

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

CIWA-ACVAMT

Inside

CIWA/ACVAMT Contacts	2
BC-WorkSafe Policy Decision	3
SK.....	3
MB, Prevention	3
ON, Medical Marijuana	4
ON, WSIB Blamed for Death	4
NS, IW's call for Rights.....	5
QC, Chronic Pain	6
NL, Day of Mourning	7
ON, Ron Ellis Award	8
QC, News Releases	9
ON, Pain Explained.....	10
Miscellaneous	11
CIWA, About	12



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Editor's Note

This newsletter is distributed via email, fax, or mail to CIWA/ACVAMT members and groups with an interest in injured worker issues as resource tool to share and exchange information. The views and opinions expressed here are those of the individuals or groups making submissions. We take no responsibility for their accuracy or for their opinions. You are welcome to share and distribute this newsletter with others that are interested. It is also available on our website at www.ciwa.ca.

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PROVINCIAL REPORTS

BRITISH COLUMBIA

http://www.worksafebc.ca/regulation_and_policy/policy_decision/board_decisions/2008/march/default.asp

Policy decision finalized at the March 2008 WorkSafeBC Board of Directors meeting

The following resolutions were finalized by WorkSafeBC's Board of Directors in March 2008. For information about the function and mandate of the Board of Directors, please see Governing Structure. (http://www.worksafebc.ca/about_us/governance/default.asp)

- **Policy Amendments Regarding an Enhancement to Experience Rating to Address Impact of Change in Minimum Size Criteria for Rate Groups on Experience Rating**
(http://www.worksafebc.ca/regulation_and_policy/policy_decision/board_decisions/2008/march/default.asp#6)
- **Section 251 Decision – Loss of Earnings**
(http://www.worksafebc.ca/regulation_and_policy/policy_decision/board_decisions/2008/march/default.asp#1)
- **Policy Amendments regarding Average Earnings and Exceptional Circumstances**
(http://www.worksafebc.ca/regulation_and_policy/policy_decision/board_decisions/2008/march/default.asp#2)
- **Amount of Disfigurement Awards**
(http://www.worksafebc.ca/regulation_and_policy/policy_decision/board_decisions/2008/march/default.asp#3)
- **Policy Amendments Regarding an Enhancement to Experience Rating – The Excess Cost Surcharge**
(http://www.worksafebc.ca/regulation_and_policy/policy_decision/board_decisions/2008/march/default.asp#4)
- **Revised Effective Dates for Approved Policy Packages**
(http://www.worksafebc.ca/regulation_and_policy/policy_decision/board_decisions/2008/march/default.asp#5)

SASKATCHEWAN

An excerpt from "A Voice of Our Own", Vol. 26, Iss. 2

With a new government in the Province of Saskatchewan, Donna Harpauer, Minister responsible for Disability Issues has made her priorities as children first and disability second. The new government also recognizes the importance of Community Based Organizations, so an increase to some core funding is

expected. The Council of Canadians with Disabilities received over 7,000 requests for assistance, ranging from advocacy, information/referral, research, income, and CPP Disability.

MANITOBA

Prevention

Every year more than 35,000 Manitoba workers suffer injuries and illnesses at workplaces covered by workers compensation. On average, some 20 workers lose their lives at work each year.

We believe each incident of work-related injury and illness represents an opportunity for prevention.

The Mandate for Prevention

Five years ago, Manitoba had the highest time-loss injury rate of any jurisdiction in Canada.*

Since then, Manitobans have become increasingly aware that workplace injuries and illnesses are indeed preventable. It is becoming socially and morally unacceptable to maintain unsafe workplaces.

The shift in social attitudes toward workplace safety and injury prevention has been part of a process.

The first step began in 2001 and 2002, when the Government of Manitoba commissioned a major review of workplace safety and health in Manitoba.

As a result of that review, the Government directed the WCB and the Workplace Safety and Health Division of Manitoba Labour and Immigration (WSHD) to assume joint responsibility for injury prevention and to achieve a 25 percent reduction in the time-loss injury rate over five years.

The WCB and the WSHD launched an ambitious and successful injury and illness prevention strategy that in three years has achieved a 19 percent reduction in the time-loss injury rate.**

... each incident of work-related injury and illness represents an opportunity for prevention.

