

INJURED IMMIGRANT WOMEN WORKERS ENTANGLED
IN COMPENSATION POLICY

INJURED IMMIGRANT WOMEN WORKERS ENTANGLED
IN COMPENSATION POLICY

By

MARIA MERCEDES SAPICO MORRO

BA (Hons.)/BSW (Lakehead University)

A Thesis

Submitted to the School of Graduate Studies

in Partial Fulfillment of the Requirements

for the Degree

Master of Social Work

McMaster University

© Copyright by Maria Mercedes Sapico Morro, December 2011

MASTER OF SOCIAL WORK (2011)
(Social Work)

McMaster University
Hamilton, Ontario

TITLE: INJURED IMMIGRANT WOMEN WORKERS
ENTANGLED IN COMPENSATION POLICY

AUTHOR: Maria Mercedes Sapico Morro, BA (Hons.), BSW
(Lakehead University)

SUPERVISOR: Dr. Ann Fudge Schormans

NUMBER OF PAGES: x, 117

ABSTRACT

Every year, thousands of Women of Colour who are employed in precarious work conditions and low-paying jobs become even more marginalized after experiencing work-related injuries or illnesses because they are not able to obtain just compensation from Ontario's Workplace Safety and Insurance Board (WSIB). Almost 100 years ago, Sir William Meredith (1913) attempted to establish an equitable workers' compensation system in Ontario, one that placed the welfare of injured workers at the forefront of its policies and practices. Many changes to this system have been made over the decades; however, the most drastic shifts have transpired in the past 25 years: As a result of the influence of neoliberal forces, the workers' compensation system has come to resemble a private market-based insurance model, focused more on costs than the welfare of workers. This shift has important ramifications for injured workers more generally and injured immigrant women workers in particular.

Using Dorothy E. Smith's institutional ethnography approach, this research explicates how the policies of the Ontario's Workplace Safety and Insurance Act (WSIA)—originally created to promote health and safety—are implicated in textually mediated relations of ruling in Ontario's workers' compensation system. This was achieved by interviewing four immigrant women who had experienced work-related injuries and accidents. Beginning with the standpoints of the women, their everyday experiences of the problematic were mapped to the relevant texts; namely, the WSIA, the New Experimental Experience Rating (NEER), and Merit Adjusted Premium (MAP) Programs and the WSIB's Forms 6, 7, and 8.

The research illustrates how work-related injuries have resulted in the immense social, emotional, moral, financial and physical degradation of the participants. The findings point to an important relationship between the contents of the texts and the adverse experiences of the participants: The texts strongly influence the ways that employers, WSIB service providers, health care providers, and legal and consultancy professionals respond to injured immigrant women workers. And, as a result, the texts both influence the women's experiences of the system and direct the actions that they themselves must take in very specific ways.

This study involved four participants and examined the experiences of this group of injured immigrant women workers about whose experiences of the workers' compensation system little is known. Although the information that they provided was strong and supported what is already known about how other groups of injured workers experience the workers' compensation system, the small number of participants suggest that additional research with a larger group of participants is warranted. In addition, because the women's employers were not interviewed, this research presents only one side of the picture; research that addresses the influence of these texts on the experiences and actions of employers, WSIB service providers, health care providers, and legal and consultancy professionals would add further to our knowledge.

In these days of social and industrial unrest it is, in my judgment, of the gravest importance to the community that every proved injustice to any section or class resulting from bad or unfair laws should be promptly removed by the enactment of remedial legislation and I do not doubt that the country whose Legislature is quick to discern and prompt to remove injustice will enjoy, and that deservedly, the blessing of industrial peace and freedom from social unrest. (Meredith, 1913, p. 22)

In referring to the legislation of this Province my reference is to the act called the Workmen's Compensation for Injuries Act, which is erroneously so styled, for it is really an employers' liability act. (p. 10)

By
Honourable Sir William Ralph Meredith
Dated at Osgoode Hall, Toronto, the 31st day of October, 1913

ACKNOWLEDGEMENTS

I would like to thank my supervisor, Dr. Ann Fudge Schormans, whose advice, guidance, support, and encouragement have helped me immensely with the formulation and completion of this thesis.

I would also like to thank Dr. Christina Sinding, my second reader, whose understanding and appreciation for institutional ethnography guided me through the analysis of this thesis.

Thank you to the faculty and staff of the McMaster School of Social Work, who have had a significant impact on my personal and profession growth. I would like to express my gratitude to Professor Sheila Sammon, my adviser, for her guidance and to Dr. Stephanie Baker Collins for her support and advocacy during challenging times. Thank you also to Darlene Savoy, who was always available when I needed assistance and support.

I would like to thank McMaster University for the scholarships that I received, including the Ashbaugh Graduate Scholarship.

Thank you to all of my fellow graduate students who have made my journey unforgettable and whose support and friendship I will always value.

I would also like to thank my family and friends for their prayers, support, and understanding as I completed this thesis.

Thank you to Rosin Bhanji, my friend and inspiration, who encouraged me while I was completing my graduate studies and thesis. Thank you also to my friends Neesha Hussain and Si Ketenci, who proofread my work and shared their ideas with me, and to Linda Pasmore, who helped immensely in the final stages and completion of this work.

Thank you to the members of the Injured Workers Consultants and The Research Action Alliance on the Consequences of Work Injury for providing me with resources and support, especially Orlando Buonastella, Marion Endicott, Katherine Lippel, Steve Mantis, Stephanie Premji, and Robert Storey.

Finally, thank you to the four women who took part in this study and shared their life stories. Despite the physical and emotional pain that they live with every day and every night, they have shown their resistance and are the inspiration behind this work.

Throughout my life and especially during my graduate studies, I thank the Lord who is most gracious.

DEDICATION

To the memory of my mother, Marciana Garcia Sapico, and my father, Pedro Sotelo Morro, for their unconditional love.

To my husband, Andrew William Field, for his incredible support and encouragement.

Finally, to the countless women who leave their impoverished homelands and settle in industrialized countries to fulfil their dreams for a better life, and especially to the four Women of Colour who took part in this study; this is your story. I hope to do justice to your plight and allow your silenced voices to be heard.

TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION	1
CHAPTER 2: HISTORICAL OVERVIEW	6
Pre-Meredith Era	6
Post-Meredith Era	9
Contemporary State of Policy: The NEER	16
Experience Rating Programs	17
Impact of Experience Rating on Actions of Employers	18
Claims Management	18
Work Injuries and Benefit Costs	18
Discriminatory Hiring Practices	19
Employers and Injured Workers Speak: Experience Rating Behind the Scenes	20
Coordinating Actions	20
Stigmatization and Mental Health	21
Rapid Return to Work	22
Modified Work Accommodations	23
More Claims Control	24
Challenges of Immigrant Women	25
Insights Into Experience Rating From Experts	27
Occupational Health and Safety	27
Violation of Worker’s Privacy and Confidentiality	28
Creation of an Adversarial System	28
Works to Increase Aggregate Cost of the System	29
Who Benefits From Experience Rating?	30
Employer Equity	30
Actuaries	31
Changes for the Better	32
CHAPTER 3: THEORETICAL FRAMEWORK AND METHODOLOGY	34
Research Methodology	35
Description of the Methods	38
Recruitment of Participants	39
Interviews	39
Data Analysis	40
Strengths and Limitations of IE	43
CHAPTER 4: FINDINGS	45
Experiences and Profile of Participants	45
Alone Woman	46
Elita	51
Luzviminda	54

Sattie	56
Exploring Relations of Ruling	57
Explicating Relations of Ruling.....	60
How Experience Rating Incentives Discourage Reporting of Workplace Injuries	60
Premiums Based on Accident Costs: Transportation to Health Care.....	64
Encouraging Workers’ Rapid Return to Work.....	66
Texts Used as Gatekeepers	70
Forms 6, 7, and 8	70
Second Injury and Enhancement Fund.....	71
Quarterly Statements of the NEER Program.....	72
 CHAPTER 5: DISCUSSION.....	 76
Claims Control and Management	76
Workplace Health and Safety	78
Recuperation and Recovery	79
Toll on Immigrant Women	81
Research Strengths and Limitations	82
 CHAPTER 6: CONCLUSION AND RECOMMENDATIONS	 84
Short-Term Proposals	85
Future Research	86
Dissemination and Advocacy Plan	87
Afterword: Emotions: Do They or Don’t They Fit in an IE Frame?	89
 REFERENCES	 92
 APPENDIX A: FORM 7: EMPLOYER’S REPORT OF INJURY/DISEASE.....	 100
 APPENDIX B: INTERVIEW GUIDE	 103
 APPENDIX C: INVITATION TO PARTICIPATE.....	 106
 APPENDIX D: LETTER OF INFORMATION AND CONSENT.....	 107
 APPENDIX E: LIST OF RESOURCES FOR PARTICIPANTS.....	 110
 APPENDIX F: FORM 6: WORKER’S REPORT OF INJURY/DISEASE.....	 113
 APPENDIX G: FORM 8: HEALTH PROFESSIONAL’S REPORT OF INJURY/DISEASE.....	 114

LIST OF FIGURES

Figure 1. Sequence of Ruling Relations That Objectify Injured Workers.....61

CHAPTER 1: INTRODUCTION

This research project concerns the thousands of women who immigrate to Canada every year from Third World countries to improve their lives economically and socially and who rely on Ontario's Workplace Safety and Insurance Board (WSIB) for supports after experiencing work-related injuries or illnesses. Consequently, their hopes for a better life are threatened or diminished because they are not able to obtain just compensation as a result of the impact of work-related injury policies (e.g., the New Experimental Experience Rating [NEER] and Merit Adjusted Premium [MAP] Programs). Other injured workers might have positive experiences and received ample supports; however, this study focused on those whose experiences have been problematic. Since the 1990s there has been increased immigration to Canada by people from developing countries (Kirkham, 2003) in areas such as Asia, Africa, South and Central America, and the Caribbean (Statistics Canada, 2006). Many of these immigrants are women who come to Canada to seek a better life for themselves and their families. This research was concerned with these women: immigrant Women of Colour or visible minorities.

The impetus to work with Women of Colour came about because of my awareness that immigrant women in Canada have somehow been silenced, even within the feminist movement (Adamson, Briskin, & McPhail, 1989). Immigrant women comprise one of the most marginalized sectors of the Canadian labour market and are often employed in precarious or low-paying jobs (Gravel et al., 2010). They come to Canada full of hope and

enthusiasm, eagerly willing to accept almost any form of employment, sometimes working two or more jobs. This is to the advantage of employers, who are able to hire low-cost labour because immigrants are frequently so eager to work that they will accept lower rates of compensation than non-immigrant workers in the mainstream will. Consequently, this increases the likelihood that they will be exposed to occupational health and safety hazards (Kosny, 2010; Smith, Mustard, Chen, Kosny, & Chan, 2009).

Affixing a work-related injury or illness to the already precarious social location of immigrant women can make them even more vulnerable to domination (Ontario Legal Clinics' Workers' Compensation Network [OLCWCN], 2011). The OLCWCN reported that most of their clients are injured workers who are recent immigrants, who come from non-English-speaking countries, and who earn low incomes; many are women. When injuries and tragedies strike, they typically face many challenges and struggle to navigate the support system, both because of language and because they are generally not familiar with its policies and nuances. They become entangled in the policies of the workers' compensation system, the central focus of examination in this study. Consequently, they often become easy targets for systemic oppression.

It is important to note that in Ontario alone there were approximately “350,000 reported work related injuries in 2007” (Clare, 2007b, para. 2). Moreover, “every year 1,000 Canadian workers are killed at the workplace and many more die from a job-related illness despite living in one of the safest countries in the world” (Quesnel, 2008, para. 1). Many studies and reports have revealed that work-related injuries can lead to impoverishment. A study conducted in downtown Toronto in 2007 found that 57% of those who were living on

the streets had experienced a workplace injury at some point in their lives (Thunder Bay & District Injured Workers Support Group, 2008). However, the study did not indicate the percentage of women that were affected. In Ontario, as in other Canadian provinces, the government institution that is sanctioned to address a worker's injury or illness is the workers' compensation system. In Ontario the WSIB is the entity to which injured workers must turn; it has the ability to grant or deny support.

My interest in this study is personal, academic, and political. I am an immigrant who has been in Canada for 13 years. I was employed for eight years at a transnational corporation (TNC), where I suffered a repetitive strain injury (RSI) that involved gradual onset and eventually developed into a permanent disability. I was not only overcome with grief at the loss of my physical abilities and financial security, but also traumatized by my experience of navigating Ontario's WSIB for over six years. These feelings of distress resulted from having to deal with my accident employer and with numerous health care and service professionals in an often adversarial manner. After researching the literature on the struggles of injured immigrant workers, I realized that my story is no different from theirs. Moreover, after speaking to advocates at the Ontario Network of Injured Workers Groups (ONIWG), Injured Workers' Consultants, and representatives of the United Steel Workers Union, I realized that mine is a typical injured worker's claim file and that ours is a lifelong struggle to regain our basic rights.

For me, attending McMaster University's Master of Social Work program is a victory! Here, I have finally arrived at what I consider to be a position of hope to acquire the tools to advocate for change in a system that, in my experience, provides inadequate supports

to injured workers. My intention in my own early efforts to navigate the workers' compensation system was to engage with individuals at the WSIB who had influence over my receipt of benefits and convince them to grant me the justice for which I had been advocating. What I came to learn in my studies at McMaster, in particular with my discovery of institutional ethnography (IE), was that I was (and still am) enmeshed in what Dorothy Smith (1990) called organized ruling relations. Many people (myself included) who have suffered a workplace injury and experienced the processes of trying to survive and to achieve compensation consider it our mission to battle against individuals such as case managers, employers' representatives, co-workers, supervisors, managers, corporate lawyers, and health care professionals who appear to us to be blocking our efforts to receive fair and just compensation. IE directs our attention and energy elsewhere.

IE is a method of inquiry that Dorothy E. Smith (1987, 1999, 2005), a Canadian sociologist, introduced in the early 1980s. Its purpose is to allow people to explore the social relations that structure their everyday lives (DeVault, 2006). Smith's ideological model is derived from the work of Marx and Engel (as cited in Deveau, 2008) and is defined as "those ideas and images through which the class that rules the society by virtue of its domination of the means of production orders, organizes, and sanctions the social relations that sustain its domination" (pp. 10-11). IE directs us to explore our everyday/night tensions or anxieties to be able to analyze how they are "socially organized" (Campbell & Gregor, 2002, p. 18).

I used an IE approach in this research project to explore the obstacles that immigrant women who sustain work-related injuries or illnesses encounter as they navigate the WSIB and to discover the policies involved in their objectification. More specifically, I wanted to

uncover how the Workplace Safety and Insurance Act (WSIA) and, when activated, its relevant policies, the NEER and MAP plans, coordinate textually mediated relations of ruling in the lives of injured immigrant women workers. In these policies, the injuredworkersonline.org (2010) defined *experience rating* as

a financial incentive system used by the WSIB/WCB to promote workplace health and safety. The idea is that while employers belong to rate groups, which are supposed to reflect their relative hazard, individual employers could be encouraged to improve with financial enticements. (p. 1)

According to Ison (2010), experience rating is “the most dominant cause of the damaging changes that have been made to WC [Workers’ Compensation] in Ontario, and the damaging changes that continue to be made” (p. 3). Ultimately, many of the injured-worker advocates and labour groups hope that the exposure of these inadequacies will lead to the creation of policies and practices that will foster positive change in the lives (Campbell & Gregor, 2002) of injured workers.

In summary, in this chapter I have discussed the increasing number of immigrant women who come to Canada to work and noted that workplace injuries are a significant issue in the lives of many immigrant workers. As well, some have identified the experience rating policy itself as problematic. What I did not yet know—and thus, what was the focus of this research—was the understanding of immigrant women workers who experience work-related injuries or illnesses of how the policy affects them.

CHAPTER 2: HISTORICAL OVERVIEW

Pre-Meredith Era

As early as 3500 BC, Sumerian law, inscribed in the *Law of Ur*, compensated workers monetarily for the injury of specific body parts (Guyton, 1999). The famous line “an eye for an eye and a tooth for a tooth” (from the *Code of Hammurabi* in 1750 BC) resulted in a similar set of rewards for specific injuries and their implied permanent impairments (Proffitt, 2010). Ancient Greek, Roman, Arab, and Chinese rulers similarly declared laws that included sets of compensation schedules with precise payments for the loss of body parts (Guyton, 1999). It is important to note that although the current workers’ compensation system concept of impairment (the loss of function of a body part)—understood as separate from a disability (the loss of the ability to perform specific tasks or jobs)—had not yet arisen, people with work-related injuries received hardly any compensation. Throughout the European Middle Ages (800-1300 AD), this early conceptualization of workers’ compensation was undermined because workers—more accurately understood as *serfs*—were at the mercy of feudal lords for the provision of any compensation for work-related injuries or disease (Proffitt, 2010).

From 1200 to 1700 AD, English Common Laws effectively abolished any claims for workers’ rights, thus making it almost impossible for injured workers to be able to seek compensation from their employers. The Industrial Revolution (1700–1900) brought about a significant rise in the incidence rates of work-related injuries and deaths in circumstances in

which thousands of workers had hardly any rights or protection under the law (Proffitt, 2010). Legal fees were exorbitant, and, as a result, injured workers hardly ever pursued charges. When they did, they most often lost. Employers used three basic defences for the denial of rights and compensation, and these were referred to as the “unholy trinity” (Hick, 2007, p. 237). They included:

- Voluntary assumption of risk on the part of the worker;
- The employer was not responsible for an injury caused by a co-worker, instead the worker had to sue the co-worker for negligence;
- The employer completely escaped legal responsibility at the slightest negligence on the worker’s part. (p. 237)

By the end of the 19th century in both Europe and North America, things began to change as workers began to organize into increasingly powerful unions. A spiralling of significant events took place. Because politicians needed to secure the labour vote if they were to win elections, legislation that was more labour-oriented began to be passed. This then gave way to workers’ successes in the legal system, and, in turn, employers became alarmed and began to press for their own protection within the legal system (Hick, 2007). By the late 1800s to early 1900s, both the United States and some European countries (such as Germany and England) were enacting workers’ compensation legislation almost simultaneously. These were often termed Employers’ Liability Acts. This was the first time in history that a form of compulsory social insurance was created (Guyton, 1999). At about this time in Ontario, the accident rates from work-related injuries increased by up to 300% (O. Buonastella, personal communication, December 17, 2010), which caused an increased demand for labour unions to press for changes in legislature.

In 1910 the provincial government appointed a Royal Commission, headed by Sir William Meredith, to conduct an investigation. In October 1913 Meredith tendered his final report to the government, and it became the basis of Ontario's workers' compensation system, the first of its kind in Canada. Meredith wrote:

A just compensation law based upon a division between the employer and the workman of the loss occasioned by industrial accidents ought to provide that the compensation should continue to be paid as long as the disability caused by the accident lasts, and the amount of compensation should have relation to the earning power of the injured workman. (p. 15)

On January 1, 1915, the Ontario's Workers Compensation Act was proclaimed. The Meredith Principle was a compromise wherein claimants agreed to give up the right to sue their employers for work-related injuries in exchange for the right to fair compensation in a non-adversarial system (Hick, 2007). It was also based on a no-fault scheme that compensated injured workers whether the injury or accident was the result of negligence on the worker's or a co-worker's part or the legal responsibility of an employer (Lippel, 2007). Meredith (1913) also advocated for collective liability, independent administration, and exclusive jurisdiction. Ontario's workers' compensation system was completely independent and protected against government pressure, and its governing minister did not hold absolute authority (Heath et al., 2009). Similar acts were declared in 1916 in Manitoba and in 1917 in British Columbia (BC). This was revolutionary because at that time no social welfare programs existed in Canada. The rest of the Canadian provinces and territories had followed suit by 1958 (Hick, 2007).

Post-Meredith Era

Most present-day workers' compensation systems are "so complex and arcane" (Guyton, 1999, p. 1) that they create substantial distress for injured workers who have to deal with them on a regular basis. In the 1950s the practice of experience rating already existed, and firms used it sparingly in a voluntary manner within the workers' compensation system (Endicott, 2011). In the 1960s transformations within the system involved amendments of compensation provisions and medical evaluation plans to facilitate the settlement of decisions regarding compensation payments and anticipatory legal proceedings (Hick, 2007). They resembled a system of "rough justice" (Storey, 2006, p. 78) in which compensation was granted to injured workers on the basis of a calculated loss of earnings instead of the actual effect of impairment on their real income (Hick, 2007). In the 1960s compensation was expanded to include injuries that were "invisible"; they were classified as occupational cancer, chronic stress, or medical problems that developed over time. These types of injuries caused difficulties for the boards because it was harder to determine whether such injuries were work related (Hick, 2007). In the 1970s the major compensation issues involved the damaged backs of construction workers (who were mostly Italian immigrants) and the diseased lungs of miners and asbestos and steelworkers (Mantis, 2008). In the mid 1970s injured workers (led by Italian workers, their representatives, members of the National Democratic Party, and community members) collaborated to mount protest action. This brought about change that resulted in higher disability payments, pension supplements, more appeal victories, and access to one's own file. These victories infuriated employers, who lobbied for less compensation for workers, which indicates that the added costs made their

products less competitive while reducing the incentives for injured workers to return to work (Storey, 2006).

In the late 1970s the Ontario government ordered an inquiry that was conducted by Paul Weiler. He produced a report in 1980 with suggestions for various reforms. Some of the positive aspects of his report were the establishment of an independent appeals process and an emphasis on rehabilitation (Storey, 2006), but many considered the core recommendations appalling and called for a new dual-award system that would (a) eliminate regular monthly or biweekly benefits and instead provide a nominal lump sum based on the gravity of a permanent impairment; and (b) grant a monthly/yearly payment equal to “90% of the difference between one’s net disposable earnings before the injury (adjusted to take account of wage inflation) and one’s net disposable income afterwards” (p. 78). This report also included the endorsement of experience rating. Weiler (as cited in injuredworkersonline, 2010) wrote:

based on intuitive presumption it seemed to make sense that if employers got a rebate for having fewer accidents, and if they got a surcharge for having more accidents, then employers would turn their minds and their money to health and safety investments. (p. 1)

Since Weiler’s report, experience rating has gained full momentum in the workers’ compensation system in Ontario (Endicott, 2011).

In 1983 the original Ontario Workmen’s Compensation Board underwent a name change to Workers’ Compensation Board (WCB). Further, to prevent workers from abusing the system, the WCB implemented a system of permanent surveillance in which it would

*deem*¹ the injured worker capable of being employed by recalculating and then altering the payment of benefits as though the injured worker were, in fact, employed, whether the worker was employed or unemployed (Storey, 2006). These proposals resulted in workers' groups uniting, and on June 1, 1983, over 3,000 marched to Queen's Park and demanded that their voices be heard. This marked the celebration of Injured Worker's Day, the culmination of decades of struggle by injured workers for justice (Mantis, 2008). The continued militancy of injured workers and their advocates resulted in additional victories: When the government introduced the new Compensation Act in 1984, the dual-awards plan was not included. Another was the creation of the Workplace Safety and Insurance Appeals Tribunal (WSIAT)² in 1985 (WSIAT, 2010), an independent body that deals with the appeals of injured workers (Storey, 2006). These militant worker groups have become the forerunners of today's workers' advocacy groups. Despite their many defeats, injured workers have been relentless and have joined efforts with advocates, community members, and researchers. This is represented by the ONIWG slogan, "In Unity There Is Strength."

In 1989 the escalating demands from business owners, in coordination with the dominant Liberal government of the day, overrode the successful initiatives of injured workers, and the board thus implemented the dual system (Storey, 2006), which is in force to this day. Continuing the assault on injured workers' rights between 1995 and 2002, Mike

¹ *Deeming* refers to the Workers' Compensation Board's practice of deciding the compensation that it will pay for the loss of earnings as a result of workplace injury or illness. It reduces a permanently injured worker's loss-of-earning benefits under the pretence that the worker is employed, which systemically leads to poverty among injured workers (injuredworkersonline.org, n.d.).

² The WSIB Appeals Branch is part of the WSIB. Its adjudicators are employees of the board. The final decisions of the board, usually decisions of the Appeals Branch, can be appealed to the Tribunal, a separate and independent adjudicative institution (WSIAT, 2010).

Harris's Conservative government employed a 'hyper-neoliberal' (Evans & Albo, 2008) arsenal of reforms. It is important to note that at this time experience rating was fully implemented. In 1995 experience rating became mandatory (Ontario Federation of Labour, 2011) for firms that the WSIB organized into rate groups that share a collective liability for injury costs (Ministry of Labour, Office of the Employer Adviser, 2001). This initiative has, through rebates, returned millions of dollars to individual employers with good health and safety records (Storey, 2006). (I will explicate experience rating in further detail in the next section and its coordinating functions, the focus of this research, in the Findings section.)

