

WHAT BC's

INJURED

WORKERS

NEED

**A MLA response to Documented
Problems within WorkSafeBC**

INTRODUCTION

In British Columbia, WorkSafeBC administers a no-fault workers' compensation system. Under this system, workers generally give up the right to sue their employers for workplace injury in exchange for compensation, medical care, and wage-loss benefits when they are injured or made ill in the course of their employment. This "historic compromise" model is recognized in BC workers' compensation policy and review reports.

Independent reviews and oversight bodies have found that, in practice, the system does not consistently function as intended for all injured workers.

The 2019 "New Directions" review concluded that the system had shifted away from a worker centred approach and recommended substantial reforms. The BC Ombudsperson's 2021 report "Severed Trust" documented serious mistakes and delays in WorkSafeBC's handling of claims that contributed to grave harm and highlighted broader systemic risks if practices did not change.

Paul Petrie's independent report, Restoring the Balance: A Worker-Centred Approach to Workers' Compensation Policy, concluded that WorkSafeBC had moved away from decision making grounded in the "merits and justice of the case" toward an approach increasingly dominated by rigid policy, automated case management, and cost-containment objectives. Petrie warned that this imbalance impaired the ability of decision-makers to fairly consider the individual circumstances of injured workers, particularly those with complex or long-term impairments, and risked producing unjust outcomes despite formal procedural compliance.

Injured workers, advocates, and legal clinics consistently report patterns that include:

- Long or complex adjudication timelines, with reasons that change over time
- Confusing or inconsistent communication from case managers
- Disputes where internal medical advisors' opinions prevail over treating physicians' reports
- Pressure — perceived or actual — to return to work before workers feel medically or functionally ready
- Income instability and, in some cases, housing insecurity
- Worsening mental health directly linked to the claims and appeals process

These experiences are not universal to every claimant, but they are sufficiently common and sufficiently serious that multiple independent reviews have recommended systemic change. While WorkSafeBC tracks funding ratios, return-to-work rates, and other performance indicators, such metrics do not fully reflect the lived experience of injured workers who fall through the cracks.

This document sets out a series of reform demands rooted in the reported experiences of injured workers across British Columbia and in the findings of independent reviews and oversight bodies. It is intended as a constructive but firm appeal to Members of the Legislative Assembly to address

these documented problems and strengthen fairness, accountability, and human dignity within the WorkSafeBC system.

From an injured workers' rights perspective, there is no meaningful "surplus" or "success" while any injured workers are left uncompensated, medically unsupported, or treated without basic respect and dignity.

1. ENFORCEMENT OF EMPLOYER REPORTING

Demands

- Enforce investigations and penalties have been imposed on employers for failing to report time-loss injuries or discouraging workers from making claims.
- Require transparent, publicly reported data on investigations, orders, warning letters, and penalties related to claim suppression.
- Ensure that workers can report suspected claim suppression safely and confidentially, without fear of retaliation.
- Mandate education and outreach to employers and workers to ensure awareness of reporting obligations under the Act.

Background

Employers are legally required to report time-loss injuries to WorkSafeBC within 72 hours. Despite this requirement, significant compliance gaps persist. In 2024 alone, **20,264 employers failed to report their workers' injuries**—and these represent only the *known* cases. Many additional instances of non-reporting or discouraged reporting likely go undetected, highlighting a systemic problem in the enforcement of reporting obligations.

When an employer fails to report a workplace injury, it can significantly delay the injured worker's access to medical benefits, wage-loss payments, and rehabilitation services. These delays can worsen medical outcomes, increase financial hardship, and compound stress at a time when timely support is critical to recovery.

