that he was bound to return to work or refused to listen to us and tell us we were wrong, M. would have never broken his neck and back.....

VOCATIONAL REHABILITATION

Vocational Rehabilitation is discretionary on the part of the Board under the Act. Board policy provides that vocational rehabilitation is a collaborative process that requires different processes in response to the unique needs of each individual. The case below underlines a common theme that many workers experience with vocational rehabilitation was not collaborative and did not address their individual needs.

KEY ISSUES

- Vocational rehabilitation services often targets occupations that are standardized or favoured occupations into which workers can be slotted.
- The worker may not be consulted while Vocational Rehabilitation Consultant chooses the target occupation and creates a VR Plan without the worker’s engagement.

CASE #16

R. injured his knees working in steel fabrication. R. had always worked in physical work where he was recognized by his employers as a hard worker. It took 5 years in the appeal system for R.’s injuries to be accepted as compensable. Navigating the appeal system was very challenging. R. stated at the public hearing:

My claim was finally accepted at WCAT after 5 years and that is when the nightmare really started. I moved to Nanaimo from Squamish for better job opportunities. My claim was referred to Vocational Rehabilitation. I was greeted by the VRC with statement, “We are an insurance company. We want you off benefits as quick as possible and no you are not going to be a helicopter pilot.”

The VRC concluded I could be a service writer. I have grade 5 spelling skills. I always did hands on work. I don’t write. As soon as I said to the VRC that I don’t write she said that is OK. We are upselling your skills. I was supposed to go for 22 weeks training in Surrey. I did a training-on-the-job (TOJ) in Nanaimo instead. I tried the best I could but service writer was not a job I could do.

The service writer occupation was chosen by the Board VRC without consulting R. R. presented a letter from the TOJ employer who wrote to the VRC that, R. tried the best R. could but service writer was not a job R. could do. There was considerable frustration for R. in the failed VR Plan as well as wasted time and resources that could have been prevented with a collaborative approach that involved R and addressed his individual needs. R. eventually ended up finding a driving job on my own. R. presented a number of reference letters from employers attesting to R.’s hard work and diligence.

And all the recommendation you made in your report “Insult to Injury” I think they should be implemented.



BARRIERS

Many workers face barriers to navigating the compensation system including, cultural, educational and socio-economic barriers. Even for those without other barriers navigating the compensation and appeals systems is challenging.

KEY ISSUES

- Language and education barriers make it more difficult for some workers to report claims and to navigate the system.
 - The compensation and appeal system are complicated and difficult to navigate for many workers. This was a common feature of presentations before the public hearings.
-

CASE #17

D spoke to the Public Hearing through an interpreter. D had two injuries, one to his hand and one to his back. He had never had a claim before and did not complete a form for the first injury. Since no claim was completed for his hand injury D simply had to work around the injury in the heavy labouring work which is the only employment available to D. When the second injury occurred, the wrong date was put on the form by the employer. D tried to talk to the Boss but he would not talk to D. The claim was denied because of this date mistake on the employer's form.

Nobody is hiring me because they want me to work with both hands. I got a letter that says your appeal is dead. They said I did not get hurt at work because they put the wrong date on the form. I wanted to have the employer come here to see what they put on the form and refusing to fix the form it did to me.

CASE #18

P a community health worker was injured assisting a patient out of bed. The patient needed total care P suffered a shoulder injury that was diagnosed as a dislocation. The claim was denied by the Case Manager. They said it was just a condition people get with their shoulders.

I was told I need new evidence. I would have had the patient provide a statement to the appeal because she was a witness to the accident but she had passed away. I had to change my doctor because he closed his office. I don't know what to do in the appeal. I have to go back to work with my bad shoulder. My shoulder hurts I have to be very careful when working with patients. Sometimes they have dementia.



ISSUES FOR A FAIR PRACTICES COMMISSION

The experiences of Injured workers highlight the need for an independent body to provide accountability, resolution or a remedy for unfairness. Some specific practices which would invite action are highlighted in the cases below.

KEY ISSUES

- **Some practices cause hardship or distrust or loss of confidence in WCB:**
 - **Many participants feel lost in the system. There is essentially universal dissatisfaction with current processes including the Fair Practices Office.**
 - **The claim process tends to not treat claimants as active and engaged participants in their condition and recovery.**
 - **The system can lack empathy and respect for injured workers and their families, and this is especially damaging at critical times.**

- **Some compensation practices appear arbitrary or unfair or hostile. Small unfair actions can have large, lasting consequences, even if corrected on appeal. Examples include:**
 - **Unfair Investigations**
 - **Arbitrary Decisions.**
 - **Misleading Communications**
 - **Systemic Barriers for Disabled Workers**

CASE #19

Y appeared on behalf of her spouse who is an injured worker talked about pitfalls of WCB claims.

WCB workers are not trained in human emotions as they are dictated by Board policy. Everyone should be treated with dignity and respect, compassion and empathy. We found this seriously missing in most of our conversations with WCB. I am unable to fathom how an injured worker would be able to transfer the WCB workload while in constant pain. There is a timeline on when to get back to work. The injured worker relies on friends and family we persevered at a huge price to prove a work injury the process was extremely disheartening. The system is supposedly written in plain language that the average person should be able to understand the system is beyond comprehension for the average injured worker. In our case I had to deal with a husband lying in the floor in constant pain. We had to hire a lawyer at a cost that is not recoverable.

