

“The Service and Effect of Worker Compensation Schemes In Canada”- A Prime Mover of Poverty

Through the Cracks

Trajectory of Workers Compensation Schemes as a current driver of Poverty in Canada; the responsibility to Canadian Society for Health & Social Outcomes and; Criteria for National Review by: The Standing Senate Committee – Social Affairs, Science and Technology, special Committee.

Implications in the Development, Strategies, Reform and Integration of Mental/Physical Health, Social Policies, and Application of Charter Law.

Inclusion in the Discovery & Dialogues fundamental to Establishing Equality & Equity in Application of Health Focused National Standards.

The Affirmative Action Required to Eliminate Vulnerabilities for Working Canadian Families, Post Occupational Injury.

Final Summary with Emphasis to the Testimony of Darrell C. Powell – National Advocate - Mental Health & Disability for Disabled Canadian Workers [& Families].

IN EVIDENCE TO:

**Senate Subcommittee on Cities – June 18, 2009
Terms of Reference: Disabled Workers Poverty in Canadian Cities / Current Social Issues.**

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Martin Luther King, Jr.
Text of his Nobel Peace Prize Lecture, December 11, 1964

“The Quest for Peace and Justice”

[On Social Advocacy & Activism ...]

... “Violence as a way of achieving racial justice is both impractical and immoral. I am not unmindful of the fact that violence often brings about momentary results. Nations have frequently won their independence in battle. But in spite of temporary victories, violence never brings permanent peace. It solves no social problem: it merely creates new and more complicated ones. Violence is impractical because it is a descending spiral ending in destruction for all. It is immoral because it seeks to humiliate the opponent rather than win his understanding: it seeks to annihilate rather than convert. Violence is immoral because it thrives on hatred rather than love. It destroys community and makes brotherhood impossible. It leaves society in monologue rather than dialogue. Violence ends up defeating itself. It creates bitterness in the survivors and brutality in the destroyers.”...

[On Poverty ...]

...“A second evil which plagues the modern world is that of poverty. Almost two-thirds of the peoples of the world go to bed hungry at night. They are undernourished, ill-housed and shabbily clad. So it is obvious that if man is to redeem his spiritual and moral lag, he must go all-out to bridge the social and economic gulf between the haves and the have-nots of the world. Poverty is one of the most urgent items on the agenda of modern life. There is nothing new about poverty. What is new, however, is that we have the resources to get rid of it. Just as nonviolence exposed the ugliness of racial injustice, so must the infection and sickness of poverty be exposed and healed, not only its symptoms but its basic causes. The rich nations must use their vast resources of wealth to develop the undeveloped, school the unschooled, and feed the unfed. Ultimately a great nation is a compassionate nation; no individual or nation can be great if it does not have a concern for the least of these. In the final analysis, the rich must not ignore the poor, because both rich and poor are tied together in a single garment of destiny—for life is interrelated and all men are interdependent. The agony of the poor diminishes the rich, and the salvation of the poor enlarges the rich.”... – Dr. Martin Luther King – from Nobel Lecture, December 11, 1964

Preface

This summary is intended to emphasize two main issues under the terms and reference of the Subcommittee on Cities namely, social issues, and more specific to my testimony based on expertise and experience , Worker Compensation Schemes as a driver of poverty and ill health. The second issue is specifics regarding my closing recommendation. Being that; the encompassing issues are so great to this dynamic and national dilemma, and are linked to every aspect of issue, and area of society that, the recommendation is to return this issue to the Standing Senate Committee –Social Affairs, Science & Technology, to review and create a construct for a dedicated Senate Committee to study the: “Service and Effect of Worker Compensation Schemes in Canada” , in the present day context, with urgent regard to trajectory, in consideration of economic crisis, and developing strategies and reforms underway in health, mental health integration, and social policies.

Introduction

I will begin this summary with an introduction as to who I am and background to my role and relationship to this issues for the benefit of all, for the record, written with ‘no knowledge pre-supposed’. It should be considered in conjunction to Testimony; Darrell Powell - June 18th, 2009 – Senate Subcommittee on Cities – Social Issues/Disabled worker Poverty in Canada.

I have twenty years experience directly with WCB processes, policies and Law, notwithstanding years of working in heavy industry, in shipbuilding, and commercial fishing, under the changing legislation, and applications aforementioned. I am disabled due to occupation, with manifested health conditions and disorders from and as a result of interactions with the WCB/BC, some of which have caused permanent and life threatening conditions. The case itself does not show in precedent, because of capitulation of the WCB which caused all review board/appeal board actions in lieu of a “special remedy” and conclusion to establishment of the pension, health care, accepted conditions to the claim, which have not been followed through with, excepting the pension, for political reasons.

Therefore, I am identified as permanently disabled, and a member of the vulnerable group, or class of persons described in special emphasis in our Charter as “Disabled Person”; [Which includes disabled due to occupation].