Independent reviews and worker advocates have long raised concerns about "claim suppression," where employers take any action—overt or subtle—including:

- Not reporting a worker's injury to WorkSafeBC
- Pressuring or persuading a worker not to file a claim
- Suggesting the worker use sick days or vacation instead
- Threatening reduced hours, job loss, or other retaliation

- Offering incentives to avoid reporting injuries
- Minimizing or denying that an injury occurred at work

Paul Petrie's analysis, supported by Freedom of Information data, found that enforcement actions historically did not match the scale of the issue, with relatively few investigations or penalties being issued. WorkSafeBC has acknowledged these concerns and, in response, established the **Worker Rights and System Integrity (WRSI)** team in 2024 to specifically investigate claim suppression cases. That year, the WRSI team conducted **60 investigations**, resulting in **14 violation orders, 10 warning letters, and 4 administrative penalties totaling approximately \$27,000**. While these actions represent progress, the contrast between tens of thousands of unreported injuries and the relatively small number of investigations underscores an enforcement gap. A worker-centred compensation system requires meaningful oversight, consistent consequences for non-compliance, and safe pathways for workers to report injuries without fear of retaliation.

Failing to report an employee's workplace injury is a **direct violation of s.53** of the Workers Compensation Act. **Section 73** explicitly prohibits employers from **attempting to influence, discourage, or prevent a worker from reporting an injury or filing a claim**. WorkSafeBC has the authority under **s.96.2** to impose **penalties and orders** on employers who fail to meet reporting obligations or engage in claim suppression.

The enforcement gap is not a technical oversight; it is a failure of protection in a system built on the promise of safety and fairness. MLAs have the power—and the responsibility—to close that gap.

2. LISTEN TO TREATING DOCTORS

Demands

- Give significant evidentiary weight to the opinions of treating physicians and specialists who have an ongoing clinical relationship with the worker. Their assessments must form the foundation of adjudication unless clear, compelling, and independently verified evidence shows otherwise.
- Require clear, written, detailed justification when WorkSafeBC relies on internal medical advisors—who often have not examined the worker—to override treating physicians' clinical findings. These justifications must be provided to the worker and the clinician.
- Mandate timely specialist referrals when diagnosis, causation, or prognosis is disputed.
- Establish an independent **External Medical Review Panel** to resolve disputes between treating physicians and WorkSafeBC medical advisors.
- Guarantee immediate approval of essential diagnostics (MRI, CT, EMG, psychological assessments, etc.) when recommended by a treating physician, preventing administrative

delays that worsen injury, impede recovery, or create avoidable disability.

- Require WorkSafeBC to fund continuity of care with the worker's own medical team rather than forcing transitions to Board-preferred or "cost-efficient" providers.

Background

BC's Workers Compensation Act and WorkSafeBC policies currently permit heavy reliance on internal medical advisors—often individuals who have never met or examined the worker. These internal consultants frequently deliver opinions based solely on file reviews, which injured workers, advocates, and clinicians describe as abstract, incomplete, and at times medically inaccurate. Yet these internal opinions are regularly used to reject or override the direct clinical findings of treating physicians.

Petrie's report identified this as part of a broader systemic problem: medical and disability decisions increasingly driven by procedural frameworks and administrative efficiency rather than comprehensive clinical evaluation. He emphasized the importance of restoring meaningful discretion and ensuring that decision-making reflects the worker's actual medical reality, not merely policy compliance. This dynamic can lead to premature termination of benefits, denial of recommended treatment, and increased conflict and appeals, further eroding trust in the system.

The BC Ombudsperson's *Severed Trust* report similarly documented how delays, denials, and bureaucracy within WorkSafeBC's healthcare authorization process have led to preventable harm. Administrative bottlenecks in approving diagnostics, specialist referrals, and evidence-based treatments can exacerbate injuries, prolong disability, and undermine recovery.

A worker-centred compensation system requires that medical decisions be grounded in real-world clinical expertise, timely care, and respect for the treating relationship. Restoring medical integrity and ensuring genuine access to healthcare are essential to rebuilding trust and fulfilling the system's foundational promise: that injured workers will receive the care they need, when they need it, without obstruction.

3. ENSURE LOSS OF EARNINGS & WAGE SECURITY

Demands

- Ensure that initial wage-loss benefit decisions are processed and paid within a maximum of 10 business days from the date of injury or claim submission.
- Maintain wage-loss benefits at up to approximately 90% of net pre-injury earnings, as currently advertised.

- Ensure wage-loss and disability benefits are effectively indexed to inflation and, where appropriate, reflect the worker's wage trajectory rather than a frozen past income.
- Prevent early or speculative benefit reductions before a worker is medically stable or realistically employable.

