



“...the first thing that must be remedied before any changes will be truly effective is the Board's seeming goal of stripping the injured workers of every vestige of dignity, self-respect and initiative.”

Clive Gordon, injured worker,
Thunder Bay

“...the first week I was [at Downsview] I was given a Dr. Harrison as a general practitioner. . . I didn't have half a sentence out to explain my problem and he says, 'I think you read too many Reader's Digests and you're just like an old lady'. . . Well, I just backed off and didn't say too much after that, you know.”

Cyrille Beaulieu, injured worker,
Elliott Lake

AN INJURY TO ALL Workers' Compensation and the right to rehabilitation

By George Ehring
Photographs by Marion Endicott

When Maria Fonseca went to the Ontario Worker's Compensation Board residential rehabilitation centre in Downsview, Ont. for assessment of her shoulder injury, she had no idea a doctor would insist on examining her breasts to see if they were the same size.

Joe Carlucci went through a thorough examination of his right arm, and wasn't surprised when a Downsview doctor told him there was nothing wrong with it. It was his left arm that had been injured.

But Joan Carter was shocked, not to mention very angry, when a staff psychologist asked if she had unusual sexual fantasies, like taking a large dog to bed.

Except for the names, these cases are true. They are not isolated, unusual examples of the way injured workers have been treated. The names are changed because most workers who have had to fight the byzantine WCB bureaucracy harbour a real fear of having their benefits cut off if they rock the boat. Workers almost always co-operate with the Board's doctors, as these three did, even when they feel what they're being asked to do is humiliating, unnecessary or even dangerous. Their willingness points up the enormously dependent relationship workers feel they are in with respect to the Board. As Joan Carter said: "I just thought, well, how degrading was he to ask questions like that to me, but I'll play along with his game. Anything to get out of this hospital."

For Dave Beckett, an injured worker from Windsor, playing the game meant volleyball, exercises and calisthenics in a swimming pool with water over 80 degrees — though he complained about the high temperature. This was rehabilitation: after two weeks he had a heart attack.

Public concern about the treatment of workers at Downsview was raised when Ray Lebert, financial secretary of the Canadian Auto Workers' Local 444 in Windsor, interviewed a number of former patients, and released his findings to the media on October 2, 1986. That event triggered a study of the Downsview Rehabilitation Centre, and its role in the Workers' Compensation Board itself.

"Our complaints with Downsview were with doctors, the type of treatment, the regimented behaviour, and the threat of being cut off benefits," Lebert says. "There's no question that instead of providing any real rehabilitation, the facility was being used to put people back to work, regardless. People were told they could go back to work, that there was nothing wrong with them. In 1985, the Centre turned out 63 per cent of its patients as be-

ing able to return to regular duties. We wanted to know if they were running another Lourdes, and if there were crutches all over." Lebert also questioned the administrative practices of the Centre, saying that many residents described it as a concentration camp.

WCB Chairperson Dr. Robert Elgie ordered an immediate inquiry into the CAW's allegations. Elgie named a three-person investigative team, headed (get this) by the director of the Downsview Rehabilitation Centre himself. And if that wasn't bad enough, the inquiry's self-imposed terms of reference excluded the most substantive of the union's charges. As their report says: "Specific complaints relating to professional competence and conduct were beyond the scope of this Inquiry because complaints of this nature require the knowledge, qualifications, expertise and authority possessed by external professional bodies governing the wide

"[I'd like] re-training of some sort, because you know, I'm more or less just rotting [away] right now, sitting around doing absolutely nothing when I could be learning something. People don't want to take a chance on you, especially if you've been on compensation."

Elmer Moroun Jr., injured worker,
Windsor



range of health care professionals found at the Centre." Nor did they address the concentration camp charges, saying that "allegations specifically relating to the administrative practices and procedures of the Centre. . . were thought to be more properly the subject of a comprehensive programme audit."

Not surprisingly, the inquiry dismissed the remaining complaints. They couldn't

find any evidence in doctors' files that would substantiate any claims that those doctors had acted unprofessionally. Instead, their report adopted a blame-the-victim attitude by focussing on charges of alcohol abuse, the selling of drugs, and sexual promiscuity among patients. The report, simply, is a whitewash.

What remained unanswered, of course, was the whole question of rehabilitation itself. That issue was taken up in more dramatic fashion by another task force established by the Minister of Labour in May, 1986, which proposed 84 recommendations in a 447-page report entitled "An Injury to One is an Injury to All" released last summer.

The nine-member task force was co-chaired by Wally Majesky, former president of the Labour Council of Metropolitan Toronto and secretary-treasurer of the Ontario Federation of Labour, and Maria Minna, volunteer president of COSTI (an immigrant service organization) and former director of the National Council of Welfare.