I belong to no group or association, Labour organization, political party, or NGO in any constituency of issue. The most I have been is an educator, and advocate, nationally and actually wear several hats like, mental health, and disabled, for example. I have stayed non-partisan as possible, barring the election in 2007, where I did two shows on FM radio, one called “The election Show” giving equal opportunity to the leaders, or representative to speak on their directions on

health/mental health integration, disability/occupational disability, and WCB schemes in Canada, moreover ‘the structural social determinants of health’.

The other show was about Poverty, getting the Disabled Worker Poverty in Canada included in future considerations and dialogues; and, a short educational on labour history. This show was split theme and the guests were the CLC, and Make Poverty History – Dennis Howlett.

But I will explain the history of my advocacy as flowing from, during the course of my participation with the Senate Committee on Mental Health, due to an obviate and urgent need to bring awareness to the issues raised in that Committee, and the need for a ‘individual physical, national advocacy, disconnected from any other agendas, but to improve standards for Canadians, and regain, or establish Canadian values in these areas of identification health, mental health, and social policy. There was a shift in WCBs who had begun to lobby everywhere, pushing this unprecedented paradigm shift in function of the WCBs in Canada away from the original Social Agreement; their focus, purpose and function and social responsibility to Canadians. This was a Pan – Canada effort to unify all WCBs to BC’s Ideals, and have it somehow adopted, nationally. Also the disconnection in all silos and sectors involved with these issues, leaving the affected individuals out of any kind of control what-so-ever.

I have continued on to this day, some of my efforts included education shows, including one series on CO-OP Radio – CFRO 102.7FM, which are there in archive. I have also spoke publicly on multiple occasions, and met with many leaders on society in Governments, including Senators, MPs, MPPs, MLAs, NGO; leaders in Health etcetera, medical communities professional bodies, registered peer groups (or not), and most importantly, other individuals who suffer disparities, from the greater Vulnerable groups, or classes of persons, and the Canadian community at large.

My understanding of Law, and legislation, and prime laws was born out of ‘the need creating the invention’. The knowledge of the whole self, human psyche, human need – mental health psychology etcetera, humorously started way back reading every volume of Dr. Carl Jung while on Long Beach [W. coast Van. Island], and has been a life long pursuit, in other words, through personal experience, and interactions and observations and likewise of the ‘collective experience’.

To complete the thematic, I have worked since 2005 , in person, personally , because the need was there, and most important ; to break through the innuendo , and rhetoric , stigma and discrimination, and this was welcomed by most in Govt. and meant a great deal to individuals like myself , who do not feel represented , but suffer the disparities and barriers to whole health and well being, struggle with family, child poverty , their own, while facing intense litigation upon disability and ill health. This translates collectively in the community and

Canadian community collectively as well, staggering in effect, interwoven in every demographic and area of Canadian society to such a proportion that in this time, that this perspective , or lens of view is due.

Furthermore, there has been willful and even aggressive/passive aggressive ownership of the issues by those with very narrow and secular perspectives and agendas, albeit funding, or control, which brings the funding, but does not apply or reflect the actual individual, or 'rank and file'. No more so is this reflected as within the research community on mental health, health, disability management area for this demographic.

The persons actually affected are not the ones usually included, or benefit rendering self autonomy, control of their health, well-being, recovery, and hence, social stratification largely impotent.

Lastly, I am an national advocate on the issues which I suffer from, as with those from this vulnerable group, or class of person; disabled, which includes those disabled due to occupation; [national as opposed to federal, or limited to federal]. The efforts I have made represent another issue. Namely, the right to advocate individually, the possibility, the right to individual civil participation, meet with leaders of the community and in Govt, and participate, to advance standards for others and yourself accordingly, and to take part in committees, commissions whether Senate, House or Parliament, or Provincial, and other activities of government, further to participating in our elective processes of Canadian Democracy. I came forth extremely vulnerable, at great risk of harm, and great cost to myself, (to wit – has born out), to the Senate Committee on Mental Health and this was known at the time. I did so because the dynamics are so impacting to Canadian individuals, society, and all the other systems of support including health. The outcomes are incredibly poor and the WCB schemes are conversely in serious financial problems, overall when weighed for value and offloaded cost is staggering, destructive, and unsustainable. The outcomes of individuals disabled, effect on families , children, and woman and communities is caught in an unrecognized dangerous trajectory for Canada Getting these dynamics realized has been my goal in being an advocate , nationally, and a participant.

To conclude this introduction I must say that the example set by my engagement was not predictable in the beginning and I have ended setting an example by this type of advocacy, done without intimidation, hostility or aggression, although I was cognoscente of the importance to do this correctly rather than having the message missed, and to set an 'effective' affirmative action based advocacy and activism. And, to this note and to date, I have been welcomed on Parliament hill, the Senate in committees and elsewhere; appreciated, and encouraged, and this type of action usually came up in dialogues with individual members, of Senate, Parliament, etcetera, our leaders of society. And, as mentioned most were empathetic, concerned, and interested, most often appreciative to hear the

issues, minus the rhetoric of the status quo, historically. The path to individual, advocacy, activism, and civil participation was a recurring theme in meetings.

