

**UNCERTAIN RESISTANCE:  
AN ETHNOGRAPHY OF AN INJURED WORKERS ASSOCIATION  
AND ITS RELATIONS WITH A WORKERS' COMPENSATION BOARD**

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**This thesis is dedicated to  
my mother, Margaret Scott Moritz;  
the memory of my father, Henry Edgar Moritz;  
and my children, Jason and Alyson Nind.**

## Abstract

This thesis is an ethnographic account of how people in a particular situation of bureaucratic domination developed tactics and adopted discourses to present themselves as active agents capable of mobilizing resources, individually and at a collective level. Specifically, it involves a description and analysis of power dynamics, experienced efficacy, and associated processes of defining self and others in the context of a newly forming injured workers support group in their relations with a Workers' Compensation Board. Appropriate to the study of an injured workers group, the thesis draws upon a body of literature which focuses on the everyday practices of people in concrete social contexts. James C. Scott's work on domination and resistance provides a primary framework for the study, elaborated by Michel De Certeau's concepts of 'strategy' and 'tactic' as well as Foucault's notion of 'carceral' networks. Among the main findings was the recognition of the extent to which individual group members engaged in creative, and often effective tactical acts of resistance against the WCB and yet also against their own formal association. Moreover, as the group appropriated elements of bureaucratic and trade union discourses it shifted toward also engaging in strategic social action. The thesis concludes with practical recommendations concerning the ways such associations are formed and operate, as well as policy options for workers' compensation boards in general.

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## Introduction

The research presented in this thesis was motivated by my desire to understand and critique the workings of domination and resistance associated with modern bureaucracies. My own experiences with these kinds of organizations has often been frustrating, especially in my efforts as a career counsellor to assist injured workers over the last decade in their dealings with the Alberta Workers' Compensation Board (hereafter, the WCB). The ideology of the rational pursuit of goals in bureaucratic organizations, as systems of administration, often seems to be counterproductive to the felt needs of affected individuals. Hierarchical structures frequently make the official-client interface impersonal. The rules, policies and ways of operating may seem unnecessarily complicated to the average individual. Although these practices *may* provide for a more efficient mode of operation within the bureaucracy, they can be experienced as alienating -- for those both inside and outside the organization. This experience can be particularly difficult if one is also experiencing physical or mental anguish, as in the case of many injured workers in their association with the WCB.

Bureaucracies are able to operate as more or less well legitimated orders, whether on a small or a large organizational scale, within industrial welfare-state societies. The policies and ways of operating within bureaucratic systems such as the WCB are given authority by broader political and economic forces as well as by those individuals located within their domains. Yet these organizations often have no single, clear axis or relation of power; instead diffuse, disembodied threads of power spread throughout and beyond the organization. It is often difficult for ordinary individuals to assert themselves against such bureaucratic systems in their everyday lives. There

can be opportunities, nevertheless, within some dominant regimes of power for affected individuals to exercise symbolic challenges, or even to engage in activities that might lead to a transformation of structures and ways of operating that they experience as alienating.

This thesis is an ethnographic account of how people in a particular situation of bureaucratic domination developed tactics and adopted discourses to present themselves as active agents capable of mobilizing resources, individually and at a collective level. Specifically, my research involves a description and analysis of power dynamics, experienced efficacy, and associated processes of defining self and others in the context of a newly forming injured workers' support group. In the spring of 1994 approximately 40 injured workers from a single region in Alberta, Canada, who were primarily claimants of the Workers' Compensation Board, gathered together to form a "support group" (hereafter the Injured Workers Association).<sup>1</sup> At this initial meeting they each told stories of their experiences with WCB staff and with health care professionals. They agreed on their need to support others like themselves and thereafter set into motion the legal wheels to form a local, non-profit organization of injured workers and their families. My research examines how the group evolved and eventually declined, and how group members attempted to address their felt loss of efficacy by adopting certain discourses and by learning the organizational underpinnings of the WCB.

Given the power dynamics issues that arose early on in the participant observation phase of the research, it seemed important to focus on theoretical contributions dealing with domination and resistance. Much of this literature

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<sup>1</sup> The actual name of the group and the local area is not given in this thesis in order to provide confidentiality to the members, including non-active members.

is located in Anthropology, but I have also drawn from the fields of Political Science, Sociology and History. Yet much of the resistance and rebellion literature is comprised of relatively abstract macro-level analyses of whole societies. In contrast, I have chosen to draw upon a body of literature which focuses on the everyday practices of people in concrete social contexts, this being more relevant to the study of an injured workers group. James C. Scott's work on domination and resistance (1990) provides a primary framework for my study. Scott examines the variety of ways in which people who lack control over a situation find means of resistance (esoteric or otherwise) that can enable them in minor ways. I borrow the concepts of 'strategy' and 'tactic' from Michel De Certeau to expand Scott's formulation. Erving Goffman's notions of 'presentation of self' and 'stigma' play an important role in my analysis of injured workers interactions. As well, throughout the thesis I draw on Michel Foucault's treatment of discourse embedded in power relations, his analysis of surveillance and power, and his notion of a carceral network to explain the strategic operations of the WCB. In the end, my own theoretical contribution centres on showing how some instances of resistance can become absorbed into such carceral networks of bureaucratic domination.