Yours Truly
Vincent Boyce
Advisor / CIWA

ONTARIO

Medical marijuana covered by WSIB

The Workplace Safety and Insurance Appeals Tribunal has recently allowed that medical marijuana is covered by the compensation system. The injured worker must have a Health Canada card authorizing possession. The payment will be made regardless of where the marijuana is purchased and thus without the need for receipts. It will be paid for the amount indicated by Health Canada, and it will be paid at the rate that Health Canada charges.

The decision can be found on the WSIAT website where all decisions are published. It is number 2335 06R dated July 8th, 2008. The neutral citation is 2008 ONWSIAT 1890.

Marion Endicott

WSIB Blamed for Man's Death

May 10, 2008 (This story was first reported by Darrell Powell on the April 28th Day of Mourning radio special

Also see August 2008 US Court decision [Workplace Stress Ruled Compensable](http://www.ciws.ca/articles_us_stress_compensation.htm)
http://www.ciws.ca/articles_us_stress_compensation.htm

Stress of fight to prove injury claim blamed for man's death
Globe and Mail, KATE HAMMER
<http://www.theglobeandmail.com/servlet/story/LAC.2008.0510.INJURED10/TPStory/TPNational/Ontario>

The doctor who performed the autopsy told his family that Jeff Thompson died of a bleeding ulcer due to severe stress. But according to those who knew him, Mr. Thompson was killed by the Workplace Safety and Insurance Board.

While working for a cable installation company, Mr. Thompson injured his right knee in 2004 when he slipped and fell. He never fully recovered, and spent the few remaining years of his life nearly completely bound to his North Middlesex County home, arguing his workers compensation claim with the board.

Mr. Thompson's family received notice Monday that the WSIB will pay his burial expenses. However, it remained unclear whether it will accept any liability in his death, or address concerns his family has raised

about how injured workers are treated throughout the claim process.

"I don't want other families to go through this, I want to be able to show that my brother had a legitimate injury and nobody needs to be spoken to and treated the way he was," said Colleen Mathers, Mr. Thompson's sister.

The family has requested an inquest, and has been waiting for the WSIB to release his files since his death on Feb. 10.

John Slinger, chief operating officer of the WSIB, said that it is against board policy to discuss individual cases publicly, but that he couldn't recall any cases in which the board was held responsible for the death of a worker due to stress.

According to advocacy groups, injured workers often suffer from depression and anxiety associated with the difficulties of filing a compensation claim. The

extensive paperwork and medical documents required provide tools for board adjudicators to identify fraud, but can also discourage legitimate claims and distress workers who are vulnerable.

Data collected by the Ontario Federation of Labour indicate that the percentage of claims that are abandoned has more than doubled over the past 15 years.

"It's a huge shock to them how much they're distrusted, and even more than that, there's nothing they feel they can do to advance their cause because even their family doctor won't be listened to in many cases," said David Wilken, a staff lawyer for the Industrial Accident Victims Group of Ontario.

As the pain in Mr. Thompson's knee persisted, and he was unable to stand, sit or sleep comfortably, his WSIB adjudicator threatened to stop his benefits.

"It became all he would talk about," Ms. Mathers said. "He went crazy trying to prove himself, to prove his pain. We became really worried about him."

The adjudicator threatened to end his benefits when Mr. Thompson didn't comply with the "labour market re-entry plan," which required him to attend classes in London, 120 kilometers from his home. Mr. Thompson was taking morphine daily, and found that driving aggravated his pain.

Ms. Mathers said her brother filed forms and doctors' notes to support his claims that he wasn't well enough to drive or attend classes, but that his adjudicator continued to threaten to cut or remove his benefits. The burden of defending the severity of his injuries and the financial strain of living off his shrinking benefits seemed to age her brother overnight, she said.

The day after Mr. Thompson died, a letter from the WSIB arrived at his home. It was notification that his benefits had been cut by 50 per cent.

"That would have killed him just to have seen how little he was going to get," Ms. Mathers said.

Also See: <http://www.safe-workplace.com/safety-blog/2008/05/stress-of-fight-to-prove-injury-claim.html>

NOVA SCOTIA

Injured Workers Call On Business, Organizations, like CFIB

Injured workers in Nova Scotia and across Canada appeal to the membership of the **Canadian Chamber of Commerce** and **The Canadian Federation of Independent Small Business** (<http://www.cfib.ca/en/default.asp?l=E>) to return to injured workers their rights, that they have had taken away by "your" insurance provider, the Workers Compensation Boards in Canada.