In addition, assessment rates were quickly cut from \$3.15 per \$100 of payroll to \$2.25 (Green, 2010). To the detriment of workers, this reduced compensation rates from 90% to 85% of net income and the "level of indexation to ½ Consumer Price Index—1" (p. 2). To illustrate, "if inflation (CPI) is 2%, then ½ (2%) – 1% is 0" (p. 2). This meant that "injured workers lose 2 to 3% per year to inflation" (p. 2). The WCB also implemented the Early and Safe Return to Work (ESRTW) and Labour Market Re-entry programs. Workers had to go back to work before being fully recovered and had to undergo training in programs that were inappropriate for their work histories or for which there were few or no employment opportunities (Storey, 2006). The practice of deeming injured workers as having 'phantom' jobs is also intensified at this time (injuredworkersonline.org, n.d.; Page, Mantis, & Crevar, 2010b).

In 1998 the WCB was renamed yet again to the WSIB. Along with replacing *workers* and *compensation* with *workplace* and *insurance*, respectively, came a shift in its philosophy to one that more closely resembled that of a private insurance company

(Community Legal Education Ontario, 2011), as well as a shift in its mission statement: “To Lead, Prevent and Preserve”: “Lead . . . the creation of healthy and safe workplaces; Prevent . . . injuries and illness; and Preserve a strong . . . insurance system” (WSIB, 2010, p. 1). In contrast to the priorities of the Meredith Principle (Meredith, 1913), which called for “just compensation” (p. 1), such words have completely disappeared from the contemporary text. Instead, words such as *corporate governance*, *strategic directives*, *effective*, *document*, *report*, *management*, *investment*, *capital*, *budget*, and *liability* appear throughout the text. Consequently, the provision for fair and just compensation has been jeopardized. This discourse is reflective of Stein’s (2001) reference to the “language of efficiency” (p. 2), a discourse that has come to shape the manner in which public institutions operate.

Since the McGuinty government came to power in 2003, injured workers have lost 6.8% to inflation (Page, Mantis, & Crevar, 2010a). In September 2005 the Ministry of Community and Social Services reported that 727 Ontario Works and 3,148 Ontario Disability Supports Program recipients were injured workers with WSIB claims. This report did not take into account injured workers whose benefits had been discontinued (Heath et al., 2009)—a subgroup who would drive the numbers up considerably. In addition, Steven W. Mahoney (PC), Chairperson of the WSIB, did not discuss the mandate of the WSIB in a way that suggested a concern to improve matters for injured workers; rather, he said, “Our number one mandate is to prevent injuries, illnesses and fatalities and we all need to work together to that end” (Clare, 2007a, para. 3). This mandate has shifted from the “Historic Compromise” and the Meredith Report (Meredith, 1913), which created the compensation system to serve the needs of the “stakeholders, employers and the care of injured workers, all on equal

ground” (Clare, 2007a, para. 4). In 2006 approximately 16% of injured workers’ claims were discarded, and another 4% were rejected (Clare, 2007), thus increasing the number of injured workers who were compelled to rely on social assistance (Storey, 2006) or forced into poverty (Thunder Bay and District Injured Workers Support, 2008).

In 2008, because of the economic downturn, employers have not been able to pay their premiums, which has resulted in further cuts to the benefits of injured workers (Page et al., 2010a). Moreover, in 2010 David Marshall, a “friend of business,” was appointed the new president of the WSIB; his main task is to attend to the board’s finances. At the Standing Committee on Public Accounts meeting on February 24, 2010, he stated, “I am going to challenge our team . . . whether we can reduce our rate of long-term beneficiaries by half” (as cited in Page et al., 2010a, p. 2). This direction suggests the “imposition of market values on the organization,” or managerialism (Tsui & Cheung, 2004, p. 441). The interests of the organization have come to dominate the agenda to the detriment of the marginalized. Tsui and Cheung explained that managerialism is a set of beliefs and practices that supposes that better management is the answer to economic and social problems. Better management is related an increased ratio of output to input and thereby a higher bottom line. According to Tsui and Cheung, managerialism prioritizes the “working for being well not for the well-being of others” (p. 439). In 2010 the WSIB, through the efforts of the Research Action Alliance on the Consequences of Work Injury, developed a brochure and training program aimed at the eradication of the stigmatization of injured workers. Injured workers hope that a genuine anti-stigma practice will materialize. Yet McLaughlin (2005) argued that when these ideologies become “institutionalized” (p. 283), their essential significance could be lost

through their implementation. Without a sincere effort and the increased awareness of management and staff, there is a danger that the institution could conceal its neoliberal agenda under the veil of an anti-stigma campaign.

Over the last several decades the neoliberal agenda has influenced the formulation policies of the WSIB (Clare, 2007; MacEachen, 2000). The original purpose of the workers' compensation system was to provide just and fair compensation to those who had suffered workplace injuries or disease for as long as the disability lasted (Meredith, 1913). Moreover, Justice Meredith did not want the injured worker "to become a burden upon his relatives or friends or upon the community" (p. 15). However, the WSIB, just as most of today's compensation systems, has gone through massive transformations over the past 96 years, to the point that it now resembles a "giant, corporate, private insurance company" (Clare, 2007b, An Answer From Two Politicians section, question 1). Brodie (2002) stressed that these "tectonic shifts" did not occur through constitutional change or through the "massive remodelling" (p. 90) of institutions, but in subtle and almost undetectable ways. They have been insidiously crafted within public discussions, policy documents, or texts (p. 91). With this shift, business principles such as managerialism, performance measurement, and competitive contracting have been adapted (Stein, 2001).

The last 15 years have been an age of employer irresponsibility for the long-term effects on workers of injuries sustained in their workplaces (Green, 2010). It has been extremely difficult for individuals to fight the well-oiled capitalist machinery, particularly when they are ill or injured. Since 1996 the benefits for injured workers with permanent injuries have not caught up with the level of inflation, which has left numerous injured

workers in privation. On the other hand, the premiums of employers have decreased by 25% compared to their rates of 15 years ago (Page et al., 2010a). Employers seem to have won the struggle over the definition of workers' compensation (Storey, 2006).

Further, MacEachen (2000) argued that, with the restructuring of the welfare state, workers' compensation systems have adapted "insurance techniques and neoliberal rationalities which assume a greater burden on individual responsibility to avoid risk" (p. 315). These discourses of welfare restructuring subject injured workers as well as frontline workers to a new regime in which both are caught up in a web of conceptually ordered practices linked to ruling interests (DeVault, 2006), those of the compensation organization itself. Moreover, Smith (1999; as cited in DeVault, 2006) stated that "conceptual currencies at play in any historical moment are picked up across institutional complexes and woven together in mutually reinforcing ways" (p. 296).

In this section I have provided a historical overview and insights into the evolution of policies or texts that have resulted in the current WSIB. It is apparent that much of the literature has not addressed the situation of immigrant women workers who are injured.

Contemporary State of Policy: The NEER

In this section I will discuss a particular policy that is implicated in the problematic of the experiences of workers who live with work-related injuries or illnesses: experience rating. I will describe the policy more extensively to explain how the historical shifts in ideologies have been dependent on policies or texts (G. W. Smith, 1990), as I discussed in the previous section, and how these changes have in turn ruled the lives of injured workers. Included are perspectives from New Zealand, BC, Quebec, and Ontario on the impact of

experience rating on the actions of employers, on health and safety in the workplace, and on policy implementation. I also include information from the limited literature available that focuses on immigrant women and work-related injuries and illnesses.

Marion Endicott (2011), a legal advocate for injured workers and an expert on experience rating, stated that no qualitative research in Canada has explicitly examined the impact of experience rating on injured workers. Various reports from consulting companies commissioned by the WSIB (such as Morneau Sobico, 2008; as cited in Endicott, 2011) discuss the practice of experience rating within the compensation system, but these reports are geared toward business models and do not originate from the standpoint of injured workers.

Experience Rating Programs

The WSIB implements experience rating through the NEER Program for firms that pay annual premiums of \$25,000 or more and through the CAD-7 Program for construction firms. The MAP plan applies to small businesses that pay premiums of between \$1,000 and \$25,000 per annum. A function of the NEER Program is the just distribution of the burden of premiums among firms in a given industry group (WSIB, 2011c). Another feature of the NEER Program is the Second Injury and Enhancement Fund (SIEF), which

relieves the individual employer of all, or a portion of the costs of a claim if a pre-existing condition enhances or prolongs a worker's compensable disability. These costs are removed from the individual employer's accident cost record and are spread among all employers. (Kralj, 1994, p. 46)

I will use the terms *experience rating* and *NEER Program* interchangeably throughout this research report.

Impact of Experience Rating on Actions of Employers

Claims Management

In Ontario, Kralj's (1994) study, which involved approximately 500 employers, revealed that employers were motivated to engage in claims management and control activities as a result of the monetary stimulus provided by the NEER Program. The results indicate that 20.9% of the firms under the NEER Program changed their safety-related activities compared to the firms that were not under the program. These behaviours included the underreporting of claims to the WCB, the failure to fill out the Employer's Report of Injury/Disease (Form 7; WSIB, 2005a; Appendix A) in order, and the use of strategies to shorten the length and the cost of claims that were reported. Ninety-six percent of the respondent employers who were experience rated adopted claims cost control. Moreover, employers allocated considerable "resources to post-injury claims cost control rather than to accident prevention" (p. 56). Kralj suggested that because previous research has focused on accident rates, the impact of experience rating at the industry level has not been established. Research needs to be conducted on the impact of experience rating on the behaviours of employers to find out whether the lower frequency of accidents in experience-rated firms results from the "non-reporting or suppression of claims" (p. 56).

Work Injuries and Benefit Costs

In BC, Campolieti, Hyatt, and Thomason (2006) conducted a large-scale study that involved 4,293 firms with five or more employees and attempted to establish the impact of experience rating on work injuries and benefit costs. The full-scale implementation of experience rating occurred in 1988 when the WCB of BC introduced the Experience Rated

Assessment (ERA) plan. The findings reveal that the adoption of the ERA resulted in (a) an increase in the overall average cost per claim at \$398.72 per claim (p. 136); (b) a decrease in the number of total claims by 8.1%; specifically, health care only by 8.3% and short-term disability claims by 8.5%; and (c) an increase in the incidence of long-term disability claims by 33.3% (p. 130). An explanation of these results is that

the 30-month cost window of ERA creates an incentive for employers to engage in some sort of claims management behaviour in which they dispute long-term disability claims (resulting from injuries that may be difficult to diagnose or attribute to the workplace, such as back injuries and other soft tissue and musculoskeletal problems—which can be 40 to 50 percent of claims) and try to mask the incidence of relatively minor health care only and short-term disability claims (i.e., less severe injuries). (p. 131)

Although, overall, these statistics reveal a decline in the number of claims that involved minor injuries, the researchers concluded that they could not “attribute this reduction in claims frequency to [employers’] investments in health and safety or claims management behaviour” (p. 140).

Discriminatory Hiring Practices

In New Zealand, Harcourt, Lam, and Harcourt (2007) conducted a quantitative study on the impact of experience rating on discriminatory hiring practices. The sample size was 227 organizations that hired approximately 200,000 people who represented a wide range of business activities. The findings suggest that as the premium rates of firms rise, experience rating impacts employers’ hiring behaviour by minimizing the claims of employees by “discriminating on the basis of disability” (p. 694). The results based on firm size show some evidence that larger firms are likely to ask disability-related questions in hiring applicants. With smaller and medium-sized firms, there is a “significant impact on the

likelihood of both lawful and unlawful disability-related questions” (p. 695) on hiring practices as a result of experience rating. These results align with Endicott’s (2011) findings that experience rating works against the employment of injured workers (p. 3). Harcourt et al. recommended evaluating the suitability of employing experience rating as a means of injury prevention and taking into account its negative impact on all stakeholders (p.696).

Employers and Injured Workers Speak:

Experience Rating Behind the Scenes

Coordinating Actions

In Quebec, Lippel, Lefebvre, Schmidt, and Caron (2007) conducted qualitative research to discover the impact of the workers’ compensation process on the health of injured workers (p. 8). The participants included 85 injured workers and 6 individuals who represented injured workers (such as lawyers and injured workers’ advocates) in Quebec. The participants explained that the Workers’ Compensation Board’s (in Quebec the Commission de la santé et de la sécurité du travail, or CSST) introduction of experience rating encouraged employers to contest their claims or compelled them not to report their claims (p. 11). For instance, a participant’s employer included a clause in his subcontracting agreement that prohibited CSST claims. Workers feared the loss of their employment and, likewise, the loss of their employers’ business if claims were filed with the CSST.

Another common practice is hiring temporary workers for hazardous jobs and not providing them with health and safety training. In a similar vein, Endicott (2011) found that employment agencies have been known to compel workers not to report claims in the event

of an accident or injury. Moreover, with the formation of the *mutuelle de prevention*,³ the organization pressured individual employers who intended to support workers' claims to dispute the claims. This, in turn, created resentment on the part of injured workers and a spoiled working relationship (Lippel, et al., 2007).

Stigmatization and Mental Health

Experience rating plays a significant role in the stigmatization of injured workers because it individualises the WSIB funds as “the employer’s money” and “exaggerates the cost control effect on workers’ claims” (Endicott, 2011, p. 22). Thus, claims managers practice caution in allotting benefits to injured workers because they know that they will likely result in surcharges for employers. The CSST’s and employers’ use of private detectives and video surveillance to monitor injured workers was noted in many jurisdictions in Quebec (Lippel, 1999a, 2003; Lippel et al., 2007). These activities damaged the well-being of injured workers because of the stigma involved in criminalization. An injured worker recounted being homebound for three years because of the anxiety of being tracked, and he was “pushed almost to suicide” (Lippel et al., 2007, p. 28).

Many of the participants reported chronic pain and psychological distress because of the adversarial conditions they encountered (Lea, 2005; Lippel, 1999a, 1999b, 2007). It was difficult to make a distinction between the impact “of the injury from those of the process” (Lippel et al., 2007, p. 9). The greatest damage was at the psychological level (p. 21); in

³ *Mutuelle de prevention* designates the insurance product offered to small- and medium-sized employers in Quebec who want to benefit from an experience rating to reduce their compensation costs. It was introduced in 1997. Firms specialized in disability management (and to some extent OHS prevention) offer their services to groups of small employers, who then share their experience. An accident in one business will affect the assessment rate of all members (Lippel et al., 2007, p. 11).

many cases the damaged developed into impairments that became permanent in nature and were often worse than the initial injuries. Some of these included anxiety, depression, and suicidal thoughts (Lea, 2005).

Rapid Return to Work

In the Greater Toronto Area and Southern Ontario, Eakin, Clarke, and MacEachen (2002) conducted qualitative research that focused on the social aspects of the ESRTW policy that was incorporated into Ontario's WSIA in 1997. The participants included 17 employers and 22 workers from small workplaces with fewer than 50 workers and 11 compensation-related, rehabilitation, and legal professionals. The commonalities between their study and this current study are the use of IE as a methodology, the use of unstructured interviews for data gathering by an injured worker researcher, and the analysis of documentary data. Although Eakin et al. focused on the sociological impact of ESRTW, their study reflects many of the coordinating effects of experience rating on the actions of employers and the experiences of injured workers. For example, a worker in the study reported a change in his employer's demeanour because he was injured:

Well, it's like they're mad at me 'cause I'm injured, you know what I mean? . . . They toned down their voice a bit and their attitude when they got the results of my tests that the doctor . . . Like at first they might have thought I was faking, you know. Maybe I wanted to start a new career or something. (p. 35)

On the other side of the spectrum, employers explained that the WSIB and the Ministry of Labour, Office of the Employer Advisor recommended that they telephone injured workers at home immediately after an injury as part of the 'best practice' for "RTW [Return To Work] management" (Eakin et al., 2002, p. 14). One employer stated that he

would urge an employee who had been injured to come to work because he knew that the lost time would mean an increase in his premium rates. On the other hand, an injured worker who was an immigrant was distressed about his physical condition and future employment and, as a result, felt pressured to go to work because of these types of phone calls (p. 18). Experiences with regard to ESRTW “can be a ‘hot spot’ for moral strain” (p. 28), especially when employers try to prevent their premiums from rising by approaching injured workers about returning before they are ready and become upset when their workers do not demonstrate the willingness, commitment, and gratitude that employers seem to expect from them (Eakin et al., 2002). The most prevalent complaint of injured workers is the directive to return to work very soon if not immediately after an injury (Endicott, 2011). In many cases “injured workers have reported suffering reoccurrences of their injury after initial return to work” (Lippel, 2007, p. 438), much to their detriment.

Modified Work Accommodations

With regard to modified work, one employer reported avoiding lost time by placing injured workers in charity work until they recuperated. Most employers admitted that their obligations to the company were not consistent with the welfare of injured workers, but they had to put the interests of the company first (Eakin et al., 2002). Therefore they had to engage in what injured workers would consider claims-management practices to keep their costs down. Consequently, injured workers reported feeling distressed and were filled with emotion as they shared their experience of learning a new set of job skills after their injuries :

They stuck me out at the gate, to watch people coming in. . . . I am on ‘light’ duties standing up all day in the heat in the middle of summer in a little room 2x2 waiting

for someone to come by so I can push the button (to open gate), which they just as easily could do themselves. (p. 38)

Furthermore, “Transcribed words cannot communicate the humiliation conveyed in tone of voice and physical demeanour” (p. 39).

Other employers were not able to offer “modified work when they did not want a particular injured worker back because it may be too problematic” (Eakin et al., 2002, p. 29). Some employers assigned injured workers to unfavourable tasks to force them to leave the company of their own volition (p. 29). This would leave the employer’s compliance record untarnished and thus minimize the premiums; it would also “prevent the need to lay off the worker in the future when it might be contested on the grounds that it was injury-related” (p. 29). Another worker, whose hand was crushed in a printing press, felt betrayed that his boss was more concerned with eluding “liability than with accommodating” (p. 39). Thus, he was disillusioned because he was not given a chance to engage in an alternative job and was eventually terminated (p. 39).

More Claims Control

An injured worker described how he was told to “take the rap” so that he could keep his job. And the owners thought they were gonna be fined. And they told me to take the rap and they’d pay my fine. So, because, doing it that way it’s not on record that they’re negligent. . . . If I want to keep my job that’s what I have to do. (Eakin et al., 2002, p. 37)

On the other hand, an employer revealed that “the company gives the worker breaks, like not firing them when they age and are less productive, but in turn the worker shouldn’t turn on the company, such as, here, by blaming an injury on the work” (Eakin et al., 2002, p. 27). Still other employers avoided the cost of added premiums by not reporting injuries

and by paying injured workers to take time off at their own expense “until it can be determined better if compensation is ‘really’ going to be needed” (p. 30). Many employers compel injured workers not to report their injuries and, instead, to apply for Employment Insurance (EI) or private insurance to receive sick benefits (Endicott, 2011). Another owner ‘automatically’ challenged WSIB claims because he considered it beneficial for the business in the long term (Eakin et al., 2002). Employers observed ESRTW guidelines, “but in ways that maximized benefits to the business” (p. 29). In these instances injured worker are more likely to be left with no supports from the WSIB. Endicott stated:

The lack of reporting, misreporting of lost time claims, regular challenges by employers to deny workers of security of payment accidents and illnesses must be appropriately compensated once the condition has been identified as compensable it is not right for the worker to feel insecure about his ability to hold on to his compensation for the time that he needs it. (p. 14)

Challenges of Immigrant Women

The adversarial system that experience rating creates makes the process even more challenging for Women of Colour. They are argued to be amongst the most at risk among injured workers because of the precarious nature of their employment and their lack of support systems (OLCWCN, 2011). For example, Lippel et al.’s (2007) study in Quebec revealed that the income of injured women workers in general declined after a work-related injury or accident to an average of 74% of that of men when the interviews were conducted (p. 7). Also, 24% of the claims of women in the study were denied compared to 11% of those of men (p. 52). It was also more arduous for women to gain access to benefits for mental health related disabilities than for men (Lippel, 1999b). Some found it a challenge for the compensation board to accept their claims because their injuries tended to involve

occupational disease, which is musculoskeletal in nature, and “psychological injuries associated with harassment” (p. 52); these types of claims are most often the focus of judicial proceedings (Fabris, 2004, as cited in Lippel et al., 2007). Consequently, in certain areas of Quebec a workers’ advocate stated that “women don’t have problems with the CSST in this region, apart from the fact that their claims are always refused” (Lippel, et al., 2007, p. 52). Also, some of the women were less able than men to pay for a legal representative (p. 52).

Women find the appeals process especially stressful because they seem to be less knowledgeable than men about the system (Lippel et al., 2007). Then again, the mainly male composition of the board and the appeals tribunals might promote a biased outcome against women (Lippel, 1999b). These experts’ systemic discrimination against women during proceedings is based on (a) the discourse that reveals their notions of gender-specific activities assigned to men and women, (b) the apparently “gender-neutral language” (p. 81) used, or (c) “the internal mechanisms of the legal process: interpretation of soft law and soft evidence” (p. 81).

Both male and female immigrants consider language and communication as barriers . The challenges range from not being understood, having minimal or no knowledge of the system, and having a limited education, vocabulary, and reading skills (Lippel et al., 2007). Women in general expressed a lack of available resources to meet their needs (Lippel et al., 1999b, 2007). Other immigrant workers were bothered because they sensed that the CSST caseworkers more cautiously handled the claims of immigrant workers than they did those of non-immigrant workers (p. 53).

Insights Into Experience Rating From Experts

This section covers two reports: one from Terrence Ison and another from Marion Endicott, whose findings are consistent with the results of the abovementioned studies. Ison (1994), a foremost expert on workers' compensation systems, stated that "no experience rating plan has been introduced in Canada (or elsewhere as far as is known) in conjunction with any research that would even attempt to measure any of its significance" (p. 215). Endicott's expertise comes from working directly with injured workers in an *in vivo* manner. Her funding review reveals the adverse impact of experience rating on injured workers: "Experience rating prompts negative claims management behaviour by employers and produces harmful results for injured workers . . . and fundamentally works against improving occupational health and safety" (p. 3).

Occupational Health and Safety

Ison (1994) reported that experience rating can be beneficial to short-term-disability and health-care-only claims but has proven to be detrimental to acute-disability claims (p. 216). As a result, employers have downgraded serious injuries to health-care-only claims (p. 203), thereby categorizing the claim within a type that is free of surcharges. Endicott (2011) identified the negative impact of experience rating on health and safety in workplaces: (a) It creates an indirect incentive to improve health and safety (p. 20); (b) it creates a direct incentive to control claim costs without regard for the impact on the injured worker whose claim is being managed (p. 20); (c) employers can avail themselves of substantial rebates without a shred of evidence of how safe the workplace actually is or their efforts to improve the situation; (d) it skews the Ministry of Labour's health and safety data,

which it derives from the annual rate of lost-time injuries; (e) the ministry fools itself and the public about the actual state of safety improvement based on these data; (f) the only way to convert a surcharge to a rebate is to keep an injured worker from receiving benefits (p. 24); and (g) health and safety are jeopardized when injured workers are forced to return to work quickly (pp. 20-25).

Violation of Worker’s Privacy and Confidentiality

When injured workers require time off work, employers have been known to push medical professionals to endorse them as capable of returning to light duties or modified work. One of the consequences of this action is a breach of confidentiality of the medical records of injured workers when employers request their files. Employers have also petitioned for “a statutory right of direct access to medical information from attending physicians” (Ison, 1994, p. 209). This often includes psychological records and is, similarly, a direct violation of the privacy of injured workers (Endicott, 2011).

Creation of an Adversarial System

The overall effect of the NEER/CAD-7 programs is their contribution to the creation of an “adversarial system” (Ison, 1994, p. 203), which is contrary to the very essence of the compensation system initially established to create a non-adversarial institution. For example, in Lippel et al.’s (2007) study of 85 injured worker participants, only 25 did not need legal representatives to intervene in their claims. The current system is a far cry from Meredith’s (1913) vision of a structure in which injured workers would not need the services of an often expensive lawyer. Moreover, Endicott (2011) explained that

appeals have moved from being often the first occasion for an injured worker to meet face-to-face with someone at the Board to sort out their claim, to a stressful, adversarial battleground in which the injured worker is subject to hearing his[her] employer's representative undermine his[her] credibility and his[her] moral fibre. (p. 10)

Endicott was concerned that the motivation behind the aggressive endorsement of experience rating is the “desire to promote an adversarial system to ensure that employer activity will keep decisions in favour of injured workers in check” (p. 4). This keeps the aggregate cost of the system and rates to a minimum.

Works to Increase Aggregate Cost of the System

In the past two decades the cost of employers' rebates has been about \$3 billion, whereas the cost of running the NEER, CAD-7 and MAP programmes from 2007 to 2008 was an “astronomical” \$523 million (Endicott, 2011, p. 30). However, the NEER plan acts as a deterrent to injured workers' access to WSIB benefits and thus decreases the overall cost of the system (Ison, 1994). For this reason, unfortunately, the WSIB is keen on its extensive implementation (Endicott, 2011). For instance, when an employer offers work to an injured worker and the worker refuses the job, the injured worker can be considered to be employed in the job, and therefore the “benefits can be reduced or cancelled” (p. 29). Experience rating thus works behind the scenes and is often unseen by stakeholders; “this is what makes it handy” (p. 29).