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After being accepted on appeal rather than having validation and acknowledgement that yes you were injured and weren't lying to us even though my spouse was still in pain and the injury was not addressed now let's play the game of employment and make a niche job. Find someone to hire you to do nothing. Eight months of this. Dealing with WCB is like the game of Jenga. Pull out a block and you may be successful or pull out a block and you may be in turmoil.

CASE #20

A. presented as the wife of a seriously injured worker and her experience with the Board after he was transported to the hospital.

While M. was laying in a coma, waiting for his spinal surgery he had 15 pounds of weight off of his head tried to pull his spine straight. I phoned WCB to start a claim but they wouldn't talk to me or start claim because they said M. had to sign papers and that a whole bunch of things had to be done. I called every day, trying to start a claim, saying "We have three tiny children and we just bought the house. We're gonna lose our home. You know I'm here and I can't be at home".

The woman on the phone said to me "Why don't you be a good mother, go home and look after your children and let the doctors, take care of your husband." (My Children were with my mother and father... so my children couldn't have been better people. Not that it was any of her business.) I left the hospital. I told the ICU nurse – R. – I still remember her name, that if I did not come back and my family called it was because I was in jail.

I was headed down to the WCB building. I was 25 years old with three small children. I went into the building and said I want to speak to somebody and they sent this very large man who yelled at me - his name was D. and he stuck his finger in his face and told me it wasn't my claim it wasn't my business.

This is my husband, my future, my life. The person I'm married to and had children with. But to them, "it's not my business" and I should go home.

I fought back and told them I was just going to call a news crew and they were going to get a news crew or start a claim. So they started a claim for my husband and we got money started so that we didn't lose our home.

CASE #21

Many said that when they spoke to a case manager, only selected information was accepted.

This was L.'s experience after she reported the onset of intense back pain after a heavy day of work as a Home Care Aid. She tried to report her work activities but said:

...while reporting this injury ...I was told...that they simply require a BRIEF few sentences describing what happened, how it happened, and a description of the injury. I was repeatedly



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told...that I was providing too much information and that they only wanted a brief summary of events...

...I was led to believe they did NOT in fact want details...and I know I had actually provided many that did not make it onto paper but that I didn't force the issue as it didn't seem important...and I had no idea at that time I should keep detailed notes on phone conversations. I do now.

Her claim was denied on the basis that her last action - bending over a wheelchair – was not sufficient to cause a back strain. On appeal, the Review Division relied on the constructed narrative in the claim file and questioned the reliability of L.'s “late” evidence - the 4 page written description of her activities that day – as well as her motive for providing it, saying:

I agree with the employer's representative that the Case Manager is experienced in adjudicating work-related injuries, and part of that experience necessarily involves the ability to interview workers to obtain relevant information about potentially injurious work activities. Therefore, the fact that the first time that the worker mentioned these detailed work duties was on this review suggests that the material time the worker did not necessarily see a connection between her regular work duties at this location and the development of her pain.

WCAT found that L. was credible and that the evidence as a whole, including the medical evidence, supported a work caused back strain. Unfortunately, L had continued to work in the meantime, without rest and without treatment, and a few months later suffered a fourth serious back injury from which she never recovered. She now works part-time and self-manages chronic pain.

CASE #22

J worked as a Federal Corrections Officer in a medium security men's facility for 10 years. In 2014, she was stalked by an inmate who was designated dangerous offender, until several “terrifying encounters” were caught on camera and he was transferred to another institution. J developed symptoms of PTSD, including nightmares, flashbacks, insomnia, hyper-sensitivity to noise and an aversion to public places. J made a compensation claim for mental stress. Nine months later, her claim was denied, with one reason being that she was a woman in a men's prison so she should expect that this behaviour as normal and that the inmate only stared at her. In 2017, WCAT found that J had a psychological injury which was largely caused by these work events and her claim file was referred back to the Board for implementation of the WCAT decision.

J. describes that from this moment forward, she experienced a hostile claims process. She says:

My case manager, W. , was oddly abrupt with me from the outset and I was perplexed by her ... hostile interaction with me....

There was a dispute over the production of additional medical records. J says:

During this time, both I and my employer provided all my time loss information to the assistant.... My lawyer mentioned to me that she had never dealt with a case like mine where so much faxed information disappeared and was repeatedly re-requested.

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At the end of 2017, I received a call from the case manager, where she demanded I call my counsellors and release all my chart notes to her or she would suspend my file. I told her that I would not do that, on the advice of my counsellor. She threatened that this would take a very long time to resolve and then any compensation would have to go through the Pheonix system which would take a verrrrrry longtime. She then hung up on me. ..

However, in January of 2018 W contacted me and said that she would accept a letter from my counsellor describing my progress to close my case. I provided the letter and faxed it more than 5 times. Every time I called my Case manager to determine if it had been received, I was told that nothing was showing as recent activity on my file.