We want the right to be treated as every other Canadian citizen is, according to section 15.1 of the Charter of Rights and Freedoms.

It makes it easier to understand why politicians in Ottawa do not want to listen to injured workers concerns now, when you see a former **Elected Cabinet Minister** (<http://www.chamber.ca/article.asp?id=398#perrin>) sitting as the President and CEO of the Canadian

Chamber of Commerce. How can anyone consider themselves to be Honourable when they and their association finance these abusive WCB Boards in Canada?

Our rights have been stolen away by the businesses that finance this system known as the Workers Compensation Program, through legislation known as the Workers Compensation Act.

This legislation places injured workers at a major disadvantage and has resulted in far too many suicides because of the frustration these WCB Boards impose upon us. The WCB system is a denial program, forcing many injured workers into poverty. In the weeks ahead, I will explore the cause behind suicide within the injured worker family and in time, the families affected will speak out. The pain and hurt must stop and stop now.

QUEBEC – Info IRSST Newsletter

Very interesting information can be found at their website:

http://www.irsst.qc.ca:80/files/documents/en/InfoIrsst/Actuel/InfoIRSST_v06n02.htm

PREVENTION GUIDE

Handling work and customer service in warehouse superstores

Everyone goes to superstores, but did you know that the employees working in them have a good chance of suffering from back pain? For this growing sector, the English version of a prevention guide has just been published by the IRSST and Groupe-conseil AON. In addition to offering different practical advice, this document proposes solution scenarios that are easy to implement for better prevention of handling-related accidents and the associated back pain.

CHRONIC PAIN RESEARCH AND TREATMENT IN QUEBEC GETS \$4.35-MILLION BOOST FROM PFIZER, ASTRAZENECA, MSSS AND FRSQ

Unique public-private partnership in Quebec's pain research and treatment networks will provide better tools to research, diagnose and treat chronic pain.

February 28, 2008

Two of Canada's leading pharmaceutical companies are joining forces with the Fonds de la recherche en santé du Québec (FRSQ) and Quebec's Health and Social Services Ministry (MSSS) to help in the battle against chronic pain and give a boost to Quebec's pain researchers and clinics affiliated with Quebec's four medical-research universities.

The partnership – a first in Canada – is designed to strengthen what is already the country's leading pain research and treatment network, the Quebec Pain Research Network (QPRN), which links pain clinics at Quebec's four university-hospital networks and more than 75 doctors and researchers specialized in chronic pain.

Under the partnership, Pfizer Canada, AstraZeneca, the FRSQ and MSSS will provide \$4.35 million over

four years to fund research and education that will improve our understanding of chronic pain and help doctors diagnose and treat pain more effectively.

"Chronic pain is a devastating and debilitating silent epidemic and we need better knowledge and treatments for doctors and patients," said Dr. Yves de Koninck, Scientific Director of the QPRN and professor affiliated with Laval University and the university's Centre de recherche Université Laval Robert-Giffard. "More than a million Quebecers – about one in five – will suffer from chronic pain during their lifetime. The economic costs alone in health care and loss of productivity are staggering – an estimated \$125 billion a year in the US."

Joint battle against chronic pain

"The battle against chronic pain is really a collective effort uniting researchers in the public and private sectors, front-line medical professionals and patients themselves," said Alain Beaudet, President and CEO of the FRSQ. In leading the partnership, the FRSQ's goal is to support Quebec's pain research, particularly to advance understanding of prevalence, incidence and the natural course of different pain syndromes, and to ensure that this knowledge is transferred to the clinic to benefit patients.

"This initiative takes us to the next level by bringing our research knowledge and excellence onto the front-lines to help doctors and patients manage pain more effectively," Beaudet said.

The QPRN groups researchers and doctors at Université de Montréal, Université de Sherbrooke,

Université Laval and McGill University, as well as their teaching hospitals, government organizations and the Association Québécoise de la douleur chronique, Quebec's leading patient group.