Ison (1994) challenged the idea that these programs result in cost savings to the system because the savings are offset by increased administrative costs, many of which are invisible. These costs include (a) design, development, and implementation; the design of the system is problematic because it is focuses on the cost measured by the duration and

incidence of injured worker's claims (Endicott, 2011); (b) discussions, continuing proposals for changing it, and the cost of ongoing explanations; (c) complaints about the administration of the plan; (d) the adjudicative cost of applications for transfers to the second injury fund; (e) appeals of cost distribution; and (f) lengthy adjudication processes caused by employers who automatically dispute claims (p. 213).

As a result of these programs, injured workers as well as employers must consult with numerous health care providers and hire professionals and paraprofessionals to settle these disputes—all of which has increased the aggregate cost of the compensation system (Endicott, 2011; Ison, 1994).

Who Benefits From Experience Rating?

Stakeholders whose livelihood depends upon the continuation of experience rating consider it positive. Since the introduction of the NEER plan, the operations of consultants, professionals, and paraprofessionals have proliferated and prospered (Endicott, 2011; Ison, 1994). Numerous employer consultants who make a living from experience rating advertise their ability to convert a situation from a surcharge position into a rebate position by “managing injured workers with active WS IB claims” (Endicott, 2011, p. 20) and contend that this can be accomplished without “a single moment's reflection on the health and safety environment of their company” (p. 20).

Employer Equity

The NEER Program can promote equity with regard to the allocation of costs among employers; however, this is greatly overshadowed by the many destructive consequences of its imposition (Ison, 1994). Moreover, experience rating is opposed to the principle of equity

because it punishes an employer who allows an injured worker ample time to heal. On the other hand, it rewards an employer who compels an injured worker to return to work when he or she is not ready, or it even “tolerates an abusive process” (Endicott, 2011, p. 28). Thus, employers who engage in claims-management activities retain the upper hand by availing themselves of rebates whereas those for whom the welfare of injured workers is uppermost in their minds suffer the consequences of surcharges.

Actuaries

Kralj (1994) created awareness of the reality that the majority of experience rating methods are comprised of actuarial calculations and formulas that “consist of an actuarially relevant relationships and calculations that are too complicated and beyond the grasp of employers, especially smaller firms, injured workers, health care providers safety professionals and case workers” (p. 53). These actuaries—trained in private insurance models—create public policy and control the implementation of experience rating within the WSIB (Endicott, 2011 p. 29). Ison (1994) further stated that

actuaries provide the charisma of professional authenticity, compensation boards provide the technology, corporate organizations and now organizations that represent employers’ representatives provide the political support, and the legal and medical professions apply their skills to cope with the resulting controversies. (p. 217)

Moreover, these issues operate in the translocal plane and are beyond the realm of the NEER Program, “RTW and occupational health and are present in social welfare systems more generally, particularly in times of neo-liberal economic and political rationalities” (Tarasuk & Eakin, in press, p. 48). In addition, by utilizing the reports of consultancy-based organizations such as Klynveld Peat Marwick Goerdeler as a basis for the implementation of

its policies and programs (KPMG Peat Marwick Stevenson & Kellog, Management Consultants, 1990, 2011), the compensation system that was established as no-fault remedial legislation has come under the influence of market driven values.

Changes for the Better

If experience rating is abolished, then the monies used to fund it can be allocated to programs that genuinely promote the health, safety, and employment of injured workers. Endicott (2011) recommended the following changes to the system: (a) linear or single rate assessments, (b) the adjustment of a flat rate based on actual health and safety initiatives, (c) the elimination of claims data from statistics on health and safety in workplaces, (d) a financial incentive for employers who actually employ injured workers, (e) health and safety and employment of injured workers as independent systems (p. 31), (f) the design of new systems and establishment of a department of research at the WSIB (p. 33), and (g) the employment and training of more case managers who are genuinely concerned about and will care for injured workers (p.33).

The NEER Program jeopardizes five of the fundamental principles of the workers' compensation system: security of payment, a no-fault system, collective liability, administration by an independent agency, and a non-adversarial system (Endicott, 2011). A "societal culture shift" (p. 31) that recognizes injured workers as valuable stakeholders is necessary and is possible if the WSIB's directive genuinely focuses on assisting injured workers (p. 31). In 1915 Ontario led the way for the establishment of the compensation system; today it can do the same by heeding the call to abolish experience rating or Section 83 of the WSIA (p. 32).

Injured workers are still bound by their side of the historic compromise and still cannot sue their employers (Endicott, 2011). Experience rating works against the fundamental notion of a system that exists as remedial legislation intended to provide benefits to which a person is entitled rather than escaping that responsibility (p. 30).

Earlier quantitative studies conducted in the New Zealand (Harcourt et al., 2007) and in the Canadian provinces (Campolieti et al., 2006; Kralj, 1994) centred on the impact of experience rating on employers and professionals at the industry level; they did not reflect the experiences of injured workers. Also, the qualitative research studies presented were directed at areas other than experience rating; however, close observation reveals insights into the workings of experience rating (Eakin et al., 2002; Lippel, 1999b, 2003; Lippel et al., 2007). The focus on experience rating in this study on the experiences of injured workers is therefore especially important because it fills these gaps and contributes further knowledge with the intention of making changes in policy. Research is ever evolving; we pick up from where others have left off and reformulate it into our own, others pick up from what we have contributed, and research thus creates and formulates new knowledge.

CHAPTER 3: THEORETICAL FRAMEWORK AND METHODOLOGY

The theoretical framework that informs this research project is a feminist anti-oppressive perspective. This approach provides a lens to analyze the dynamics of the intersecting layers of oppression—namely, race, gender, class, culture, ethnicity, geographic location, health, ability, and/or income—that the women in the study embody (Jackson & Verberg, 2007). The focus on working with Women of Colour resulted from the realization that their voices have so far not been heard in academic and public conversations about workplace injury (Adamson, Briskin, & McPhail, 1989). I hope that this research project will give Women of Colour a voice and thereby validate the concerns that are unique to their social locations.

I consider myself an insider in this research because of the identities that I have in common with the participants, some of which are gender, ethnicity, class, and ability. I am a participant in a longitudinal study on injured workers at an Ontario university and a member of an injured workers' advocacy group. I have also provided support services to immigrants, migrant workers, and live-in caregivers. In addition, I share with them the experience of navigating the workers' compensation system, which is often emotionally charged. Therefore, the value of emotion is a crucial element in the development of knowledge in this study. According to Game (1997; as cited in Hubbard, Backett-Milburn, & Kemmer, 2001), "Emotions are the means by which we make sense of, and relate to our physical, natural and social world; emotion has epistemological significance because we can only 'know' through

our emotions and not simply by our cognition or intellect” (p. 126). Situated within an institutional ethnographic methodology, emotions—in many cases my own as well as the participants’ distress—have helped to trace ruling relations.

Moreover, inspired by Tregaskis and Goodley (2005), who, guided by the feminist perspective, suggested that researchers with a disability would benefit from affording themselves as much care and respect as they do their research participants, I have practiced and imparted this value to the injured workers in this research study. I engaged in reflective journaling, took breaks, and attended therapy. In addition, Tregaskis and Goodley emphasized that researchers “need to remain mindful of our intellectual and personal creativities, which are so often stifled by the excessive repression of a capitalist, disabling society” (p. 368). As a researcher with a permanent disability who experiences internalized oppression, I have maintained the awareness that I am differently-abled, “vulnerable, dependent, finite” (p. 369), and in need of care. Throughout this research I engaged in counselling to deal with the feelings of transference and trauma that I had in common with the participants. I also took a leave of absence when the physical pain from my permanent work-related injury became unbearable. Furthermore, I was sensitive to the vulnerable positioning of the participants in this study while I conducted the interviews.

Research Methodology

The methodology of this study is informed by an IE framework. IE is a qualitative methodology that involves the “empirical investigation of linkages among local settings of everyday life, organizations and trans-local processes of administration and governance” (DeVault & McCoy, 2006, p. 192). IE relies on the experiences of the participants in the

study as the point of entry into the inquiry (Deveau, 2008). It is often called an *alternative sociology* in that it focuses on the way that structural forces affect people's actions, reactions, interactions, situations, and consciousness (Jackson & Verberg, 2007).

Smith (1999) referred to these highly organized and complex connections as relations of ruling, which Smith (1990; as cited in DeVault & McCoy, 2006) described as “those forms that we know as bureaucracy, administration, management, professional organization and the media. They include also the complex of scientific, technical and cultural discourses that intersect, interpenetrate, and coordinate those sites of ruling” (p. 17) that govern, regulate and control contemporary societies (Carroll, 2006). IE relies on a theorized way of exploring ruling practices by starting with people's social activities as they organize them through texts, language, and expertise (Deveau, 2008). In this study the texts involved were the WSIA, NEER, and MAP plans and workers,' employers,' and medical professionals' application forms to the WSIB. The exploration moved on to uncover how these organized interconnections influence people's activities and thereby make them aware of the inequalities that confront them.

Through IE, those subjected to ruling relations are able to link their everyday experiences to an organized system that operates beyond their personal boundaries. DeVault and McCoy (2006) argued that “in contemporary global capitalist society, the everyday world . . . is organized in powerful ways by translocal social relations that pass through local settings and shape them according to a dynamic of transformation that begins and gathers speed somewhere else” (p. 192). For example, in this study I have mapped how the WSIA organizes the everyday/night problematic for injured workers at the macro level. IE analyzes

how the ruling is able to come about and explains that those subjected to ruling are able to explicate these ruling relations. *Explicate* refers to the exploration and writing of the “actual social relations involved in the enactment of a particular social organization” (Smith; as cited in Deveau, 2008, p. 7), “immanent, but invisible to them” (Campbell; as cited in Carroll, 2006, p. 221). In this study the processes involved “a) identifying an experience, b) identifying some of the institutional process (including texts) that are shaping the experience, and c) investigating those processes and texts in order to describe analytically how they operate as the grounds of the experience” (DeVault & McCoy, 2006, p. 195). Finally, the goal is to devise more effective strategies to promote positive change in social policies and programs, or even to eradicate these programs. In 1987 Smith introduced the practice of IE in her study on the sociology of women (DeVault & McCoy, 2006) with the understanding that IE could apply to a wide variety of research endeavours. Since then the movement has grown, and researchers have linked their studies with those of others to arrive at what Deveau (2008) called the “broad picture of the discursive and organizational embeddedness” (p. 297). Deveau further argued that

what allows us to weave such threads together is the shared ontology of institutional ethnography, grounded in a commitment to look for people at work doing ruling and an understanding that we are investigating a historically specific, material complex of activity. (p. 297)

I consider this research one of those threads. I am aware that change comes in increments and that if this study is unable to facilitate any form of positive change, the solace is that the voices of the silenced will be heard.

Description of the Methods

The methods for collecting and analyzing data typically used in IE include one-to-one interviews, focus groups, recorded dialogue, observation, and document analysis. In this study I utilized one-to-one interviews and an analysis of texts. Structured upon an IE framework, I designed the interview questions (Appendix B) to investigate organizational and institutional processes (DeVault & McCoy, 2006) to reveal the relations of ruling that shape the experiences of injured workers. Adhering to Dorothy Smith's (1987) recommendations, I began the investigation with the experiences of the participants, and I, as the researcher, took the standpoints of the women (DeVault & McCoy, 2006). Mykhalovskiy (as cited in Campbell & Gregor, 2002) suggested that "analytic thinking begins in the interview" and that the interview should be regarded as a way of "talking to people" (p. 85). Thus, I conducted the interviews in the form of conversations in which I was conscious of the need to avoid interrupting the participants while they related their stories.

The goal of the inquiry was to draw out conversations that would not only shed light on an "actual circumstance, but also point toward next steps in an ongoing cumulative inquiry into trans-local processes" (DeVault & McCoy, 2006, p. 193). Mykhalovskiy (as cited Campbell & Gregor, 2002) further noted that it is important for the researcher to capture the exact nature of the information that the participants are trying to impart. Consequently, I confirmed the validity of the information with the participants by stating my understanding of what they had shared with me and verifying that with them. This upholds the value that the participants are the "experts in doing what they routinely know how to do"

(p. 85). I asked the participants to share their experiences with the work required to file a claim with Ontario's WSIB, their interactions with employers and service providers, and a step-by-step account of the processes involved in gaining accessibility, services, and/or compensation. I also asked them to describe the effects of ruling relations on their emotions.

Recruitment of Participants

I recruited the participants at an injured-workers' rally at Queen's Park on June 1, 2011, Injured Worker's Day. I disseminated the invitation to participate (Appendix C) to approximately 20 individuals and obtained the telephone numbers of those who were interested in participating in the study. Within the next two weeks I made follow-up phone calls, and four participants agreed to participate. I then arranged appointments for the interviews.

Interviews

I conducted the interviews with the four participants in their homes at a time that was convenient to them between June and July 2011. I explained the contents of the Letter of Information and Consent (Appendix D), and they understood it and agreed to sign it. Each lasted from about 60 to 90 minutes. The interviews were mainly in English, and because I also speak Filipino and some Spanish, I used the three languages interchangeably for the comfort of the participants and to facilitate communication and understanding when it was helpful to do so. With the permission of the participants, I audio-recorded the interviews and took notes to ensure the accuracy of the information. I transcribed one interview, and a professional transcriptionist transcribed the other three.

I informed the participants that I would take measures to protect their confidentiality and identity. I have used pseudonyms and excluded during the interviews, in the transcripts, and on all of the written forms any information that might allow the participants to be identified. I also informed them of the social and emotional risks involved in participating in the study and advised them that they could stop the interview at any time without consequence and that I would make every effort not to include information that could identify them in the research report.

With regard to the emotional risks, I gave the participants a resource list of support services for injured workers (Appendix E) that they could access if they felt upset and needed to talk about their negative feelings as a result of the issues raised during the interviews. Most of the women were in tears throughout the entire interviews, but I am not able to capture the participants' emotional distress during the interviews in the written text of this report. In the interviews I demonstrated acceptance and support and gave the participants time to express their distressed emotions. I also allowed myself to cry with them and share their grief. I felt that they were comfortable with me as a fellow injured worker. All four participants assured me that they felt that I was an ally and an advocate and that this study was important for us.

Data Analysis

According to Campbell and Gregor (2002), the interpretation of data in IE is rooted in the “analytical framework of social organization of knowledge and by the materiality of the data” (p. 98). In IE data are used in various ways:

(a) to map out complex institutional chains of action, (b) to describe the mechanics of text-based forms of knowledge, (c) to elaborate the conceptual schemata of ruling discourses, or (d) to explicate how people's lived experiences take shape within institutional relations. (DeVault & McCoy, 2006, p. 200)

In this study I analyzed the experiences of the participants, who had navigated the bureaucracy of the workers' compensation system, not by attending to *why* but by considering *how* things happen the way they do (Smith, 2006). The data are comprised of the interview recordings, interview transcripts, field notes, journals, and texts. When the participants pointed out texts that were relevant to their experiences, I also regarded them as data. An example of one of these texts is Worker's Report of Injury/Disease (Form 6; WSIB, 2005e; Appendix F), which I will discuss further in the Findings section.

When I became overwhelmed by the data, I followed some of the activities that Campbell and Gregor (2002) suggested, and they resulted in clarity: referring, reflecting, and engaging in a reflective examination of field notes and journals; carefully scrutinizing the writings about the activities and the information that the participants shared; identifying themes by coding the data; keeping track of repeated themes; paying attention to the themes that seemed significant or rational; keeping a tally of the events, themes, or institutional language used during the interviews; and discussing these "puzzles" with someone who shared an IE perspective to bring clarity of thought. As a result, I had to analyze the data extensively.

Moreover, Ng and Griffith (1999; as cited in DeVault & McCoy, 2006) explained that analysis is always a matter of "moving back and forth between the collected speech and the context that produced it" (p. 200). I listened to the recordings a number of times while I read the transcripts and analyzed the data to lead me to the problematic. I also noted the

messages and tone of voice and recalled the body language of the participants as I engaged in this process. Then I followed DeVault and McCoy's suggestion to become aware of the progression and organization of the work in which the participants engaged within ruling relations as they are captured in the data. Some helpful questions that I asked regarding the data were, "What does it tell me about how this setting or event happens as it does?" (Campbell & Gregor, 2002, p. 85); How do institutions structure and shape the experiences of people? (Pence & Lizdas; as cited in Campbell & Gregor, 2002) ; and "How does the policy direct employers to act this way?" and "What aspect of the women's experiences and women's work got organized as it did, in that chain of events, and in that series of connections between the policy and the employer, and then in ruling the women's lives" (C. Sinding, personal communication, November 1, 2011).

In IE, explication is at the core of data analysis and reflects the notion that research can be likened to an investigation. This involves uncovering the "workings of social relations" and their "connections and implications" (Campbell & Gregor, 2002, p. 83) to the everyday life of injured workers. I used the information that the participants shared with me to reveal the textually mediated relations of ruling that shape their experiences. D. Smith (1990) stressed that throughout a research project (and especially in data analysis) the researcher needs to remember to keep the organization in view lest he or she becomes sidetracked by the issues and the information obtained from the informants. I literally posted a reminder note on my computer screen because I often diverted my efforts to issues and ideologies rather than focusing on the policy. It is important to note that the ruling happens and is created outside of the informant's awareness, as well as that of the key players,

including the researcher. We are all enmeshed in, somehow subjected to, and participants in these power relations that are organized translocally. The goal of data analysis is to recognize, track, illustrate, and bridge these often seemingly unrelated local experiences to the translocal (Campbell & Gregor, 2002). Smith (1987) indicated that the translocal is composed of the bureaucratic, professional systems and texts that control and act upon us.

Strengths and Limitations of IE

DeVault and McCoy (2006) noted that some academic sociologists do not use IE because, rather than being grounded in theory, data collection and analysis are centred on everyday experiences and actual events and occurrences. Likewise, postmodernists and poststructuralists have doubted the “use of experience as a basis of knowing in the context of a broader re-examination of earlier feminist scholarship” (Campbell, 2006, p. 91). Other critics have suggested that from the local standpoint of the marginalized, it might be difficult to relate to an inquiry focused on structural relations, processes, and outcomes. Moreover, IE has often been accused of being soulless (C. Sinding, personal communication, April 11, 2011) because its methods are executed in an often technical manner that is seemingly devoid of emotion. IE might leave out some things that are meaningful to people because it pays attention to other things, such as policy and texts.

In contrast, IE advocates stress that its power rests in its generalizability. According to Carroll (2006), this is accomplished when a “trustworthy explication . . . provides knowledge regarding a specific incident, specific to one time and place and one set of people where the relations organizing their experiences can be shown to be general . . . or within the same institutional complex” (p. 221). Further, Campbell and Gregor (2002) suggested that

IE “acts as a kind of radiography of everyday life making visible its skeletal underpinnings; the skeleton is comprised of people’s actions that are coordinated somehow including textually” (p. 97). IE is also considered a significant alternative to traditional research methods because it includes approaches to investigate translocal settings. IE not only gives the marginalized a voice but also allows those “excluded from the production of knowledge”—for example, Women of Colour—the opportunity to reflect on their realities in relation to social structures (DeVault & McCoy, 2006). Khayatt (1995) added that IE sheds light on the political-economic context of the personal, which is otherwise obscured and taken for granted. IE gives those who are subordinated a “systematic understanding” (G. W. Smith, 1990, p. 646) of the problematic in their lives, which in this case could be the barriers to accessing the workers’ compensation system and the texts implicated in the process.

Furthermore, IE gives the “political work of activists a scientific basis” (G. W. Smith, 1990, p. 646) that can be executed in possibly a more effective, non-confrontational manner. This helps activists to direct their efforts towards changes in policies or the structures of institutions. When I started this project I was ambivalent about my methodology and struggled to find an approach that would allow me to tackle a system as enormous as the WSIB. The discovery of IE as a methodology helped me to put my problematic into perspective and look WSIB straight in the eye. As Campbell and Gregor (2002) so aptly stated, “From an interest in blame, research interest shifts to analysis of processes and practices” (p. 101). The integration of IE and a feminist anti-oppressive perspective will strengthen the ability of the research to accomplish its goal: to be a tool for positive change within an institution originally established to support injured workers.

CHAPTER 4: FINDINGS

Experiences and Profile of Participants

This section is an overview of the everyday/every night experiences of the four participants from their own standpoints. I present it with the goal of providing the reader with a sense of the range of their struggles and proffer some indicators of the relations of ruling that objectified the participants as they experienced their work-related injuries and accidents—the focal point of this research. I gathered the data that I present here from the interviews, which were often emotionally charged, and I refer to the participants by the pseudonyms of their choice: Alone Woman, Elita, Luzviminda, and Sattie.

The stories are recounted in their own words; therefore, the language used here reflects the manner in which it was relayed to me, including any grammatical errors that they made. As you read through this section you will witness some of the confusion, suffering, and sense of betrayal that these women experienced. You will also hear their own interpretations of why the events happened the way they did. In the next section I will take a step back to show you, the reader, the institutional arrangements that organized some of their experiences in the ways they did.

Alone Woman came to Canada as a refugee; Elita, Luzviminda, and Sattie arrived as landed immigrants. All four women have since obtained their Canadian citizenship. After their work-related accidents, both Alone Woman and Sattie were required to report to work the next day. All four women experienced the eventual termination of their employment

with their employers between two days and two months after their injuries or accidents. Alone Woman and Elita were both laid off from their jobs, whereas Luzviminda and Sattie chose to leave on their own because their employers were not appropriately accommodating for their injuries. As a result, each of these four women had to apply for EI benefits because they had no immediate access to WSIB supports.

The women had no prior knowledge of the WSIB and obtained information from sources outside their employment. Alone Woman, Elita, and Sattie sought assistance from family members and from Human Rights and labour union representatives to both fill out the required Worker's Report of Injury/Disease (Form 6; WSIB, 2005e; Appendix F) and file their claims. Only Luzviminda filled out her own form and filed her own claim. All of the women in this study have used the services of legal representatives and, at the time of writing, were awaiting their hearing dates with the WSIAT. As a result of their injuries and of the process of navigating the workers' compensation system, the participants have reported emotional trauma and depression. Moreover, each of these women is financially dependent on her partner, children, or friends.

Alone Woman

Alone Woman hails from Africa and is in her early 50s. She has six children, four of whom are in Africa and two of whom reside in Canada. Alone Woman speaks Swahili and English, but has no English reading or writing skills. She is not currently in a relationship; her partner left her after her accident. Alone Woman's accident occurred at a factory owned by a large multinational corporation. She was packing product when a nine-kilogram carton

filled with product slid off an overhead conveyor and landed on her head. In our conversations she recalled what she referred to as her “funny” experience:

You know, one thing funny, then after accident they take me to the medical room. But they examine my head; . . . afterwards they have to call each other, the supervisor, the foreman. . . . Look at them and they are doing plans, you know, how they are going to score my case. In front of me they said, “How are we going to do this? And what does she know? She doesn’t understand.”

Alone Woman was then sent to the hospital in a taxicab, a decision that she believed emerged from her supervisors’ perceptions of her as not human:

When I got accident the company they treat me so bad. [Starts to cry] They make me—as soon as I get accident they call taxi; taxi have to take me to the hospital. They don’t want to call ambulance because I don’t know nothing. They have it set in their mind I don’t deserve it; they are more important than me. That’s how I feel now because I am not human; I do not count. Yeah, I not count. . . . They tell taxi, . . . ”Take her to the hospital, . . . that one down the street.”

Alone Woman’s supervisor required her to report to work the next morning, “even if could hardly get up.” They sent a taxi to take her to work:

[The supervisor said,] “We’ll put her in tomorrow morning in the seven o’clock shift. She won’t refuse because she has kids.” The guy called my house the next day; . . . he is my supervisor. He call home in the morning, he say, “You’re on a shift. Why don’t you come to work? How come you not here now?” And my daughter say, “My mom is so sick, guys. She’s in bed; she can’t even stand up; we have to hold her hand to go to the washroom.” He say, “Okay, I’m going to send the taxi. Your mom, she has to come in that taxi. That is the policy.” I swear to God, that’s what they tell me. [Deeply emotional] “*That is the policy.* She must take that taxi and come. And she has to come; otherwise she is not going to have a job.”

Alone Woman was also required to work at the company clinic, where she was given the task of placing stickers on bundles of product. On the days that she could not report to work, her supervisor would phone her home and require that she go in “just to punch in.” He also told her that she would be rewarded if she did not file a WSIB claim:

They put me in the board room, three supervisors; they tell me, “We’re going to reward you. Don’t call the WSIB”—that time I don’t know WSIB—“and you come here every day. The taxi’s going to bring you, and you stay in the medical room, and then we’re going to give you a taxi fare and you go back home. You don’t work. You just come here, punch your card, and you stay in the medical room.” . . . Next day I couldn’t even get up; I couldn’t lift my head. When I get up I go headward because my head is big. And my kids answer the phone, and [the supervisor said,] “Where is your mom? She is supposed to come; we send taxi; she don’t come.” She say, “My mom, she is so sick.” . . . [The supervisor said,] “She has to come. If she don’t come—. . .—what are you going to eat today if your mom, if she don’t come? Who give me money for food? How are you going to live? She’s supposed to come and work. You have to wake her up and she come.” But my daughter said, “Listen, mister”—I don’t know about that one; she’s young—. . .—“you are really annoying the heck out of me. You are calling our house; don’t call please. My mom, she’s too sick.” . . . They keep calling, calling. What do we do? We have to take out the wire in the wall.