Research questions were drawn from the first phase of observation and then refined and sensitized by the above literature. The following questions eventually became the main foci of my study:

1. What forms do strategies and tactics take in the power relations between the WCB and the Injured Workers' Association from the perspective of members of the latter? How, if at all, do these dynamics change actual and perceived relationships between the WCB staff and the individuals in the support group?

2. How does the internal structure of the Injured Workers' Association function in order to give power and a sense of empowerment to some members while disempowering others?
3. How might the appropriation of the dominant discourse and strategies (rules, policies, regulations, hierarchy) of the WCB and trade unions act to prevent or enhance perceived or actual efficacy?
4. How is the theme of legitimacy (credibility) enacted in the various contexts and what is its significance at the individual and collective level for identity formation? Also, how is the 'stigma' (Goffman) of injury used to establish credibility and group identity, and how is it played out in terms of 'presentation of self?'

These central questions guided my research process and provide the framework for the subsequent chapters of this thesis. The data collection methods I used were informed by these theoretical interests, and by the notion that this group of people should be given an opportunity to explain their experiences and understandings of their situations in their own voices. The limited research literature on injured workers in Canada has tended to be macro-economic, concentrating on the cause and prevention of workplace accidents for high risk employers, or in the medical field on new diseases and injuries such as repetitive strain or chronic pain syndrome cases. These data were collected for the most part without concern for the perspectives of injured workers themselves, and rarely include serious reference to the social contexts of their everyday lives. For the purpose of this study, some demographic and socio-economic information was collected, but these data play a minor role in the overall thesis. In the main, my research has relied on participant-observation, the collection of key documents, interviews with

present and former WCB staff, and interviews with members of the Injured Workers Association.

### Organization of the Thesis

Chapter One locates an Injured Workers Association in Alberta in an historical context, beginning with the expansion of industry in England during the early to mid nineteenth century. I explore the similarities and differences of the research group here to earlier forms of compensation by association, taking it through to the modern age of bureaucratic compensation on a national level. As well, I elaborate on the informal and formal networks that support the health compensation framework for injured workers across Canada and Alberta. Finally, I relate this discussion to the setting and background of the injured workers association that is the focus of this thesis.

In Chapter Two I lay out the main theoretical threads that inform this research. This includes a review of the power and resistance literature that provides the foundation for the initial assumptions and eventual substantive theory that was formed. Drawing on the contemporary literature of everyday practices of micro-level resistance, I show how predominant ways of conceptualizing domination and resistance are multi-faceted, yet limited. This Chapter outlines the most relevant theoretical perspectives, including those used in a number of ethnographies. The concepts and terms used throughout the thesis build upon those found in these works.

Chapter Three describes the methodological choices that I made and the rationale for the use of certain procedures in my collection and analysis of data. This Chapter outlines the means I used to construct an ethnographic account of cultural meanings, social organization, and power dynamics.

Specifically, it discusses how I used different methods to study a group of injured workers, the association they formed, and their relations to the WCB. This Chapter also sets out my approach to relevant ethical issues confronting this research.

In Chapter Four I show how the interactions between the WCB staff and injured workers are embedded in a complex network of power relations defined in part by bureaucratic policies and practices. I discuss how the WCB as a bureaucracy functions through the exercise of De Certeau's "strategy." Further, I show ways in which the system has its control extended through a carceral network involving regimes of accountability and surveillance. The resulting power relationships are manifest in what James Scott terms "hidden transcripts," but much of the interaction is also played out in a public transcript. I show that the most typical resistance techniques observed in this group of injured workers are quite formal and assertive.

Then in Chapter Five I explain the significance for the injured worker, of the claimant files (part one) and the appeal process (part two). These two constructs are intrinsically related, are much discussed by injured workers, and have a critical impact on their livelihood while on contract with the WCB. This chapter makes visible the inherent strategies of the effective order actually here, by pointing out the domains of power, including the space and the discourse of the dominant organization. I also point out the areas of conflict and contradiction in a descriptive analysis of the interface between the WCB and injured workers.

In Chapter Six I turn to the complex internal dynamics of the group. The group can be understood usefully as a contested site of resistance. I argue in Chapter Six that a central emergent feature of the group has been the way in which their agenda for collective resistance has become to some extent

absorbed into the WCB sphere of control. This will entail an examination of the natural history of the group, especially in terms of how this history has been understood from the perspective of different factions within the group.