The Committee members, the Senators I have met and hence the Senate therefore, have been the people interested the most, upon reflection, and this Standing Committee has dealt with some very important issues like mental health, healthcare and social issues to the inclusion of my demographic which has historically not been done in memory. The inclusion of disabled workers and WCB scheme outcomes I have been allowed to present on took a lot of work, by a great many people thus far, and despite the controversy, have given their support, effort and time to hear these dynamics and the reasoning for inclusion into the dialogues.

I am very honoured to participate, to meet those who I have, who I also admire for their efforts to improve standards for Canadians, especially in the areas mental health, and inclusion of working Canadians, post injury and disability acquired health issues, and outcomes have now been included into the bigger picture when mental health and health care reform, are developing strategies and reform is either underway or on the horizon and I have been allowed to raise this, which is exceptional. That is what I have been advocating and therefore this is a remarkable occurrence.

People and especially young people need to know of these possibilities, and that is a valued dialogue that occurs, not a monologue, participation is welcomed, they can come forward without fear – value, engage and enjoy this facet of Canadian Democracy where we can, discover the dilemmas and assist to evolve our collective values, and worth, as a country.

I have and have had a strong sense of duty, and integrity in my efforts, and that has been appreciated and assuring to most that this can be done.

Now, we must work together and include those individuals from the community and vulnerable groups, and make sure that this path remains a value as there are very pressing, critical areas of health and well-being for Canadians, with certain economic realities which do culminate into crisis for Canada, unless our values are weighed. It always cost less to do the right thing in the long run. As Canadians we must look at the trajectories of our current course and pull the disparities out of the way that are barriers to health, as appropriately described by the WHO –CSDH on the social determinants of health. We must make health in our communities by making health possible for all, not just for those to be 'more comfortable'.

I applaud this Subcommittee on Cities for seeking out for discovery the drivers of poverty, and allowing me to assist, and bring forward dynamics of this specific system. I think this committee is complimentary to the Committee on Population Health, and 'rounds out' the work and issues presented and reviewed there.

WCB Schemes as a Prime Mover, or 'Driver' of Poverty

This concept and reality is well known to be the fact and takes little research to see the effect of this system and its place in the greater scheme of things. They are the mandated first responder to an injured and subsequently disabled worker. The structural off-loading in their policies and the consequences are easy to see.

If they fail at providing the financial and total medical support, than it falls to other social systems and the health system accordingly. The chain of responsibility is there, and the evolution of WCB schemes to current practices are producing bad outcomes, not originally in the conception of WCB schemes, significant, as they move to homogenize and consolidate their enormous influence and jurisdiction has created a pan-Canadian dynamic affecting all areas of Governance, and all areas of health and social policy. This is a dangerous situation advantaged by Canada's largest insurance provider, who should not be driving health, mental health, social systems , research, policies and law for Canadians over-all.

This is the current reality and trajectory, making national standards strategies, all but un-realized for the segment of population who does sustain an injury, and disability fall under their auspices and to different determinants in health and social status. Their path of a 'fault system', interpretation of determinants of diagnosis, medical criteria are unsound. The tool box used to measure health and disability is incredibly flawed, leaving people diminished, or marginalized, to cut claim acceptance, and cost. Simply put, it is an academic question; easily answered ...yes they are a driver of poverty, and ill health. Their concern is short term fiscal prudence, not focusing on true restorative measures as were their original intended mandate. Now as bad as to short cut diagnosis altogether early with the focus on RTW, creating the working wounded.

The WCB schemes are on a diverted path and trajectory from all other initiatives, strategies, and national standards development at a frightening debt load, while trying this course to diminish claims, which means diminishing and falsely identifying a persons health and disability status to do it. That is dangerous, causes, increases harm to individuals and the lack of maintaining income stability and adequate to a persons needs and expediting appropriate, and timely mental and physical health care, at a time when a worker more vulnerable. Results are death, disability, increased morbidity and even lethal consequences. Damage is commensurate if there are any-family, spouse, children, elderly in the picture, and there usually are, Canadians being human. Women play extraordinary roles in family, community and society as a whole, whether directly disabled or not from an occupational injury, and already issues with equity and poverty are added to by this system in failure.

On June 18th/09 I was asked if claims are getting through [my phrasing], and I said no, essentially. To clarify, the WCBs handle allot of claims, but the acceptance is onerous, even on short term disability. Long Term Disability [LTD], Permanent Partial Disability [PPD], Permanent total Disability [PTD] claims is not sufficient to realize true level of disability and function. When outcomes are viewed, there is litigation from the outset now pitting employer against worker, and a concerted effort to get the claimant off the statistical roles.