Alone Woman spoke of the consequences of being unable to report to work and seeking assistance from welfare:

I was so sick down there; my kids go hungry to school. . . . They fall behind because I’m laid down. . . . The school, they tell the kids, “You have to tell your mom, you have to tell her what to do.” And I don’t know what else to do. . . . They [the school] give me number to call welfare, so I call welfare [for the first time]. . . . They actually refuse me; they say, . . . “No, no, you have to go to —. . . call the WSIB.”

Alone Woman then approached the WSIB, whose staff told her that her employer had informed them that she had returned to work when, in reality, although she had gone to her place of employment, she was actually unable to work because of the severity of her injury. Because the WSIB staff did not call her back, Alone Woman phoned them two weeks later, and the staff told her that she should follow her employer’s instructions to return to work:

On the website . . . the kids look for me, and I call the WSIB. [The WSIB staff said,] “Oh my goodness, the company tell us you already went back to work. Okay, I’ll get back to you; wait for me.” She never get back to me for two weeks. Again I call her, and I said, “What happened? How come you don’t get back to me? My kids are

hungry!” and she [WSIB staff] said, “No, you have to listen your boss [employer] that you used to have,” and I did this.

Following her first encounter with WSIB, Alone Woman had reached the point that, because of her injury, she was not able to return to work (even to punch in and rest in the medical room), and her employer then terminated her: “And then they send me a letter. The company, they lay off me.” Human Resources personnel called her into a meeting where, in the presence of her supervisor and, later, a labour union representative, they challenged her not to apply for WSIB benefits. She described the experience as follows:

They [the supervisor] tell my kids, “What you guys eating? What you going to eat, because your mom, she doesn’t come to work. How are you going to live?” And my daughter is so tired of them. . . . And then Human Resource officer, she call me; she said, “Listen, you have to come here today. We’re going to send a taxi; the taxi’s going to bring you. You have to come; I need to talk to you. I’m the Human Resource lady.” . . . The taxi takes me there and lady, she said, “Listen, the supervisor, he get a very hard time to get you to work, to bring you to the job; he get very hard time with you. You refuse to come, so you know what you do,” she said. “You cannot apply to WSIB, and maybe you go on welfare. You cannot apply to the WSIB . . . or take the letter or go to the unemployment. You do not apply to the WSIB, because I’m going to challenge you!” And honest to God, . . . I can’t even walk, and you’re making me . . . work! No walking. I have to hold walls, and she tell me now, “We have hard time to bring you to work.” . . . It’s not only me. She called the guy, . . . the union representative; . . . he say, . . . “Why you call me?” [The Human Resources lady said,] “You come here and listen. She cannot apply to WSIB; she has to go on welfare!”

Alone Woman then applied for EI benefits, which soon ended. The EI representative advised her to seek the services of a lawyer:

After that I was on unemployment. They give me for a couple of months and they say, “You don’t belong here. You have an injury; you are disabled. . . . You need the WSIB; must give you the money or the [employer] company. Or you have to go—or you have to look for lawyers, because this is not your place!”

At this point Alone Woman did not know how the WSIB system operated, nor did she know a legal representative. She found that once her EI benefits stopped, WSIB still refused to pay her benefits, so she applied for welfare and received assistance for a couple of months. At the same time, the staff at the school that her children attended advised her to seek assistance from a workers' advocacy group to be able to avail herself of WSIB benefits. When Alone Woman informed the welfare department that she had been advised to approach the workers' advocacy group, the welfare staff assisted her in contacting a legal representative:

Then welfare look at all the paper, they look and say, "It's not fair; . . . you were not supposed to be on welfare because you are injured." . . . After my kids at school find this community, . . . that one for injured workers, that one pulled me out of welfare. Welfare said, "It is something that we have to do. We have to hire for you lawyer, because it is not fair. You are sick; that's why you can't work." So they called Ms. E.; she take my case. That is how they [WSIB] start paying me.

Alone Woman shared some of her thoughts and feelings:

They [health care and WSIB staff] treat you like you are begging them, and then they treat you like you nothing. After you are finished talking to them, actually, I feel like you are not human, . . . like you are a little cockroach. . . . [They said,] "They can't spend money on you any more because you never ever heal. You get disability; what else you want?" That is really—blow me, make me so sad. . . . My kids, they're totally depressed. My youngest one, you know what she did? She take my Parkinson medication; she put all her mouth so she go on coma for two weeks. Sick children; . . . they cause me so much—... and nobody care; nobody give counselling. . . . Two years I'm stuck here. You know what? So many losses; I feel so sad. This country immigrant built. . . . I got no money. . . . I can't sue company because the government is blocking me, Ontario government. Why? Because I am immigrant; I am nothing; I don't deserve any money. Why don't they say upfront on the paper when you apply, you get injured, you know, that's it. You don't deserve nothing! You have a choice to make. . . . I see how they use the immigrant in the factory. . . . When stand up inside factory, you're just like a slave. . . . How they treat people is not right.

Alone Woman's injuries include severe head injury and damage to her shoulders and eyes. Consequently, she suffers from chronic pain. She received a Non-economic Loss⁴ (NEL) benefit of 30% for her head injury from the WSIB, but her shoulder and eye injury claims have been denied. She began to receive Loss of Earnings⁵ (LOE) benefits nine months after her accident; however, they have been slashed by 33% over the past six years. When I met Alone Woman, I observed that she found it difficult to keep her balance and had to hold on to the steps as she climbed the stairs at her daughter's home, where the interview took place. She lost her apartment and now lives with her daughter. She has been appealing her claim for five years and still has no definite hearing date.

Elita

Elita is a native of South America, where she worked as a teacher. She is in her early 50s, has no children, and is in a relationship. Elita's first language is Spanish, and she has minimal English reading and writing skills. She was employed in the service sector as a machine operator. Her injury involves carpal tunnel syndrome and RSI. She had experienced symptoms for approximately one year before she consulted with her family doctor:

I was working every day, but I start to feel pain in my wrist. And I said, "Maybe it's part of the job," and I don't take too much importance. And every day my pain was worse until, I think, one year. After I start to go to the doctor I say, "I have pain in my wrist; my fingers are sleeping; I can't feel my fingers. Terrible!"

⁴ Non-economic loss benefits are paid when a worker has a permanent impairment due to a work-related injury or illness. It is determined when the worker reaches the maximum medical recovery (WSIB, 2000, p. 20).

⁵ Loss-of-earnings (LOE) benefits are paid when a worker has a loss of earnings as a result of a work-related injury or illness. LOE is 85% of all the pre-injury take-home earnings (WSIB, 2000, p. 20).

Even after Elita reported the injury to her employer, she was required to keep working:

My doctor, he gave a letter saying that I cannot work any more. [Spanish] He gave me the paper, and I show my boss and he says, “This paper, I don’t care if you need operation; you need only two weeks.” He doesn’t want to receive the letter, and he give me back. I was working, working; one day I was cry, cry, cry, and I told my boss, I said, “Mr. M., I have too much pain in my wrist. I can’t work no more. You have to change the position.” And he said, “If you want to keep your job, you have to work.”

Elita went to her doctor’s appointments after working hours. She states, “And after I finish my job and I went to my doctor and I said, ‘Doctor, I have too much pain in my wrist . I can’t work any more.’” When she could no longer endure the pain, she requested a note from her doctor to explain to her employer that she would need to take two days off work. She said to her doctor, “‘I want to take two days at least to take a rest.’ And he says, ‘Okay, I give you two days,’ and he gave me two days off.” And I tell my boss, and he says, “Okay.”

During those two days Elita felt distressed and decided to seek the assistance of Human Rights and Legal Aid. They counselled her to file a WSIB claim and assisted her in completing her WSIB application form:

After two days I was crying; I said, “Why they push me to work if I can’t? Why do they push? Somebody has to help me. Somebody has to help me.” I cried, cried, cried. I do myself everything. . . . “Maybe Human Rights can help me,” and I ask some friend, “You know where is this Human Rights?” . . . And I call them, and they give me appointment. And I went and I cried, and I cried in the office of Human Rights and I said, “How my boss push me to work when I can’t? I have very pain in my wrist. Who have to help me?” And the guy told me, “You have to make a complaint to your boss,” and he give me a form. And he told me, “You can apply to the WSIB because you damage your hands in your job.” And he said, “Maybe you have to need more help [from] some community centre.” I went to look for some community centre; I find one. . . . The girl was very nice; . . . always I remember that girl. And I was cry, cry, cry, and I said, “Ms. S., please help me. I don’t have nobody here; nobody help me. I have too much pain in my wrist. I have a numb in

my fingers, and I can't work. But my boss he push, push, push. What can I do?" And she say, "Don't worry, I help you." And she find for me a legal clinic and she find a lawyer, and after, I sent my application to WSIB.

Upon her return to work, Elita's employer terminated her:

When I went after two days, I go back to my job, my boss fire me. And he said, "You don't want to work; you have to go home. I give you two weeks' vacation pay. I give you gift, two weeks." And I said, "Why?" "Because all the time you said 'I have pain,' you make complaint, you better able to take rest." . . . He fire me, and I apply for unemployment. After unemployment, I apply to WSIB.

Elita shared some of her thoughts on her current condition:

I was very healthy person. But now all the time I go up, I go down, I go up, I go down. [Cries] Sometimes I feel good; sometimes I don't want to live. I said to my psychiatrist last time, "I want to kill me. Is for me is enough. That's no life; I can't do any [more]." I go to walk and home; sometimes I don't want to go anywhere. . . . I'm here—my boyfriend, he went to work, and I'm here alone. Sometimes I scream to him, I fight with him for nothing. My life after my accident changed everything. [Long silence, cries, sobs]

Elita suffers from chronic pain, and the Center for Addiction and Mental Health in Toronto has diagnosed her with clinical depression as a consequence of her injury and her experiences in navigating the workers' compensation system; in particular, having to deal with service providers and case managers while she was enrolled in the Labour Market Re-entry Program. Elita attended a private career college for retraining and found the program stressful and inappropriate because it did not take the limitations of her injury into consideration. She received an undisclosed NEL benefit from the WSIB and bi-weekly LOE benefits equivalent to 85% of her pre-injury income. The WSIB also provided her medications as needed.

Luzviminda

Luzviminda is from the Philippines, where she was employed as a cashier. She is a widow in her late 70s and has six children, four of whom live in Canada, and two in the Philippines. Luzviminda speaks Filipino and English and has moderate reading and writing skills. She was injured 26 years ago and has not received WSIB benefits: “I get injured in August 15, 1985. Since that time I don’t have any benefit coming from the government. I don’t give up; I pursue; I study for what I have done. (Can I cry?)” At the factory where she was employed, she slipped and hit a bucket that contained rejected product. She was then sent to the hospital in a taxicab:

I was injured in the . . . factory at the time. [Starts to cry] . . . When I turn back, because I have to get the box for the [product] that was finished already, so what I did, I turn back, I step on the bucket which there is a [product that] was rejected, and I do not know that the thing was on my back. So I stepped up, and then the bucket slide and I hit my knee, right knee, on the bucket, and I jump off on the floor. So then at the time I am suffering from a great pain. I could not stand right away. They said, “Stand up, stand up.” I could not help myself to stand up, so they help me to stand up. So then they have to examine me at the clinic, and there is a bruise on my knee. And then they said, “You have to walk.” I can’t walk, so what I did, I ask them I have to go home. They said, “No, you have to go to the hospital,” which is very near in the area in the factory which I am working. And then they send me to the hospital [in a taxicab] to see what’s happening in my body which I injured.

Luzviminda was later scheduled for surgery, but, because of an adverse reaction to the aesthetic stemming from a preexisting heart condition, the surgery was cancelled, and she was taken to the ICU to recover. At that time Luzviminda had no knowledge of the WSIB and learned about it from an injured worker at the hospital. Luzviminda was sent for rehabilitation through the Ontario Health Insurance Plan (OHIP), after which she tried to go back to work. She explained the difficulties that returning to work posed:

I went back because I went to rehab. And then after the rehab they said I could work. But my work is continuous standing, and you have to sit only when lunch time; all standing, walking, packaging. You see, that is a hard thing for us. Before I said it's okay for me, but when I met an accident, there is a very poor attendance on me because I have to stop working if the pain is severe. I could not walk, I could not go up the stairs, in the stairs, and I'm lifting my feet, this right knee.

Luzviminda's injury involves damage to her right knee. As a result of compensatory behaviour, she experiences pain in her left knee, as well as chronic pain throughout her entire body, and is forced to use a walker. The WSIB has denied Luzviminda's claim since 1985 because her employer and family doctor both failed to file a report of her accident:

I ask my family doctor, "I don't have work. Can I ask you to ask benefit from my employer to WSIB?" And then the doctor said, "Oh, Mrs. Luzviminda, you know, the thing that you're asking is very slow because lots of person met an accident." "So what do you think doctor?" He said, "I will." But it take a long time; I have to come back on and off to my family doctor, and he says, "You know, Mrs. Luzviminda, we have to wait because they are not ready." So . . . my doctor could not do anything, so I make an appeal to WSIB, and then the adjudicator told me, "Mrs. Luzviminda, we could not help you for your appeal because there is no report from your employer that you met an accident inside the factory. And also your doctor, he did not make any report."

The record of the proposed surgical procedure at the hospital is the only existing document that links Luzviminda's accident to the workplace. Luzviminda obtained employment on her own at workplaces where she can sit to avoid aggravating her knee injury. She has also had to rely on the support of family and friends, especially for her medications. Upon turning 65 years of age, she received Canada Pension Plan (CPP) and Old Age Pension benefits. Luzviminda sought the assistance of a legal representative from an injured-workers' advocacy group in 1992 and is awaiting her appeal hearing date with the WSIAT.

Sattie

Sattie is a native of South America, where she worked as a sales clerk. She is in her mid-50s, has two children, and is married. Sattie speaks what she described as “broken English” and can read and write in English as well. While she was working in the service sector as a caretaker in an office building, she sustained a back injury. She recalled:

When I was injured, I got pain at my job, pain because I used to do cleaning job. . . . When I got pain, I reported to my boss, and she herself brought me home. At that time SARS [Severe Acute Respiratory Syndrome] was around, and she won't take me to the hospital because they won't admit me, so she brought me home. Next day went back to work, still pain. I still have this pain; 24 hours up to today I still have this pain, 24 hours.

Sattie was given two months off work, after which her employer advised her that she would be assigned modified work duties. However, this was not the case:

Then she tells me that I can go back to work, they have easy job for me, but I was cleaning, I go back and I tried. How can I? You know, I tried dusting, cleaning, bending; what is a cleaning job?

Sattie left the company on her own when she could no longer endure the pain. She suffers from chronic pain, has swollen feet, and uses a cane to walk. Sattie's former workplace was unionized, but she considered the union a “waste of time” because it has not helped her to receive regular WSIB benefits: “What they do, at that time with the union they give me a [WSIB NEL benefit], 17%. They [WSIB] say I am sick, 17%, and they gave me . . . a onetime pay-off. . . . That's all they give me for life.” She then sought the services of a prominent lawyer to represent her at the WSIB and WSIAT:

S: Then Mr. G. take them [WSIB] up, and the case went on. They said yes, I'm qualified; they give me 4%. . . . That's all and that's it, and they said “Case closed.” So they sent me a letter; they said I can appeal again. Why you pushing me around?

Am I right? First with union, then now with Mr. G. I went one time with Michael G.; this is about three times. I met with three people, yeah, 505 University.
M: You mean you went to the tribunal [WSAIT]?
S: Two times I went to the tribunal and still lost. They said that it's pre-existing pain I have; they call it pre-existing. . . . So I don't have any insurance; I don't have nothing; I lose.

Sattie later applied for CPP disability benefits: "I applied to CPP Disability, and they qualified—CPP Disability qualified me. Why WSIB cannot qualify me so CPP Disability [can], because I cannot walk?" The WSIB then deemed Sattie able to work at a parking lot in the winter:

Well, the last job that I was doing, they said that I can work in a parking lot. How can I work in a parking lot [during a] cold winter, . . . in a small booth that can hold one person? I have to stand up and I don't have to no chair, and this lady, she gave me stool, a high chair, and put me to sit there with no backrest. . . . You want to go to the washroom, you have to go and across to a building. This is a parking lot with ice all around; that was deep January, February, and very cold. They have no heater to heat the foot, coooold. . . . The booth is made for one people; it's very small and very nasty!

Sattie received a 17% NEL benefit from the WSIB but does not receive LOE benefits. She receives biweekly CPP Disability benefits. She has been awaiting her hearing with the WSIAT since 2003.

Exploring Relations of Ruling

"Ruling takes place when the interests of those who rule dominate the actions of those in local settings" (Campbell & Gregor, 2002, p. 36). Using an IE approach, I explored, read, and reread the data; reflected on the transcripts; and then analyzed the resonating experiences that were both common and unique to the four participants. As I walked alongside these women when they related their troubling experiences, I noted their deep emotional distress as they shared their stories in the interviews. Alone Woman had

experienced “one thing funny” and felt that she was not human and did not count; Elita declared, “Somebody has to help me, and I do myself everything”; and Sattie wondered, “Why do they push you, push you?”

As they recounted their stories, I asked myself, “How does the objectification of these women happen and change after an injury?” I also noted the comments of the participants’ employers, such as “This is the policy” (Alone Woman’s supervisor) and “You made a complaint” (Elita’s employer), and Luzviminda’s distress as she was told, “Get up, get up” as she lay on the factory floor. Reflecting on these, I asked myself, “How are the actions of these employers, supervisors, foremen, and human resources personnel being orchestrated and coordinated?” and “Why are these occurrences organized in this manner?” I also took note of the amount of work and the lengthy processes involved in obtaining supports—processes that continue to this day.

I referred to the related literature and asked members of an injured workers’ advocacy group about the significance of certain policies with regard to these women’s experiences. I then examined the WSIA 1997 (WSIB, 2011d), and this mapping revealed the relevance of this legislation to the women’s experiences. A number of sections in the WSIA were relevant; however, Section 83 had a central connection to the problematic that each of the women in the study experienced. It concerns the Experience and Merit Rating Programs:

83. (1) The Board may establish experience and merit rating programs to encourage employers to reduce injuries and occupational diseases and to encourage workers’ return to work.
- (2) The Board may establish the method for determining the frequency of work injuries and accident costs of an employer.
- (3) The Board shall increase or decrease the amount of an employer’s premiums

based upon the frequency of work injuries or the accident costs or both. (Experience and Merit Ratings Program section, para. 1-3)

The policy that stems from Section 83 of the WSIA is the NEER Program. I identified this policy and outlined some of its key features in Chapter 2 in the section Experience Rating Programs.

Further mapping pointed to the NEER Program *User Guide* (WSIB, 2011c), the text that explains the NEER's practical application to employers. Moreover, three tests relevant to the explication of ruling relations with regard to the experiences of the participants in the study emerged: Worker's Report of Injury/Disease (Form 6; WSIB, 2005e; Appendix F), Employer's Report of Injury/Disease (Form 7; WSIB, 2005a; Appendix A), and Health Professional's Report (Form 8; WSIB, 2005d; Appendix G). (I will later explain each of these forms.) When they are completed and filed with the WSIB, these forms serve as material forms of the occurrence of a work-related accident or injury and are the vehicles and points of entry for injured workers to the system; they operate at the micro level.

At this stage I will make visible how these forms, which are located at the local level, function as coordinators of the NEER Program organized at the macro level and eventually connect to the WSIA. In an IE analysis, the WSIA would be referred to as the *boss text* or *master text* (Deveau, 2011), which operates at the translocal level and has affected these women and their employers, who operate at the local level, without their awareness. The activation is accomplished by filling in and filing Forms 6, 7 and 8 with the WSIB at the local level; this then hooks the women to larger relations of ruling. In IE this process is referred to as *textually mediated social organization* or *textually mediated ruling relations* (Carroll, 2006).

Having laid out the translocal technologies, I will now link the implications to the actions of the employers, which, according to my analysis, resulted in the relations of ruling at work in the lives of these women. In addition, I will focus more narrowly on a set of experiences that I feel are related to the above-mentioned texts and that have created a significant part of the troubles that these women have encountered. I will also cite quotations that describe situations that these texts coordinate. Through this process I will begin to answer the question, “*How* does this come to happen as it does, rather than *why*?” (Deveau, 2011). “Incorporating texts into . . . IE is what enables it to reach beyond the locally observable and discoverable into the translocal social relations and organization that permeate and control the local” (Smith, 2006, p. 65).

Figure 1 illustrates how ruling takes place at the macro level through capitalist ideologies that the WSIB has adopted and that are reflected in the boss text, the WSIA. The NEER Program is one of the policies through which this agenda is executed. Its directives are then activated at the local level by the various texts embodied in Forms 6, 7 and 8, which then coordinate the actions of employers that ultimately trap injured workers into relations of ruling. The Meredith Report (Meredith, 1913), the original boss text from which the WSIA 1997 (WSIB, 2011d) evolved, is shown as a cloud that sits on the sidelines and seems to have lost its foothold on today’s policies.

Explicating Relations of Ruling

How Experience Rating Incentives Discourage Reporting of Workplace Injuries

I will use the chronology of the accidents to explicate the ruling relations. After Alone Woman’s accident, “one thing funny” that occurred was that she was taken to the

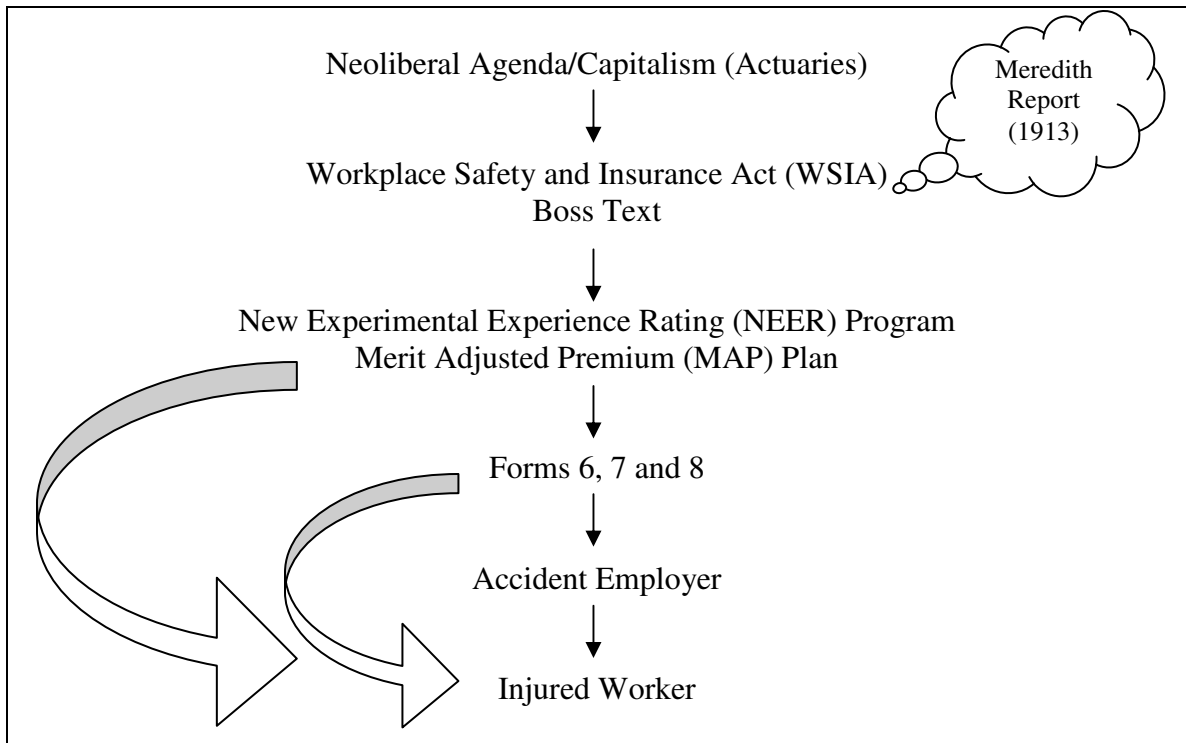


Figure 1. Sequence of ruling relations that objectify injured workers.

medical room where her supervisors met to determine how they would ‘score’ her case. They asked each other, “How are we going to do this?” I puzzled and analyzed how this question could, in all likelihood, be connected to a higher order where the employers are required to come up with a way to rate her case. In the case of Luzviminda (who was made to get up after slipping on a bucket, taken to the company clinic, and then made to go to the nearest hospital, only to be later denied an injury report), I asked, “What was that about? How is it that supervisors and employers are taking these courses of action?” As I discussed earlier, the boss text that, according to my analysis, is most relevant to these experiences is Section 83 of the WSIA (WSIB, 2011d), which is implemented through the NEER Program (Figure 1).

The NEER *User Guide* (WSIB, 2011c) states that the program provides “the financial incentive of reduced premiums” (p. 3) that employers receive in the form of rebates when they have no reported claims with the WSIB. As soon as a claim is reported or filed, the employer has the potential to lose the maximum rebate. For example, if the maximum rebate that a firm can receive is \$10,000, and if the employer has even one claim, the costs of that one claim would likely result in a rebate of \$8,000 to the employer (WSIB, 2011c). Every claim has the potential to decrease the employer’s rebate.