Finally, in the Conclusion I discuss what I see as the central theoretical and methodological implications of my research. On the basis of these points, and my own career experiences with injured workers and the WCB, I propose a number of practical recommendations. These will concern the ways such associations are formed and operate, as well as policy options for workers compensation boards in general.

## Chapter I Setting and Historical Background

This first chapter locates the Injured Workers Association in an historical context. Initial forms of health compensation for workers were first established during the industrial era in England during the early to mid nineteenth century. It was also the time when factory work, with its long hours and child labour, first generated a concept of industrial 'accident' to characterize what was previously known as 'disease' or 'illness' (Doran, 1986). I briefly explore the similarities and differences of the researched group here to those early forms of compensation. I then take the discussion through to the modern age of bureaucratic compensation on a national and provincial level. As well, I elaborate on the informal and formal networks that now support the health compensation framework for injured workers across Canada and Alberta. Finally, I bring the discussion to the local level which is the setting and the background of the research focus, the Injured Workers Association in Alberta.

### Historical Workers' Compensation

Workers' health care compensation systems date back to the early nineteenth century "box clubs" of England's industrial complex (1800-1840). Due to the slow response of the British parliament in dealing with the fallout from factory work, and the ways in which accidents were understood as a separate condition from being infirm or poor, groups of trades people organized workers' benefit societies to protect themselves from the vagaries of the 'poor houses.' These collectives were also known as the "Friendly Societies," which governed themselves with a set of by-laws quite separate from government regulations. Membership rules for the box clubs were fairly stringent, for example including only those workers who were designated

"Taylors," who were under the age of 34 years at entry, and who resided in England and in Wales. Central activities during the meetings, however, were of a social nature, with much camaraderie and drinking. Monies were paid monthly in the form of membership dues to boxes under lock and key, which were held by the stewards of the designated house. This system functioned somewhat like a contemporary credit union, in that financial endowments went back to the members in forms of donations or loans in times of need. Article VII of the Society of Taylors spelled out the obligations of the club in terms of actions taken in the event of a member's ill health. "If any member is taken ill, he shall have the allowance of this society for 9 months, and then if there is no likelihood of his recovering his health, he shall be put on the pension; but if it appears he cannot long survive, he shall have the usual allowance of 15s. or 17s. per week; but if any man declare off to avoid the pension, and it is clearly proved to the society, he or they shall have their payment stopped for three months" (Doran, 1986, chapter 1).<sup>2</sup> This compensation and insurance system required a membership dominated by youthful workers who would contribute over an extended period of time, with the assumption that older workers were more likely to become ill than younger members.

Early nineteenth century British parliaments dealt with sick workers primarily under the English Poor Laws, and even then only very specifically: "most notably if one could never make an ordinary living again. If one was lame, blind, or old, or to use the Poor Laws' classification, 'impotent,' one might then qualify for poor relief." (Doran, 1986, chapter 1). The box clubs were primarily a self help reaction to the mind set of parliamentarians: that illness

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<sup>2</sup>One of the thirty rules comprising the Orders to be observed by a Society of Taylors, London 1809.

should fall under the category 'poverty' and therefore be mandated under the English Poor Laws. The outgrowth of such a society was a humanitarian response to these laws, by, and in the interest of workers, who were protecting their own kind as they would a kin group. This was accomplished by members contributing to a communal fund, which was to be administered fairly for the benefit of less fortunate workers upon need and without discrimination. Box club members discharged their activities outside of parliamentary law and without interference from or control by the lawmakers of the day. Eventually, compensation for workers was placed under the auspices of government as the box clubs faded into obscurity, occupying only a small moment in the back stage of this history. This shift was not marked by a struggle for control by the Taylors; rather the bureaucratization of compensation was gradual and yet conclusive, obviating the need for the box clubs as they existed.

In his extensive historical analysis of workers' compensation in early nineteenth century England, Doran (1986) compares these box clubs to the contemporary system of the Workers' Compensation Board (WCB) in Alberta. Although it is certainly appropriate to explore the differences and similarities of these two organizations,<sup>3</sup> here I will briefly compare the box clubs of the early 1800s instead to injured workers' support groups of the 1990s. There is a strong resemblance between the two organizations, and several similarities are worth noting.

Injured worker groups that sprung up in Alberta were a response to the perceived difficulties endured by injured workers while dealing with the bureaucratic operations of the WCB. The mandate of these groups was mainly 'support based,' stressing emotional support rather than financial support and

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<sup>3</sup> Doran published his dissertation prior to the existence of injured worker support groups and cannot be faulted for his omission of this very recent development in the history of injured workers.

they were independent of any formal organization. The meetings acted as a social gathering and provided a safe environment to vent the anger that many felt toward the WCB system. Even so, they were framed in a rather officious setting through the use of parliamentary order regulated by a set of by-laws.