Background

Workplace injury often results in sudden and significant income loss. While WorkSafeBC's benefits are designed to offset this, evidence from oversight bodies and advocacy groups indicates that many injured workers experience delays, reductions or terminations before they have recovered or secured sustainable employment.

For many injured workers, missing even **one paycheck** can trigger a financial crisis. Rent, food, childcare, transportation, utilities, and medication cannot wait for bureaucratic timelines. When WorkSafeBC delays claim acceptance or wage-loss decisions beyond **two weeks**, workers are often forced into debt, eviction risks, food insecurity, or reliance on family assistance or social services.

Given that WorkSafeBC holds **multi-billion-dollar surpluses**, there is **no reasonable justification** for these delays. A system with this level of financial capacity should not leave injured workers waiting weeks or months without wage replacement. Delays at this stage do not reflect resource scarcity — they reflect systemic choices.

Petrie's analysis of structural reforms following earlier legislative changes demonstrated that cost-containment measures disproportionately affected certain groups of workers, particularly those with complex or long-term injuries. A worker-centred system must prioritize income stability as a key component of recovery, not as a variable to be minimized.

4. END USE OF HYPOTHETICAL EARNINGS IN WAGE-LOSS DETERMINATIONS

Demands

- End the practice of effectively assigning injured workers hypothetical jobs or earnings they do not have.
- Prohibit benefit reductions based solely on theoretical earning capacity, without verified employment.

- Require wage-loss calculations to be based on verified job offers and real labour-market conditions in the worker's region and occupation.

Background

Under WorkSafeBC policy, a worker's post-injury earning capacity can be estimated and used to calculate benefits even when the worker does not actually hold the job in question. Advocates describe this as "deeming" or "phantom employment," where benefits are reduced based on earnings the worker is not receiving.

Paul Petrie's review highlighted how rigid, policy-driven approaches can override the discretionary consideration of individual circumstances required to achieve justice in complex cases. In the context of deeming, this can result in decisions that are technically compliant yet disconnected from real-world employability, functional capacity, and labour market reality.

Critics argue that deeming:

- Shifts economic risk from the compensation system onto individual workers
- Can contribute to financial hardship and increased reliance on income assistance or disability programs for some injured workers
- Exacerbates stress, anxiety, and loss of autonomy

The policy framework that allows deemed earnings is real and documented; the harms described reflect recurring worker experiences and advocacy submissions, not a claim that every deemed worker experiences identical outcomes.

5. END SYSTEMIC BARRIERS TO MENTAL-HEALTH CLAIMS

Demands

- Apply fair, consistent, and trauma-informed adjudication standards to psychological injuries, ensuring they are treated with the same seriousness and legitimacy as physical injuries.
- Provide early, barrier-free access to mental-health supports following workplace trauma, violence, bullying, harassment, or serious injury — without requiring workers to navigate retraumatizing administrative hurdles.
- Review and, where appropriate, eliminate heightened thresholds, exclusion criteria, and investigative practices that make it disproportionately harder to establish entitlement for

mental-health claims compared to physical injuries.

- Ensure that claim processes themselves do not retraumatize workers.

Background

Although BC law formally recognizes psychological injuries, it continues to impose additional evidentiary and procedural burdens that do not exist for equivalent physical injuries. In practice, this results in a system in which workers must *prove* their trauma to a far higher standard, often while still in crisis.

Advocates, clinicians, and oversight bodies have repeatedly identified that the current WorkSafeBC approach is **not trauma-informed**. Instead of offering support, the claims and investigation processes frequently:

- require workers to provide extensive, repeated statements that force them to relive traumatic events
- involve direct contact or information-sharing with employers who may have been the source of bullying, harassment, discrimination, or abuse
- subject workers to adversarial credibility assessments that mirror techniques used in litigation, not healthcare
- delay access to psychological treatment while demanding proof of diagnosis and causation

For workers who were harmed by an abusive supervisor, toxic workplace culture, or severe bullying, these practices can **significantly worsen symptoms**, increase avoidance behaviours, and erode trust in the system that is supposed to protect them.

Petrie's worker-centred framework emphasizes the need for a compensation system that recognizes **both the legitimacy and the severity** of mental injuries. A truly equitable system cannot maintain structures that marginalize psychological claims or expose workers to further harm in the process of seeking help.

