

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

CIWA-ACVAMT

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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 NEWS / UPDATES

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 loses \$3.34B as stocks fall

Aug 18, 2009 04:30 AM

STAR STAFF

WIRE SERVICES

<http://www.thestar.com/news/canada/article/682439>

Ontario's Workplace Safety and Insurance Board says it lost \$3.34 billion last year as payments to injured workers rose while stock markets fell.

The massive setback came on the heels of a \$2 billion loss in 2007.

The WSIB collects premiums from employers and provides benefits to more than 155,000 injured workers. Its latest annual report says the board took in \$2.4 billion less in 2008 than it paid out in benefits and other expenses. The shortfall was more than double the \$1.13 billion reported a year earlier.

The board has a reserve fund to help pay future benefits. But two-thirds was invested in stocks, which took heavy

losses in 2008.

Back-to-back losses have slashed the size of that reserve fund to about \$10.4 billion, leaving it about \$11.4 billion short of what is estimated could be required.

The WSIB says the shortfall will not threaten its ability to provide benefits to workers.

Ontario passed legislation in 2007 providing for a 2.5 per cent increase in benefits that year, and the two following years. WSIB may now have to consider increasing premiums to employers at a time when many are struggling.

Workplace insurance board loses \$3B

Posted By JONATHAN JENKINS, SUN MEDIA, August 20, 2009

<http://www.stcatharinesstandard.ca/ArticleDisplay.aspx?e=1706229>

The Workplace Safety Insurance Board lost about \$3 billion on the markets last year, but the massive loss won't mean higher premiums, the board's head vows. "We're very solvent, we're very stable," Steve Mahoney said Tuesday. "This is not a loss of our ability to meet our obligations."

The market turmoil of last fall hit the WSIB's insurance fund hard, its value falling 15.5 per cent. Combined with other factors -- including a \$104 million drop in premiums from job losses, the board's overall

unfunded liability has soared to \$11.4 billion. The liability was less than \$6 billion just two years ago. But Mahoney said the unfunded liability is a long-term problem that doesn't affect its ability to deliver benefits to injured workers now.

Premiums haven't risen on average in the past three years and Mahoney said only 36,000 companies out of 238,000 the board insures are seeing an increase in 2010 -- and that's because those companies have a poor safety record.

"The reason the companies whose premiums are frozen are achieving that is because they have an excellent record on safety."

Benefits paid to injured workers are set by the government and the WSIB can't change them, he pointed out.

Still, the investment loss and the prospect of gh unemployment driving premium revenue down mean the board is reviewing its investment strategy and some heads have rolled.

"If you perform poorly, you get fired. That's absolutely the case," Mahoney said of investment counsellors and advisers.

The huge setback shows there's serious problems at the WSIB, New Democrat labour critic Paul Miller said. "This is mismanagement," Miller said. "It's really a mishmash the way they run things."

"The amounts that they're losing -- I would not consider that to be a conservative portfolio. There has to be more accountability on the finances. Are they not managing the portfolios properly? Are they not monitoring? Are they taking too much risk?" And given the magnitude of the drop, Miller said he doubts Mahoney can keep premiums where they are for long.

"They say no and I don't believe that," he said. "The only way they're going to recoup their losses would be to increase premiums."

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

The English version of a prevention guide has 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.

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

"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.

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.

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

Labour federation has questions

Published Wednesday August 5th, 2009

<http://miramichileader.canadaeast.com/opinion/article/751885>

Letter to the editor

The New Brunswick Federation of Labour is calling on Minister Donald Arseneault to immediately conduct an internal enquiry into the governance of Worksafe New Brunswick.

Discrepancies in the information given to Board members has rendered an internal enquiry crucial for all injured workers in New Brunswick. Our representative on the Board of Directors of Worksafe New Brunswick found out that the board has been making decisions based on misleading and non-factual information."

In mid-June the Corporate Board were presented with a plan, by CEO Doug Stanley to discontinue operations of the therapeutic pool at the Workers Rehabilitation Centre in Grand Bay-Westfield. Concerns surrounding this plan were raised and information provided to the Board were that only the staff uses the pool, almost no injured workers and the cost to operate the pool were \$238,000 per year. Since then, our Labour representative has learned that, in fact, there were up to 16 injured workers per week using the therapeutic pool and the cost to operate was in fact \$160,000 per year. Only yesterday at a Corporate Board Meeting, Mr. Stanley informed members that the heat had been shut off for three weeks, when in fact it was only turned off that day. Furthermore, injured workers were using it for therapeutic rehabilitation.

How many services to injured workers have been discontinued at the Rehabilitation Centre based on erroneous information? Injured workers are being failed by a system that was intended to facilitate rehabilitation and return to work. Workers made great sacrifices, including giving up the right to sue our employers in exchange for this service.