The NEER Program operates as an injury and occupational disease reduction mechanism under the premise that employers are motivated by profits. As a result, employers are enticed by rebates that will result in profits and are threatened by claim-related surcharges, which will result in costs. The experiences of the women in this study suggest that their employers seem to have resorted to claims management as a form of cost control. In essence, what seems to have occurred as reflected in the behaviours of the employers of the women in this study is the motivation to reduce surcharges and premiums by the underreporting of claims. A close look at the NEER calculator, a tool incorporated into the NEER Program,⁶ reveals that no reports = no claims = rebates = profits; and conversely: reports = claims = surcharges = costs and possible losses. To these employers and their representatives, work-related accidents and injuries represent reduced rebates, penalties, surcharges, costs, and possible financial losses.

⁶“The WSIB has developed a basic spreadsheet to enable you to estimate the total costs of an injury or illness within your organization and help better plan and deliver your health and safety programs. It will help your organization better understand the financial impact of injuries and illnesses on its operations. You can calculate the NEER experience rating financial impact and, optionally, the associated indirect costs” (WSIB, 2011b, Purpose section, para. 1).

Although some employers have the best interests of their workers in mind, this policy could deter this intention because of the need to minimize costs and maximize profits. Employers might also fear other potential repercussions embodied in the Act (a broader discussion of these is beyond the scope of this thesis). I refer to the case of an injury that involved gradual onset, such as Elita's. Elita sought health care approximately one year after she experienced symptoms, when she felt "terrible," and she subsequently filed a complaint with the WSIB. However, her employer required her to continue to work if she wanted to retain her job, but she was consequently terminated after she took two days off work. When she returned to work after having received health care, Elita's employer mentioned that he knew that she had filed a claim with the WSIB, which makes one wonder about the potential impact of this knowledge on the employer's decision to terminate Elita's employment.

Elita was employed at a small firm that is guided by the MAP plan for small business, which mirrors the NEER plan (WSIB, 2011a). The MAP guidelines specify that if a firm has no claims, it will receive a 5% discount on premiums. One claim will result in a forfeiture of rebates; two claims will result in an 8% surcharge, with the surcharges escalating to 50% as the number of claims increases. Moreover, "a surcharge of 10 percent is added for each claim exceeding \$5,000 in cost" (para. 5). These directives transform workers' injuries, including Elita's, into an added cost to the employer's operations in the form of an increase in premiums. This might prompt employers to resort to various means of claims control, including, for example, rejecting a worker's injury-related letters from a doctor and/or terminating the injured worker's employment. In Elita's case, if the employer

had accepted the doctor's notes, this would have been an initial entry point into the system and possibly resulted in LOE benefits.

The boss text in the translocal level—in this case, the MAP plan—can be seen as organizing the actions of Elita's employer at the local level and hooking Elita into the problematic. Elita believed that her employer oppressed her on the basis of her identity as an immigrant woman. Although her identity might be very relevant to the situation, IE directs our attention to policies that operate at a higher level and that are often invisible or only partially visible to both employees and employers. By filling out and filing Form 6 (WSIB, 2005e) through a legal aid office, Elita activated her entry and her employer's into the WSIB system. She might not yet be able to receive LOE benefits, but she has started the process. This also hooks her employer into the boss text that will result in scrutiny and the possibility of surcharges from the WSIB. Arguably, indications of the workings of the policy are evident in her employer's claims-management strategy, the most inexpensive of which is her termination from the company.

Premiums Based on Accident Costs: Transportation to Health Care

At this point in my analysis I will trace the mode of transportation to the hospital that the employers provided for the injured women workers directly to texts. As I previously noted, Alone Woman and Luzviminda were taken to the hospital by taxicab, whereas Sattie's boss personally drove her there. These two courses of action, according to my analysis, are linked to Form 7 (WSIB, 2005a), which operates at the local level. The instructions for filling out Form 7 are contained in a 38-page text called "Form 7: Employer's Report of Injury/Disease Reference Guide for Employers" (WSIB, 2005c, p. 1).

Section D of this guide, entitled Health Care, states that the employer is responsible for transportation costs to receive health care on the day of the accident. Furthermore, “If an ambulance was called this could indicate *how serious the accident/illness* is and will *trigger special attention* by the WSIB” (WSIB, 2005c, p. 19). Traces of the coordinating functions of the wording of this text are arguably visible in the actions of Alone Woman’s and Luzviminda’s employers that resulted in their being sent to the hospital in taxicabs rather than by ambulance after their accidents. These women were not aware of the text and felt at the time of their accidents (and still feel now) that they have been treated adversely. We recall that Alone Woman felt that she was not human and did not count, but she did not necessarily connect her employer’s actions to the employer’s interest in avoiding a serious injury report.

Furthermore, in telephone calls that I made to the WSIB and the emergency section of a local hospital, both representatives confirmed that hospitals are required by law to file and report the admission of individuals who are injured at work by either completing Form 8 (WSIB, 2005d) online or faxing this form to the WSIB. Section 37(2) of the Act states, “Every hospital or health facility that provides health care to a worker claiming benefits under the insurance plan shall promptly give the Board such information relating to the worker as the Board may require” (WSIB, 2011d, Reports: Reports re Health Care section, para. 2). In addition, a box that corresponds to “ambulance” under Section D: Health Care, on page 3 of Form 7 (WSIB, 2005a; Appendix A) must be ticked off. It appears that employers who are aware of these directives choose alternative ways to manage the transport of injured workers, as exemplified in the experiences of these women.

Having explained how Form 7 (WSIB, 2005a), a local text, has organized the actions of these employers and objectified these women, I will now link this local text to the boss text, the WSIA. The words “how serious the accident/illness is” (in Form 7) might well link the women to the WSIA. Section 83(3) states that “the frequency of work injuries or the *accident costs* [emphasis added] or both” (WSIB, 2011d, Experience and Merit Ratings Program section, para. 3) are the basis for an increase or decrease in the amount of an employer’s premiums. In relation to the women’s experiences, the ambulance trip would signify the severity of an injury, which would for the employer translate into a costlier accident, a forfeiture of rebates, or likely surcharges. Moreover, the immediate faxing of Form 8 (WSIB, 2005d) from the hospital’s emergency department to the WSIB would create the material form of the claim and a direct entry of the claim into the system. This not only establishes the claim firmly and makes it more difficult to contest, but also prompts inquiry by the WSIB.

Encouraging Workers’ Rapid Return to Work

The multiple ways in which Alone Woman’s supervisors applied pressure to ensure that she appeared at work demonstrate how the texts functioned to encourage her early return to work: (a) Alone Woman was required to report at 7:00 a.m. on the morning after the accident, (b) the employer repeatedly telephoned her home, (c) her supervisor told her that “policy” stipulated that she had to be at work, (d) the employer sent a taxi to pick her up and paid the taxi fares to and from work, (e) the supervisor told her that punching in was sufficient and that she could sit or lie down at the company clinic, (f) her supervisor told her that her children would go hungry if she did not come to work, and (g) she was offered a

reward if she went to work every day and did not report her injury to the WSIB. In Sattie's situation, although she did not specifically mention pressure from her employer, the risk of pressure compelled her to actually appear at work the next day: "Next day went back to work, still paining."

My analysis shows that the local text most likely at work in these women's experiences is Form 7 (WSIB, 2005a). Section E of the Employer's Report of Injury/Disease Reference Guide for Employers (WSIB, 2005c) addresses "Lost Time—No Lost Time":

The employer is responsible for paying the worker's full wages for the day of the accident/illness. *Following that day* [emphasis added], any lost time or reduction in wages that results from the accident/illness *must be* reported to the WSIB. The worker may be *entitled to receive WSIB loss of earnings benefits* [emphasis added]. (p. 20)

We can see how this policy creates an interest on the employer's part in having an injured employee appear at work the day after an injury. In my analysis, these supervisors used everything at their disposal to ensure that Alone Woman appeared at the factory the next morning. For Sattie, this directive points to the discursively organized order that intuitively moved her to report to work the next day.

The day of the accident is not as much of a concern for employers as the next day, when it is specifically important that the women not take time off because it would be the initial step in possible scrutiny and surveillance. This would open the door to what Michel Foucault (1975) would term the WSIB *panopticon*.⁷ According to Foucault (as cited in

⁷ The Panopticon is an architectural structure designed by Jeremy Bentham in the late 1700s for penitentiaries and later adapted to institutions such as asylums, hospitals, schools, and factories. The design allowed guards or authorities to constantly observe inmates in every cell from a central point without being seen (Foucault, 1975).

Moffatt, 1999), the primary effect of the panopticon is the internalization of a conscious state of permanent visibility by the inmate or employer in this case. This very high level of pressure on employers to make sure that there are no claims reveals that taking any time off work at all, and especially on the day or days immediately following an accident, activates this kind of process for them. This might help to understand the multiple forms of pressure that were directed at Alone Woman and the discourse that compelled Sattie to return to work the very next day after her injury.

Further compounding this order is the NEER Program. Its user guide (WSIB, 2011c) itemizes the different claim types based on LOE payments made to injured workers. For example, Claim Type 01 is defined as “LOE less than or = 1 week.” This means that five days or fewer off work is considered a Type 01 claim. Once the injured worker takes five and a half days off work because of a work-related injury, the claim is elevated to a Type 03. If a worker receives five days of LOE under Claim Type 01, this does not project any future costs. However, when the claim type passes the 01 level—if it moves to a level 03 or 04 or anything higher (up to level 15)—then the employer’s penalty is higher because this projects future costs. These claims will make a difference in an employer’s NEER statement (WSIB, 2011c) and trigger a reduction in rebates that could snowball into surcharges for an employer.

On the other hand, Elita (who has suffered from RSI for over a year) goes to her doctor’s appointments after work hours. The implications of this practice are reflected in the concept of lost time. Form 7: Employer’s Report of Injury/Disease: Reference Guide for Employers (WSIB, 2005c) states that lost time includes an absence “for part of a day . . .

including time off for a medical appointment or health care treatment for the injury” (p. 21); and Form 6: Workers’ Report of Injury/Disease: Reference Guide for Workers (WSIB, 2005b) states that the absence must be “for a partial day or an entire day or more. This includes time taken for a medical appointment or health care treatment for your injury/illness” (p. 17). In relation to the NEER Plan, as I mentioned above, the accumulation of half days elevates an employer’s claim type. Moreover, taking time off for medical appointments as a result of a work-related injury or accident classifies a claim as active, and thus employers can usually expect a higher surcharge or lower refund amount because of these active claims (WSIB, 2011c).

If Elita took time off work because she had the flu or had a dental appointment, this would be charged as a company expense but would not implicate the WSIB. Elita’s boss gave her two weeks off work as a gift if she had to have surgery, and he referred to this as two weeks of vacation pay. Because this does not implicate the compensation system in the injury, the company bears these costs, and the injury does not have to be declared to the WSIB. Consequently, the payments or benefits that accumulate as injury-related sick time are not considered LOE.

On the other hand, seeing a physiotherapist or family doctor because of a work-related injury, even for half a day, would be charged as lost time (as stated in Form 7; WSIB, 2005a). This would have to be reported to the WSIB and would likely be regarded by an employer as the initial step in incurring a possible surcharge as stipulated by the NEER Program. This creates a link between the local and translocal texts; Form 7 and the NEER Program, respectively. This connection can be further linked to the boss text, the WSIA

Section 83(1) (WSIB, 2011d), whose main thrust is to “to encourage workers’ return to work” (para. 1). These textually mediated ruling relations appear to have coordinated these employers’ claims control behaviours that led to the problematic in these women’s lives: the lack of time needed to recuperate and heal from their injuries.

Texts Used as Gatekeepers

Forms 6, 7, and 8

This section reveals how the local texts (Forms 6, 7, and 8), when activated and when activation is blocked, were used to facilitate gatekeeping into the system. In 1985 when Luzviminda’s injury occurred, her employer did not file Form 7 (WSIB, 2005a); nor did her attending physician file Form 8 (WSIB, 2005d) with the WSIB. The texts that make it possible to create a claim include Form 6 (WSIB, 2005e) for workers, Form 7 (WSIB, 2005a) for employers, and Form 8 (WSIB, 2005d) for health professionals. Moreover, the guidelines for Form 6 state that “the health professional (chiropractor, dentist, physician, physiotherapist or registered nurse extended class) treating you will then need to complete a report and send it to the WSIB so you can claim benefits” (p. 14). This makes the health care professional the formal gatekeeper to the system. Although Luzviminda filed Form 6 on her own, the inaction of her doctor has prevented her from receiving benefits from the WSIB for 26 years.

Alone Woman’s children, who were new to the system, filled out and filed her Form 6 (WSIB, 2005e). With regard to Form 7 (WSIB, 2005a), the Human Resources representative at her place of employment informed her that her application to the WSIB would be challenged. Also, when Alone Woman followed up on her application to the

WSIB, the WSIB told her that the company had informed it that she had already returned to work, whereas she was still recuperating at home. The WSIB representative later told her that she should listen to her employer, and she was refused benefits. In this case employers seem to be the more significant informal gatekeepers who work to keep the gates closed.

The instances of rejection that these two women faced are contrary to Elita's experience. Elita sought assistance from Human Rights and Legal Aid representatives who filled out and filed Form 6 (WSIB, 2005e) for her. Her claim was established, and she received WSIB benefits after six months. Elita's case reveals that these forms need to be filled out properly, signed, and submitted to the WSIB at the right time to activate a work-related injury or accident claim.

Second Injury and Enhancement Fund

An analysis of Sattie's situation provides clues to the coordination of two texts: Form 6 (WSIB, 2005e) at the local level and SIEF at the translocal level. Sattie's labour union representative completed her Form 6, and the WSIAT denied her claim on the basis that her injury was pre-existing. In this case the WSIAT appears to be the gatekeeper. As I noted in Chapter 2 under the definition and features of the NEER Program, Sattie's claim category would fall under the SIEF. Therefore, her current employer was not liable for her injury. In Form 6, Section C-7 states, "Have you hurt this/these area(s) of your body before? Yes or No; check 'yes' here if you have hurt an area of your body before" (p. 10). The Worker's Report of Injury/Disease: Reference Guide for Workers (WSIB, 2005b) further states that if a worker checks off "yes,"

It does not mean that we will deny your claim [emphasis added], but it will help us find earlier records that may assist with processing your claim. As well, it may reduce the costs of the claim for your current employer. (p. 10)

This, according to my analysis, is the part of the text (Form 6) that hooks Sattie's experience to the SIEF, a function of the NEER Program, and coordinates the problematic for her. Although all employers share the costs within the rate group of Sattie's employer, the gates have been closed to Sattie in terms of regular bi-weekly LOE benefits, but she has received a partial NEL award. The intricacies of these WSIB awards and the SIEF are beyond the scope of this research. However, it is clear that the textually mediated relations of ruling enhanced by the activation of these forms resulted in difficulties for the participants in this study.

Quarterly Statements of the NEER Program

I will point out the functions of Quarterly Statements⁸ in relation to gatekeeping. At the time that the women were injured, their injuries were already showing signs of becoming longer term or even permanent in nature. Elita had taken two days off work and filed a WSIB claim, whereas Alone Woman was too sick to get up and report to work. Luzviminda needed surgery, and Sattie could no longer endure the pain that she was experiencing. In relation to the NEER Program, the injuries of these women would be classified under Claim Types 03 or higher; and, if their claims were approved, they would start collecting LOE benefits for lost time and health care costs. because the NEER Program is cost driven, the total cost that an adjudicator determines for that claim is reflected in the employer's quarterly

⁸ The Quarterly Statement is composed of the NEER Claim Cost and the NEER Firm Summary Statements (WSIB, 2011d).

NEER Claim Cost Statement.⁹ Note that the adjudicator in this case is the agent who activates the text. For example, OHIP pays for the initial cost of healthcare, but WSIB pays these back, and they are reflected in the employer's NEER Statement once an injury or illness is established as work related. Applicable costs include rehabilitation or vocational retraining expenses (WSIB, 2011c). This is also reflected in the employer's NEER Firm Summary Statement,¹⁰ which, when computed, indicates whether the firm will receive a rebate or a surcharge.

Moreover, when an injury becomes long lasting, employers have to pay Permanent Disability Awards, NEL and regular LOE benefits, as well as Retirement Pension Contribution payments, to these women. As the NEER Program claims types listing states, these claims can be classified as either 11, 12, 13, or 14 (WSIB, 2011c). In all likelihood, this will result in surcharges for an employer. The NEER guidelines further state that the “cost of a serious injury can exceed half a million dollars over the injured worker's lifetime” (p. 3); again, these costs will be reflected in an employer's NEER Claims Cost Statement (WSIB, 2011d). An employer can manage these claims by making sure that injured workers return to work immediately and by offering modified work duties until the workers are ready to return to their regular duties. If this is done, the employer can still receive a rebate (WSIB, 2011c). This might explain why the employers inappropriately accommodated some of the women in this study at work, and, when it became clear that their injuries were likely

⁹ The NEER Claim Cost Statement gives employers the ability to (a) evaluate their incident experience, (b) monitor safety and return-to-work efforts on a quarterly basis, (c) and take quick action, if necessary, to improve safe workplace procedures and early and safe return-to-work programs (WSIB, 2011d).

¹⁰ The NEER Firm Summary Statement gives an employer the ability to compare an employee's record with the rate group average and previous record (WSIB, 2011d).

to be long term, they pressed the women to leave their employment. When the women chose not to self-terminate, it appears that their employers then took matters into their own hands and decided to terminate their employment; arguably, termination was potentially the most cost-effective alternative for the employer.

After losing their employment, all of these women applied for EI benefits for approximately 15 weeks as an initial period of support. Later, Luzviminda and Sattie sought CPP Disability benefits, and Alone Woman went on welfare after the WSIB refused her claim. All of these programs operate independently of the WSIB system and do not affect an employer's premium costs and surcharges because they are not reflected on the employer's NEER Quarterly Statement (WSIB, 2011c). Thus, in some cases the employers and their representatives encouraged the women to apply for EI or welfare.

It is important to note that, because of their intricate knowledge of the texts or policies, legal representatives seem to have become the holders of the keys to unlock the gates to the WSIB system. They continue to be the only remaining option for these women to secure benefits. Without this legal assistance, Alone Woman, Elita, and Sattie would not have been able to receive partial WSIB benefits (after approximately six months to one year from the date of their accidents). At the time of this writing, all four women have filed their appeals with the WSIAT and are awaiting their hearing dates. The stories of the participants in this study reveal *how* the power of texts at the local level can close the doors to the translocal and how a broader agenda can be proliferated by a simple text or form.

I end this section of the thesis with Alone Woman's declaration, "I can't sue company because the government is blocking me, Ontario government. Why?" This brings

to mind Sir William Meredith's (1913) aforementioned report, the original boss text that embodied the 'historic compromise' and is the essence of the existence of the WSIB. This text paved the way for the establishment of a system that was to provide workers with just compensation in exchange for the right to sue the company in the event of a work-related accident or illness. The compensation would also be provided for as long as the injury lasted. Even though Alone Woman did not accuse her employer of saying this to her directly, the compelling part of the context is that the whole organization of the WSIB—historically and currently—is built around preventing injured workers from suing the company.

CHAPTER 5: DISCUSSION

This research revealed how the WSIA and the use and interpretation of the NEER and MAP programs, in coordination with Forms 6, 7, and 8 and their corresponding user guides and directives, have coordinated textually mediated relations of ruling that appear to have activated the behaviours of employers and their representatives, and in turn dominated the lives of the participants. IE directs us to understand that these institutionally organized relations are often invisible to the participants, their employers, and health and service providers. In this chapter I will discuss the major findings from this study in relation to those in the relevant literature to reveal the new knowledge of the effects of the texts on the experiences of injured immigrant women.

Claims Control and Management

This research began with the standpoint of injured workers who were taken to hospitals in taxicabs rather than ambulances, offered rewards for not reporting their injuries, told that they would be challenged if they did report them, and for whom proper documentation was not filed, which thus impeded their receipt of compensation. These findings align with those in the literature that employers could be encouraged by WSIB experience rating policies and employers' own financial interests to engage in claims control and management practices (Eakin, et al., 2002; Endicott, 2011; Ison, 1994; Kralj, 1994; Lippel et al., 2007). A report that Endicott, head of an Experience Rating Working Group, submitted to the WSIB/WCB Funding Review revealed that employers are pushed to

conduct themselves in an antagonistic manner towards workers. In *thestar.com*, Bruser (2008) quoted an employer who stated, “If the incentives to hide these things would go away, the proper reporting would happen for the employees” (Company Response section, para. 1). This insight confirms that the NEER program coordinates the actions of employers, which are detrimental to injured workers.

Furthermore, all four women in this study lost their employment; two were terminated, and the other two left on their own because of difficulties with work accommodations (Eakin et al., 2002). In her investigation into the NEER program, Endicott (2011) similarly reported that injured workers are pushed out of work because they “represent a risk” (p. 9) to the company under the NEER program. For this reason, already objectified workers become even more marginalized when they are injured; this was the experience of the women in this research. Endicott further stated that injured workers are left without the support of the WSIB (Eakin et al., 2002), just as the women in this study had to rely on EI, CPP Disability benefits, or welfare because the cause of their dismissal was deemed to be unrelated to the work-related injury claim. Ison (1994) likewise argued that injured workers often have to resort to “welfare (social security) or other sources of income” (p. 203).

This study also revealed that labour unions could not provide much assistance to the participants, which, consequently, forced them to seek the aid of human rights organizations, injured workers advocates, legal aid, and the legal system to seek benefits from the WSIB. Moreover, because their employers had challenged their claims, all four participants had to appeal to the WSAIT as a last resort, which made the support of legal representatives most

valuable (Lippel, 2007; Lippel et al., 2007). These findings align with those of both Endicott (2011) and Ison (1994), who stressed that those who benefit and profit most from experience rating are professionals and paralegal organizations. Ison further stated that “experience rating is contrary to the public interest, contrary to the interests of workers, and contrary to the interests of the majority of employers” (p. 216). Moreover, claims control strategies (such as claims monitoring, hiring of consulting firms, hiring of paramedical personnel, and requiring consultation with numerous doctors)—strategies that my participants’ experiences also made visible—“add directly to the overall cost of the system” (p. 207).

Workplace Health and Safety

The stories of the participants reveal how these injured workers who experienced even severe trauma were sent to the hospital by their supervisors in taxicabs instead of ambulances. The employers’ decision to use this mode of transportation reflects a lack of safety and care for injured workers who need immediate medical attention, especially at the time of the accident when failure to provide appropriate and immediate attention can exacerbate the severity and duration of the injury. How safe are our workplaces under the NEER program when the emphasis of employers appears not to be on worker safety, but on increased financial rebates? Ison (1994) reported that employers have implemented a “gimmick type of safety program” (p. 203) that entices workers and their co-workers to minimize the reporting of claims. At the macro level, because most accident-prevention programs are designed using claims data—data that do not reflect the actual incidence of workplace injuries because of (encouraged/forced) underreporting—experience rating

policies and practices negatively affect the design of programs for the prevention of and response to workplace injury (Endicott, 2011; Ison, 1994; OLCWCN, 2011).

Recuperation and Recovery

Encouraging early and safe return to work is one of the goals of the NEER program (WSIB, 2011c). This study has illustrated that the hidden elements of the NEER program work to adversely affect how employers interpret this goal, because injured workers are often encouraged, or even harassed, to return to work the day after a serious accident, regardless of whether they are able to do so safely. The emphasis is on early rather than safe. Eakin et al. (2002) explained that injured workers get limited “time out after an injury (some hardly any at all) and are urged to go back to work as soon as physically possible, often while still in a fragile and vulnerable physical and emotional state” (p. 41). This does not allow injured workers the time that they need to recuperate from an accident or recover and heal (Eakin et al., 2002; OLCWCN, 2011). Endicott (2011) similarly illustrated that this is one of the most pervasive problems that injured workers encounter. She stressed that injured workers experience adversity from WSIB case managers, who favour the employer’s return-to-work offers even if they are not suitable for or in the best interests of the injured worker. These findings are comparable to the experiences of the participants in this study.

A *thestar.com* article entitled “Hiding Injuries Rewards Companies” (Bruser, 2008) revealed that employers either “downplayed or improperly handled” (para. 8) approximately 11,000 work-related injuries between 2000 and 2007. An employer also stated that “lost time claims can be expensive and that the WSIB pushes companies to give the wounded work as soon as possible” (Eakin et al., 2002, p. 7). This state of affairs has brought about a

proliferation of employer consultants (part of the group who appear to benefit the most from experience rating) who work to take advantage of the guidelines (and loopholes) of the NEER program that advantage employers over injured workers (Endicott, 2011; Ison, 1994).

Endicott (2011) stated that when an injured worker takes time off for healthcare appointments, the experience rating system considers the claim as active, which thereby affects an employer's experience-rating status in a negative way. This study sheds light on the experience of one of the participants who suffered a prolonged injury but believed that she had no alternative but to schedule her doctor's appointments after work hours (Endicott, 2011). Although this practice spares the employer an injury claim, it is not conducive to recovery and aggravates the already difficult conditions that women face (Lippel et al., 2007; such as working while in pain, having to care for their families after work hours while in pain, and then having to report to work again the next day with the same, if not worse, pain). These findings align with Endicott's argument that injured workers consider this a "perverse system" (p. 8) that derails the opportunity to heal.