*The outcomes, are perverse, worst Canada has ever created with increased morbidity, and mortality resulting. The methods have become unsound in establishing level of disability and this is a result of the abuse of certain toolboxes abused by the insurance sector to strategically eliminate claims from the outset. One of the most well known abuses, highly discriminatory, and out of step with the spirit and fabric of our Charter of Rights is the inflammatory abuse of “**Pre-existing Conditions**”*

***The International Classification of Functioning** – will not solve the problems of WCB Schemes in Canada and there are certain sectors , like OTs who are even asserting that it could be blended into AMA Impairment Guide abuse for the WCBs. There are people trying to bring it in now, altered to their own design.*

Although it holds much promise in establishing level of function and identifying the “environmental circumstances”, there is much problem with it marching in without meeting criteria as a national standard, which is what we need overall.

There is a serious problem with it eliminating definition “Disabled Person” as in special mention in our charter due to disabled persons being a traditional discriminated group or class of persons. Disabled groups across Canada have already dissented to this therefore; ICF must be weigh against impugning effect on our Constitution, Charter of Rights and Freedoms, and subsequent Human rights Provisions within. Otherwise, once vetted, if it can be adapted for Canada, it holds the most promise for health and disability measurement, benefiting all, but moreover those disabled from military and occupational roles.

Charter Application in Health and Social Policy -

Overall there is a growing application of the Charter in Health, Mental Health and disability that is a reality and affirmative action to establish our values in health are due to reform and stabilization. The reliance on developing precedent, so the Charter evolves is a good concept, but, when this need for precedent is on the backs of morbidity and death there needs to be leadership to set the values which are foreseeable to avoid the repetitive harm from circular challenges on the backs of the poor, ill and vulnerable; to make short the point. The advent of private care and insurance sector control, more over the WCBs [Canada’s largest disability insurer], is driving the need for development, leadership and time in on this area. Too much harm to create the legal precedent if on the backs of

individual Canadians at their most vulnerable stratification , or morbidity to drive the Charter application , or development especially in the health and poverty crisis that abound, and progressing, as per the Isotope, and H1N1, for example.

The “Pleasner Vs BC Hydro Power Authority” - is about unconstitutional legislation created by the WCB/BC on Mental Health, and the circular response to BC Appeal Court ruling and order in the replacement, after forfeiting right to leave of appeal to the Supreme Court of Canada, where a national precedent would have been set, and they were prospected to loose. I had informed the mental health commission to consider Intervener status, and had pulled together some legal community to assist.

The WCB strategically adverted this potential outcome and keep This dynamic of disparity in Constitutional application on mental health in their control – redraft equally disturbing legislation on mental health and convoluted the issue and response in legislation, meaning, now Legal is now needing another case to fight the same issues.

This must stop, and leadership must be there to create the acceptable structure stopping a foreseeable trajectory of evasive application of our Prime Laws to begin with. I believe , due to what I have been providing the MH Commission that there will be a much needed direct focus to this area on WCB legislation on mental health in their Mental health Strategy for Canada due out in approximately early 2010.

The Issue of Evidence – size and scope of the dynamics for review

As mentioned on June 18th, 2009 this committee and the goal was best not to try and cover all the issues comprehensively at this point, sufficient and practical to convey enough to realize the paradoxical realization of WCB schemes as a driver of poverty, and understand the impact to Canada, and it’s people.

There is allot to this dynamic, more than EI, and even mental health on it’s own in weight. The approach to review and the evidence will even need to be approached differently than anything ever done in committee before.

This is a system in process of consolidating power and control and from my many years experience the information is selective and sparse in its offering, evidence will have to be subpoenaed, ordered and even knowing where to get the information is formidable unless you come from inside this constituency of issue.

The outcomes and individual true experiences are easy by comparison to collect.

The lens of view should be from a health perspective, as opposed to traditionally held under a labour, fiscal, jurisdictional umbrella. This has already been realized under the mental health umbrella, nationally, not federally or confused with.

Ill health causes poverty – poverty causes ill health, and what is important now is to realize the how interlaced this dynamic is and how big it is, and how many people are affected, and realize that evidence is there, but knowing the value and weight, forthcoming nature of respondents is unmatched in complexity – an issue in itself, largely due to the interests and political agendas to maintain control, and the status quo. Understanding the roles of the actors; researchers, academia medical, legal, governments, intertwined legislation, demographic and its inter-connection with others, like mental health. And then there is third party care providers; the OTs, Nurse practitioners, as example, and lastly, unfortunately, there is the primary care providers, the family Doctor, which is all but extinct from effective role for the patient/claimant. There is organized labour and unfunded and funded ‘peer groups’ all with their limited roles and perspectives.

To emphasize the point the evidence is their, but a surgical approach and affirmative approach to get truthful, reliable evidence and accounting will be onerous without serious consideration to construct and ability to navigate the ‘landscape’ only comes with allot of experience, and very broad analysis and perspective, in my opinion. It is not impossible; it needs have strategy unlike normal methods applied to other situations.

There is enough attainable now to easily quantify, or justify the conclusion at hand. The off-loading is actually is pro forma, in tables of “offsets”. But does not equate the total offset by circumstance to the health system, and other benefit providers, as an example.

