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Submission to the Manitoba Workers Compensation Board – Review Committee

I would like to thank you for this opportunity to present to this Review Committee.

I am please to see this forum being conducted to review the Compensation Act.

I have several issues I wish to bring to your attention.

I am a client of the Compensation Board as a result of a workplace accident, in my youth I was the daughter of an injured worker whose family was seriously impacted and suffered hardship, and I am President of the Canadian Union of Public Employees Local 731. I regularly advocate on behalf of injured workers in my local. I feel I am in a unique position to offer insight on how the current policies positively and negatively impacting injured workers.

I am married, over 45 years of age with three children at home. I was injured in May of 2003 and was fortunate to be assigned incredible case managers, have been treated well by the workers at the Workers Compensation Board. I feel that the case management model that now exists have improved the service and made a complicated process simpler for me to access. I have been through x-rays, a bone scan, MRI and WCB medical examination. The case management model gave me the same person to contact for information in all aspects of my claim and to coordinate all services I needed to access. The case Managers from Rehabilitation Compensation Services have caseloads of 130 to 140 clients, provide quality service to me. I cannot say enough about their professionalism, the knowledge and skill they have to help injured workers' through a complicated system, and the way they protected my rights with the employer's agent (whose agenda was only to reduce claims experience and duration).

I am however concerned about the caseload the Managers from Rehab. Oversee. This huge caseload would at times delay information I was seeking. I believe that caseloads should be lowered so injured workers can get better services and this should be addressed in the Act.

I would also like to comment on my experience with the claim information Centre. All information was received in a professional and helpful manner and serves to speed up the claim processing thus getting funding into injured workers hands sooner. The later hours of the call Centre have proved beneficial to members of my CUPE Local who work shift work.

I would like to bring to this Review committees' attention an urgent issue – The need for privacy of medical information.

As an injured worker and a CUPE Local President I have witness countless requests from the employers agents for injured workers WCB files under the umbrella of a company appeal. Then the appeal never happens. There is no time limit within the act for the employers to proceed with appeal. There needs to be one.

The Employer makes a request for an injured workers compensation file. WCB will send a release form to the injured worker asking the worker to authorize the release of the file. An injured worker would then have to request a copy of their file and have to have the skill set to interpret the medical information contained therein. Should the worker object to information to be release they would then notify WCB objecting to information they don't want released. This adds to an injured workers stress and stress retards recovery. This is a complicated process and currently allows the employer access to confidential medical information.

I believe a process to better control confidential medical information release must be established.

I believe the employer must be made to identify the issue they want to appeal. Then only the relevant part of the file can be released. This will protect the worker. Employers should not have the right to the whole file.

I believe time limits must be established for employers to appeal.

The act must speak to protecting the injured workers from the stress of unjust appeals and release of confidential medical information.

I believe that the act should follow the guidelines contained in the Personnel Information Protection and Electronic Document Act. (PIPEDA)

The WCB Act must ensure injured workers are accommodated by employers and able to return to meaningful productive work. I have observed varying approaches within the same employer.

Conflicting opinions arise between the injured workers doctor and WCB medical opinions. Injured workers get caught in the middle.

Injured workers face inappropriate unsuitable work, changes in duties, lack of support from co-workers and adversarial work relationships when the worksite is not aware of restrictions.

Accommodation remains a struggle and injured workers are put at risk for re-injury.

When I returned to the workplace after having suffered a back injury I was restricted from some duties – e.g. snow shoveling. There was an unexpected snowfall, the employer was aware of my restrictions, I called and asked for assistance from the employer, but the employer chose not to send anyone to shovel the snow. I am a custodian and this would normally be part of my duties. The dilemma, do I shovel the walkways to keep the public safe or risk re-injury?

The act should have guidelines addressing accommodation – to protect injured workers from re-injury.

Wages for workers should be calculated on projected earnings. Probably deductions CPP and EI and Income tax should not be deducted because they are not remitted on behalf of the injured worker.

Currently wage loss is determined to be 90% of net income. Deductions of CPP, EI and Income tax are subtracted. After two years the benefits are lowered to 80% of net.

My CUPE Local contains part time workers who consistency works up to an eight-hour day although the Employer only guarantees 4 or 6 hours daily. A recent example – weekly gross earnings were assessed at \$604.74 after probable deductions for EI, CPP, income tax, weekly net loss of earnings is \$488.97.

90% of weekly net is \$440.07. After probably income tax rebates the weekly benefit entitlement is \$420.52.

Upon reviewing the accrual pre-injury paycheck amounts of the injured worker the average net check was between \$1300 – 1600 biweekly.

**PROBLEM.**

To solve this the injured worker and myself collected time sheets, paycheck stubs and their T4 for 2003. The process took two months. We submitted

this information to WCB and requested a review. WCB responded quickly with additional payment. But for almost three months the injured worker experiences financial hardship. Wages for workers should be calculated on projected earnings.

Probably deductions for CPP, EI and income tax should not be deducted because they are not remitted on behalf of injured workers.

After two years the benefit drops to 80% of net. Injured workers living costs do not drop. This further impares injured workers.

In the last few years WCB's Policy has limited injured worker physio treatments to 14 treatment (5-7 weeks) and Chiropractic to 6-14 weeks. Injured workers requiring further treatment upon their doctor's recommendation must appeal. The appeal process interrupts the workers treatment, add additional stress on the injured worker, and can regress the healing process. Should the injured worker continue treatment it would be at his or her own expense this adds a huge financial burden on an already reduced income. I truly believe it is wrong that an injured worker must appeal for these services when their doctor is recommending these services to return an injured worker to their pre-accident state. I have personally experienced this.

After 104 weeks WCB will assist with retirement annuities.

Injured workers retirement income should not be negatively impacted due to a workplace injury of short or long duration. WCB should be paying pension plan contributions.

I am an elected member of CUPE Manitoba School Division Sector Committee. This committee deals with School Divisions issues. I was appalled to learn that not all School Divisions have WCB Coverage. In fact 30% of School Divisions do not have WCB. WCB is voluntary for School Divisions.

CUPE School Division workers are exposed to many hazards in schools. Workers are at high risk for injury according to the current stats. Injuries in my CUPE Local this year have consisted of hernia, back injury, carpal tunnel, stress and shoulder injuries to name a few. We are also exposed to chemicals.

My local has also seen huge job loss, which result in staff shortages, excessive workloads that add to stress and workplace injuries.

Due to economic conditions and an inferior pension plan I have members working past the age of 65. I understand that these members if injured in the workplace could be disqualified from receiving benefits according to the Act. This is discriminatory to base coverage on age.

WCB coverage must be compulsory of all School Division workers.

Workers over the age of 65 who are employed and suffer injury must be covered.

Since changes in 1992 workers permanently disabled are currently compensated on a low flat rate. A fairer system must be achieved. Workers over 45 years of age are reduced an additional 2%. Each year up to a maximum of 40% reduction. Identical permanent injury on workers over 45 is worth less? This is not fair treatment. Get rid of the 2% reduction based on age.

In conclusion I believe:

WCB does provide an important quality service.

I support the case management model and claim Centre call-in service.

WCB needs to expand its protection and make coverage mandatory.

Benefits must be equivalent to workers earning potential.

Age discrimination must be eliminated.

Pension contributions should be part of the earning potential.

Workplace Stress must be recognized as an injury.

Medical Information must remain confidential.

Employers must have time limits on appeals.

Injured workers must be accommodated and return to meaningful work.

Respectfully submitted

Darlene Parsons.