In late 2018, I called WCB for an update and the person I talked to said that W was no longer my case manager and they were unable to open my file. I was finally able to speak to an appeals manager in Kelowna. She was unable to access my file, something she said she had never experienced as she had override authority. When she finally called me back after getting into my file, she apologized profusely because my file had been literally closed out in 2017 without being changed in the system as an approved appeal. It had been left unassigned.

I was devastated. The CM had literally strung me along for an entire year while I tried to fax my final letter knowing that my file had been closed. I have an apology letter from the case manager in Kelowna.

... I have received no resources, no counselling, no help from WCB. I have spent thousands of dollars on counselling and continue to see a therapist regularly to ensure I maintain my mental wellness that I worked so hard to achieve.....I have been treated vindictively for reasons I may never understand.

OTHER CASE COMMENTS:

A number of workers with physical communication impairments reported that the claims process was onerous and that no accommodation was made for their particular disabilities. This included a visually impaired worker who found all WorkSafe written processes very difficult when he became blind from macular degeneration and two workers, one with a hearing impairment and one with a speech impairment, both of whom found it difficult to communicate on the phone. All were told to arrange their own assistance, to meet the Board's requirements.



VOICES OF FAMILIES:

The Review received several comments from family members and injured workers highlighting the effects of dealing with a severe injury, whether physical or mental, and how it reaches far beyond just the “injured worker”. Delays in receiving decisions, fighting through the appeal system, obtaining medical evidence contribute to adding further stress to an already stressful situation. The end result in many cases leaves families struggling with loss of income, threat of losing or loss of the family home, failed marriages, and familial stability for children.

Despite their own personal tragedies, the common theme that was heard over and over again was the hope that through their stories, improvements would be made to the workers’ compensation system and make a difference for people in the future.

CASE #23

R. worked as a bulk mill operator. On April 1, 2017 he fell off of a small ladder and suffered a severe brain injury that has left him with significant disabilities. Due to the brain injury, he now has epilepsy and has had to be hospitalized many times as the seizures he now suffers from are very hard to control. Seizures also cause further brain damage. In addition, he is partially blind in both eyes, and can no longer drive. His balance and his ability to do even household chores has been hugely impacted.

In January 2018, R’s case worker requested that he attend therapy full time and stay in a hotel in Nelson. However, both his doctor and wife did not feel he was incapable of doing this. The case manager then gave him an ultimatum, to attend rehabilitation full time, return to work, or retire. The worker felt forced to take retirement as it was the only viable choice that would provide a source of income.

R’s wife has been his advocate and primary caregiver since the accident. The delay in decisions and lack of communication as to R’s rights to medical treatment, disagreements between his doctors and the Board to appropriate rehabilitation programs created a very stressful situation.

Mrs. R. presented at the public hearing. The following are excerpts from her testimony that relate how their lives have been impacted.

So in February 2019 WorkSafeBC sent an occupational therapist and a nurse to do a home assessment. They weren’t impressed with the makeshift grab handles and ill-fitting wheelchair and walker. They recommended two walkers, a wheelchair and certified grab bars. They also recommended a personal care allowance since I was providing all of R’s personal care, as well as working full time. Why was I not informed what help was available to us? I’ve been struggling for two years.

The stress and anxiety of dealing with WorkSafeBC was very counterproductive to R’s recovery. At this point we were both taking antidepressants and anxiety medication. ... I’m horrified that WCB support ends at 65 years of age. We planned carefully for our retirement dreams. We purchased a lakeside cabin 12 years ago and we were trying to make it a retirement summer home. Retirement was to be summers at the cabin, winters traveling the world. Now R. is barely

able to leave the house. He can no longer enjoy the simple pleasures of life. Fishing, camping, boating, kayaking and driving.

His social life is non-existent as he can only handle very short, 20 minute visits from friends and family. We can no longer use our cabin due to its distance from medical aid. Travel outside of Canada would be financially disastrous if R needed medical help.

R is not even able to travel far within Canada due to his disabilities. We have cancelled a trip to Ontario to see his immediate family 3 times.

... Unacceptable delays and claim approval, no information shared with claimants or advocates about what financial or medical aid is available, regardless of claim status. Prescription coverage cancellation with no notice could have been disastrous.

Eight weeks I took off work and spent in Kelowna. Thank God we had savings to cover that.

The Workers' Compensation Board should be about treatment and recovery, not punishment and stress. A worker's right to quality of life, human rights and human values shouldn't end at retirement.

CASE #24

Worker D. had worked for 45 years in the forest industry. He went back to work, contracting at different mills up and down the island. On June 14, 2014, he went into a planer machine at a mill in Chemainus. He went into the machine on his stomach. The machine grabbed his right foot, flipped him around onto his back and shot his whole leg above his head. A worker(s) stopped the machine he managed to pull himself out. His injuries were life threatening.

He was air-ambulanced to Vancouver, but coded en route so the flight was diverted to Victoria as it was closer.

D. presented at the public hearing. He was accompanied by his wife and daughter. While their presentation largely centered on how his claim was mis-handled, the focus of this section of our report, is to highlight the hardships the family has endured.