Without advisory assistance, which I am prepared to do this can be done, without it, or if it is attached or connected will be a failure to understanding the current paradigm. I am a person, then patient, then claimant and that is the purest perspective to be had, in synergy, to weigh the service and effect of workers compensation; and assistance should be from someone who knows the landscape, totally, but unattached, and limited due to political or agenda conflicts at the traditional accepted “expert”, or “stakeholder” level.

I have been preparing evidence for years, and without a mandate, or protection to get it and it extremely dangerous to get it, for me as an individual, and great harm has resulted. There are allot of self interests, income interests, that make for a very defensive, to the point of aggression, and sabotage, isolation that is resultant to an individual to get. Everyone is in this foray of disability management; everyone in society is affected conversely. The issues and evidence is there captured behind an industry built around the issues itself.

The worker Compensation Boards and their political arm, the AWCBC, have statistics behind statistics, behind political direction and agenda. Quite often the information is skewed evasive or simply not collected, leaving enormous blanks in their reasoning, acknowledgement, or perspective; skewed to their interests.

Suicide is a good example. Their control and construct of research whether their own, or contracted is and has been known to be constructed in intent to justify their desired policy or law speculation. I have evidence provided to the Senate Committee on Mental Health , which involved Iposo Reid which showed convergence and construction, abuse of the Tri-Council Statement on Research with human subjects, at the time, where they basically hand the keys over to Terry Bogoyo Corporate Planning & the WCB/BC to construct the pole and to publish , their “benchmark research”, and loan their name and credibility, without actual involvement or control , including the ‘Omnibus Poll’.

The insurance sector is intertwined in compensation at the front and back end of Government WCB schemes, they are private sector, and now there is private health care to consider as well.

All in all, there needs to be a plan of action and the authority needed is there within a Senate Committee and it will need to be exercised.

The evidence as to who wants this first time review by a dedicated Senate committee can be provided, with assistance and mandate to complete it. This would be a first time in history event, and timely. I have a significant start to that end in work and evidence collected, in communities and sectors.

Reasoning and Rational for a Senate Committee as Investigative Body

There have been many types of reviews over the years, within the jurisdictions that have been vulnerable to political influence, lobby and control. Usually the perspective has been through a labour and fiscal governance lens; labour meaning – overall, in general.

I participated in a Royal Commission in 1997 on WCB/BC. This type of quasi judicial body is one lawyer from the business sector, The Chair which can be from the WCB or sympathetic, and one representative from generalized labour. The structure was weighted and heavily lobbied in representation by Business sector agendas. In this case the Chair was a Judge with heavy bias demonstrated since toward the WCB and a friendly relationship seems to have flowed from that Commission, regardless there is too high of potential for apprehensive of bias , and stacking the commission hearings with funded lobbyists.

It was Published by a self described “injured worker group” which is the wrong definition, lacks in identification meant to remove vulnerabilities in our Charter ;

should be 'Disabled Worker' – when identification and inclusion is such an important issue in these times, but, none the less a petition was sent in which a submission asking for a “Judicial Federal Inquiry” , which is confusing in its language and is actually born out of a desire of many disabled workers treated poorly to have “Judicial blood”from court.

It is misplaced in ideation and emotional based logic for legal remedy, justice / say... vengeance. I am sure when considering the selective admission of evidence, burden of proof, it would not even serve their purpose, let alone to focus through a lens of health, or mental health, or social policy, or all issues a including circumstantial evidence and even personal anecdotal testimonies' which are of valuable, and 'hearsay' evidence by other standards [all usually excluded elsewhere. This is why this structural social determinant of health known as WCB schemes, their service and effect, would be best handled at the Senate level.

Nor could a quasi-judicial be appropriate in example of a Coroners Inquest, using lawyers to structure the hearing which always bears the risk of Apprehension of Bias. I witnessed this very problem at it's worst at the Bhupinder Sing Kang inquest in BC [the claimant suicide case with WCB] With the council from WCB acting more as defendant and constructor of the hearing, and certain aspects or color to the proceeding, like allow the WCB chief witness sit through all other testimony before testifying himself, no published witness list, etcetera, it was highly charged and adversarial. It was a shocking event designed to sever the chain of causation by the WCB/BC, in appearance. This case should be investigated, as it shows how erroneous and dangerous the outcomes are.

They would not allow me to submit the report for this Committee, and there was no video or taped recording of the hearing. All this should be extracted from the BC Coroners including transcript as this issue goes to health outcomes of disability upon litigation, upon poor care in control of WCB, poverty and death.

Back to the point for this subject; the use of others to [opposing counsels] to construct hearings, is a precipice that should only be used with extreme caution and consideration. It is a poor example for a type of review, and will not work.

There has been an “over –application of jurisdiction” that has created a barrier, or blindness to the impact to Canadians as a society, and this is a major actor in its affect on other systems, mental and physical health systems, social policies, with the outcomes equally bad from all regions. The WCBs are acting out of jurisdiction themselves, and these schemes are in crisis to the billions in the red, by pushing political agendas, but what is in evidence is the influence , interference , off-loading, and very negative health outcomes, increasing morbidity, mortality, and vulnerabilities – what it was there to reduce.