For many injured workers this practice results in a secondary injury (Lippel, 2007), as it did with all of the participants in this study. Because of the need to compensate for an injured body part, the chance of developing a secondary injury in another body part increases. Moreover, without sufficient time to heal, the likelihood that temporary injuries will reoccur and become permanent disabilities is much higher (Lippel et al., 2007)—an outcome that the participants in this research also experienced. Endicott (2011) further stated that the "combination of experience rating and WSIB support for early return to work

has resulted in the virtual elimination of the concept of time to heal with life altering consequences” (p. 9; Eakin et al., 2002).

Toll on Immigrant Women

What has been exemplified in both this study and the relevant literature is the adversarial treatment of injured workers at the hands of their employers and their representatives. The directives of the NEER program and the potential consequences for employers have most likely created what Ison (1994) called “an incentive for employers to provide information to a compensation board, but only adverse information” (p. 203) to the WSIB. Ison asserted that the adversarial conditions in compensation systems are more discriminatory to women and that the “temperaments of men are better able to cope with adversarial proceedings than the temperaments of women” (p. 203). Although this finding did not emerge from my conversations with the participants in this study, Ison’s ideas suggest the possibility that injured immigrant Women of Colour might struggle even more with managing this adversarial system (Lippel et al., 2007; OLCWCN, 2011).

The accumulation of the participants’ negative experiences in their interactions with employers, case managers, medical professionals and service providers created secondary trauma for the four women in the study, a finding that is also supported in the literature (Lea, 2005; Lippel, 2007; OLCWCN, 2011). Some of these experiences include harassment, the challenging and denial of claims, pressure to return to work before they are ready, the determination that they are able to work in conditions that are incompatible with their injuries, enrolment in programs that are inappropriate or unsuitable for a worker, and the concomitant pressure from others to participate in these programs nonetheless. In addition,

these hostile experiences have been so grave that one of participants has been diagnosed with clinical depression and requires psychiatric intervention, including medication. Ison (1994) argued that these conditions not only create anxiety, distress, and an adverse impact on the psychological state of injured workers, but also increase the severity of a disability (p. 206; Lea, 2005; Lippel, 2007).

The compounded effects of adversarial experiences and psychological damage has caused turmoil for the families of injured workers; for example, suicide attempts by family members, marital separation, more arguments and greater hostility in the home, and the inability to provide adequate support to one's children. Ison (1994) likewise reported unsympathetic reactions of family members to the injuries of workers. Also, because the women in this study have limited financial support (in the form of benefits from the WSIB and elsewhere), they are all now living in poverty (OLCWCN, 2011; Thunder Bay & District Injured Workers Support Group, 2008). They have become completely dependent on family members or friends for physical, financial, and emotional supports. Given the stress that the injury and the consequences of an inadequate compensation system place on family systems, this dependence is often problematic and only exacerbates already challenged relationships. It has also caused the women's disempowerment and desperation, and for the families and friends, ongoing difficulties.

Research Strengths and Limitations

In this research project I have only scratched the surface of the possible impacts of the WSIA, specifically the NEER program, on the experiences of injured workers. I recognize that the sample size is small, yet I hope that, with the use of an IE lens, I have

offered a glimpse into the everyday/night experiences of four women who are being ruled and silenced by an institution that is universal in the province of Ontario. It is important to remember, however, that this Ontario institution resembles and operates very similarly to compensation systems in the rest of the Canadian provinces and territories and in countries across the industrialized world (Lippel, 2007). An analysis of this policy (which is similarly common to these systems) ensures the reliability of this research project (Carroll, 2006). Moreover, the length of time that the participants have been under these relations (which have extended from 6 to 26 years) offers a longitudinal perspective on the impacts of experience rating on injured workers.

It is also important to note that, because I did not interview employers, this study relied on the related literature (e.g., Campolieti et al., 2006; Eakin et al., 2002; Harcourt et al., 2007; Kralj, 1994) to develop insights from other analyses into how the texts influence employers and operate in the lives of injured workers.

The NEER program is complex, and I hope that the small overview presented in this research offers rich insights into the ways that it objectifies injured workers. The technicalities of the NEER Program and the boss text, the WSIA, were not the emphasis of this research; rather, it was the implications of these laws and policies for the lives of injured workers, specifically immigrant women. Moreover, this research project cannot do justice to capturing the human side—the distress, emotional toll, and trauma that the participants experienced. The content of the interviews and the verbal and nonverbal communication that the interviews evoked reveal the immense distress that the process of navigating the workers' compensation system and the impacts of its policies have caused these women.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

In this thesis I first presented a glimpse of the background of the compensation system and touched on policies that have influenced its transformation throughout history. Almost 100 years ago Sir William Meredith made an attempt to establish an equitable workers' compensation system in Ontario. The past 25 years have seen drastic changes with a compensation system under the influence of neoliberal forces that has come to resemble a private market-based insurance model. Notably, all these shifts have originated from changes within the WSIA, the most drastic of which was the deletion of the words "fair compensation" from the Act in 1997 (WSIB, 2011d).

On the other side of the arena, because Canada is a settler state whose economy and growth depend on immigration, and because campaigns in the past 20 years have been geared towards citizens from Third World countries, people of colour have made up the majority of newcomers. Hence I decided to focus on the experiences of Women of Colour in this study. With their already vulnerable standing and need to acculturate to the mainstream, when they experience work-related injuries, they become entangled in the workers' compensation system's policies.

As the experiences of the women in this study and the related literature reflect, the process of navigating the system appears to be complicated for injured workers and employers alike, and injured immigrant women workers suffer a great deal as a result. I hope that with the aid of IE and an explication of how the texts (Forms 6, 7, and 8; the NEER

program, and the WSIA), when activated, work to organize textually mediated relations of ruling, I have brought some clarity to the process; for example, how the wordings in local texts (Forms 6, 7, and 8) directly point to the translocal text (NEER program) and the boss text (WSIA) and how they are so organized, as well as how they then impact the employers and injured workers. To me, the solution is very simple: The NEER program is not working for injured workers or employers and needs to be jettisoned. I understand that it will take time and perhaps decades for these changes to take effect because neoliberal forces have gained a foothold on the system. Therefore, I propose some immediate measures.

Short-Term Proposals

Some of these proposals might not seem directly connected to experience rating, yet I believe it is critically important to provide immigrants, especially recent immigrants, with accessible information about the policies and resources of the WSIB. The legislation governing WSIB policies and practices and how they have been taken up have resulted in a compensation system that is complex, difficult to navigate, and seemingly not user friendly. Clear, easily understood information that is available in many languages and formats would arguably provide them with information on their rights and the nuances of the system to decrease their level of vulnerability, especially if they are dealing with work-related injuries or illnesses (Kosny, 2011).

There is a need to disseminate information on the WSIB and its services at arrival centers for immigrants. Likewise, there is a need to redesign Ontario's WSIB website to include as many languages as possible to serve the needs of recent immigrants. It could follow the initiative of WorksafeBC, a website that includes a video in multiple languages,

which would give immigrants with minimal reading skills knowledge about the WSIB and its services (Kosny, 2011).

Further, there is a need to acknowledge the secondary trauma created by the process of navigating the WSIB system and acknowledge this as a cause of emotional distress (Lippel et al., 2007). It would be helpful to establish an easy-access telephone call service for injured workers who need emotional support. Also, counselling needs to be available without injured workers having to navigate an extensive gatekeeping process. Injured workers need to have time to grieve the loss of their capacities and change in lifestyle (including their reduced income and empowerment). Likewise, early and safe return to work needs to be on a case-by-case basis because injured workers need to have appropriate time to heal and recuperate. Treatment needs to be focused on the whole person and not just on an injured worker's body parts. Holistic care and unfragmented support are also required. Finally, the availability of supportive caseworkers can significantly aid in the healing process (Lippel, 2007), and social workers will play crucial roles.

Future Research

It would be beneficial for reputable and neutral entities that have no financial interests in the expansion of experience rating to conduct qualitative research. Currently, the WSIB appears to adopt the recommendations of market-based consultancy firms. It is important to listen to the stories and concerns of all stakeholders: employers, case managers, service providers, health care providers, legal professionals, and injured workers. This would create more balanced knowledge on the impacts of experience rating on all these groups. It is crucial that research lead to action that will influence stakeholders to come to

the table to discuss a policy that will be equitable for all parties concerned, especially the most marginalized, the injured.

Dissemination and Advocacy Plan

Upon the completion of this thesis I will develop a plain-language version that I will disseminate to the participants in this study. I will also develop a two-page summary and PowerPoint presentation that I will deliver to injured workers' advocacy groups and, possibly, post on their websites. This study is only a beginning. I will use this information as a foundation to build on future research and social action with injured-worker and labour groups. In addition, this information will create awareness among workers who are not injured to encourage them to join in advocacy efforts. The stories of the women will serve as reminders to those who are healthy today that a work-related injury is just a slip away, just as in Luzviminda's experience, or that a work-related accident can occur while one is standing on the production floor (trying to do a good act), just as Alone Woman was doing when a nine-kilogram carton fell from a conveyor belt and hit her head while she was relieving an elderly female co-worker who was taking a coffee break. This material can also be used for dramatizations conducted by injured workers' advocacy groups. And, to achieve even bigger dreams, policy makers and WSIB decision makers could use this material as data to create make more equitable policies.

Finally, it is helpful for injured workers to direct their actions towards the fight for human rights or to turn their anger and resentment at the immigration system, as have the women in this study. And, yes, there is a need to revisit our values (Endicott, 2011), for employers to be held responsible for workplace injuries, and for governing bodies to take

responsibility and be held accountable; however, I fear that the problem will still not go away. Injured workers will still have to report to work the next morning after a serious injury, have to attend to health care after work hours, or have to rely on EI, the Ontario Disability Support Program, or CPP Disability Benefits for immediate support. IE tells us to direct our actions to change laws and policies that are unjust and oppressive to the marginalized. We are here to change the policy, not the people.

I end with Justice Sir William Meredith's (1913) last words in his final report of October 31, 1913, which laid the foundation for the workers' compensation system:

Half measures which mitigate but do not remove injustice are, in my judgment, to be avoided. That the existing law inflicts injustice on the workingman is admitted by all. From that injustice he has long suffered, and it would, in my judgment, be the gravest mistake if questions as to the scope and character of the proposed remedial legislation were to be determined, not by a determination of what is just to the working man, but of what is the least he can be put off with; or if the Legislature were to be deterred from passing a law designed to do full justice owing to the groundless fears that disaster to the industries of the Province would follow from the enactment of it. (p. 22)

The evidence that I have presented based on the stories of the participants, the related literature, funding reviews and reports, advocates and injured workers' groups, and the insights of a number of employers point to a resounding call to repeal Section 83 of from the WSIA.

Alone Woman succinctly stated:

Nobody can sue government. If all the lawyers including everybody drop his job for one day, stand up for justice and change, this is changeable. But I work for my bread, and they have to work for their bread; who is going to change it?

Afterword: Emotions: Do They or Don't They Fit in an IE Frame?

In this reflection I will discuss how I struggled with a number of tensions in using an IE approach: tensions involved not only in how to do it right, but also in some of the things that IE leaves out. First, the value of emotion was part of my theoretical perspective in this research project, but it does not seem to work in synchrony with IE. I acknowledge that what is not reflected in the written paper and the analysis is the strength of emotion in the creation of knowledge: the emotion that the participants experienced and expressed was somehow lost. I hinted at it, but did not—and perhaps could not—bring it into this thesis more extensively.

I wanted to pay attention to emotion because I was very traumatized—and still am traumatized—by my own work-related injury and the process of navigating the system. I also felt very strongly about the participants' revelations in the interviews that they too experienced and are still experiencing trauma. Likewise, as a researcher, I was worried that the interviews would re-traumatize them. It seems contradictory that although emotions are a part of my theoretical perspective, I did not pay enough attention to them.

Because I adopted an IE methodology I had to view emotion as emotional work and use it simply as an entry point to be able to explicate the ruling relations brought about by experience rating. But I believe that emotion is very important because it is the vehicle that led me to the problematic, and I used emotion itself as data. IE allowed me to pay attention to the emotions and ponder them only as a way into the texts. I then had to set emotions aside, because my job was to look upwards to the system—to the translocal where these texts

are organized. IE told me not to pay attention to emotion but, instead, to elaborate on my political position.

I also wondered if and how my own insider status—and thus my own emotions—might direct my research questions or whether my questions were really about, not my own, but the women’s experiences, their emotional responses, and their own oppression. Having now completed the work, I would say both. As an insider-researcher I have firsthand experience of my research topic (Breen, 2007) and share similar experiences and ways of knowing with the respondents. As the researcher I realized, too, that I have a privileged status over the participants. I thought that both of these positions would make me an ally who would work together with the women towards fighting this same big machine (Lippel et al., 2007). As I mentioned earlier, I recruited the participants at an Injured Workers’ Rally which, in a way, made us co-conspirators. In addition, Staples (2001) argued that sharing the same experiences of oppression with the respondents makes it possible to explore “fundamental questioning which challenges accepted wisdom about social conditions and power relations” (p. 27). This, in turn, according to Staples, creates an awareness that encourages respondents to seek creative ways of effecting change. Moreover, my positioning as an insider has given me a personal stake in the issues, which has generated my own passion, energy, and commitment (Staples, 2001).

Translating this into IE terms, the *women and I* are being subjugated by the same ruling relations and share similar distressed emotions: the source of our problematic.

G. W. Smith (1990) added that

the sociologist cannot know her world from outside, but only from inside its organization. The Archimedean point from which the professional sociologist has traditionally launched his investigations no longer exists in its pristine state. Consequently, Smith discovered the problematic of her research from within the everyday world, of which she too is a member (Smith 1987). Moreover, her inquiry is best understood as an effort to extend her knowledge as a member of this world (Garfinkel, 1967) to its extra-local forms in social organization. (p. 631)

Reflecting further on the process of the research, more puzzles arose: Does IE as a methodology prompt us to be less human? In asking researchers to set emotion aside, does IE help us to focus our actions in the “right” way—towards the institution—and on the “right” places? Or does it actually deny something tremendously important about us—our experiences—and the people we interview? In completing my thesis research, my decision was dictated by what IE articulates as the more urgent need: “Keeping the institution in view” (McCoy, 2006, p. 109). The research is not about people, but about systems (C. Sinding, personal communication, December 12, 2011). I needed to set these troubled thoughts aside; otherwise, consultancy firms and neoliberal forces would gain an even stronger foothold on the system.

Then I asked, “Was IE the best possible approach for what I needed to do?” How do I feel now about the research and about having used an IE approach? After having contemplated these questions and the goals of the methodology and then reflected on what I came to understand by conducting the research, I now believe that IE has helped me, as well as all injured workers, to understand that the problematic lies, not within us (or perhaps not even within our employers, service or healthcare providers), but in how the system is organized the way that it is. IE enables us to direct our actions to the proper places (DeVault, 2006) because now we know *what* we are fighting.

REFERENCES

- Adamson, N., Briskin, L., & McPhail, M. (1989). Feminist organizing for change: The contemporary women's movement in Canada. *Canadian Journal of Political Science*, 22, 414-415.
- Breen, L. (2007). The researcher 'in the middle': Negotiating the insider/outsider dichotomy. *The Australian Community Psychologist*, 19(1), 163-174. Retrieved from http://www.groups.psychology.org.au/Assets/Files/Breen_19%281%29.pdf
- Brodie, J. (2002). The great undoing: State formation, gender politics, and social policy in Canada. In C. Kingfisher (Ed.), *Western welfare in decline: Globalization and women's poverty* (pp. 90-110). Philadelphia: University of Pennsylvania Press.
- Bruser, D. (2008, June 29). Hiding injuries rewards companies. *thestar.com*. Retrieved from <http://www.thestar.com/News/GTA/article/451322>
- Campbell, M. L. (2006). Institutional ethnography and experience as data. In D. Smith (Ed.), *Institutional ethnography as practice* (pp. 91-107). Lanham, MD: Rowman & Littlefield.
- Campbell, M. L., & Gregor, F. (2002). *Mapping social relations: A primer in doing institutional ethnography*. Toronto, ON, Canada: University of Toronto Press.
- Campolieti, M., Hyatt, D., & Thomason, T. (2006). Experience rating, work injuries, and benefit costs: Some new evidence. *Industrial Relations*, 61(1), 118-145.
- Carroll, W. K. (2006). *Critical strategies for social research*. Toronto, ON, Canada: Canadian Scholars' Press.
- Clare, P. (2007a, August 29). All injured workers need fair treatment. *The Observer*. Retrieved from <http://www.theobserver.ca/ArticleDisplay.aspx?e=689194&archive=true>
- Clare, P. (2007b). *Answers on WSIB insufficient*. Retrieved from http://www.ciws.ca/articles_ontario_clare_mahoney_wsib_insufficient.htm
- Community Legal Education Ontario. (2011). *Board administration and general adjudication principles*. Toronto, ON, Canada: Author.

- DeVault, M. L. (2006). Introduction: What is institutional ethnography? *Social Problems*, 53(3), 294-298. Retrieved from <http://www.jstor.org.libaccess.lib.mcmaster.ca/stable/pdfplus/10.1525/sp.2006.533.294.pdf?acceptTC=true>
- DeVault, M. L., & McCoy, L. (2006). Institutional ethnography: Using interviews to investigate ruling relations. In W. K. Carroll (Ed.), *Critical strategies for social research* (pp. 191-205). Toronto, ON, Canada: Canadian Scholars' Press.
- Deveau, J. L. (2008). Examining the institutional ethnographer's toolkit. *Socialist Studies: The Journal of the Society for Socialist Studies*, 4(2), 1-20. Retrieved from <http://www.journals.sfu.ca/sss/index.php/sss/article/download/63/59>
- Deveau, J. L. (2011). Workplace accommodation and audit-based evaluation process for compliance with the Employment Equity Act: Inclusionary practices that exclude: An institutional ethnography. *Canadian Journal of Sociology*, 36(3), 151-172. Retrieved from <http://ejournals.library.ualberta.ca/index.php/CJS/article/view/10479slash9018>
- Eakin, J. M., Clarke, J., & MacEachen, E. (2002). *Return to work in small workplaces: Sociological perspective on workplace experience with Ontario's "early and safe" strategy*. Report on Research Funded by the Research Advisory Council of the Ontario Workplace Safety and Insurance Board. Retrieved from <http://www.cspdm.ca/upload/267>
- Endicott, M. (2011). *Experience rating: An addiction looking for a rationale?* Submission to the WSIB/WCB Funding Review. Experience Rating Working Group. Retrieved from http://www.google.ca/search?sourceid=navclient&ie=UTF-8&rlz=1T4ACAW_en_CA403&q=Experience+Rating%3a+An+Addiction+Looking+For+A+Rationale%3f+Experience+Rating+Working+Group+Marion+Endicott
- Evans, B., & Albo, G. (2008, September 25). Harper's bunker: The state, neo-liberalism, and the election. *The Bullet*, p. 139. Retrieved from <http://www.socialistproject.ca/bullet/bullet139.html>
- Foucault, M. (1975). *Discipline & punish: The birth of the prison*. 3. Panopticism (A. Sheridan, Trans.). Retrieved from <http://foucault.info/documents/disciplineAndPunish/foucault.disciplineAndPunish.panOpticism.html>
- Gravel, S., Vissandjée, B., Lippel, K., Brodeur, J. M., Patry, L., & Champagne, F. (2010). Ethics and the compensation of immigrant workers for work-related injuries and illnesses. *Journal of Immigrant Minority Health*, 12, 707-714.

- Green, M. (2010). *Letter to the provincial leaders re: Worker's Compensation platforms*. Retrieved from http://www.injuredworkersonline.org/Documents/Green_Letter_to_the_Provincial_Leaders_Nov2010.pdf
- Guyton, G. P. (1999). A brief history of workers' compensation. *Iowa Orthopaedic Journal*, 19, 106-110. Retrieved from http://www.kcet.org/shows/social_connected/content/economy/a-history-of-worker-safety.html
- Harcourt, M., Lam, H., & Harcourt, S. (2007). The impact of workers' compensation experience-rating on discriminatory hiring practices. *Journal of Economic Issues*, 41(3), 681-699. Retrieved from <http://web.ebscohost.com.libaccess.lib.mcmaster.ca/ehost/pdfviewer/pdfviewer?vid=3&hid=19&sid=1229ecd6-e25e-4e6a-bc8e-b741814db9c7%40sessionmgr13>
- Heath, B., Cook, B., Lunansky, L., Buonastella, O., Mantis, S., Knelsen, W., . . . Reilly, P. (2009). *Injured workers and poverty survey*. Retrieved from <http://www.injuredworkersonline.org/Documents/InjuredWorkerSurveyReportJune2009.pdf>
- Hick, S. (2007). *Social welfare in Canada: Understanding income security* (2nd ed.). Toronto, ON, Canada: Thompson Educational.
- Hubbard, G., Backett-Milburn, K., & Kemmer, D. (2001). Working with emotion: Issues for the researcher in fieldwork and teamwork. *International Journal of Social Research Methodology*, 4(2), 119-137.
- injuredworkersonline.org. (2010). *Fact sheet: Experience rating*. Retrieved from http://www.injuredworkersonline.org/Documents/fact_sheet_on_ExperienceRating_2010.pdf
- injuredworkersonline.org. (n.d.). *Fact sheet: Deeming is demeaning*. Retrieved from http://www.injuredworkersonline.org/Documents/fact_sheet_on_%20Deeming_2010.pdf
- Ison, T. G. (1994). *Compensation systems for injury and disease: The policy choices*. Toronto, ON, Canada: Butterworths.
- Ison, T. G. (2010). *Health & safety and WCB conference of the Joint Ontario Federation of Labour and Ontario Network of Injured Workers Groups*. Retrieved from Lecture Notes Online Web site: http://www.injuredworkersonline.org/Documents/Ison_WCB_Conf_Nov2010.pdf
- Jackson, W., & Verberg, N. (2007). *Methods: Doing social research* (4th ed.). Toronto, ON, Canada: Pearson Prentice Hall.

- Khayatt, D. (1995). Compulsory heterosexuality: Schools and lesbian students. In M. Campbell & A. Manicom (Eds.), *Knowledge, experience, and ruling relations* (pp. 108-121). Toronto, ON: University of Toronto Press.
- Kirkham, S. R. (2003). The politics of belonging and intercultural health care. *Western Journal of Nursing Research*, 25(7), 762-780.
- Kosny, A. (2010). *Immigrant workers' experiences after work-related injury and illness*. Institute for Work and Health. Retrieved from <http://www.iwh.on.ca/immigrant-workers-experiences#introduction>
- KPMG Peat Marwick Stevenson & Kellog, Management Consultants. (1990). *Workers' Compensation Board, NEER case studies: Final Report, prepared for the Workers' Compensation Board, Research and Evaluation Branch*. Toronto, ON, Canada: Author.
- Kralj, B. (1994). Employer responses to workers compensation insurance experience rating. *Relations Industrielles*, 49(1), 41-57. Retrieved from [http://scholar.google.ca/scholar?q=Kralj,+B.+\(1994\).+Employer+responses+to+workers+compensation+insurance+experience+rating.+Relations+Industrielles&hl=en&as_sdt=0&as_vis=1&oi=scholar](http://scholar.google.ca/scholar?q=Kralj,+B.+(1994).+Employer+responses+to+workers+compensation+insurance+experience+rating.+Relations+Industrielles&hl=en&as_sdt=0&as_vis=1&oi=scholar)
- Lea, G. W. (2005). *Secondary traumatization of work-related rehabilitation clients*. Retrieved from http://www.ciws.ca/dr_lea_secondary_traumatization_wounding_injury.pdf
- Lippel, K. (1999a). Therapeutic and anti-therapeutic consequences of workers' compensation systems. *International Journal of Law and Psychiatry*, 22(5-6), 521-546. Retrieved from http://journals1.scholarsportal.info.libaccess.lib.mcmaster.ca/details.xqy?uri=/01602527/v22i5-6/521_taacowc.xml
- Lippel, K. (1999b). Workers' compensation and stress: Gender and access to compensation. *International Journal of Law and Psychiatry*, 22(1), 79-89. Retrieved from http://journals1.scholarsportal.info.libaccess.lib.mcmaster.ca/details.xqy?uri=/01602527/v22i0001/79_wcas.xml
- Lippel, K. (2003). The private policing of injured workers in Canada: Legitimate management practices or human rights violations? *Policy and Practice in Health and Safety*, 1(2), 97-118.