First of all, historical box clubs functioned independently of bureaucracies, and the rules of operation were created by the members themselves. Box club members were organized by by-laws under a quasi-legal framework, similar to the non-profit injured workers' group in Alberta. These rules were taken seriously by the members, with no input, control, or other interference from Parliament in the former case or the WCB in the latter. In fact, in each case formal organizations affirmed the operations of the compensation support groups.

Membership fees were collected within the injured workers' group and in some cases private donations were offered by other members to assist those who could not afford their fees, often without intention of reimbursement.<sup>4</sup> In the case of the English box clubs, however, the loans and pensions were recorded. No fault for ill health was assigned in either case, as there seemed to be a high level of trust among workers of their own kind. Article XVII of the Taylors' box club society also strove for equality among members as it states that one is not to "lessen a brother member in regard to his trade" (Doran, 1986, ch. 1). Similarly, during my observations of the injured workers' group in Alberta I never heard a claim made to a higher status occupation within the membership. They were all 'injured workers.' Another point of interest is the use of the term 'brother' in this Article of the box club by-laws. Trade unionism *per se* did not exist at that time, and yet this same kinship language has often

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<sup>4</sup> At \$10 per year, this was more a formality and a commitment to the organization than a financial obligation for most.

been used on various occasions at the injured workers' meetings.<sup>5</sup> The issue of trade union influence on these groups will be discussed at several points in the following chapters.

Socializing (mainly drinking) within box club societies was conspicuous and therefore these societies have been treated by some historians as basically irrelevant, due to the fact that they were "poorly administered by ill-educated workmen" (Bartrip & Burman, 1983: 31); the social solidarity dimensions have thereby been obscured. The Alberta support group departs somewhat here, as money is not administered within the group and socializing takes place only occasionally, after the meeting time and only by a few members. The Injured Workers Association in this century do not use their 'club' as a social club, but rather as a support group which operates through information giving.

Another area in which the two types of organizations do not correspond is in regards to their discourse about their health and their bodies. Box club members evidently conversed in a language of experience, whereas, as I will show, injured workers' dialogue in this support group in Alberta today, conforms to the dominant discourse of the WCB, which itself has embraced medical-legal-insurance discourse (Doran, 1986). At the initial phase of their injuries these workers used common experiential language as well, but thereafter have been socialized to conform to the dominant discourse; the expectation here is that this will facilitate communication with their counsellors, medical staff and other injured workers. The main thrust of Doran's earlier research is a Foucauldian analysis of the changing discourse over the past one and a half centuries, in which he relates the use of this expert language as a tool of power (a strategy) used by the dominant WCB over people

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<sup>5</sup> Coal miners were beginning to organize in the same areas and including France, but not formally this early in the century.

who were not initially familiar with this rational-scientific discourse. I will argue that in 1996 injured workers are quite capable of using WCB terminology effectively in order to acquire resources. I believe that this appropriation of WCB language is a recent development among injured workers dating from the mid 1980's, in which they have learned to view and speak about their bodies from a medical-legal perspective. I will describe the process of this language socialization within the Alberta support group in Chapters Four and Five.

During the early nineteenth century key dominant groups and institutions themselves had not developed the use of this particular expert discourse, let alone the trades people of the day. Again, for the British Parliament there was no official recognition of 'illness' as a separate legal concept from poverty, and the injured or ill both fell under the control and the language of the English Poor Laws. If one was ill and therefore temporarily unemployed, one was placed into the custody of the poor houses by law. Box clubs were a benevolent and desirable alternative, if membership was attainable and sustainable. They were concerned with maintaining workers' financial status, as well as their dignity in troubled times. Since they were all paying into the coffers, it was a type of insurance for their own unpredictable future. This parallels the guiding principle of the injured workers' support group I followed, whose logo is "injured workers helping each other." Part of the original box club mandate was to keep people from going to the 'poor house.' In this century, the equivalent might be thought of as going to the social services department -- a definite possibility for those injured workers whose claims are rejected or terminated.

Parallels between the two types of organizations notwithstanding, the box clubs of the early 1800s are unknown to this support group of injured

workers today. The common causal factor in the rise of parallels here is that both types organized themselves around the concept of benevolence, and they functioned through informal negotiation and reliance on trust rather than through dependence on arbitrary rules based on formal-legal legitimacy. Throughout this thesis, I periodically refer to these key issues of legitimacy, of rational-legal discourse, and the notions of reciprocity and camaraderie among injured workers -- issues which have not lost their relevancy over two centuries.

#### **Compensation Practices Today**

Most industrialized countries today have well-established systems of financial compensation for injured workers, as well as comprehensive disability legislation in general. Such programs form an important part of the social policies to which most governments are committed in these countries. Many analysts claim that the post-war period saw a steady increase in work related injury and occupational disease. "Growing industrialization, rapid urbanization and training of many industrial workers, and the mechanization of agriculture have brought about a steady increase of injuries" (Haveman, Halberstadt and Burkhauser, 1984, p. 377).