D's daughter was notified by her brother the day of the accident. She immediately drove to the hospital in Victoria and found her father was on life support. He coded again during his first surgery that night. She stated:

They were able to bring him out of the coma and remove the life support about two weeks after the accident. This is when WorkSafe deemed him not critical enough to receive family support and they cut off all of our expenses to drive to Victoria. They cut off our hotels. Everyday my mom and I drove 228 kilometers. Then I moved to Victoria.

D. remained in ICU for about 4 weeks. He had about 10 surgeries during that time and also underwent skin grafting procedures.

We had to meet with surgeons and we were given about 10 minutes to decide whether or not we were going to attempt to keep my dad's leg, or whether we just wanted to amputate.

So, we thought we will try to save it. At this point that WCB we had heard nothing from WCB. There was no support. We couldn't get phone calls returned to us. His case manager was out of country for about 6 weeks and left us with no one to talk to.

He was in the hospital in total for 80 days, where we had no financial support from WCB whatsoever.

About 6 months after the accident D. developed a staph infection in his foot and had to go to the Nanaimo hospital three times a day for three months for intravenous antibiotics. On February 5, 2015 he had to have the foot amputated and fitted with a prosthetic.

Approximately a month later, the Board asked him to attend a rehab centre in Vancouver. But after a 3 month hospitalization he did not want to travel to Vancouver and asked if he could attend somewhere in Nanaimo. He was using a wheelchair as he wasn't able to walk. He was told:

Well, if you want to go there (Nanaimo), we won't pay for it. As soon as I made that decision, they cut off my taxi fund. I couldn't pay for my medical stuff by myself.

D's daughter quit her job to provide transportation for her father.

D's wife added,

They had no idea that D. didn't have an OT. There was no follow up on anything. There were no phone calls to find out how he was doing. I worked full time and would come home and take care of him, and still have to go out and get groceries and stuff which sometimes meant leaving him at home by himself, bedridden. And if there was a fire, he couldn't get out.

When D. first got out of the hospital, they were provided with some nursing care, but approximately 2 months later that benefit was cut off as it was deemed it was not necessary for him to have 24 hour health care.

One of the side effects of the antibiotics that D. received is known to wreak havoc on his teeth. When he was at the Board's office, they were told that someone would contact them, because the cost would be \$3,200 to get him dentures. It would absolutely be covered because it was a result of the accident and medications. However, by the end of June when they attended the public hearing, they still had not received a call.

It is clear from their presentation that this family endured trauma, stress and financial strain, as well as having to make difficult medical decisions, with little or no support from the Board. They have been repeatedly disappointed with false promises for new prosthetics and dental work. Sadly, the family has been left feeling that the system has abandoned them.

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OTHER CASE COMMENTS:

Another presenter suffered a double tragedy. She is both the wife and a mother of injured workers, both of whom have suffered life-long injuries. She provided a detailed presentation, and an impactful conclusion which reads as follows:

I would like to finish by saying that most importantly the children need to be supported. They are also the most innocent and helpless victims of this inadequate system. Parents are often stressed and tensions are so high - it's not hard to understand that the children bear the brunt of this. Likely one of two things will happen they will get their acceptance elsewhere ... or they try to become the peace makers in their home and their own needs go unmet.

... At a minimum, automatic family support should be triggered after initial assessment shows worker not ready to move forward. These children are at risk and, but for the accident of a parent, their lives would have been much different.



FIRST NATIONS ISSUES

KEY ISSUES

- **First Nations individuals have a special relationship to their community, culture and land which should be recognized in designating rehabilitation programs.**
 - **Many institutional barriers face First Nations individuals, including institutional and structural set ups focussed on mainstream populations, lack familiarity with historical trauma and the local history of each specific community, long term barriers to education, unfamiliarity with procedure, forms, applications and deadlines.**
 - **Vocational Rehabilitation Consultants are not familiar with the VR options available in the worker’s location vs. “one size fits all” vocational solutions.**
 - **There are First Nations organizations that are already involved in improving the health and vocational capacity of their own people, such as friendship centres, healing centres and First Nations competent physicians and Health Care Workers. WorkSafe should liaise with these organizations and urgently consider the use of funded First Nations Navigators.**
 - **For First Nations workers, WorkSafe needs to engage a more holistic definition of vocational rehabilitation and consider all factors, mental, emotional, spiritual, cultural and vocational.**
-

CASE #25

G is a 55 year old worker, who has resided in Campbell River all of his adult life. His background is Coast Salish and Heiltsuk First Nations, as well as Scottish and English, but he lives by his First Nations family. Status was taken away from his grandfather when he left the reserve to get an education and become a fisherman...His grandmother was raised in residential schools. She gave up her status after hiding her children and grandchildren for fear they would be sent to a residential school. G.’s identity has been as a fisherman, a maritimer, a man who is spiritually connected to his land, the water and his people.

G presented together with R, who has supported him in his rehabilitation after a work injury.