We call on MLA's to champion legislative and policy changes that remove systemic barriers, ensure equitable treatment of mental-health claims, and hold WorkSafeBC accountable to a genuinely worker-centred, trauma-informed model. Workers cannot wait for incremental change; their recovery, dignity, and safety depend on your leadership.

6. MIGRANT & PRECARIOUS WORKER PROTECTION

Demands

- Guarantee that all workers covered by BC's employment standards and health-and-safety laws can fully access WorkSafeBC benefits and protections, regardless of immigration status, work permit conditions, or employer sponsorship.
- Create safe, confidential, and culturally accessible pathways for migrant and precariously employed workers to report injuries without fear of job loss, deportation repercussions, or blacklisting.
- Strengthen and enforce anti-retaliation protections for workers who report injuries or claim suppression.

Background

Migrant workers, temporary foreign workers, gig workers, subcontracted labourers, and others in precarious or non-standard work arrangements face **significantly higher rates of injury and far greater barriers to reporting**. These workers often occupy the most hazardous jobs in agriculture, construction, food processing, hospitality, and delivery services — yet they are also the least likely to feel safe reporting unsafe conditions or work-related injuries.. This undermines the integrity of the compensation system and contradicts its foundational purpose.

A worker-centred compensation system must recognize these power imbalances and take proactive steps to protect the workers who face the greatest risks and the steepest barriers.

7. OCCUPATIONAL DISEASE RECOGNITION

Demands

- Expand and regularly update presumptive disease recognition for occupations with well-established exposure risks.
- Accept reasonable causation standards for cumulative and long-latency exposures.
- Apply legal causation principles in a worker-centred way consistent with the purposes of the Act.

Background

Workers suffering from occupational diseases often face far greater obstacles than those with acute injuries. Many occupational diseases — such as cancers, respiratory illnesses, neurological disorders, or conditions caused by chemical, biological, or ergonomic exposures — develop slowly

over years or decades. By the time symptoms appear, evidence of exposure may be difficult or impossible for an individual worker to produce.

Despite this, the burden of proof often falls heavily on the injured worker, who must navigate complex medical science, historical exposures, incomplete employer records, and conflicting expert opinions. This creates a structural disadvantage where legitimate occupational diseases are under-recognized, under-accepted, or significantly delayed.

Modern workplaces also expose workers to evolving hazards, including infectious diseases, cleaning agents, heavy metals, silica, plastics, diesel exhaust, wildfire smoke, and psychosocial stressors. Without regular updates to presumptive disease lists, the system risks falling behind scientific consensus and leaving entire groups of workers — such as healthcare workers, first responders, hospitality staff, tradespeople, and migrant workers — without meaningful protection.

Petrie's emphasis on fairness and individualized justice supports the need for policies that reflect the practical realities of proving long-term exposure and complex causation.

8. AGE DISCRIMINATION & RETIREMENT SECURITY

Demand

- Review and remove policies that effectively terminate or reduce wage-loss benefits based on age or assumed retirement dates, ensuring decisions reflect each worker's actual work intentions, employment history, and capacity — not stereotypes about older workers.
- Strengthen and modernize retirement-income replacement provisions for situations where a work injury accelerates, disrupts, or forces retirement, recognizing the long-term economic consequences of late-career disability.
- Ensure that older workers receive equitable access to rehabilitation, retraining, and return-to-work supports rather than being prematurely pushed toward retirement pathways.

Background

Older workers often face unique vulnerabilities in the workers' compensation system due to rigid age-based assumptions embedded in policy. Many continue working well past traditional retirement ages because of financial necessity, lack of savings, care responsibilities, or simply because they want to remain active in the workforce. However, current WorkSafeBC practices can assume retirement at an arbitrary age — sometimes as early as 63 or 65 — resulting in reduced or terminated benefits even when workers have no intention of retiring.

These assumptions can have profound impacts. When a late-career injury prevents continued employment, the worker may lose not only current earnings but also crucial years of pension

accrual, RRSP contributions, and savings growth. For many, this results in permanent financial loss and heightened poverty risk in old age.