Workers' compensation in Canada is under provincial jurisdiction, and has long functioned through Workers' Compensation Acts, which were passed in various provinces between 1913 and 1950. Alberta legislation was first enacted in 1918, when the Workmen's Compensation Act became law. Some of the language in that Act was derived from the British system, but also had features reflecting German and American compensation legislation. In recent years the name of the Act has been changed to reflect gender-free "workers" terminology. Canadian compensation schemes today are legitimated by

humanitarian notions of social insurance. The Meredith Principle<sup>6</sup> guides the underlying social contract and basically reflects a conviction that injured workers are entitled to claim benefits regardless of injury-generating fault -- on either their part or the part of others. Initially the scheme was a boon to employers, as it specifically protected them from civil litigation suits by injured workers. A main factor in this plan is that injured workers give up their right to sue their employers in exchange for the promise of appropriate compensation benefits. The plan is essentially the employers' insurance company, and is compulsory (with the exception of certain excluded industries). Assessments are levied upon companies based on industry risk factors which vary from industry to industry. The scheme is administered and adjudicated by an independent board (the WCB), which is guided by provincial Acts and Regulations. Most provinces operate under the aforementioned compensation principles, and are regulated by similar legislation. Some structural differences occur, however, from one province to another. The Alberta WCB operates under the authority of the Workers' Compensation Act, Statutes of Alberta 1981, Chapter W-16, as amended. The relationships to workers' health compensation extends to labour unions, the medical profession, business, workers and to government.

Eligibility for compensation is based on the person being an employee while demonstrating, through a claim process, that the accident occurred on the job. In the case of chronically-developing occupational diseases, it must be

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<sup>6</sup> The Meredith Principle is a reference to the report of 1913 that was commissioned by the Ontario government and headed by Sir William Meredith. This report examined "laws relating to the liability of employers to make compensations to their employees for injuries received in the course of employment" and is regarded and commented on as the basis for the social contract that guides WCB and their affiliates (Report of the Task Force on the Workers' Compensation Board, November 1988, p. 10). The Principle is also referred to in the Alberta Legislature in regards to Bill 16, Workers' Compensation Amendment Act, 1995, from Hansard, March 8, 1995.

determined that the disease was a result of employment activities. From discussions with WCB case managers, it appears that about 85% of WCB cases in Alberta are resolved within 3 months. The remaining 15% entail most of the work that is handled by the staff. Entitlement to benefits is calculated on a medical/economic scale<sup>7</sup> in conjunction with a post-injury work-capacity evaluation. Benefits include regular weekly payments based on a specified percentage of the worker's wage and paid out as a "total temporary disability (hereafter TTD)" while they are not working.<sup>8</sup> "Permanent partial disability (hereafter PPD)" pensions are based on the loss of functioning of a particular body part and is paid out for life at a particular percentage (see Appendix A for examples). This percentage may be appealed before a review committee if the claimant is not in agreement with the resulting calculation.<sup>9</sup> "Earnings loss supplements (hereafter ELS)"<sup>10</sup> are provided where ". . . it appears that a pension based on the physical impairment method is less than the loss of earning capacity" (Ison, 1983, p. 66). This ELS financial reimbursement program is assessed by a review panel at the WCB to determine whether or not the situation requires continued support. For example, the ELS may be considered for discontinuation if a claimant returns to the pre-injury earning level or if the health condition has improved such that one is able to return to work in a fully functioning capacity.<sup>11</sup>

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<sup>7</sup> Bell's medical tables are an interplay of medical and economic statistics which provide a case manager with criteria for calculation of benefits.

<sup>8</sup> In Alberta this is based on 90% of the prior year T-4 earnings.

<sup>9</sup> An appeals process is in place for WCB claimants and will be discussed fully in Chapter Five.

<sup>10</sup> Now in 1996 the term for PPD and ELS has recently been changed to "non-economic and economic earning loss" however, since this thesis deals with events of the prior year I shall use the former acronyms throughout.

<sup>11</sup> The ELS program is one that is often contentious, in that workers do not always understand the way it is calculated and if they do, then do not agree with the calculations or the reasons for discontinuation of the benefit program.

A full range of medical services (including pharmaceutical requirements) pertaining to the claim are also paid in fulfillment of the obligations of WCB. Physicians are retained by the Board mainly for the purposes of reviewing files to determine whether or not a further medical assessment is required. The WCB claims adjudicators then make a financial judgment on the calculated percentage of the permanent partial disability pension. Outside specialists generally do assessments, rather than the WCB doctors. This assignment of two sets of doctors reviewing a case sometimes results in an incongruity in diagnosis. The claimant may then feel the need to appeal a decision made by the case manager (which is also translated by the WCB doctor into financial entitlement), if the injured worker thinks the decision is in error.