Their report condemns the existing rehabilitation system and calls for the establishment of a new "Workers' Compensation and Rehabilitation Board." It accuses the WCB of having "a pre-World War I mentality about the nature and goals of rehabilitation." It says: "There is no acceptance of the fact that the disabled are entitled to receive the best treatment the province can afford, whether they can be re-employed or not.

"The most outstanding feature of the present model of rehabilitation was the lack of concern for the injured worker's condition apart from the requirements needed to return him or her to the job. The style of service delivery seemed to be one of callous disregard of the emotional impact of the work-related injury or disease on the totality of the individual."

In 1986 there were over 200,000 claims for lost-time accidents filed with the WCB. Yet only 6 per cent of these workers were ever referred to the Vocational Rehabilitation Division. The Board allocated just 3.3 per cent of its 1986 budget for rehabilitation.

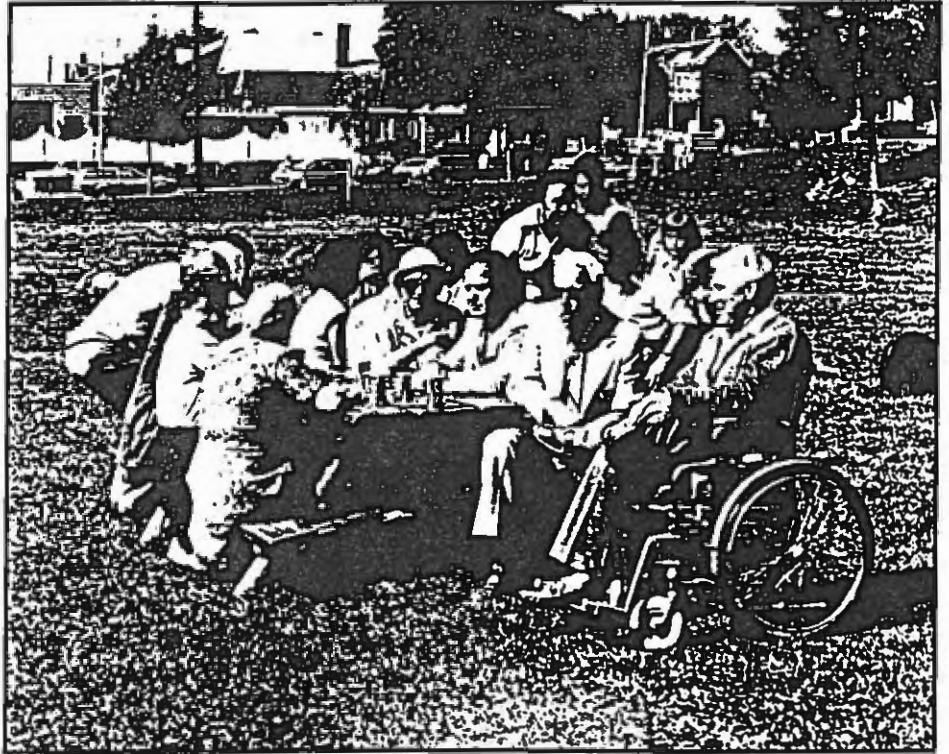
Simply put, injured workers were left on their own, with little assistance from the Board. But as we've seen, some of those who had "rehabilitation" would have been better off without it.

The compelling part of the task force is its call for the "statutory right to all rehabilitation required" by a seriously injured worker, and that disabled workers should be restored to "social and economic independence."

If these recommendations were implemented, Ontario would break new ground in enhancing workers' rights. Such a guarantee would recognize that thousands of workers pay for corporate profits with their health. It would provide some measure of assurance that all workers — for we are all just one accident away from an inability to work — would not be forced out of their jobs and into grinding poverty as the result of an industrial accident.

"I have worked for General Motors for 26 years, and after my first accident I was told they don't take back [the] handicapped, and I've been fighting ever since. . ."

Richard Hack, injured worker,
Oshawa



Though there have been changes inside the WCB as a result of the task force and other studies, this report sits on the shelf. Workers are once again waiting for a government to act.

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Recommendations

13. That any worker who sustains a serious injury or a debilitation disease linked to the workplace shall have the statutory right to all rehabilitating required by that worker. Rehabilitation shall be defined as to assist workers who have suffered occupational injuries or debilitating diseases linked to the workplace in the process of restoration, to the fullest physical, mental, social, vocational and economic independence to the maximum possible extent. Serious shall be defined as a situation in which the worker is unable to return to the job within 30 days of injury.

17. That a worker who is injured at the workplace or contracts an occupational disease shall have the statutory right to return to the pre-injury job. Where the worker is no longer capable of performing that job he or she shall have the right to another job in the same enterprise, respecting seniority rights.

32. That the Workers' Compensation and Rehabilitation Board render such rehabilitation and compensation services as necessary to restore disabled workers to social and economic independence.