Advocates and researchers have also raised concerns that older workers are sometimes diverted away from rehabilitation or retraining programs on the basis of age alone, limiting their ability to recover skills, pursue modified duties, or re-enter the labour force. This contradicts a worker-centred approach and undermines principles of equity and inclusion.

A fair compensation system must account for **real working lives**, not outdated assumptions about when workers “should” retire. Eliminating age-based discrimination and strengthening retirement-related protections is essential to ensuring injured older workers are not left behind or pushed into involuntary poverty following a work-related injury.

A system built on the historic compromise must evolve to reflect the modern reality of Work.

9. DISABILITY RIGHTS & SYSTEMIC DISCRIMINATION WITHIN WORKSAFEBC

Demands

- Recognize systemic discrimination against people with disabilities within WorkSafeBC as a structural rights violation requiring legislative correction.
- Amend the Workers Compensation Act to ensure all policies, practices, and adjudication standards comply with **Charter s.7 and s.15 equality rights**, including the right to security of the person and equal protection and benefit of the law.
- Establish an independent Disability Rights Oversight Commissioner with authority to audit WorkSafeBC decisions, policies, and medical-advice practices for discriminatory impacts.
- Mandate that WorkSafeBC policies and procedures be re-written using a **disability-justice framework**, ensuring decisions prioritize dignity, autonomy, lived experience, and access to supports.
- Prohibit any policy or adjudication practice that has the effect of denying benefits, delaying healthcare, or reducing income security based on disability-related barriers, functional limitations, or perceived future cost.
- Require WorkSafeBC to collect, publish, and act on disaggregated data documenting differential impacts on workers with disabilities, including those with chronic pain, psychological injuries, episodic disabilities, or long-term impairments.

Background

Injured workers and disability-rights advocates across British Columbia describe a consistent and troubling pattern: **WorkSafeBC functions as a system that not only fails to accommodate disability but, in its design and operation, often deepens it.**

These concerns are not limited to isolated errors or individual decisions. They reflect **structural features**—policies, procedures, and institutional incentives—that repeatedly disadvantage people with disabilities, particularly those with permanent, complex, episodic, or invisible impairments.

Advocates report that WorkSafeBC's adjudication model, medical advisory structure, and cost-containment orientation create a **systemic barrier regime** in which disabled workers must continually prove the legitimacy of their impairments, defend their credibility, and navigate processes that appear optimized to question or minimize disability rather than support it.

Workers describe:

- Benefit termination based on theoretical recovery timelines that ignore actual medical realities
- Reliance on internal medical advisors who never examine the worker but override treating clinicians
- Administrative delays in treatment approvals that worsen disability
- Bureaucratic requirements that individuals with cognitive, psychological, or neurological impairments struggle to meet
- Decisions that assume idealized return-to-work scenarios, disregarding functional limitations
- A culture of suspicion and disbelief toward chronic pain, psychological injury, and complex disability

Disability advocates argue that these features amount to **systemic discrimination**, not merely accidental harm. Whether through deliberate policy choices, institutional culture, or embedded cost-containment priorities, the system consistently produces unequal outcomes for disabled workers.

This has **Charter implications**. When injured workers lose income, housing, medical stability, or the ability to meet basic needs as a result of how the compensation system operates, many advocates contend this infringes:

- **Section 7** — security of the person, including physical and psychological integrity
- **Section 15** — equality rights for people with disabilities

Independent reviews—including *New Directions*, *Severed Trust*, and *Restoring the Balance*—have all documented patterns that disproportionately harm workers with ongoing disabilities, chronic conditions, and long-term impairments.

A worker-centred, rights-respecting compensation system cannot coexist with policies that systematically disadvantage the very people it is mandated to protect. Legislative action is required to bring WorkSafeBC in line with the **Charter**, modern disability-justice standards, and the fundamental promise of the historic compromise.

Disabled workers are not asking for special treatment. They are demanding **equal protection, equal benefit, and equal dignity** under the law.