We are calling on Minister Arseneault to look very closely at the decision making process of the Worksafe New Brunswick Board of Directors. Is the rehabilitation of injured workers still a priority or is it another issue that is being driven at any costs?

Michel Boudreau,

NBFL President

Do you know what happens when you get injured at work? Find out here.
www.ciws.ca and www.wcbcanada.com

Worker's compensation doesn't work

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Email Print Letter to Editor Share

Text

Published: August 11, 2009 11:00 PM



[0 Comments](#)

The recently minted MLA's of the province of British Columbia are an expensive commodity. An enlarged body of governing brilliance naturally expected to achieve profound goals. Time is money, and the talents of so few, to which we are all beholding, should not be wasted in frivolous pursuits. This leads one to ask the question: Why is it that over sixty percent of all MLAs' time spent in his riding is deployed in conflict resolution with WCB, or Work Safe BC.

This alarming fact was confirmed by Rich Colman, then Solicitor General, and Robin Austin our returning MLA from Terrace. I have had the pleasure of working with both members of the house pertaining to my ongoing battles with WCB.

The root of the majority of problems within WCB relate directly to the indiscriminate changes foisted on the system by Gordon Campbell during his first tenure in office. The Liberal government had been lobbied long and hard as to the unsustainable cost of WCB operations. Remember that this is a corporation that must be self supporting, no government funding required. WCB was to be funded by the employer, offsetting the loss of the employee's right to sue the employer, and the government, regarding injury in the work place. The foundation theory is very sound with the anticipation that the employee and the employer would both support the benefit of working safely. Long term saving would be realized by all parties. The actual charge to the government was that the cost of the program was too high for the employer.

The Liberal government was extremely shortsighted in its inept handling of the issue. I suggest that if they could have foreseen the growing outrage that now fuels this fight they would have taken a different venue.

At present, permanently disabled workers are shocked to find that at age sixty five, any disability pension they may have clawed from this government is suddenly stopped. I can only presume that we are dead, in recite of a miracle cure, or cast aside to live in abject poverty. The answer, unfortunately, is the latter. A case in point, a worker reaches his prime earning years, the time to build future equity, plan for retirement, stabilize his family, then in the instant of time that becomes an eternity, the worker is injured, permanently! The worker's ability to project a future is gone, family stability, retirement plans, life savings, gone in an instant. A future totally dependent on the social conscious of governments. A life change of command, to servitude. Why must the injured worker be cast with the lot of poverty through no neglect of his own? Why does Work Safe BC think it has the right to lessen the value of a human being because of injury?

A rotten house covered with vinyl siding is still a rotten house. WCB, draped in the new name of Work Safe BC, it is still a rotten house.

The endorsement of Work Safe BC, its methods of operation, its abuse of injured workers, its unlimited powers of control, are all planks of support in a rotten house.

The impact of the deceit, lies, and self interest that governs the operation of WCB has resulted in direct confrontation with the workers it is designed to help. The BC. Federation of Labour is uniting against the tyranny of Work Safe BC. The Public Service Alliance of Canada has formed an investigation body to review the process of WCB. A paper is being drafted for presentation to the Auditor General requesting an internal investigation in to the operation, goals, and methods employed by Work Safe BC.

The operations area of Work Safe BC has been transformed into a highly regulated security zone. Guards are abundant and obtrusive. The reception desks are made so that people can not achieve physical contact with the administrators. The interview rooms are small segregated cells with one way door locks, cramped seating, and hidden audio, and visual recording capabilities. Escorts are required to travel the maze of deliberately confusing passages. The order of the day is control.

The public is no longer willing, nor able, to wait for the honesty, humanity, and helping hands they have been deceived into expecting.

The single question arising from the reality that is Work Safe BC, should be "how has this come to pass"? The people of British Columbia should become much more politically alert to the intrusions of all levels of government. People should become much more vigilant in the protection of their freedoms. Society should not be afraid to challenge government doctrine. The statements and judgements of our provincial leaders should be questioned, and held to account. The status quo must be reviewed, and if a deficiency is found the will of the people must mandate change.

Tony Vincenzi lives in Terrace.