R is a registered psychiatrist who, for the past 10 years, has worked exclusively in the First Nations communities of Vancouver Island. He has extensive knowledge and understanding of the heritage, culture, and the spiritual connectedness of the First Nations People to their land. He has also served as a consultant/teacher to the Provincial Health Services Authority and the University of British Columbia Family Practice Resident and has run a core lecture series on the topic of “Working with First Nations Clients” since 2006.

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While working on a log boom, G. suffered a significant right knee injury. After treatment, the Board found that his permanent knee injury meant that he could not return to his pre-injury employment of a deckhand and he began a vocational rehabilitation (VR) journey in an effort to find meaningful and gainful employment.

Initial VR Process

G. found the initial VR journey debilitating.

Nobody listens. They actually force you to do things that you don't want to do without listening or thinking about your heritage or where you're from or anything like that, and that, and then they turn your life into hell; and basically upside down.

..... This injury I thought was just part of life and I thought WCB was here to help me, and then I found out they were actually my enemy. And whether they wanted to be or not, that's the way it went.

R explained.

G has fought all his life for his identity. And his identity has been a fisherman, a maritimer, a man who is spiritually connected to his land and his people. ... So even going forward, in this particular rehabilitation case, his appeals to his culture and to his spiritual and physical connectedness to being able to work on the water were ignored and he was forced into a direction where he would have to go and work somewhere away from community, away from culture, in jobs that he was not suited for. That was the crux of his case and the struggles that he went through for a number of years.

Initial VR Proposal

R. explained

G wanted to be on the water and he entreated many times that this is what he wanted to do. He gave several options on what he had done and was doing and what he could do to engage on the water, but not as physically demanding tasks.I had many conversations with his VRC out of Comox.

However, the VRC felt that they needed something technically and salary equivalent to G.s pre-injury job and the only thing that came up was a heavy equipment operator (HEO).

As G. said:

It costs the company approximately \$250,000 in lost production and broken equipment to break a fella in. Everybody is looking for somebody with 3 to 5,000 hours time already. ... I'm a person who doesn't like waste and for us it was looking like they were going to waste my time. Which they did - they wasted 5 years of my life chasing this dream job.

The Deal

R said:

Around this time G was struggling with the loss of his mom and fell into a deep depression. He stopped engaging and so his benefits were cut off.As I started to really look at his life I knew that this stemmed from the loss of his job and now the loss of income, feeling completely demoralized and not in charge of his life anymore.

I intervened at that point with WorkSafeBC and said that he can't really be rehabed right now - he is too ill, so I started medications and then I advocated for him to go to a First Nations healing centre, because that is what he needed.

That was a challenge because he did not have status. It's these little roadblocks that occur everywhere..... WorkSafeBC did support that, thankfully, and he went to a healing centre where he did some grieving work for his family; his mom, and himself.

But there was a catch. I had to make that deal that he was going to go and train in Kelowna as a HEO. Because I had to give something in order to get them to do this. Despite his better judgment, he went. He trained. He did very well in the training, but as he had suspected, there were no jobs for a 55 year old man.

Initial VR Outcome

R. stated:

So Mr. Richards applied for hundreds of jobs. He got one job which... snow removal. And he is a good worker. They liked him, but it was weather-dependent so it was only for about 2 months of the year and it pays not that much. And there were no other responses to applications anywhere.

The jobs that were potentially available would be relocation to Saskatchewan, relocation to Fort McMurray for a 2 month job. Accommodations you have to provide yourself ... he was already behind in his mortgage here, his wife was struggling to make ends meet with her work.

So what do you do if you keep applying, and no jobs come? ... You stay at home, you sleep all day, you gain lots of weight. you lose your friends, and you lose your capacity to feel good, so he stopped doing everything.

If you want to talk about things that work well, the Workers Advisor lawyer, was very helpful, very supportive ... She was very forceful in her presentation to the Review Board. We submitted that (the appeal) in September, 2018 and end of January, 2019 they sent you a letter saying they agreed.

And then of course, nothing happened..... so called (WorkSafe). And I have to say it took several, multiple calls to get an answer. Eventually I was told that there was a new consultant because it was felt that it was better to make a fresh start. So, we were moved to a consultant in Richmond. To me, if you want to help somebody you have to be here (meaning close to Campbell River). But our consultant was moved farther afield.



Role for Navigators and a New VR Approach

R stated how crucial it is to have a local navigator to help workers maneuver the complexities of the workers' compensation system.

But I want to report that there's been a turnaround. And I think the key turnaround is that he's being listened to. ... The second turnaround ... is I have been his WorkSafeBC navigator for several months - for a year.

I knew how difficult it is for him to go and sit down in an office in Richmond for his first meeting, so he authorized me to go on his behalf. I travelled to Richmond. I met with his new (case) worker. I also that it's really important to establish first, a good working relationship and an understanding of where he's (G) coming from.

In the appeal, it was found that this job (HEO) was completely unsuitable for him. And there were 2 factors to that. One was that as a job, it was unsuitable and second, is the right for indigenous people to have a job that reflects who they are. In (WorkSafe's) answer, they accepted his reasons, but they made no comments around that because I suspect it's a real hot button issue in terms of what does that means for all First Nations people and work.

Since that time, WorkSafeBC has paid him back money that they owed him. Not fully, but they have been good with that, but again I would say, none of that would be happening if I didn't write letters every week.