I will not embellish their methods, as I have reasoned at this time, for the dedicated Senate Committee in my closing recommendation is the place for this discovery.

Also, a Parliamentary or House committee would be far too partisan to deal with this highly charged issue of WCB's in Canada, which embody politics in bid for control, influential by business agenda, when an incumbent is plat-formed in that ideology of priority. The need for a non-partisan review, as much as possible, but also have the authority and still have the mandate is absolutely suited to a Senate Committee, as this is for individual Canadians that make up our communities , and hence society.

This is a health issue, and a mental health issue first if we are to view this with the best lens and in merit of the task being equal to the need and challenge, or remedy.

This is the most important issue considering its place, and impact, and responsibility, and WCBs are driving, or attempting to further drive health and social policy and Law in absence of equity and equality with the rest of Canadians, once a worker. It is and causes disparities in application of our prime Laws, supports, and benefits, whole health, and social stratification are controlled by this system. The insurance sector, also intertwined, need to be held back from driving our mental/ physical health standards, health and social policy systems, and would be discovered as natural course of the proposed Senate Committee, under terms of disability.

Health, Mental Health, Employment Insurance, were all reviewed in Senate Committees, and due to the size , scope , and negative outcomes; dangerous financial debts into the billions in provinces, weighed against outcomes , or product equates a crisis , so this is time.

The Senate committee on mental health brought the issue to that table, and appropriately so. I feel it is time that it ceases to be the elephant in the room when it comes to Canada's strategies in mental health, health, and social policies, which are all acting in an un-integrated way, destroying fundamental values towards working Canadians families, citizens, and is on a destructive path, changing , diminishing our very values and goals as a society.

Method of Review in Committee [Senate]

As I suggested on June 18th, 2009 in committee , that with the knowledge I have, being pragmatic that the impetus for having this committee be given, to the Standing committee with a one day hearing to receive this evidence.

Then, an informed decision could be made. I can provide this evidence or impetus, the need and the demand, but I need the assistance and mandate to bring it to the Standing committee – Social Affairs, Science and Technology.

There may be enough information and understanding to move straight to formation of a Committee, or Subcommittee, and the intermediary step eliminated, but I feel the recommendation will likely need confirmation to offset the negative pressures to not have a committee.

As mentioned it is important that the main body for review not be altered, it must start and finish with the service and effect of WCB schemes in Canada.

I have been working many years on this personally and can with confidence , categorically state that a dedicated Committee is wanted, and by everyone engaged at either end of this landscape , notwithstanding the rank and file from organized labour, non organized persons from disabled working families, or demographic at large.

Every sector would like to see this, and feels it is due, and critical; the essential missing link issue. Stakeholder hearings must not be a replacement for a Senate review. Canadians need the impartiality that only a Senate Committee could provide for the benefit of all Canadians. The agendas are too deep, divisions and competing interests high. This type of review has been tried as well, and not sufficient or effective and not efficient either.

The WCB schemes, most of the business sector and those with interests in maintaining the status quo do not of course. There are many making fantastic monetary compensation for maintaining, and built on the present system; a serious set of conflicts of interests.

The research community is paid very large amounts to work within and uphold, and evidence to even breach the boundaries of ethics, medical knowledge held elsewhere. There would likely be resistance there.

I am being fair, to an outrageous reality, but remain consistent in that the vast majority whether person/patient/claimant, or providers of care want this review.

I would have to provide more than at this Committee where the scope could not tackle all the requirements and scope of issues related to this, but this Subcommittee on cities has got the 'important part' for the mandate proscribed, namely that yes WCB is a driver of poverty and the this greater constituency of issue is very large to explore. It is a major driver of the downturn in health and social stratification of individuals, much deeper than previously known, or understood, moreover admitted.

I think this has been a very important and valuable, successful first step, and I thank this Committee and the Honourable Senators, the members, for their consideration and efforts. Again I am humbled to participate, and thank everyone on behalf of the “greater group” of Disabled persons, by occupation, which includes returning military personnel/armed forces Canada personnel in general, as occupation. I was the first to link these two demographics in outcomes previously, and to the first hearing Feb. 15, 2005 – Senate Committee on Mental Health. So I thank this committee and the Senate for the work they do, and everyone there on June 18th, and those who came over from the Committee on Population Health to be present and participate, on behalf of Canadians.

A closing word on advocacy and individual civil participation

There are people with title, academic/research, professional bodies, organized labour, non-organized, funded /unfunded peer groups, etcetera, all who would be traditionally be considered the experts. This is problematic in these times due to perceived ownership of the issues leaving no room historically, for consideration of the true affected parties from the actual community, left with no input, or consideration for their expertise, ultimately leaving the true vulnerable disempowered and any say in control over self autonomy , and there is a real true loss to improving outcomes and standards for themselves and others , not matter what the demographic.