SUPREME COURT ISSUES MAJOR PENSION RULING

- >
- > In a precedent-setting decision, issued on August 7, the Supreme Court of Canada
- > has ruled that an employer did not violate its obligations as administrator of
- > its employee pension plan when it used the funds in the plan to pay the plan's
- > administrative expenses, or when it allowed surplus funds arising from the defined
- > benefit (DB) component of the plan, covering one group of employees, to be used
- > to meet its funding obligations to another group of employees covered by the
- > defined contribution (DC) component of the plan.
- >
- > The rest of this report is available at: <http://www.lancasterhouse.com/>

Website Links – Information Resources

PFIZER

Has this page where you can look up organizations in Canada by type:

http://www.morethanmedication.ca/en/find_support/?gclid=CKOx0I_ziZkCFRhhnAodITSQmA

Worker's Advocate Information Kit for Ontario (from the Office of the Worker Advisor Website)

http://www.owa.gov.on.ca/workers_kits/NEL_kit.html

Workers Compensation Boards of Canada

<http://www.awcbc.org/en/>

Workers' Compensation Assessment Rates in Selected Industries - 2008

WORKERS' COMPENSATION ASSESSMENT RATES - 2008												
INDUSTRY	AB	BC	MB	NB	NL	NT/NU	NS	ON	PE	QC	SK	YT
Logging	2.98	8.93	7.85-21.27	5.07	1.09 [1]	3.65	5.07	10.99	16.69	13.94	10.62	11.73
Gold Mine Underground	2.2	5.91	1.17-3.88	3.32	3.06	2.46	2.48	7.9	-	8.2	1.64	3.61
Abattoirs, Meat packing	4.07	2.18	1.37-12.53	6.71	13.54	4.87	8.48	4.35	2.09	6.5	4.6	2.2
Manuf plastics mould/extr	2.07	1.75	0.68-2.46	3.52	6.11	-	2.29	2.69	4.06	3.76	2.56	-
Sawmill	2.44	2.54	4.90-13.83	6.87	12.09	3.66	5.32	7.53	14.93	7.55	2.67	11.73
Pulp & Paper Mill	0.48	1.3	1.35-4.35	1.16	1.44	-	1.01	2.30	16.69	2.07	2.07	0.63
Steel Foundries	4.85	3.99	2.26-7.01	4.12	3.58	-	4.58	3.97	3.72	3.42	-	-
Machine Shop	1.29	3.04	1.64-9.81	3.44	3.56	2.45	2.29	2.56	3.72	3.49	2.78	2.09
Mfg cement	2.20	1.70	0.69-0.92	3.83	6.79	3.66	3.47	2.73	1.82	3.65	2.56	5.23
Construction ICI Sector	2.23	4.08	2.38-15.44	3.59	5.38	3.66	5.01	4.35	6.06	Various	5.33	9.42
Road Construction	2.26	3.83	1.99-10.48	2.74	4.19	3.65	3.93	4.55	3.43	6.93	3.63	9.42
Sewer & Water Const.	2.26	2.98	4.96-22.45	2.74	4.19	3.65	3.93	6.34	3.43	6.93	3.63	5.23
Roofing	7.26	6.98	4.88-19.86	3.86	10.49	3.66	10.15	12.98	6.06	20.06	5.33	9.42
Painting & Decorating	3.29	3.97	2.06-10.29	3.35	4.27	3.66	4.56	6.75	4.03	13.85	5.42	5.23
General trucking	3.87	4.87	1.57-9.81	4.58	5.81	5.51	5.26	5.70	3.93	6.98	3.72	5.42
Disposal of indust. waste	2.47	6.16	1.17-6.85	4.12	5.81	1.27	6.58	5.70	3.43	5.26	3.72	5.23
Supermarkets	1.94	1.09	1.01-5.15	2.10	3.28	1.03	1.95	2.33	1.05	2.72	2.15	2.20
Department Stores	1.12	0.99	0.294.28	1.37	2.79	1.03	1.89	1.33	1.41	2.56	1.16	2.20

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 Ellis 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

IRSST News 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 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.

Research Projects by the IRSST

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

#099-698: Ongoing

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

#099-698 :

Companies, unions and joint sector-based associations are increasingly concerned about psychological health in the workplace. The research team's objectives are to inform, equip, train and support workplaces by developing a complete and diversified support solution for the prevention of psychosocial risks and interventions in this regard. The result of this activity will be a range of easily accessible information and tools that can be referred to by managers, union representatives, employees and resource people in the occupational health and safety field so that they can successfully carry out their procedures to prevent psychosocial risks in the workplace.

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

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. For more information: Ingrid Thompson, Campaign Coordinator, 647-428-7133 or info@painexplained.ca Ingrid@painexplained.ca

701 Rossland Road East, Suite 373, Whitby, ON L1N 9K3

Ph: 647-428-7133 / Fx: 905-668-3728 / Web: www.painexplained.ca

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.

CIWA/ACVAMT IS ABOUT	OUR GOALS	PUBLICATIONS AVAILABLE
Support 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. Independence We believe that injured workers should be in control of their own destinies & Injured Workers Groups must be democratically controlled by injured workers. Partnerships 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. Information Sharing 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.	✓ 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.	❑ 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 <u>VIDEOS & WORKBOOKS</u> ❑ 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 <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

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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.