"The Quebec government is pleased to partner with the FRSQ to establish this important chronic pain research initiative. This investment will enable the QPRN to structure clinical research, facilitate the transfer of discoveries and practical knowledge to medical professionals and improve the treatment of chronic pain sufferers. The QPRN's activities are among the most pertinent and essential in improving the quality of life for the 20% of Quebecers who suffer from pain at some point in their lives," said Philippe Couillard, Minister of Health and Social Services.

Quebec a world leader in pain research

"At AstraZeneca, we established our analgesia drug discovery laboratories in Montreal in large part because Quebec is a renowned world leader in pain research excellence," said Dr. Philippe Walker, Vice-President Discovery, and head of AstraZeneca's research laboratories in Montreal, where more than 100 scientists and chronic-pain experts work on developing better medicines to treat and manage pain. "This is a unique partnership and opportunity for us to work together to gain better insight into the causes of chronic pain and how to manage pain more effectively for the benefit of patients."

"Pfizer is a leader in the research of innovative solutions for pain management, including the development of unique compounds which are breaking scientific ground and discovering novel ways to treat chronic pain," says Dr. Bernard Prigent, Vice-President and Medical Director, Pfizer Canada. "Pfizer is proud to join this partnership as the QPRN initiative is a unique model which could streamline research efforts aiming

to improve diagnosis and treatment of chronic pain. The transfer of these research findings to healthcare professionals in hospital, clinic settings and research organizations such as Pfizer, will be key in our collective capacity to develop better treatment options for people living with chronic pain."

The partnership investment is \$4.35 million over four years. The FRSQ has committed \$2 million over four years, Pfizer Canada \$1.2 million over four years, AstraZeneca \$750,000 over three years, and MSSS \$400,000 over four years.

Pfizer and AstraZeneca have research facilities around the world and are both major investors in R&D in Canada, with Pfizer investing about \$190 million a year and AstraZeneca more than \$100 million a year. As the health-research funding arm of the Quebec Ministry of Economic Development, Innovation and Export Trade, the FRSQ invests about \$90 million a year in health research and education in Quebec.

Pain facts:

- Chronic pain strikes one in five adults - 1.2 million Quebecers will suffer from chronic pain during their lifetime. Among the elderly, the proportion rises to 50 percent.
- Women are more at risk of developing chronic pain than men.
- People with chronic pain have been suffering on average for 7 years.
- Nearly half (47%) say their pain is not under control.
- Chronic pain adversely affects quality of life, both in terms of emotional well-being and ability to function normally.

-30-

For more information please contact:

For more information, or to arrange interviews with leading pain experts in Montreal, Sherbrooke and Quebec City, please contact:

Michelle Dubuc, FRSQ, (514) 873-2114 Ext. 235

Sylvie Tessier, Pfizer Canada Inc., (514) 693-4609

Jennifer Robinson, AstraZeneca R&D, (514) 518-3505

Isabelle Merizzi, Ministère de la Santé et des Services sociaux (MSSS), (418) 266-7171

These press releases were issued in Canada and are intended as reference information for Canadians. The information contained in each press release was accurate at the time of issuance, and Pfizer Canada assumes no responsibility for updating the information to reflect subsequent developments.

NEWFOUNDLAND

April 28-Day of Mourning

Hello Fellow Injured Workers and Concerned Citizens,

April 28 is International Day of Mourning for Injured and Dead Workers, I mourn today for three men from Newfoundland and Labrador. Neil Lockyer, Jason House, and myself.

Neil was injured in B.C. with a head injury in 1989.

Jason fell through a roof in Alberta in 2005 suffering multiple injuries including his skull cracked in three

places, both shoulders, right hip and pelvis broken, two disks and a broken vertebra, in 2005.

I was involved in a railway accident in Ontario in 1979 suffering a crushed ankle, shattered shoulder, broken arm, broken collar bone, post concussion syndrome, three herniated disks, and more.

All of us permanently disabled from our employment.

From three different Provinces we came home to lick our wounds. Family and friends our only comfort.

But they followed and watched like vultures on a perch. Waiting. "Did he walk?" "I saw him today and he smiled so he must be okay?" They report back to Ontario and B.C. and Alberta. The checks stop. The appeals begin, and always under the microscope. Forced to relive all the events since the accident and justifying what does not need justifying. Forced to live off family and welfare, demeaned, belittled, slandered, maligned, and otherwise abused. Forced to stay in a merry go round of abuse.