The problem seldom realized is that all these parties are integral to the dialogue but are limited in their representation, and only represent their memberships, and limited in their defined role and ‘company charter’ or membership. Therefore they come with a perspective and limited lens of view. Very much they are in competing roles. None can inflict their ideology on the whole population.

Therefore, the role of the individual from the community, vulnerable group or class of person – must have this path remain open for individual civil participation, advocacy and activism. Their expertise needs to be valued in these dialogues much as defined by Sir Michael Marmott and their expertise is valued equally to a researcher at minimum.

The path of this freedom of expression is expanded in meaning from our Canadian Charter of Rights and Freedoms. Moreover their input must be valued because it is critical to the dialogues in health and social policy, and Human Rights.

In civil participation meeting leaders and representatives in person is essential, increases awareness and furthers the dialogue.

Being invited to participate in committees, valued , and protected due to their vulnerabilities is essential, Individuals are not bodies of corporate identity, they are persons very susceptible to politicization; hence open to obstruction and retaliation.

What I have represented to alot of people, especially young people is an example of this path; a person can be involved singularly with improving standards and values for their communities, Canada, and themselves accordingly. I was welcomed and that is how this saga should end by example.

I met alot of people who did not know about the Senate, its role, or valuable work in Committees, also that it was welcomed and possible without having to be part of a group, organization or political party. True advocacy to correct social injustice and d remove disparities.

I have done this work at great cost and risk to myself for no other reason than to remove disparities , engage in affirmative type action personally in a non confrontational way, because of the enormity of these very negative pan-Canadian impacting crisis's, I these times. I have been self funded to the tune of forty thousand , and borrowed another fifteen to twenty thousand to do this work since the Senate Committee on Mental Health affectionately called "The Kirby Committee" , due to its significant and historical nature , addressing mental health in committee for the first time in approximately eighty years.....maybe.

I in discussion with Honourable Dr. Carolyn Bennett recently mentioned this, and said "I regret nothing"... and she agreed, I would likely do it again... my next phrase, and I would. It has been an honour to advocate, and participate, with the only most personal benefit to myself being all the people I have met, and individuals, families, and workers across Canada.

I will mention that I do have a terminal cardiac condition acquired from the WCB/BC that is potentially lethal any day, and degenerating , leaving me vulnerable to SCD, SCA, and or Catastrophic Stroke, CVA. Also as mentioned, I have been erroneously treated by the WCB/BC, Disabled for twenty years.

I have been a victim of engineered stigma in mental health when there were no pre-existing conditions, and the first ten years of battle opened a lifetime dormant congenital heart problem, which was made active due to stress. Thirty percent of Canadians have them, most are non symtomatic. Mine was floated up in argument erroneously to discriminate, again, with no medical merit to their arguments and health care subsequently blocked at the Ottawa Heart Institute, the only place to appropriate to handle this. The same tactics were used on Mr. Kang, in 2006 that died, and then there is Jeff Thompson, one who died from acquired stress.

If we want a human face on it, these outcomes are the worst example, to interfere and block diagnosis. I have written this paper suffering intense pain in legs, with mobility / problems, and severe teeth bruxing from stress reaction, at times aphasic, with a wide open Atria, mixing blood causing hypoxemia, aggravated by acquired arrhythmias and aberrant conductivity in the heart. I have suffered multiple strokes and at least one CVA and a growing brain tumor. All this brought to life by WCB stress affecting cardiology, making live a dormant non-symptomatic congenital heart condition previously in my heart, I have been a diver and very active person in the shipbuilding industries with no symptoms my whole life.

I am now extremely ill and losing some capacity in writing, reading, composing, intermittently severe. The fibrillation and ectopy in the heart is severe, making this all very hard to accomplish. After my return from June 18th I have another cardiac related stroke with paralysis due to tensions, as I already am very vulnerable to physical and mental stress/duress now.

I have gained nothing by advocating, personally and my point is that, I am simply a person, a shipbuilder and worker therefore, but a victim and severely disabled, coming forward. I have gained nothing, but I have stuck to values, and worked to uphold rights improve standards for others, to stop this wasting of our people I Canada.

“Canadians do not fall through the cracks....they are thrown”

This is what I have witnessed since 1969 in life observation and the former language has always been, insufficient to describe the process.

Exercising our values, exercising our rights.

I feel if we do not exercise our values and do not work to improve standards for others, especially the vulnerable groups, and illustratively, Canada's Aboriginal communities, then we will lose our values and go backwards in standards.

Individual advocacy and activism is a path that must be reinforced as this issues flowed as of recent events to dominate the issues and activism must be done to be effective, non hostile, confrontational; so this is a message in two directions, hence the quotation from Dr. Martin Luther King opening this paper. Non violence in Dr. King's speech has also been considered a metaphor for this concept in advocacy, and activism style.

In closing, I will leave another quotation, so all can understand and enjoy this right of civil engagement. It is from a legal case decision and reasoning from that decision in regards to this expression.