- Lippel, K. (2007). Workers describe the effect of the workers' compensation process on their health: A Québec study. *International Journal of Law and Psychiatry*, 30, 427-443. Retrieved from http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6V7W-4PCXXKB-1&_user=10&_coverDate=10%2F31%2F2007&_rdoc=1&_fmt=high&_orig=search&_origin=search&_sort=d&_docanchor=&view=c&_searchStrId=1513684503&_rerunOrigin=google&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=592fe57c7f89800325f2b90c45797bfb&searchtype=a
- Lippel, K., Lefebvre, M. C., Schmidt, C., & Caron, J. (2007). *Managing claims or caring for claimants: The effects of the compensation process on the health of injured workers*. Research report, Université du Québec a Montréal. Retrieved from http://www.google.ca/search?sourceid=navclient&ie=UTF-8&rlz=1T4ACAW_en__CA403&q=lippel+Managing+claims+or+caring+for+claimant%27s%3a+The+effects+of+the+compensation+process+on+the+health+of+injured+workers.
- MacEachen, E. (2000). The mundane administration of worker bodies: From welfarism to neoliberalism. *Health, Risk, & Society*, 2(3), 315-327. Retrieved from <http://www.informaworld.com/smpp/content~db=all~content=a713670167~frm=abslink>
- Mantis, S. (2008). *Annual report injured workers 2007-2008*. Retrieved from http://www.injuredworkersonline.org/Documents/IW_Annual_Report_200708.pdf
- McCoy, L. (2006). Keeping the institution in view: Working with interview accounts of everyday experience. In D. Smith (Ed.), *Institutional ethnography as practice* (pp. 109-125). Lanham, MD: Rowman & Littlefield.
- McLaughlin, K. (2005). From ridicule to institutionalization: Anti-oppression, the state, and social work. *Critical Social Policy*, 25(3), 283-305. doi: 10.1177/0261018305054072
- Meredith, W. R. (1913). *The Meredith report: Final report by the Hon. Sir William Ralph Meredith*. Retrieved from http://www.awcbc.org/common/assets/english%20pdf/meredith_report.pdf
- Ministry of Labour, Office of the Employer Adviser. (2001). *Employer costs*. Retrieved from <http://www.gov.on.ca/LAB/oea/html/costs.html>
- Moffatt, K. (1999). Surveillance and government of the welfare recipient. In A. Chambon, A. Irving, & L. Epstein (Eds.), *Reading Foucault for social work* (pp. 219-245) New York: Columbia University Press.

- Ontario Federation of Labour. (2011). *Policy paper: Prevent, protect, compensate for the next generation*. Retrieved from <http://www.ofl.ca/uploads/convention/OFL2011-PolicyPaper-PreventProtect.pdf>
- Ontario Network of Injured Workers Groups. (2009). *Injured workers and poverty survey*. Retrieved from <http://www.injuredworkersonline.org/Documents/InjuredWorkerSurveyReportJune2009.Pdf>
- Ontario Legal Clinics' Workers' Compensation Network. (2011). *WSIB funding review*. Retrieved from http://www.google.ca/search?sourceid=navclient&ie=UTF-8&rlz=1T4ACAW_en__CA403&q=lippel+Managing+claims+or+caring+for+claimant%27s%3a+The+effects+of+the+compensation+process+on+the+health+of+injured+workers.
- Page, P., Mantis, S., & Crevar, K. (2010a). *Media advisory: Injured workers 'bake sale' against cuts to compensation*. Retrieved from http://www.injuredworkersonline.org/Documents/InjuredworkerChristmasRally_2010_MediaAdvisory_ONIWG.pdf
- Page, P., Mantis, S., & Crevar, K. (2010b). *Who cares about injured workers to-day?* Retrieved from http://www.injuredworkersonline.org/Documents/ONIWG_OpenLetter_Nov10_2010.pdf
- Proffitt, S. (2010). *A history of worker safety*. Retrieved from http://www.kcet.org/shows/socal_connected/content/economy/a-history-of-
- Quesnel, S. (2008). *Canada is unsafe because government not enforcing laws*. Retrieved from http://www.ciws.ca/articles_ontario_day_mourning_barb_noel.htm
- Smith, D. (1987). *The everyday world as problematic: A feminist sociology*. Toronto, ON, Canada: University of Toronto Press.
- Smith, D. (1990). *The conceptual practices of power: A feminist sociology of knowledge*. Boston: Northeastern University Press.
- Smith, D. (1999). *Writing the social: Critique, theory, and investigations*. Toronto, ON, Canada: University of Toronto Press.
- Smith, D. (2005). *Institutional ethnography: A sociology for people*. Lanham, MD: Alta Mira Press.
- Smith, D. (Ed.). (2006). *Institutional ethnography as practice*. Lanham, MD: Rowman & Littlefield.
- Smith, G. W. (1990). Political activist as ethnographer. *Social Problems*, 37(4), 629-648.

- Smith, P., Mustard, C., Chen, C., Kosny, A., & Chan, S. (2009). *An examination of the working conditions and risk factors for work-related injuries among immigrant workers in Canada*. Retrieved from <http://www.iwh.on.ca/plenaries/2009-feb-03>
- Staples, L. H. (2001). Insider/outsider upsides and downsides. *Social Work With Groups*, 23(2), 19-35. Retrieved from http://www.informaworld.com/smpp/content~db=all?content=10.1300/J009v23n02_03
- Statistics Canada. (2006). *2006 census: Immigration, citizenship, language, mobility, and migration*. Retrieved from <http://www.statcan.gc.ca/daily-quotidien/071204/dq071204a-eng.htm>
- Stein, J. G. (2001). *The cult of efficiency*. Toronto: ON, Canada: House of Anansi Press.
- Storey, R. (2006). Social assistance or a worker's right: Workmen's compensation and the struggle of injured workers in Ontario, 1970-1985. *Studies in Political Economy*, 78(3), 67-91. Retrieved from <http://spe.library.utoronto.ca/index.php/spe/article/viewFile/5213/2102>
- Thunder Bay and District Injured Workers Support. (2008). *Poverty in motion: The rippling effects*. Retrieved from <http://www.injuredworkersonline.org/Documents/PovertyMotionReport.pdf>
- Tregaskis, C., & Goodley, D. (2005). Disability research by disabled and non-disabled people: Towards a relational methodology of research production. *International Journal of Social Research Methodology*, 8(5), 363-374.
- Tsui, M., & Cheung, F. C. H. (2004). Gone with the wind: The impacts of managerialism on human services. *British Journal of Social Work*, 34, 437-442.
- Workplace Safety and Insurance Board. (2000). *Injury/illness and return to work/function, Appendix 2*, 28, 1-28. Retrieved from http://www.google.ca/webhp?sourceid=toolbar-instant&hl=en&ion=1&qscr=1&nord=1&rlz=1T4ACAW_en__CA403#hl=en&cp=12&gs_id=b&xhr=t&q=wsib+history&pf=p&sclient=psy-ab&qscr=1&nord=1&rlz=1T4ACAW_en__CA403&site=webhp&source=hp&pbx=1&oq=wsib+history&aq=0&aqi=g1&aql=&gs_sm=&gs_upl=&bav=on.2,or.r_gc.r_pw.,cf.osb&fp=7ebc78c46a4dcbbb&ion=1&biw=1264&bih=604
- Workplace Safety and Insurance Appeals Tribunal. (2010). *What is the difference between the WSIAT and WSIB Appeal Branch?* Retrieved from <http://www.wsiat.on.ca/english/appeal/difference.htm>

- Workplace Safety and Insurance Board. (2005a). *Employer's report of injury/disease (Form 7)*. Retrieved from <http://www.wsib.on.ca/files/Content/Downloadable%20FileReport%20of%20Injury%20Form%207/Form7.pdf>
- Workplace Safety and Insurance Board. (2005b). *Form 6: Worker's report of injury/disease: Reference guide for workers*. Retrieved from <http://www.wsib.on.ca/files/Content/Downloadable%20FileForm%206%20Guidelines/1906A.pdf>
- Workplace Safety and Insurance Board. (2005c). *Form 7: Employer's report of injury/disease: Reference guide for employers*. Retrieved from <http://www.wsib.on.ca/files/Content/Downloadable%20FileForm%207%20Guidelines/1907A.pdf>
- Workplace Safety and Insurance Board. (2005d). *Health professional's report of injury/disease (Form 8)*. Retrieved from <http://www.wsib.on.ca/files/Content/Downloadable%20FileForm8/Form8.pdf>
- Workplace Safety and Insurance Board. (2005e). *Worker's report of injury/disease: (Form 6)*. Retrieved from <http://www.wsib.on.ca/files/Content/Downloadable%20FileForm%206%20for%20Worker/0006A.pdf>
- Workplace Safety and Insurance Board. (2010). *Corporate governance policy*. Retrieved from <http://www.wsib.on.ca/files/Content/Downloadable%20FileCorporateGovPolicy/CorpGovernancePolicy.pdf>
- Workplace Safety and Insurance Board. (2011a). *Merit adjusted premium (MAP) plan for small business*. Retrieved from <http://www.wsib.on.ca/en/community/WSIB/230/ArticleDetail/24338?vnextoid=63cfe35c819d7210VgnVCM100000449c710aRCRD>
- Workplace Safety and Insurance Board. (2011b). *NEER claim cost calculator*. Retrieved from <http://www.wsib.on.ca/en/community/WSIB/230/ArticleDetail/24338?vnextoid=e130e35c819d7210VgnVCM100000449c710aRCRD>
- Workplace Safety and Insurance Board. (2011c). *New Experimental Experience Rating (NEER) user guide (02/11), WSIB Ontario*. Retrieved from <http://www.wsib.on.ca/files/Content/Downloadable%20FileNEER%20Guide/NEERGuide.pdf>
- Workplace Safety and Insurance Board. (2011d). *Workplace Safety and Insurance Act, 1997, S.O. 1997, CHAPTER 16, Schedule A*. Retrieved from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_97w16_e.htm#BK108

APPENDIX A: FORM 7: EMPLOYER'S REPORT OF INJURY/DISEASE



Mail To:
200 Front Street West
Toronto ON M5V 3J1

OR Fax To:
416-344-4684
OR 1-888-313-7373

Please PRINT in black ink

7

**Employer's Report
of Injury/Disease (Form 7)**

Claim Number																																																																		
A. Worker Information																																																																		
Job Title/Occupation (at the time of accident/illness - do not use abbreviations)	Length of time in this position while working for you																																																																	
Social Insurance Number																																																																		
Please check if this worker is a: <input type="checkbox"/> executive <input type="checkbox"/> elected official <input type="checkbox"/> owner <input type="checkbox"/> spouse or relative of the employer																																																																		
Last Name: _____ First Name: _____ Address (number, street, apt., suite, unit): _____ City/Town: _____ Province: _____ Postal Code: _____	Is the worker covered by a Union/Collective Agreement? <input type="checkbox"/> yes <input type="checkbox"/> no Worker's preferred language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other Sex <input type="checkbox"/> M <input type="checkbox"/> F																																																																	
Date of Birth: dd mm yy Telephone: _____ Date of Hire: dd mm yy																																																																		
B. Employer Information																																																																		
Fold here for #10 envelope																																																																		
Trade and Legal Name (if different provide both)																																																																		
Mailing Address																																																																		
City/Town: _____ Province: _____ Postal Code: _____ Telephone: _____																																																																		
Description of Business Activity																																																																		
Does your firm have 20 or more workers? <input type="checkbox"/> yes <input type="checkbox"/> no																																																																		
Branch Address where worker is based (if different from mailing address - no abbreviations)																																																																		
City/Town: _____ Province: _____ Postal Code: _____ Alternate Telephone: _____																																																																		
C. Accident/Illness Dates and Details																																																																		
1. Date and hour of accident/Awareness of illness: dd mm yy AM/PM	2. Who was the accident/illness reported to? (Name & Position)																																																																	
Date and hour reported to employer: dd mm yy AM/PM	Telephone: _____ Ext: _____																																																																	
3. Was the accident/illness: <input type="checkbox"/> Sudden Specific Event/Occurrence <input type="checkbox"/> Gradually Occurring Over Time <input type="checkbox"/> Occupational Disease <input type="checkbox"/> Fatality																																																																		
4. Type of accident/illness: (Please check all that apply) <input type="checkbox"/> Struck/Caught <input type="checkbox"/> Fall <input type="checkbox"/> Slip/Trip <input type="checkbox"/> Overexertion <input type="checkbox"/> Harmful Substances/Environmental <input type="checkbox"/> Motor Vehicle Incident <input type="checkbox"/> Repetition <input type="checkbox"/> Assault <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Other																																																																		
5. Area of Injury (Body Part) - (Please check all that apply)																																																																		
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Teeth</td> <td><input type="checkbox"/> Upper back</td> <td>Left</td> <td>Right</td> <td>Left</td> <td>Right</td> <td>Left</td> <td>Right</td> <td>Left</td> <td>Right</td> <td>Left</td> <td>Right</td> </tr> <tr> <td><input type="checkbox"/> Face</td> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Lower back</td> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Hip</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Thigh</td> <td><input type="checkbox"/> Knee</td> <td><input type="checkbox"/> Ankle</td> <td><input type="checkbox"/> Foot</td> <td><input type="checkbox"/> Toe(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Eye(s)</td> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Abdomen</td> <td><input type="checkbox"/> Arm</td> <td><input type="checkbox"/> Finger(s)</td> <td><input type="checkbox"/> Lower Leg</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Ear(s)</td> <td><input type="checkbox"/> Pelvis</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="13"><input type="checkbox"/> Other</td> </tr> </table>		<input type="checkbox"/> Head	<input type="checkbox"/> Teeth	<input type="checkbox"/> Upper back	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	<input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Lower back	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Wrist	<input type="checkbox"/> Hip	<input type="checkbox"/> Hand	<input type="checkbox"/> Thigh	<input type="checkbox"/> Knee	<input type="checkbox"/> Ankle	<input type="checkbox"/> Foot	<input type="checkbox"/> Toe(s)	<input type="checkbox"/>	<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Arm	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Lower Leg	<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Pelvis	<input type="checkbox"/>	<input type="checkbox"/> Forearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other												
<input type="checkbox"/> Head	<input type="checkbox"/> Teeth	<input type="checkbox"/> Upper back	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right																																																						
<input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Lower back	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Wrist	<input type="checkbox"/> Hip	<input type="checkbox"/> Hand	<input type="checkbox"/> Thigh	<input type="checkbox"/> Knee	<input type="checkbox"/> Ankle	<input type="checkbox"/> Foot	<input type="checkbox"/> Toe(s)	<input type="checkbox"/>																																																						
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Arm	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Lower Leg	<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Pelvis	<input type="checkbox"/>	<input type="checkbox"/> Forearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
<input type="checkbox"/> Other																																																																		
6. Describe what happened to cause the accident/illness and what the worker was doing at the time (lifting a 50 lb. box, slipped on wet floor, repetitive movements, etc.). Include what the injury is and any details of equipment, materials, environmental conditions (work area, temperature, noise, chemical, gas, fumes, other person) that may have contributed. For a condition that occurred gradually over time, please attach a description of the physical activity required to do the work.																																																																		



7 Employer's Report of Injury/Disease (Form 7)

Please PRINT in black ink

Worker Name	Social Insurance Number
-------------	-------------------------

C. Accident/Illness Dates and Details (Continued)

7. Did the accident/illness happen on the employer's premises (owned, leased or maintained)? <input type="checkbox"/> yes <input type="checkbox"/> no	Specify where (shop floor, warehouse, client/customer site, parking lot, etc.).
8. Did the accident/illness happen outside the Province of Ontario? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes , where (city, province/state, country).
9. Are you aware of any witnesses or other employees involved in this accident/illness? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes , provide name(s), position(s), and work phone number(s). 1. _____ 2. _____
10. Was any individual, who does not work for your firm, partially or totally responsible for this accident/illness? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes , please provide name and work phone number
11. Are you aware of any prior similar or related problem, injury or condition? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes , please explain
12. If you have concerns about this claim, attach a written submission to this form. <input type="checkbox"/> submission attached	

D. Health Care

1. Did the worker receive health care for this injury? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , when: dd mm yy	2. When did the employer learn that the worker received health care? dd mm yy
3. Where was the worker treated for this injury? (Please check all that apply) <input type="checkbox"/> On-site health care <input type="checkbox"/> Ambulance <input type="checkbox"/> Emergency department <input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Health professional office <input type="checkbox"/> Clinic <input type="checkbox"/> Other: _____ Name, address and phone number of health professional or facility who treated this worker (if known) _____ _____ _____	

E. Lost Time - No Lost Time

1. Please choose one of the following indicators. **After the day of accident/awareness of illness, this worker:**

Returned to his/her **regular job** and **has not** lost any time and/or earnings. (**Complete sections G and J**).

Returned to **modified work** and **has not** lost any time and/or earnings. (**Complete sections F, G, and J**).

Has lost time and/or earnings. (Complete ALL remaining sections).

Provide date worker first lost time dd mm yy Date worker returned to work (if known) dd mm yy regular work
 modified work

2. This Lost Time - No Lost Time - Modified Work information was confirmed by:
 Myself Other Name _____ Telephone _____ Ext. _____

F. Return To Work

1. Have you been provided with work limitations for this worker's injury? <input type="checkbox"/> yes <input type="checkbox"/> no	2. Has modified work been discussed with this worker? <input type="checkbox"/> yes <input type="checkbox"/> no	3. Has modified work been offered to this worker? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes , was it <input type="checkbox"/> Accepted <input type="checkbox"/> Declined <small>If Declined please attach a copy of the written offer given to the worker.</small>
4. Who is responsible for arranging worker's return to work <input type="checkbox"/> Myself <input type="checkbox"/> Other Name _____ Telephone _____ Ext. _____			



7 Employer's Report of Injury/Disease (Form 7)

Please PRINT in black ink

Worker Name _____ Social Insurance Number _____

G. Base Wage/Employment Information - (Do not include overtime here)

1. Is this worker (Please check all that apply)

Permanent Full Time Casual/Irregular Student Registered Apprentice Owner Operator or (Sub) Contractor
 Permanent Part Time Seasonal Unpaid/Trainee Optional Insurance
 Temporary Full Time Contract Other
 Temporary Part Time

2. Regular rate of pay \$ _____ per hour day week other

H. Additional Wage Information

1. Net Claim Code or Amount Federal _____ Provincial _____

2. Vacation pay - on each cheque? yes no Provide percentage _____ %

3. Date and hour last worked dd mm yy AM PM

4. Normal working hours on last day worked From _____ To _____ AM PM

5. Actual earnings for last day worked \$ _____

6. Normal earnings for last day worked \$ _____

7. Advances on wages: is the worker being paid while he/she recovers? yes no If yes, indicate: Full/Regular Other

8. Other Earnings (Not Regular Wages): Provide the total of additional earnings for each week for the 4 weeks before the accident/illness.

* For Rotational Shift workers - If the shift cycle exceeds 4 weeks, please attach the earnings information for the last complete shift cycle prior to the date of accident/illness. Use these spaces for any other earnings (indicate Commission, Differentials, Premiums, Bonus, Tips, in Lieu %, etc.).

Period	From Date (dd/mm/yy)	To Date (dd/mm/yy)	Mandatory Overtime Pay	Voluntary Overtime Pay	Commission	Commission	Commission	Commission
Week 1			\$	\$	\$	\$	\$	\$
Week 2			\$	\$	\$	\$	\$	\$
Week 3			\$	\$	\$	\$	\$	\$
Week 4			\$	\$	\$	\$	\$	\$

I. Work Schedule (Complete either A, B or C. Do not include overtime shifts)

(A) Regular Schedule - Indicate normal work days and hours. **Example: Monday to Friday, 40 hours**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

or,

(B) Repeating Rotational Shift Worker - Provide

NUMBER OF DAYS ON	NUMBER OF DAYS OFF	HOURS PER SHIFT(s)	NUMBER OF WEEKS IN CYCLE

or,

(C) Varied or Irregular Work Schedule - Provide the total number of regular hours and shifts for each week for the 4 weeks prior to the accident/illness. (Do not include overtime hours or shifts here). **Example: 4 days on, 4 days off, 12 hours per shift, 8 weeks in cycle.**

	Week 1	Week 2	Week 3	Week 4
From/To Dates (dd/mm/yy)	/ /	/ /	/ /	/ /
Total Hours Worked				
Total Shifts Worked				

J. It is an offence to deliberately make false statements to the Workplace Safety and Insurance Board. I declare that all of the information provided on pages 1, 2, and 3 is true.

Name of person completing this report (please print) _____ Official title _____

Signature _____ Telephone _____ Ext. _____ Date dd mm yy _____

APPENDIX B: INTERVIEW GUIDE

A Study of on How Women (Immigrant, Migrant, Foreign Contract Worker, Temporary Foreign Worker and/or Refugee Claimant) Who Have Gotten Hurt or Suffered an Extended Illness While Working Access Ontario's Workers Compensation System

Information about these interview questions: This gives you an idea of what I would like to learn about the experiences of immigrant, migrant, contract worker, live-in-caregiver and refugee claimant women who get hurt or sick on the job. Interviews will be one-to-one and will be open-ended (not just “yes or no” answers). Because of this, the exact wording may change a little. Sometimes I will use other short questions to make sure I understand what you told me or if I need more information when we are talking such as: “So, you are saying that . . . ?), to get more information (“Please tell me more?”), or to learn what you think or feel about something (“Why do you think that is . . . ?”).

1. Information about you: could you please tell me a little about yourself? (Please refer to the end of this document for a separate sheet on questions on demographics).
 - Do you see yourself as independent, as assertive or shy or worried about approaching people for help, etc.
 - Could you please tell me a little about yourself?
 - How would you describe your personality?”
2. What kinds of work have you done since you arrived in Canada?
 - Where were you working when you got hurt or sick?
 - When did you get hurt or sick?
 - What is the nature of you injury or sickness?
 - How did you get hurt or sick?
 - Please tell me more about your experience of getting sick or hurt on the job?
 - Impact of this experience on your life.
 - How did that feel?

3. Have you heard about the Worker's Compensation System? If so, how did you find out?
 - Have you filed a WSIB claim?
 - If so, please share your experience: What were the steps you needed to do to receive the services, benefits or help that you needed, please walk me through the process.
 - What did that take?
 - Who were the professionals you had to see?
 - What was the first step and what happened?
 - What were the next steps, what happened?
 - What went right?
 - What went wrong?
 - What was it like for you?
 - How did that feel?
- 4) If you received help from WSIB, what was the most useful help you received?
 - What kind of support would have been helpful that you did not receive? Please tell me more.
 - If so, did that help you and how did that help you?
 - If not, why did that not help you?
5. Was there anyone or any other group or plan that helped you financially, with health care or rehabilitation? (open-ended)
 - Did you get any financial help?
 - Did you get any help with health care or rehabilitation?
 - Did you get any other kind of help? Please tell me more about that.
 - Did you go to any other government agency for help?
 - Who or what group provided the help?
6. Were you able you return to work?
 - If yes, where and what do you do? If no please tell me more about that.
 - Is the kind of work you do what you want to do?
 - How did the job come about?
 - What would you like to be doing?
 - What do you see as the barriers to this and the supports needed to achieve it?
7. Is there something important we forgot? Is there anything else you think I need to know about your situation?

END

Separate Sheet for Demographics:

Are you married or in a relationship? Yes No

Do you have children and their ages? Yes No How many___; their ages___

Are they in Canada? Yes No

What country did you immigrate from? _____

How long have you been in Canada? _____

What did you do in back home before coming to Canada? _____

Why did you come to Canada? _____ Please tell me more.



APPENDIX C: INVITATION TO PARTICIPATE

**PARTICIPANTS NEEDED FOR
RESEARCH ON
HOW WOMEN (IMMIGRANT, MIGRANT, LIVE-IN-CAREGIVER, FOREIGN
CONTRACT WORKER, TEMPORARY FOREIGN WORKER AND/OR
REFUGEE CLAIMANT) WHO HAVE GOTTEN HURT OR SUFFERED AN
EXTENDED ILLNESS WHILE WORKING ACCESS ONTARIO’S WORKERS’
COMPENSATION SYSTEM**

We are looking for volunteers to take part in a study on your experiences on getting help from Ontario’s workers’ compensation system.

You would be asked to participate in a confidential face-to-face interview for about 60 to 90 minutes. The researcher is also able to speak Filipino and Spanish.

Your transportation expenses will be paid to and from the interview.

To volunteer for this study please contact:

Maria Mercedes Morro SSW, BA, HBSW

Masters Candidate in Social Work

Cell: 289-716-0675

Email: morromm@mcmaster.ca

For more information on this study please contact Department of Social Work
905-525-9140 X 24596

**This study has been reviewed by and received ethics clearance
through McMaster Research Ethics Board.**

Call Mercedes: 289-716-0675 Email: morromm@mcmaster.ca
Call Mercedes: 289-716-0675 Email: morromm@mcmaster.ca
Call Mercedes: 289-716-0675 Email: morromm@mcmaster.ca
Call Mercedes: 289-716-0675 Email: morromm@mcmaster.ca
Call Mercedes: 289-716-0675 Email: morromm@mcmaster.ca
Call Mercedes: 289-716-0675 Email: morromm@mcmaster.ca
Call Mercedes: 289-716-0675 Email: morromm@mcmaster.ca
Call Mercedes: 289-716-0675 Email: morromm@mcmaster.ca

APPENDIX D: LETTER OF INFORMATION AND CONSENT

A Study of on How Women (Immigrant, Migrant, Foreign Contract Worker, Temporary Foreign Worker and/or Refugee Claimant) Who Have Gotten Hurt or Suffered an Extended Illness While Working Access Ontario's Workers Compensation System

Investigator:

Maria Mercedes Morro, SSW, BA, HBSW
Department of Social Work
McMaster University
Hamilton, Ontario, Canada
(905) 525-9140 ext. 24596
E-mail: (McMaster Address)

Faculty Supervisor:

Ann Fudge Schormans, PhD.
Department of Social Work
McMaster University
Hamilton, Ontario, Canada
(905) 525-9140 ext. 23790
E-mail: fschorm@mcmaster.ca

Purpose of the Study: You are invited to be a part of this study to find out the experiences of immigrant, migrant, temporary foreign worker, live-in-caregiver and refugee claimant women who get hurt or sick on the job. I would like to listen to your story to find out how you try to get help from the Ontario workers compensation system. I would like to obtain an understanding especially on your challenges, and the processes and steps you took to gain accessibility, services and/or compensation. I am doing this interview as part of my master thesis in social work.