Poor Neil. His injured brain could not take it. He killed a man. A WCB spy he thought. Stabbed him nineteen Times in his daughters kitchen. She tried to get help. Said her Father needed help because he was believing WCB spies were after him to cut him off. How many times between 1989 and 2005 was he cut off? How many spies did he really see?

But he was paranoid because of his brain injury they said, before they locked him away in the Waterford Psychiatric Hospital. Not even a look at factors that might involve the WCB in B.C.

I watch, and protest , and try to get in court to help him but no one listens to me. They think I am mad.

Then comes along Jason. He lost a \$300,00.00 home, a mustang, a truck, a motorbike, a framing business, and lost it all in three years.

WCB spies, posing as hunters, followed him to Newfoundland one year after his accident. They videotaped him walking with a cane and getting into his fathers truck. They declared him fit for work and cut him off. He has since appealed and won a partial victory.

But at what cost? Will he, in another two, five or ten years, be cut off again, hounded again? How many times?

Then there is me. I don't care if they look. I will do as much as my body can do, no more, no less. But me they ignore. 1979 to present. Ignore me to the point I have no doctor or medical care. How many videos of me do they show behind closed doors to "prove" I am not disabled?

I grieve for Mr. Lockyer whose life has been ruined and for his distraught daughter who could find no help.

I grieve for Mr. House because I know the road he is now forced to travel.

I grieve for me because everyone thinks I am crazy and a welfare bum. I am so helpless to help them or myself.

Decades apart but yet the same mistreatment.

I wonder how many more suicides and murders it will take for everyone to wake up and demand fundamental change?

So today mourn not only the injured and dead, mourn for the abused too.

Best Regards, Fred Palmer

Do you know what happens when you get injured at work? Find out here.

www.ciws.ca and www.wcbcanada.com

Ron Ellis Award

June 5, 2008:

The Workers' Compensation Section of the Ontario Bar Association honoured Steve Mantis of Kaministiquia, Ontario a longtime leader and grassroots organizer of Ontario's injured worker movement, with the Ron Elis Award for excellence and outstanding contribution to workers' compensation.
OBA Centre, 200 – 20 Toronto Street, Toronto, Ontario.

See the Tribute prepared and delivered by Marion Endicott at the award:
http://www.injuredworkersonline.org/Documents/Ron_Ellis_Award08.pdf

PRESS RELEASES

DOWNLOAD THE REPORT (PDF) at: <http://www.irsst.qc.ca/files/documents/PubIRSST/RG-546.pdf>

When we are deterred by what others think

A new study published by the IRSST reveals, among other things, the disastrous consequences for injured workers when they do not feel believed or supported during their absence from work. Researchers actually observed the importance of workers' social reality for better understanding their rehabilitation process by listening to representations of health, illness and pain by workers unable to return to work due to musculoskeletal-related pain.



The meaning of work generates stress or well-being
Meaningful work has vitamin effects on the worker's mental health and encourages his commitment towards an organization, while work without it promotes the onset of symptoms of stress, and even distress. This is one of the findings of a study funded by the Institut de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST) on the meaning of work, mental health and organizational commitment, whose results have just been published.

FRENCH-SPEAKING SUMMIT ON WORK RELATED MUSCULOSKELETAL DISORDER (WMSD) : FROM RESEARCH TO ACTION

On 18th and 19th June 2008 the IRSST held the second French-Speaking Summit on Work Related Musculoskeletal Disorder (WMSD): from research to action. About 300 researchers practitioners and professionals working in occupational health and safety field will take part in this event with the aim at drawing an overview on the topic and exploring successful initiatives to prevent WMSDs.