In the past decade benefits have also included vocational rehabilitation services provided by counsellors of the WCB, which included upgrading and work retraining programs for injured workers. The Board has recognized that workers who do not return to some type of employment within the first year of a compensation claim have a less than 40% chance of ever again securing gainful employment.<sup>12</sup>

The issue of the legitimacy of a claim obviously concerns the WCB, employers, and workers alike. Legitimacy issues sometimes arise concerning whether the claim that was opened was fraudulent, but this is unusual. Whether a person continues collecting compensation when actually in good or improved health is much more often the subject of controversy.<sup>13</sup> The Board

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<sup>12</sup> Source: "Post Injury Loss Reduction Program," Workers' Compensation Board Training Manual for Employers.

<sup>13</sup> Some provincial Boards have taken to using surveillance in cases of suspicious claimants. With the aid of video cameras they have discovered that some people who claimed they could not work had a broad range of physical abilities. These videotapes were picked up by the CBC and aired on the television show, The Fifth Estate.

has a broad range of related investigative powers, “. . . including the same powers as the Supreme Court to subpoena the attendance and testimony of witnesses, or the production of documents.” In Alberta, “those having the custody of hospital medical records are authorized to supply information to the Board without the consent of the patient” (Ison, 1983, p. 117).<sup>14</sup>

Workers' compensation boards across Canada in recent years have undergone a restructuring of their systems as they have been found, through a series of evaluations and task forces, to be ineffective from the perspectives of the stakeholders as well as stressful places to work from an employee position. Most of the provinces' compensation boards (including Alberta's) have initiated independent evaluations and welcomed recommendations for effective restructuring.<sup>15</sup> This process began in the 1980s and consequent transformations have been evident in several dimensions of the Alberta WCB's operations. Policy recommendations have focused primarily on rehabilitation demands rather than issues of just or adequate financial compensation.<sup>16</sup> Stakeholders, such as labour, business, and provincial Occupational Health and Safety (hereafter OH&S) departments, have been encouraged to assist in a drive to reduce workplace accidents through industry safety education and better workplace practices. The Alberta Construction Safety Association is but one relevant organization whose mandate is to upgrade industry to certain levels of safety so as not to compromise their employees (Schulz, Calgary Commerce, April/May, 1994, p.43 ). This organization offers a Standardized Safety Accreditation Program to interested employers.

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<sup>14</sup> In Chapter Five I illustrate the use of these powers from the files of an injured worker in conflict with the WCB.

<sup>15</sup> Discussion paper entitled “The Workers' Compensation Board: Shaping the Future.” March 1988, Government of Alberta.

<sup>16</sup> As outlined in the Report of the Task Force on the Workers' Compensation Board, November 7th, 1988.

The concerns of the mid-1980s over the rising costs of work-related injuries in an aging population has been augmented in recent years by different interests expressed by some stakeholders, such as trade unions and construction safety associations. These groups have developed plans and initiatives that focus on workplace safety, and have been working closely with the provincial Occupational Health and Safety department on injury reduction plans. As well, workers have steadily been moving away from traditional blue-collar occupations to more white-collar, technical and knowledge-based jobs. This, plus the impact of the 1980s recession, may have contributed to the reported decline in workplace injuries in Alberta from a peak in 1986, which in fact puts the province in first place for injury reduction in Canada (see Appendix B). In this decade the number of employers registered by WCB has increased from 61,463 in 1990 to 68,696 in 1994 (WCB Annual Report, 1994, p. 29), yet during the same period the number of "lost time claims"<sup>17</sup> was reduced from 4.9 per 100 workers covered in 1990 to 3.6 per 100 workers in 1994 (ibid. p. 27).

Although recent reports from WCB to the media including the 1994 Annual Report<sup>18</sup> have been presented with much optimism, a new focus appears to be on the organization's new-found long-term financial stability. Alberta's WCB has gone from a \$601 million dollar unfunded liability<sup>19</sup> to a positive fund balance of \$80 million dollars. A major factor in this financial turnaround has been successful investment strategies recently developed by the WCB.<sup>20</sup> The organization also boasts a reduction in claim files overall. Quick

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<sup>17</sup> A 'lost time claim' occurs when a worker receives wage loss compensation for one or more days after the date of an injury.

<sup>18</sup> The 1995 Report is at the printers at the time of this writing.

<sup>19</sup> The difference between probable future income and the projected cost of maintaining current and future claimants (Alberta Report, July 1995, p. 11).