In the Supreme Court of Canada ruling on the Retail, Wholesale and Department Store Union Local 558 Vs Pepsi-cola Canada (West) Ltd., 2002 SCC8, 208 DLR (4th) 385 - [Ibid at 399], summarized values protected by freedom of expression in these terms:

[The core expression which free expression promotes include self-fulfillment, participation in social and political decision-making, and the communal exchange of ideas. Free speech protects human dignity and the right to think and reflect freely on one's own circumstances and condition. It allows a person to speak not only for the sake of expression, but also advocate change, attempting to persuade others in hope of improving one's life and perhaps the wider social, political, and economic environment.]

I have emphasized the interpretation to extend to the right to advocate individually, to improve standards for oneself in health and well-being as proscribed in Section (7) for others similarly affected, in the vulnerable group, or class of person to which they belong.

Special thanks to Honourable Senator Lucie Pépin, Honourable Senator Art Eggleton, Honourable Senator Michael Kirby [R ; now Chair of MHCC] for past support and encouragement , wisdom, Honourable Dr. Carolyn Bennett, and many more who assisted directly and or who have encouraged me to go forward continue to advocate and raise awareness to improve standards and values for Canadians. There are many who deserve this mention, for their moral support and assistance to actually walk this path, and by example, keep it open and active as well. My special thanks to Dr. Lisa Doupe for her continual support to make a difference that counts.

This has been my personal reward, to continue to make this contribution and the relationships gained along the way.

Sincerely,

Darrell C. Powell - At Vancouver BC, Sept 1, 2009

Enclosed; Article by Michael Kirby – G&M news

*Michael Kirby
Everybody hurts in a social recession*

Anthony Jenkins/The Globe and Mail

Financial stress can affect our mental health, the numbers show. Nurturing our human capital is a priority for recovery.

*From Wednesday's Globe and Mail Last updated on Wednesday, Aug. 26, 2009
12:20PM EDT*

U.S. public officials have been comparing the mental-health impact of the recession and unemployment crisis to a natural disaster, like Hurricane Katrina. The parallels are obvious: In both natural disasters and man-made economic ones, people lose businesses, jobs, homes, hopes, lives. Each type wreaks a devastating toll on the mental health of its victims - lost jobs and livelihoods cause great psychological distress and increased rates of anxiety, depression, child neglect, family violence, substance abuse, crime and suicide.

Even before the recession, our world was a complex and confusing place for many people. Now, the economic crisis is adding a whole new layer of pressures. The United Nations International Labour Organization estimates that 40 million people worldwide could lose their jobs this year, and each victim has colleagues, families and friends whose lives are also affected.

There is very solid data correlating unemployment and personal financial stress with increased mental-health problems, including higher rates of depression and suicide. In Windsor, Ont., where the auto industry was hit early and hard by the recession, demand for mental-health services has jumped 50 per cent in the past year. The Canadian Medical Association reported last week that 40 per cent of Canadians are feeling stressed or overwhelmed by financial concerns. And in a recent survey, 88 per cent of family physicians in Canada said that since the recession began, they have been seeing patients with stress problems that can be attributed to the economy.

So, in addition to the global economic recession, it appears we are now experiencing what the World Health Organization has called a "social recession," in which the daily lives of individuals, their families and whole communities are torn asunder by financial loss, unemployment, fear and declining physical and mental health.

At a unique international roundtable this past week in Ottawa organized by the Mental Health Commission of Canada, mental-health and public-policy experts from Canada, the United States, Europe, New Zealand and Australia

discussed the toll the recession is taking on working men and women and their families and what action society should be taking to address the crisis.

We learned that even though we are starting to see hope for economic recovery, no government should be lulled into thinking that the social recession will end any time soon. After the last economic recession in Australia, it took more than 14 years for employment levels to recover. We learned that social agencies around the world are seeing a new group of people seeking help: members of the middle class who have never needed assistance before.

Where do we go from here? The answer is a challenge to both the public and private sector.

We should put an end to the sort of short-term thinking that caused the crisis, and focus on strengthening the resources that are of greatest strategic importance. A good place to start is with our human capital, because knowledge societies and knowledge economies need strong mental health capital.

As a priority, we need to improve the delivery of mental-health services to the groups in society that are most vulnerable. One of these is the 18- to 25-year-olds who are being hit hardest by unemployment. No society can afford to have an entire generation of disillusioned young people.

We should also urge employers to put workplace mental health at the top of the agenda. And when workers are laid off, we need to ensure that, in addition to employment insurance, they also gain access to psychological support.

And instead of cutting social-service budgets in times of crisis, we should nurture a culture of community support for the unemployed. This will help them cope with the initial impact of unemployment and assist the transition back to work.

By taking these and other actions, Canada will be in a much stronger position to address mental-health issues at every point in the economic cycle so we can avoid a social recession even if we can't avoid an economic hurricane.

Michael Kirby is Chair of the Mental Health Commission of Canada.