NEW RESEARCH PROJECTS

Development of a complete solution for supporting prevention and intervention on psychosocial risks in the workplace
099-698

Jean-Pierre Brun / Université Laval Michel Vézina / Institut national de santé publique du Québec Caroline Biron / Université Laval

TO FIND OUT MORE http://www.irsst.qc.ca/en/_projet_3665.html

Survey and analysis of the strategies for evaluating exposure to workplace contaminants
099-694

Daniel Drolet, Nicole Goyer, Brigitte Roberge / IRSST Jérôme Lavoué / Institut universitaire romand de Santé au travail André Dufresne / Université McGill Guylaine Beauchamp / IRSST

Calculation of the work/rest regimen

Quebec Occupational Health and Safety Research Institute (IRSST) and Université du Québec à Trois-Rivières (UQTR) conceived a computer-based tool allowing to estimate the alternate work/rest regimen during work in a hot environment. This bilingual tool is intended to support occupational health and safety practitioners in managing hot periods in the work environment. The computer-based tool calculates the alternate work/rest regimen during work in a hot environment using the following parameters: metabolic rate, WBGT (Wet Bulb Globe Temperature) temperature values at the workstation and at the rest location, as well as the clothing worn by the worker.

Chronic Pain

NEWS RELEASE

For immediate release

SIX MILLION CANADIANS LIVING IN PAIN FACE BARRIERS TO CARE

The Painexplained.ca Campaign targets five top barriers preventing Canadians from accessing effective pain care

Toronto, November 3, 2008 – Canadian doctors, patients, researchers, and other healthcare professionals are condemning the barriers that prevent Canadians from accessing proper and timely pain care. As part of this year's National Pain Awareness Week (November 2 – 8, 2008), the Painexplained.ca Campaign is targeting key reasons why Canadians are suffering needlessly or excessively from acute and chronic pain.

"Our concern is this: how many of the six million Canadians out there in moderate-to severe chronic pain are suffering unnecessarily?" said Dr. Barry Sessle, President of the Canadian Pain Society and Campaign Co-Founder. *"We know that too many are not getting the timely care they desperately want and deserve. That's why we are targeting key barriers that cause greatest delay and distress to Canadian pain patients."*

"When you or someone you love is suffering, every minute spent waiting for proper pain care feels like a travesty," said Lynn Cooper, President of the Canadian Pain Coalition and Campaign Founding Member. *"It is unacceptable that so many of us are living with pain that could have been prevented, cured, or reduced with proper and timely care."*

Five key issues have been identified which are exacerbating the struggle of Canadians with untreated or undertreated pain:

- 1. Canadian Healthcare Professionals are insufficiently trained about pain:** A 2007 audit of 41 Canadian undergraduate Healthcare Professional programs revealed that 67% of all healthcare programs surveyed could not identify specific training in the mechanisms, diagnosis or treatment of pain. The same study revealed that Canadian veterinary students get five times as much specific training about pain as medical students. ([Source: Watt-Watson/McGillion/Hunter, 2007](#))
- 2. Pain Patients are struggling to find doctors able and willing to help:** Over 14% of chronic pain patients report being refused care by a doctor or having their care terminated because of their pain. Many new physicians are refusing to take on these patients, leaving them with nowhere to turn. 15% of chronic pain patients also report being discouraged from receiving a pain treatment necessary to relieve their pain. ([Source: Nanos Research, Oct 2008](#))
- 3. Doctors feel reluctant to prescribe needed pain medications:** Best practice pain management often calls for the use of opioids and other powerful medications. Historic regulatory actions against pain doctors have put a 'chill' on general willingness to prescribe pain medications, making it harder for legitimate pain patients to access proper pain care.
- 4. Wait times for effective pain care are unacceptable:** An audit of wait times confirmed that some Canadians must wait as long as five years to receive care from an academic pain clinic. The risk of suicide while waiting for care is double that of the general population. ([Source: CPS](#)).
- 5. Out-dated attitudes make us reluctant to 'speak up' for proper pain care:** Many Canadians mistakenly feel that pain is a normal part of their disease or the healing and aging processes, and therefore don't speak up to get treatment. But over time, the chemical and structural changes in the nervous system of those suffering unrelieved pain actually causes our nerve pathways to become 'sensitized'. This makes the pain more difficult (if not impossible) to treat effectively.

"New knowledge and best practices now exist that can help prevent, manage and even cure chronic pain," Dr. James Henry, Scientific Director of the Michael G. DeGroote Institute for Pain Research and Care at McMaster University, and President of the Canadian Pain Foundation. *"But patients aren't yet benefiting from this knowledge, in part because of these systemic barriers. It's time we did better for Canadians living with pain."*

Painexplained.ca is a new campaign supported by the Canadian Pain Society, Canadian Pain Coalition, the Canadian Pain Foundation and other partner groups, companies and individuals. The campaign seeks to raise awareness and promote better prevention and management of all types of pain in Canada.