When the VRC in Richmond asked G. what did he wanted to do, G. replied that he could work on a boat and be a skipper. R. opined:

... the VRC said “what kind of jobs are there?” and we came up with 50 jobs. What's even more important, they're with people he knows. That's how it works in his world. A navigator would know that. Somebody in Richmond? - Good luck: it's not going to happen.

WSBC needs people on the ground, up front.I would say they should be people who are already navigating in the system. They can take on an additional role as a vocational navigator in addition to their other navigation roles. Can WSBC train them and then call on them as needed? The Sasamans Society here in Campbell River is an example of that. They're essential to helping First Nations people navigate health, legal, and work challenges.

The “one size fits all approach” does not work. You tailor it to a community or individual so that's why I would say if there is a First Nations navigator for Campbell River, and they worked out of the Sasamans Society. So they say, okay, there is a First Nations person who is struggling, let's call him a navigator and connect them up.

R. also wrote a letter, highlighting how the special relationship that First Nations have to their natural world must be part of their rehabilitation process. He wrote:

Why do Indigenous people stay on reserves when there's often water that has to be boiled, mold in the houses, fewer educational opportunities, and no jobs? For the sake of the children, why don't they leave and come to the city? Indigenous people see the land itself in ways non-indigenous people often do not understand. An indigenous person's sense of self is not separate from the land or the water. The inter-connectedness with the land the natural world is a



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lived experience. Indigenous people have a hard time knowing themselves and being themselves without this relationship to their homeland.”

Take-Away

G: I don't want to see this happen to anybody else. It's very important that something changes with this. This is my home and I can't stress that more.

WHOLE WORKER PERSPECTIVES

While these selections have been chosen to highlight issues, each presenter’s story involved a “whole worker”. This is an important perspective in a worker-centred compensation approach and it is best represented by a detailed story of one worker.

CASE #26

P. sustained multiple, life-threatening injuries in a sawmill accident on February 9, 2010. Below are excerpts from the powerful written statement he presented to the Review at during the public hearings.

*“We’re all stressed out, get over it!”
“You’re not really injured, it’s all in your head!”
“You look perfectly fine, there’s nothing wrong with you!”*

I was told those statements by managers at WorkSafe. I’m sure some of you have been told statements like that as well.

My name is P. and I am an injured worker. Those stigma statements that I mentioned earlier can lead to isolation, depression, financial strain, and even suicide. Prior to my workplace injury, I had worked in the lumber industry for 22 years, with no prior injuries or WorkSafe claims.

I would like to share with you my story, and how it changed my life. The day was February 9th, 2010. It was also my son’s 16th birthday.

I was working as a supervisor in a saw mill. 3 hours into my shift, I had to un-jam a giant log that got stuck. The logs we were cutting are called CANTS. CANTS are 14" thick, 10-22' long, and each piece weighs at least 1,000 lbs. It was my job to keep production moving.

*I had to crawl into a tight, confined space to manually free up this CANT. It was stuck on edge against a large steel beam. Behind this stuck cant was now a massive wall of wood. As soon as this log was free, someone turned on the machine... **I was immediately being crushed alive by 12,000 lbs. of wood!***

I could hear my body cracking, gurgling, and crunching. It felt like my head was going to explode, there was so much pressure. I thought to myself, "If this doesn't stop I'm going to get ripped into 2 pieces and die." I then blacked out.

By the time my co-workers rescued me from this machine, I was not breathing and without oxygen for about 12 minutes. Everyone thought I was dead.

*Right before they were about to perform CPR, miraculously I started breathing. The immense pain was overwhelming! **I was fighting for every breath. I had to remind myself to breathe in, and then to breathe out.***

When I arrived at the hospital, the paramedics and doctors told me my organs were failing. I also had an anoxic brain injury, a punctured and collapsed lung, multiple broken bones, and severe soft-tissue damage. I was bleeding out of my eyes, ears, nose and mouth. I also had severe and deep bruising. My injuries were critical!

My accident has left me with multiple accepted physical, emotional, and cognitive injuries. These include:

- *Permanent TBI - just imagine having a concussion that never goes away (Migraines, Post-traumatic headaches, and Post-concussive symptoms)*
- *Cognitive Disorder, Pain Disorder and Sleep Disorder*
- *PTSD*
- *Lung damage, including severe WRC asthma*
- *Cervical and Thoracic spine damage*
- *Shoulder damage*
- *Nerve damage*
- *TOS*

I still see a psychologist and concussion specialist every month. I also get between 70-90 painful injections in my head, spine and shoulder every four months to help me.

I am still dealing with all these injuries as they are all permanent. All of my injuries are invisible and complicated; my claim is extremely complex, being well over 6,000 pages in length.

Here are some key points of how my claim was mis-managed.

From the very beginning, my doctor's and specialists recommendations were never followed and ignored. One major example is my right shoulder - multiple recommendations for an MRI went ignored. It took 4-½ years to finally get an MRI, which showed tears to my Labrum, Rotator-cuff, and other tendons. Yet, those injuries were denied. It took another 4 years of persistence and fighting from my specialists and I for those injuries to be accepted through appeal. As a result, I am now left with permanent TOS and added nerve damage.