<sup>20</sup> The fact that premium rates to certain industries have been reduced and have resulted in rebates to some companies with an injury reduction plan, points out the lucrative financial state of the WCB in their latest Report (1994).

decisions made on new claims, and claims being handled more consistently, are being identified by the WCB as factors in the reduced deficit. These statements only tell part of the story however, as the number of worker appeals concerning their cases have increased *dramatically* over the same period.<sup>21</sup> According to injured workers, the recent stable financial position of the WCB is partially due to the fact that it has been achieved on the “backs of the injured workers” through the increased effort to close claim files.<sup>22</sup>

Some other cost saving initiatives include the closure of several WCB offices in Alberta. This centralization policy also has the secondary consequence of keeping rural injured workers and employers at a distance from their case managers, as the latter now reside in WCB offices in Edmonton and Calgary. One positive aspect of the restructuring process for both injured workers and case managers, however, has been the adoption of an American case management model. This is one which can be generally defined as “a method of providing comprehensive, unified, coordinated, and timely services to people in need of them through the efforts of a primary agent, who, together with the client, takes responsibility for providing or procuring the services needed” (Kemp, 1981, pp. 212-13). This model has been used with much success in vocational rehabilitation fields and only relatively recently has been embraced by the WCB. Prior to the implementation of this model, the worker’s file was handled separately by claims adjudicators, who dealt with the financial aspect of the claim, and vocational rehabilitation counsellors, who were involved in ‘return to work’ issues. Claims were also assigned and managed based on the condition of the injured claimant’s affected ‘body parts.’ This was a highly fragmented system that in many cases was incomprehensible to the

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<sup>21</sup> Taken from the WCB Annual Report, 1994, p. 31. The 1995 figures have not yet been published.

<sup>22</sup> Field notes from participant observation of the injured workers’ group general meetings.

worker.<sup>23</sup> The move to a case management model had economic advantages for the WCB, as it reduced staff loads. Many claims adjudicators and vocational rehabilitation counsellors either have been laid off or converted to 'case managers' during the last few years.

Another recent policy development has been the passing of Bill 16 in the Alberta legislature, creating the Workers' Compensation Amendment Act, 1995. Among a number of issues, it sets out a one year statute of limitations for commencing an appeal. This policy initiative could lead to a future reduction in injured worker claims. Bill 16 garnered much discussion among members of the injured worker groups in Alberta, as well as within labour organizations. A key issue with stakeholders, is "... that the WCB will no longer fall within the government reporting entity. It will become a DAO<sup>24</sup> and perhaps eventually become totally privatized. It's unclear under Bill 16 as to who will be liable for payment of present and future claim costs in the event that a situation occurred in which there were insufficient funds in the accident fund." (Hon. member for Edmonton-Meadowlark, Ms. Leibovici, Alberta *Hansard*, The 23rd Legislature, April 12, 1995).

A recent unrelated development was the inclusion of injured workers into the legislation of the Alberta Individual Rights Protection Act. The Act had originally provided for those with certain disabilities and offered a degree of protection for those with visible impairments arising from an injury. Many injuries are not apparent, however, and occasionally problems arise in the course of employment searches. Old application forms in circulation today still question the applicant as to their work experience and their past and current

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<sup>23</sup> This system did allow for a high degree of specialty within particular areas however, and is still favoured among some counsellors.

<sup>24</sup> DAOs are Delegated Administrative Organizations which, although regulated by the government, have broad powers in which to function. Government will then absolve itself of any operational responsibility, which enhances privatization.

health. This may include the query about any association with WCB in their past employment. The question may also arise in a job interview. This practice has been banned by the revised Act, such that "Questions about physical or mental conditions, disease, kinds of medication, or worker's compensation claims are not permitted" (Alberta Human Right Commission, under the Disability section, p. 1). Employers are also expected to accommodate injured workers with a modified work station, or to rearrange duties so that work loads are shared. Employers have not been forthcoming with alternatives in the past and have often tried to avoid hiring a WCB claimant partially for financial reasons. Pimentel, Bissonnette-Lamendella and Wright note that "what twenty years ago was an incidental cost to business is today, for some [high risk] industries, the second or third highest cost of doing business" (1987, p. 12).

Injured workers claim that they have been excluded from the hiring process once an employer discovers that they have been involved with the WCB. Such rejections, they explained, could surface at the application level or the interview level. This creates a dilemma for injured workers. They (generally) want to disassociate themselves from the WCB and at the same time if they are unable to return to their former employment and are discriminated against by new employers, how do they resolve the problem of becoming financially independent? This is a question that gives rise to much anxious discussion among injured workers in the context of a support group and as well in other informal gathering places.

#### **Support and Injured Workers**

Injured workers' support groups and non-profit associations have sprung up in this last decade on local, regional and national levels. Some have had the support of the trade unions, while others have secured assistance and

information from government Occupational Health and Safety departments. Yet others have had financial assistance from the federal government. Private entrepreneurs have found the plight of injured workers a lucrative domain, as they assist in an increasing number of appeal hearings. Some have chosen to work on behalf of the employer in claims closures, while others work to secure financial gain for injured workers through claims reinstatement or other types of appeals. Certain law firms specializing in WCB appeals have directed their advertising specifically to injured workers.