For more information

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The Blind Girl

There was a blind girl who hated herself because she was blind. She hated everyone, except her loving boyfriend. He was always there for her. She told her boyfriend, 'If I could only see the world, I will marry you.'

One day, someone donated a pair of eyes to her. When the bandages came off, she was able to see everything, including her boyfriend.

He asked her, 'Now that you can see the world, will you marry me?' The girl looked at her boyfriend and saw that he was blind. The sight of his closed eyelids

shocked her. She hadn't expected that. The thought of looking at them the rest of her life led her to refuse to marry him.

Her boyfriend left in tears and days later wrote a note to her saying: 'Take good care of your eyes, my dear, for before they were yours, they were mine.'

This is how the human brain often works when our status changes. Only a very few remember what life was like before, and who was always by their side in the most painful situations.

Life Is a Gift

Today before you say an unkind word - Think of
someone who can't speak.
Before you complain about the taste of your food -
Think of someone who has nothing to eat.
Before you complain about your husband or wife -
Think of someone who's crying out to GOD for a
companion.
Today before you complain about life -
Think of someone who went too early to heaven.

Before whining about the distance you drive
Think of someone who walks the same distance with
their feet.
And when you are tired and complain about your job -
Think of the unemployed, the disabled, and those who
wish they had your job.
And when depressing thoughts seem to get you down
- Put a smile on your face and think: you're alive and
still around.

CIWA/ACVAMT IS ABOUT	OUR GOALS	PUBLICATIONS AVAILABLE
<p>Support</p> <p>We are a national network of injured worker's groups (IWG's) and we exist to strengthen and support the work of local and provincial IWG's across Canada.</p> <p>Independence</p> <p>We believe that injured workers should be in control of their own destinies & Injured Workers Groups must be democratically controlled by injured workers.</p> <p>Partnerships</p> <p>We believe that we can best assist these objectives by providing training and educational resources in partnership with provincial or territorial organizations of injured workers and the trade union movement at all levels.</p> <p>Information Sharing</p> <p>We believe that by sharing our stories and our experience we can learn from each other and become better educated and exert more control over our lives.</p>	<ul style="list-style-type: none"> ✓ To work towards a just system of compensation, rehabilitation and re-employment in all of Canada. ✓ To provide a national forum for debating issues concerning injured workers at national conferences and board workshops. ✓ To gather and share information with groups across Canada. ✓ To improve the Occupational Health & Safety of workers across Canada. ✓ To identify and make available, educational and training resources produced by the union movement and other agencies, that focus on organizing and maintaining effective injured worker groups. ✓ To enhance the local base of the injured workers movement through all our activities. ✓ To form partnerships that will achieve common goals. 	<ul style="list-style-type: none"> ❑ The VOICE OF INJURED WORKER ❑ PLAIN TALK ❑ HOW TO IMPROVE RELATIONS BETWEEN INJURED WORKERS & ORGANIZED LABOUR ❑ REPORT ON RELATIONS WITH LABOUR SESSION AT CIWA NATIONAL CONFERENCE, REGINA 1992 ❑ RETURNING TO WORK ❑ VOC REHAB & RE-EMPLOYMENT FROM THE INJURED WORKER'S PERSPECTIVE ❑ INJURED WORKERS ... ON THE MOVE ❑ COMING TOGETHER <p><u>VIDEOS & WORKBOOKS</u></p> <ul style="list-style-type: none"> ❑ YOUTH PROJECT MANUAL, 2002 ❑ SURVIVORS, 1997 ❑ TOGETHER WE CAN WIN, 1997 ❑ PEER HELPER TRAINING MANUAL, 2000 - "PEOPLE HELPING PEOPLE" ❑ LE COMBAT QUOTIDIEN DES VICTIMES DU TRAVAIL, 1999 <p><u>To find out more, please contact us at:</u> CIWA/ACVAMT 1201 Jasper Drive Thunder Bay, ON P7B 6R2 Ph: 807-345-3429/Fx: 807-344-8683 Toll Free: 1-877-787-7010 Email: ciwa@vianet.ca Web Site: www.ciwa.ca</p>

Connect with an injured workers group near you.

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

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

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