I couldn't drive for over a year and a half after my accident. Those back to work programs and the Board kept trying to get me to drive, and their solution was to increase my doses of Oxycontin, Tramacet, Neurontin, and others. To which my wife asked, with great concern, "So you want him to drive on narcotics, is that correct?" No answer was given.

I started to become dependent on drugs, which is a whole other story and serious issue in and of itself. Thanks to my wife and family I didn't. There was never a proper recovery plan, and getting injured workers addicted to drugs is not a viable solution. All of the pain management solutions that worked for me, I had to research on my own, with no help or support by the Board.

2 years after my accident I was given a decision letter saying that all my injuries were healed. No medical evidence was used in that decision.

The Board used the piecemeal approach. Each injury was treated separately giving me multiple reviews and appeals for the same workplace injury. The impact of having to go

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through a WCAT hearing on the 5 year anniversary of my accident was particularly difficult and painful for me. Many of the medical exams had their own element of re-trauma.

The Board again tried to force me back to work, and into re-training. I was forced into taking too many University courses which again aggravated my migraines and other symptoms, adding more time to my already complicated recovery. The Province of BC recognizes a full course load for a person with disabilities as two courses. I was made to take 3-4. At that point I had two comprehensive Neuro-psychological examinations showing permanent deficits in memory, concentration, and focus. Again, the proper medical evidence was denied and ignored. It took two more comprehensive Neuro-psychological examinations that I had to pay for, for that injury to finally be accepted.

I was cut-off from my psychological treatment before this, which caused me to deteriorate quickly. I isolated myself even further, fighting to not slide into depression. I constantly had the thought I was worth more dead than alive.

Although my claim has now been decided over 9 years post-accident, this has financially devastated my family. I had to pay for extra needed and recommended medical treatment, neuro-psychological examinations, and medical legal opinions.

One issue in my case I would like changed even though I have no more options for appeal, is the Retirement at the age of 65. Over the last decade, I have had no medical benefits, no RRSP contributions, not being able to enter the housing market, (which is now overpriced). I was healthy before my accident, and would have, like most people now, worked into my 70's.

In conclusion, the manipulative tactics and wording by the Board has to stop. Instead, there needs to be more of a collaborative and encouraging effort when dealing with injured workers in the rehabilitation and recovery of their injuries and also their claim management.



CASE #27

“Knowing your own darkness is the best method for dealing with the darkness’s of other people”

Carl Gustav Jung

I was born and raised in Creston, British Columbia.... As I contemplated vocation and started planning for my future, a career as a paramedic appealed to me very much.

When I entered the ambulance service, ...my [part-time] ambulance work providing very little income, so I accepted a life-style (as did all of my ambulance peers) that combined two jobs. Being young and energetic, managing the workload was fairly easy to maintain. My ultimate goal was to work as a full-time paramedic in Vancouver, hoping to one-day work as an Advanced Life Support paramedic.

Many of the calls I attended during the first months with BC Ambulance were “routine”. Most were “medical” calls.....I’d heard of some of the “bad” calls my peers had attended and struggled to understand the dark humor they shared in reference to their experience. I was taught that this was how ambulance people coped.

Eventually (within ten months of employment) the first “bad” call that I would experience came along-I’ve since identified (through treatment) this call as the one that set off my emotional destruction. It was from this initial, horrific, traumatizing experience that I was pushed into the dark world of Post-traumatic Stress Disorder.

October 1989

My pager chirped early in the afternoon. I dropped whatever duties I was performing at work; darted to the station; met with my partner and sped off to the emergency call we were dispatched for. On the way to the call, our dispatcher instructed us that the RCMP had requested that we approach the scene without sirens....

By listening in on their radio channel, we determined that the police were attempting to negotiate a domestic situation in a home further up the road.. We heard no panic in the voices speaking back and forth...

All of a sudden, all hell broke loose. A police officer was screaming into his radio, “GET SOMEBODY THE HELL UP HERE!” An unmarked police cruiser flew passed us on the road. The officer behind the wheel was gesturing frantically for us to follow him. ...As we entered into the last turn into the scene, I glanced towards one of the officers (he was my neighbor at the time). He was obviously very distraught. Other officers were trying to console him. We still had no real idea what was happening-we didn’t know what we were now required to attend to.

As we made our final turn towards the house..., my partner screamed “Jesus, Jesus, Jesus!” As he stopped the car, he threw open the drivers door and exited the vehicle, heading towards the barn.

Through the open driver’s door, I saw a rifle on the ground and a pair of feet.... I opened the door on the side of the ambulance; grabbed our jump-kit and proceeded around the back of the ambulance to attend to the patient-it was “my turn” to attend. Then I saw what had happened.

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While police were attempting to negotiate a man with a rifle from the barn, the man turned the rifle onto him-self (under his chin) and fired. The “fresh” outcome of his, obviously, desperate decision, was strewn across the outside wall of the building. The man’s head was completely gone from his mustache upward. A crevasse opened into his throat. Blood was still pulsing from arteries in sprays against the barn wall. A dog came along and started eating the grey matter of brain left behind. The scene was horrific. I could do nothing but stare at what was before me.