What will happen during the study? If you agree in taking part in this study, I will interview you for about 60 to 90 minutes at a place and time that is convenient for you. An honorarium to cover your transportation costs will be provided if you prefer to do the interview in a location that would involve your incurring transportation costs. With your permission, the interview will be tape recorded and then written down. I may also take some notes. The interview will be mainly in English, but I also speak Filipino and some Spanish so we could speak in the language which you feel more comfortable.

This is a sample of the types of questions I will ask you. I will ask you if you have heard about the Workers compensation system. If so, how did you find out? Have you filed a WSIB claim? If so, please share your experience. What were the steps you needed to do to receive the services, benefits or help that you needed? Please walk me through the process. What did that take? Who were the professionals you had to see? What was the first step and what happened? What went right or wrong?

Are there any risks to doing this study? The risks involved in participating in this study are small. You do not need to answer questions that you do not want to answer or that make you feel uncomfortable. And you can stop the interview at any time. I will not use your name and I will make every effort not to include information that might identify you in the research report. However, we are often recognizable in the stories we tell and references we make. Please keep this in mind when deciding what to include your answers to the interview questions. If you feel upset and need to talk about your feelings, I am providing you with a resource list if you feel that they need to talk further about issues raised during the study.

Are there any benefits to doing this study? There may be no direct gain on your part for participating in this study. I hope to learn and understand the experiences that you went through when you got injured or sick on the job and your needs. I hope that what is learned as a result of this study will help us to provide information that may improve policies and practices in the workers' compensation, immigration and health care systems.

Payment of transportation: An honorarium to cover transportation will be provided if the interview takes place outside your home.

Who will know what you said or did in the study? All that you will share with me is completely confidential or private. I will not use your name or any information that would allow you to be identified during the interview or the written form of the interview. I will use pseudonyms to protect your identity, and no one will be identified by name in this study. The information you provide will be kept in a locked desk/cabinet where only I will have access to it. Information kept on a computer will be protected by a password. Once the study has been completed, the data will be destroyed after one year. The digital files will be deleted; tapes and paper work will be shredded.

I may publish this research, present the information in conferences and workshops or use the information for future research after the study is finished. Your information from the interviews will also be confidential and protected. I will not use your name or any information that could identify you.

If you change my mind about being in the study: Your participation in this study is voluntary. If you do not want to answer some of the questions you do not have to. You can stop the interview at any time. Even after signing the consent form you can leave (withdraw) the study at anytime. If you decide to withdraw from the study there will be no consequences to you. Withdrawal from the study will not affect payment of the honorarium

for transportation. If you decide to leave the study I will destroy all the information that you have given me, unless you tell me that it is alright to be part of the study.

How do you find out what was learned in this study? I expect to have this study completed by approximately the end of August 2011. If you would like to receive the summary personally, please let me know how you would like me to send it to you.

Questions about the Study: If you have questions or need more information about the study itself, please contact me at my email address: morromm@mcmaster.ca, cell phone number: 416-407-0625.

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

McMaster Research Ethics Secretariat
Telephone: (905) 525-9140 ext. 23142
c/o Research Office for Administrative Development and Support
E-mail: ethicsoffice@mcmaster.ca

CONSENT

I have read the information presented in the information letter about a study being conducted by Maria Mercedes Morro, of McMaster University. I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested. I understand that if I agree to participate in this study, I may withdraw from the study at any time. I have been given a copy of this form. I agree to participate in the study.

Signature: _____

Name of Participant (Printed) _____

1. I agree that the interview can be audio recorded.

Yes

No

2. Yes, I would like to receive a summary of the study's results. Please send them to this email address _____ or to this mailing address:

No, I do not want to receive a summary of the study's results.

APPENDIX E: LIST OF RESOURCES FOR PARTICIPANTS

1. Ontario Network of Injured Workers Groups
310-500 Green Rd, Stoney Creek, Ontario, L8E 3M6
Tel.(905)662-7128; Fax.(905)662-9160
Email:oniwg@sympatico.ca President - Peter Page
Secretary - Steve Mantis, Treasurer - Karl Crevar
2. Injured Workers' Consultants
815 Danforth Ave, Suite 411, Toronto, ON M6G 3X4
Tel: 416-461 2411
Email: library@injuredworkersonline.org
3. Justicia for Migrant Workers – —Ontario c/o Nicole Wall
215 Spadina Ave., Suite 350, Toronto, ON, M5T 2C7
Email: j4mw.on@gmail.com
<http://www.justicia4migrantworkers.org>
Tambien puede escribirnos en español. Trataremos de responderles lo mas pronto possible.
4. Industrial Accident Victims' Group of Ontario
Mail: 489 College Street, Suite 203, Toronto, ON M6G 1A5
Phone: 416-924-6477 Toll-free in Ontario: 1-877-230-6311
5. United Food and Commercial Workers Canada
300-61 International Blvd Toronto, ON, M9W 6K4
Phone: 416.675.1104 Fax: 416.675.6919
General e-mail: ufcw@ufcw.ca

6. Toronto Workers' Health & Safety Legal Clinic
180 Dundas Street West, Suite 2000, Box 4, Toronto M5G 1Z8
Telephone: (416) 971-8832 Fax: (416) 971-8834
E-mail: vannucl@lao.on.ca
<http://workers-safety.ca>

7. Agricultural Worker's Alliance (AWA): Toll Free: 1-877-778-7565
Numbers for the exclusive use of farm workers while in Jamaica and Mexico:
Jamaica—1-877-344-3472 Mexico—01-800-681-1591
Emergency phone number for farm workers: 416-579-9232; Fax: 604-859-5045
Email: Abbotsford@awa-ata.ca

Stan Raper - AWA National Coordinator
Office Tel: 416-674-8218; Office Fax: 416-675-6919
Email: SRaper@ufcw.ca

Agricultural Worker's Alliance (AWA)—Bradford—P.O. Box 1564,
Stn. Main, Bradford, ON L3Z 2B8
Tel: 905-775-3837; Fax: 905-775-3677
Email: Bradford@awa-ata.ca

Agricultural Worker's Alliance (AWA)—Leamington—14 Albert Street
Leamington, ON N8H 3J6
Tel: 519-326-8833; Fax: 519-324-0888
Email: Leamington@awa-ata.ca

Agricultural Worker's Alliance (AWA)—Simcoe—P.O. Box 1586
Townsend, ON, N0A 1S0
Tel: 519-426-4056; Fax: 519-426-7273
Email: Simcoe@awa-ata.ca

Agricultural Worker's Alliance (AWA)—Virgil—PO Box 904
Virgil, ON L0S 1T0
Tel: 905-468-8329; Fax: 905-468-0722
Email: Niagara@awa-ata.ca

8. United Food and Commercial Workers
300-61 International Blvd., Toronto, Ontario, M9W 6K4
Tel: (416) 675-1104; Toll Free: 1 (877) 778-7565; Fax: (416) 675-6919

Contact Persons:
Alexes Albert Barillas Zuniga - Tel: 416- 675-1104 ext. 272
Email: Alexes.Barillas@ufcw.ca

- Pablo Godoy - Tel: 416-675-1104 ext. 236
Email: Pablo.Godoy@ufcw.ca
9. Community Alliance for Social Justice
Phone: (416) 461-8694 or (647) 352-2111
E-mail: casj_canada@yahoo.ca
10. The Workplace Safety and Insurance Board
Telephone: 416-344-1000; Toll free: 1-800-387-0750
TTY: 1-800-387-0050; Fax: 416-344-4684 or 1-888-313-7373
Head Office: 200 Front Street West, Toronto, ON, M5V 3J1
- WSIB Collections Branch - P.O. Box 2099 Stn. LCD1
120 King Street West, Hamilton, ON L8N 4C5
Toll Free: 1-800-268-0929; Fax Number: 905-521-4203
11. The National Alliance of Philippine Women in Canada (NAPWC)
Magkaisa Centre - 1093 Davenport Road, Toronto, ON M6G 2C3
Phone: (415) 519-2553
E-mail: pwc-on@magkaisacentre.org
Website: www.magkaisacentre.org
12. Philippine Overseas Labour Office
161 Eglinton Avenue East Toronto, ON M4P 1J5
Tel (416) 975-8252; Fax: (416) 975-8277
Email: atyourservice@polocanada.org
13. Migrant Workers Family Resource Centre
350 Kenilworth Ave N, 2nd Floor, Hamilton, ON L8H 4T3
Tel: 905-547-1417 ext 239; Fax: 905-547-6238
E-Mail: phine.eric@gmail.com
14. Catholic Community Services of York Region
21 Dunlop Street, Richmond Hill, ON L4C 2M6
Tel: 905-770-7040; Fax: 905-770-7064
Email: ccsyr@ccsyr.org
15. Canadian Coalition for In-Home Care
Mailing address: 68 Carr Street, Unit #3, Toronto, ON M5T 1B7
Office contact: 17—323 Church Street, Oakville, ON L6J 1P2
Tel: (905) 849-6520
Email: marna@ccihc.ca

APPENDIX F: FORM 6: WORKER'S REPORT OF INJURY/DISEASE



Mail To: 200 Front Street West Toronto ON M5V 3J1
 OR Fax To: 416-344-4684 OR 1-888-313-7373

6

Worker's Report of Injury/Disease (Form 6)

Please PRINT in black ink

			Claim Number
A. Worker Information			
Last Name		First Name	Social Insurance Number
Address (number, street, apt., suite, unit)			Telephone
City/Town		Province	Postal Code
Alternate/Cell Phone			
Job Title/Occupation (at the time you were hurt)		Date you started with employer	How long have you been doing this job for this employer?
Only check if you are one of the following: <input type="checkbox"/> executive <input type="checkbox"/> elected official <input type="checkbox"/> owner <input type="checkbox"/> spouse or relative of the employer		Date of Birth	
Sex	Your Preferred Language		Would an interpreter be helpful?
<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other		<input type="checkbox"/> yes <input type="checkbox"/> no
Are you a member of a union?	Do you authorize your union to represent you in this claim?	If yes, do you consent to the disclosure of verbal claim file status information to your union representative?	
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Provide your Union Name and Local			
B. Employer Information			
Company/Employer Name			
Address			
City/Town		Province	Postal Code
Your Immediate Supervisor's Name		Company Telephone	
C. Accident/Illness Dates & Details			
1. Date and hour of accident/Awareness of illness		2. Who did you report this accident/illness to? (Name & Position)	
dd mm yy AM PM		Name: _____ Telephone: _____	
Date and hour reported to employer			
dd mm yy AM PM			
3. Area of Injury (Body Part) - (Please check all that apply)			
<input type="checkbox"/> Head	<input type="checkbox"/> Teeth	<input type="checkbox"/> Upper back	<input type="checkbox"/> Left Shoulder
<input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Lower back	<input type="checkbox"/> Right Shoulder
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Left Arm
<input type="checkbox"/> Ear(s)		<input type="checkbox"/> Pelvis	<input type="checkbox"/> Right Arm
			<input type="checkbox"/> Left Elbow
			<input type="checkbox"/> Right Elbow
			<input type="checkbox"/> Left Forearm
			<input type="checkbox"/> Right Forearm
			<input type="checkbox"/> Left Wrist
			<input type="checkbox"/> Right Wrist
			<input type="checkbox"/> Left Hand
			<input type="checkbox"/> Right Hand
			<input type="checkbox"/> Left Finger(s)
			<input type="checkbox"/> Right Finger(s)
			<input type="checkbox"/> Left Hip
			<input type="checkbox"/> Right Hip
			<input type="checkbox"/> Left Thigh
			<input type="checkbox"/> Right Thigh
			<input type="checkbox"/> Left Knee
			<input type="checkbox"/> Right Knee
			<input type="checkbox"/> Left Lower Leg
			<input type="checkbox"/> Right Lower Leg
			<input type="checkbox"/> Left Ankle
			<input type="checkbox"/> Right Ankle
			<input type="checkbox"/> Left Foot
			<input type="checkbox"/> Right Foot
			<input type="checkbox"/> Left Toe(s)
			<input type="checkbox"/> Right Toe(s)
<input type="checkbox"/> Other: _____ Are you: <input type="checkbox"/> Left Handed <input type="checkbox"/> Right handed			
4. Did the accident/illness happen on the employer's property or work site? <input type="checkbox"/> yes <input type="checkbox"/> no Specify where it happened (shop floor, warehouse, client/customer site, parking lot, etc.): _____			
5. Did it happen outside the Province of Ontario? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, indicate where (city, province/state, country): _____			
6. Have you hurt this area(s) of your body before? <input type="checkbox"/> yes <input type="checkbox"/> no 7. Do you have any prior related WSIB/WCB claims? <input type="checkbox"/> no <input type="checkbox"/> yes - In Ontario <input type="checkbox"/> yes - Outside Ontario			

A guide to complete this form is available at www.wsib.on.ca

APPENDIX G: FORM 8: HEALTH PROFESSIONAL'S REPORT OF INJURY/DISEASE

Health Professional's Report (Form 8)
For
Chiropractors Physicians Physiotherapists Registered Nurses (Extended Class)

Health Professionals, please use this form when:

- Your patient states that an injury/illness is related to his or her work.
- You believe that the cause of your patient's injury/illness is due to workplace factors.

Section 37 of the *Workplace Safety and Insurance Act, 1997* provides the legal authority for health professionals, hospitals and health facilities to submit, without consent, information relating to a worker claiming benefits to the Workplace Safety and Insurance Board (WSIB).

Your promptness in completing this form is key to our ability to process and adjudicate your patient's claim. Your patient, their employer and the WSIB depend on you.

When completing this report, please **print** using **black pen**.


Your patient should complete Section A of this report. If your patient needs assistance, please help. Please submit this report even if Section A is not fully completed.

Information for completing this report can be found on **Page 4**. For more details, refer to "Guidelines for Health Professionals – Completing WSIB Forms".

Please separate and send **Pages 2 and 3** to the Workplace Safety and Insurance Board:

By Fax to:
416-344-4684 or 1-888-313-7373

Or by Mail to:
Workplace Safety and Insurance Board
200 Front Street West
Toronto, ON M5V 3J1


www.wsib.on.ca



**Health Professional's
 Report (Form 8)**

Claim Number (If known) 8

A. Patient and Employer Information (Patient May Complete Section A)

Last Name _____ First Name _____ Init. _____

Address (no., street, apt.) _____

City/Town _____ Prov. _____ Postal Code _____ Telephone _____

Social Insurance No. _____ Date of Birth dd mm yyyy Sex M F Language Eng. Fr.

Business or Company Name _____

Address (no., street, apt.) _____

City/Town _____ Prov. _____ Postal Code _____ Telephone _____

Is this the first visit to a health professional for this injury? yes no unknown

The Workplace Safety and Insurance Board (WSIB) collects your information to administer and enforce the *Workplace Safety and Insurance Act*. The Social Insurance Number is used to register claims, identify workers and to issue income tax information statements as authorized by the *Income Tax Act*. Questions should be directed to the decision maker responsible for your file or toll free at 1-800-387-5540.

B. Health Professional Billing Information

Chiropractor Physician Physiotherapist Registered Nurse (Extended Class)

Health Professional Name (please print) _____

Address (no. street, apt.) _____

City/Town _____ Prov. _____ Postal Code _____ Telephone _____

Service Code **8**

▼ Complete these fields if HST applies to this form ▼

HST Registration Number: Service Code HST Amount Billed

ONHST \$ _____

WSIB Provider ID. _____

Service Date dd mm yyyy

Your Invoice No. _____

C. Incident Dates and Details Section

1. What is your understanding as to how this injury/illness or re-injury occurred?

Date of Accident/or when did the symptoms start? dd mm yyyy

2. For this injury, are you this patient's primary Health Professional? yes no

Location of this assessment Office Emergency Dept. Workplace Walk-in Clinic Other

D. Clinical Information Section

1. **Area of Injury (Body Part)** - (Please check all that apply)

<input type="checkbox"/> Brain	<input type="checkbox"/> Ears	<input type="checkbox"/> Upper back	Left	Right	Left	Right	Left	Right	Left	Right
<input type="checkbox"/> Head	<input type="checkbox"/> Teeth	<input type="checkbox"/> Lower back	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Arm	<input type="checkbox"/> Wrist	<input type="checkbox"/> Hand	<input type="checkbox"/> Hip	<input type="checkbox"/> Thigh	<input type="checkbox"/> Ankle	<input type="checkbox"/> Foot
<input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Elbow	<input type="checkbox"/> Forearm	<input type="checkbox"/> Hand	<input type="checkbox"/> Fingers	<input type="checkbox"/> Knee	<input type="checkbox"/> Lower Leg	<input type="checkbox"/> Foot	<input type="checkbox"/> Toes
<input type="checkbox"/> Eyes	<input type="checkbox"/> Chest	<input type="checkbox"/> Pelvis								

Other: _____

2. **Description of Injury** - (Please check all that apply)

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Disc Herniation	<input type="checkbox"/> Repetitive Strain Injury	<input type="checkbox"/> Asthma
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Sciatica	<input type="checkbox"/> Dermatitis
<input type="checkbox"/> Avulsion	<input type="checkbox"/> Epicondylitis	<input type="checkbox"/> Spinal Cord Injury	<input type="checkbox"/> Fumes - Inhalation
<input type="checkbox"/> Bite	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Hearing Loss
<input type="checkbox"/> Burn	<input type="checkbox"/> Ganglion	<input type="checkbox"/> Tendonitis/Tenosynovitis	<input type="checkbox"/> Infectious Disease
<input type="checkbox"/> Contusion/Hematoma	<input type="checkbox"/> Hernia	<input type="checkbox"/> Other _____	<input type="checkbox"/> Needle Stick
<input type="checkbox"/> Crush Injury	<input type="checkbox"/> Laceration		<input type="checkbox"/> Poisoning/Toxic Effects
<input type="checkbox"/> Degenerative Joint Disease	<input type="checkbox"/> Puncture		<input type="checkbox"/> Psychological

wsib ONTARIO		Health Professional's Report (Form 8)		Claim Number (if known)	8
Patient's Last Name		Patient's First Name		Date of Birth	
				dd	mm
				yyyy	
D. Clinical Information Section (continued)					
3. Patient's Present Complaints - subjective complaints (Please check all that apply)					
<input type="checkbox"/> Pain <input type="checkbox"/> Paresthesia <input type="checkbox"/> Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Weakness <input type="checkbox"/> Other					
Additional details (if applicable)					
4. Physical Examination - objective findings (Please check all that apply)					
<input type="checkbox"/> Bruising <input type="checkbox"/> Crepitation <input type="checkbox"/> Joint Dysfunction <input type="checkbox"/> Laceration <input type="checkbox"/> Tenderness <input type="checkbox"/> Other					
<input type="checkbox"/> Burns <input type="checkbox"/> Deformity <input type="checkbox"/> Joint Effusion <input type="checkbox"/> Lump/Swelling <input type="checkbox"/> Wasting					
Additional details (if applicable)					
5. Are there abnormal signs for any of the following? (Please check all that apply)					
<input type="checkbox"/> Active ROM <input type="checkbox"/> Passive ROM <input type="checkbox"/> Gait <input type="checkbox"/> Strength <input type="checkbox"/> Reflexes <input type="checkbox"/> Sensation <input type="checkbox"/> Other					
If so please describe:					
6. Are you aware of any pre-existing or other conditions/factors that may delay recovery? <input type="checkbox"/> yes <input type="checkbox"/> no					
Additional details (if applicable)					
7. Diagnosis/Working Diagnosis					
E. Treatment Plan and Return to Work Information					
1. Provide your treatment and management plan for this patient. Outline goals, duration, frequency, medication(s) prescribed (including any adverse effects) and any assistive devices (crutches, orthotics, etc.,) if required.					
2. Investigations & Referrals:					
<input type="checkbox"/> None <input type="checkbox"/> Labs <input type="checkbox"/> X-rays <input type="checkbox"/> CT Scan <input type="checkbox"/> MRI <input type="checkbox"/> EMG/NCS <input type="checkbox"/> Other					
<input type="checkbox"/> Family GP <input type="checkbox"/> Chiropractor <input type="checkbox"/> Massage Therapist <input type="checkbox"/> Occupational Health Centre					
<input type="checkbox"/> Specialist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Other:					
Name of Referral or Facility (if known)			Telephone		Appointment Date
					dd mm yyyy
3. Please indicate the patient's status and task limitations in relation to the diagnosis (please see Page 4 for special instructions)					
A. <input type="checkbox"/> No Limitations		<input type="checkbox"/> Standing		<input type="checkbox"/> Climbing Stairs/Ladders	
B. <input type="checkbox"/> Limitations (as specified)		<input type="checkbox"/> Sitting		<input type="checkbox"/> Use of Public Transportation	
C. <input type="checkbox"/> Other (Explanation Required)		<input type="checkbox"/> Lifting		<input type="checkbox"/> Operation of a Motor Vehicle	
		<input type="checkbox"/> Bending/Twisting		<input type="checkbox"/> Medication	
		<input type="checkbox"/> Kneeling		<input type="checkbox"/> Other	
Explanation/Additional details:					
4. From the date of this assessment, the above status(es) will apply for approximately:					
<input type="checkbox"/> 1 to 2 days; <input type="checkbox"/> 3 to 7 days; <input type="checkbox"/> 8 to 14 days; <input type="checkbox"/> 14+ days					
5. Have you discussed Return To Work and these task limitations as part of your treatment with your patient? <input type="checkbox"/> yes <input type="checkbox"/> no					
6. Follow-up Appointment <input type="checkbox"/> None Required; <input type="checkbox"/> Next Day; <input type="checkbox"/> 2 to 3 days; <input type="checkbox"/> 1 week; <input type="checkbox"/> 2 weeks					
It is an offence to knowingly make a false or misleading statement or representation to the WSIB. I hereby declare that the information being submitted is true and complete.					
Health Professional's Signature					Date
					dd mm yyyy

**Health Professional's Report (Form 8)
Guidelines for Completion**

The following information provides some assistance in completing the Form 8. For additional details please see "Guidelines for Health Professionals – Completing WSIB Forms".

Section A - Patient and Employer Information (Patient to complete this section)

- The information in this section helps to register and administer the patient's claim. It also ensures that the Health Professional's report is sent to the correct claim file. If a patient is unable to complete this section, the Health Professional can assist.
- The patient's personal information is collected under the authority of *The Workplace Safety and Insurance Act* and is used to administer the claim. For more information contact the WSIB Privacy Office toll-free at 1-800-387-5540, ext. 5323 or (416) 344-5323.
- If the patient is unable to supply the SIN number, or other information, the form should still be completed and submitted to the WSIB.

Sections B, C, D and E (to be completed by the Health Professional)

Section D – Clinical Information Section

Please check (✓) all that apply. Include all relevant clinical and/or objective findings or symptoms. Space has been provided for any additional findings/symptoms not listed, or for any other details.

Section E – Treatment Plan & Return to Work Information

Special Instructions:

You are invited to discuss case assessment options with a WSIB medical consultant to assist this worker with a successful return to work. Please do not hesitate to contact us at 416-344-1000 or toll-free 1-800-387-0750.

If the worker or employer has given you a WSIB Functional Abilities Form (FAF) to complete at the same time as you are filling out the Form 8, you do not need to answer Questions E3 - E4 - E5.

If you are indicating the patient is unable to return to work at this time, please provide an explanation in the space provided with Question E3.

- "Please indicate the patient's status and task limitations in relation to the diagnosis." Always complete this question and check (✓) all that apply:
 - A. "No limitations": Patient is able to return to work now; no task limitations needed.
 - B. "Specified Limitations (Please Specify)": Please check all limitations that apply (e.g. standing, sitting, lifting). If you wish to provide further details, please use the space provided.
 - C. "Other (Explanation Required)": If the patient is unable to return to work in any capacity, the WSIB needs to know why in order to make a determination on entitlement to benefits. Use the space provided to give us this information.
- Please note: You can check more than one status or time period if needed and give an explanation in the space provided e.g., - No return to work for 1 - 2 days, then a return to work with a lifting limitation for 3 - 7 days.
- "From the date of this assessment, the above status(es) will apply for approximately:" Check (✓) the time period. Please note that for anything beyond 14 days, the WSIB will request a Progress Report.

This Health Professionals Report (Form 8) is not intended to replace the

WSIB - Functional Abilities Form (FAF) - form 2647A.