10. FUNDING PRIORITIES MUST PUT INJURED WORKERS FIRST

Demands

- Prohibit the distribution of surplus funds to employer rebate and incentive programs until independent reviews confirm that injured-worker benefits, healthcare access, and adjudication timelines meet legislated standards for fairness and adequacy.
- Prioritize surplus funds toward strengthening worker benefits, improving rehabilitation supports, reducing claim delays, and addressing systemic gaps identified by independent reviews.
- Mandate that any surplus distribution process include consultation with injured-worker organizations, unions, health-care providers, and legal clinics.
- Require that any internal performance-based pay, bonus or incentive program for adjusters, case managers, or decision-makers involved in claims adjudication or cost-control be suspended. Any reinstatement must occur only under strict prohibitions: incentives must be tied solely to fair and timely adjudication, worker-centred outcomes, and independent review metrics — never cost-savings, claim-closure rates or returning injured workers to work quickly.

Background

WorkSafeBC's funding system often generates substantial surpluses—funds exceeding what is required to cover current and projected claims. While these surpluses are frequently presented as a sign of a successful and well-managed system, injured workers and multiple reviews have raised a different concern: **surpluses can grow even while many workers experience delayed treatment, inadequate benefits, and unfair adjudication outcomes.**

Petrie explicitly warned against allowing financial metrics to displace the human realities of injury and recovery. Independent reviews have noted that **emphasizing financial metrics over worker wellbeing distorts the system's primary purpose.**

Current surplus distribution models primarily direct excess funds back to employers through rebates or reduced assessment rates. Injured-worker advocates argue that such practices conflict with the “historic compromise,” where workers surrendered the right to sue in exchange for guaranteed, dignified support—*not for the creation of large reserves that do not materially improve their recovery or financial security.*

Surpluses should be evidence that the system has fulfilled its responsibilities to injured workers. **They should never grow at the expense of those the system was created to protect.**

CONCLUSION – A CALL FOR LEGISLATIVE ACTION

British Columbia’s injured workers are not asking for special treatment. They are asking for a compensation system that lives up to its stated purpose: fairness, dignity, and accountability.

Multiple independent reviews — including New Directions, the BC Ombudsperson, and Paul Petrie’s Restoring the Balance — have already concluded that systemic change is necessary. The responsibility to act now lies with the Legislative Assembly and the Government of British Columbia.

We call upon Members of the Legislative Assembly to:

- Initiate and implement legislative and policy reforms informed by existing reviews and injured-worker input
- Strengthen independent oversight of WorkSafeBC decision-making
- Engage directly and regularly with injured-worker coalitions, unions, legal clinics, and advocates
- Ensure governance and performance measures prioritise real-world outcomes over abstract metrics

The legitimacy of WorkSafeBC cannot be measured only by funding ratios or return-to-work statistics. It must be measured by whether injured workers are:

- Supported to recover
- Protected from preventable poverty and homelessness
- Treated with respect and listened to as experts in their own lives

Injured workers are not expendable. They are constituents. They are citizens. They are people.

Do MLAs Have the Power to Close These Gaps?

Yes — and here's how.

Members of the Legislative Assembly hold **direct authority** and **indirect influence** over WorkSafeBC because the entire workers' compensation system is created and governed by **provincial law**, not by WorkSafeBC itself. WorkSafeBC is *not* an independent government; it exists only because of legislation that MLAs can amend, expand, or replace.

Here is exactly how MLAs hold this power:

- 1. MLAs can amend the Workers Compensation Act**
- 2. MLAs control WorkSafeBC through the Ministry of Labour**
- 3. MLAs can change WorkSafeBC policy through regulation**
- 4. MLAs can initiate independent reviews**
- 5. MLAs can create or strengthen oversight bodies**
- 6. MLAs control the WorkSafeBC Board of Directors through statute**
- 7. MLAs control the budget and can adjust system incentives**
- 8. MLAs hold political and public-interest authority**

MLAs have the authority, the tools, and the mandate to amend legislation, strengthen oversight, reform policies, and ensure that injured workers are treated with dignity, fairness, and urgency.

Every delay, denial, or systemic barrier represents real harm: lost income, worsening health, and shattered trust in a system meant to protect. By taking decisive action, MLAs can transform WorkSafeBC from a source of frustration and injustice into a truly worker-centred system—one that honours the historic compromise and upholds the rights and wellbeing of every injured worker in British Columbia.

The time to act is now; lives, livelihoods, and human dignity cannot wait.