Enough said . . .

Having had no prior education from BC Ambulance about “Critical Incident Stress” or “PTSD”, I was left to my own devices as to how to process this experience. I would only add that my personal life would be in a state of “break-down” and recovery since.

Unfortunately, I faced more traumatizing experiences on the job-experiences that served to further engrain the condition within my soul – including the death of a six-year old child, shot in belly by his little friend while “playing” with a gun and a shotgun murder of a man, killed in a domestic dispute by his girl-friend-traumatic because she had earlier in the night refused our help.

The suicide death of a friend-a nursing colleague - was traumatizing because I was now sensing the internal destruction-taking place within myself.... Finally the death of another nurse that I knew-another struggling (emotionally) individual I was watching and trying to learn from. The story of her death (though not witnessed by me directly) solidified within me the now engrained; conditioned, hopeless belief: that human existence is nothing more than a futile experience of tragic psychological wounding-a wounding that no matter how hard we try to overcome, ultimately leads us to our own tragic demise. I had formulated a belief that life; God and the entire human experience is nothing more than a cosmic joke. PTSD had become the full-blown demon that I learned (through treatment) I was now unable to avoid; the condition now taking total control of what would be left of my life; the final “trauma” of her death now finishing off the dying spirit within my “self” that I had cherished (so completely) prior to my “ambulance” experience.

I need to stress, once again, that the image paramedics portray (the image I too adopted) is one of inflated bravado. We view ourselves as the “heroes” we admired in childhood (through the portrayals we viewed on TV-and by looking up to the men who worked in the ambulances and fire-trucks in our communities).As children, we are only exposed to “happy endings” in stories as we imagine living our lives, working “like they do”. “Weakness” is never honestly exposed among this group of workers.

As my condition progressed, I became depressed. ...My family responsibilities became increasingly difficult.My world was becoming an increasingly frightening place.

My emotional world was so destroyed by this time, all I could see was an end that included the same choice my nursing friend had decided upon for her-self. I wanted to end my life; planning my suicide and retreating back to protecting my family (especially my children) became increasingly problematic and frightening. ...This was the slow destruction of self that took place. Between 1994 and 2005 my condition deteriorated more and more. Physical injuries on the job (back injuries-very common in the field) became more frequent. It was the forth injury to my back that led me to seek financial support through Work Safe BC. And, it was this injury too that finally broke me psychologically, sending me into the office of my family physician seeking help.

I credit my family physician with initiating the appropriate treatment. He treated me beyond the back injury I went to him with, recognizing the now released psychological symptoms of PTSD. He initiated a referral to psychiatry and instructed me to go off work.



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I left his office and informed my Unit Chief at the Creston station. He provided a phone number to the pager of a “peer” counselor.... He helped me to understand that I needed further psychological help and explained to me the need to file the “paperwork” necessary to activate a claim through Work Safe BC. He also provided a contact number to an Employee Assistance Plan who would help me to arrange counseling. I followed his instructions.

After contacting my EAP, I was referred to a trauma specialist in Cranbrook. I connected with my psychiatrist. With respect to treatment, I’ve been working with this entire group of support people since.

By March 2005 I had received word that Work Safe BC would not provide any support or services to assist me vocationally or financially for PTSD. By 2006, I had lost (I thought) a WCAT appeal for my back injury. Depression, total loss of hope and the loss of my family led me into a darker world-the world of PTSD and addiction.

The decisions of Work Safe BC... acted as the “final straw” that ultimately ended an already destroyed care for self-this decision too ended any opportunity to involve my family in recovery. The loss of my family; my home; and so many of the personal relationships that marriage had generated (including the relationship with my bank and creditors) left me with few personal or financial supports-with the exception of my mother who stood by me and continues to do so. In spite of all that PTSD destroyed in my life, I have found healing.

I’ve learned to accept my limitations. I struggle, still, with too many people; loud places; traffic; driving- and still with the internal stigma of mental illness. I struggle with social phobia and must constantly monitor my interactions with people...

I was, thankfully, left with one thing to keep me alive. I was left with a very committed desire to ensure that not one more paramedic would ever again face this demon alone. It became my mission to move the BC Ambulance Service and Work Safe BC to action.



CONCLUSION

The purpose of this addendum is to ensure the voice of those that fall outside the "Key Stakeholder" category have voice and are heard. The Key Stakeholders were of course heard in my consultation as they were in the other complimentary consultations of Jeff Parr, Lisa Helps, Terrence Bogyo and Paul Petrie. This consultation was the only one that was mandated to and heard open public consultation. It is notable that in his February 2020 Consultation Report on Potential Amendments to the British Columbia *Workers Compensation Act* Jeff Parr noted in his Concluding Observations on page 37 that,

Workers' Compensation in the three Prairie Provinces require a periodic review of the system and legislation. That merits consideration in British Columbia.

It is essential that periodic reviews include open public hearings so that the full range of interested persons are involved in the process. It is my hope that this Addendum assists those outside the Key Stakeholder groups to be heard as well.