At the national level, support for injured workers has been organized under the Canadian Injured Workers' Alliance, whose headquarters are in Thunder Bay, Ontario. The office provides one full time coordinator position through federal government funding from the Human Resources Development office in Ottawa. The Alliance was established in 1990, when it was conceived during an injured workers conference in Toronto.<sup>25</sup> The Alliance now has over 90 groups in their database which are either informally structured or have non-profit status. The organization is overseen by a fourteen member steering committee composed of injured workers, labour representatives, and case worker advocates across Canada. They communicate through teleconferences, and organize conferences with stakeholders. Their mandate primarily is to share information (chiefly through a newsletter) and to provide leadership training and manuals for injured worker groups to assist them with incorporation procedures and organizational strategies. They also play a liaison role between injured workers and support groups within their own region or across provinces, if a worker intends to move. As well, they

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<sup>25</sup> The Canadian Labour Congress and steelworkers' unions have been instrumental in organizing conferences around injured workers issues in Ontario. Several interested groups, including labour unions, wished to share information on injured workers throughout Canada and this seemed to be an appropriate venue.

have a mandate to supply information on provincial legislation to these individuals and groups.<sup>26</sup>

Another organization interested in the concerns of injured workers at a national level is the Canadian Centre for Occupational Health and Safety, in Hamilton, Ontario. This organization is accountable to the federal Minister of Human Resources Development and is governed by a Council representing provincial and territorial governments, labour, and business. The Centre is a national information resource centre for occupational health and safety. Although it provides information relevant to work safety, it directs its services to the managerial level rather than to individual injured workers. While their resources are primarily pro-active rather than re-active, organized injured worker support groups do utilize their services.

At the regional level, Ontario and Quebec are the only provinces that have formed provincial networks of injured worker support groups -- groups that are active in terms of policy development and government lobbying. In Alberta, some prominent members of local injured workers' support groups have been trying to form a provincial body to represent their interests since the early 1990s. At the time of the Task Force (November 1988) seven injured workers groups were listed in the appendix of their report.<sup>27</sup> Three non-profit, formally organized groups exist in the province today (one of which is the research group); others are in the process of incorporation. Their members are located outside the major metropolises, and although support groups did start up informally in Edmonton and Calgary they have not as yet reached the stage of

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<sup>26</sup> They were also responsible for organizing a provincial network of injured workers in Ontario. This body has elected officials who have done some lobbying with provincial government in Ontario. The Alliance, however, does not operate at a policy development level, nor does it function as a lobby group. They have constructed themselves as a clearinghouse of information for injured workers across Canada.

<sup>27</sup> These groups operated on an entirely informal basis and as a result, there is no means to access information about them today.

incorporation, nor are they networking with the formal groups now fully functioning in the province. Some early groups in the major cities simply disbanded.<sup>28</sup> Personnel from the Alberta Federation of Labour also claim that support groups have not necessarily formed into 'injured worker' groups *per se* in the urban centres, but that injured workers have joined other support networks according to their particular injury area such as a Chronic Pain Syndrome, Fibromyalgia, or Chronic Fatigue Syndrome support groups.<sup>29</sup>

Labour unions are another avenue of support for injured workers. Union membership may well be able to provide the first line of assistance. Union leaders claim that the fight for the compensation systems that are in place today was fostered by the labour movement. Trade unions, and affiliates such as the Alberta Federation of Labour, have been actively involved as champions for injured workers on an individual support level and at the collective level. At the individual level, however, support in terms of advocacy in WCB matters is restricted, since the protection of the bargaining unit usually extends no more than two years after the termination of union dues. Labour unions are perhaps more useful in the long run for their ability to defend injured workers in the sphere of government policy formulation. This is accomplished by lobbying, as well as through presentations to task forces and Royal Commissions. The injured workers group involved in this study was assisted in various ways by a local union in which several members were active.

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<sup>28</sup> This is not to assume that injured workers in the urban centres are satisfied with the claimant procedures of the WCB. It may be that in urban centres injured workers may not have the opportunity to find each other as easily as they do in more rural settings where information is disseminated through word of mouth.

<sup>29</sup> Some of these diseases are soft tissue injuries which are difficult to substantiate to the WCB.

An injured workers' support group in one other area of Alberta has been very active since 1992 in organizing other injured worker groups.<sup>30</sup> They have also secured an operating grant from the federal government's Human Resources Development Branch. Part of their mandate in fact has been to organize a provincial body of injured workers. To date, progress has been gradual, but their association has continued to work in the area of policy development and lobbying the provincial government on recent legislation. This other rural-based injured workers group now plans to set up an injured worker task-force in Alberta. As well, they participate in WCB 'stakeholder forum' meetings along with other injured worker affiliates, business, and union representatives. Similarly, representatives of the Injured Workers Association, central to this research, also participated in these kinds of activities once they became organized.

#### **History of the Injured Workers Association - the Focus of this Study**

The Injured Workers Association held their first formal public meeting in May 1994 at a central community hall. The founders were three or four injured workers and a WCB Board member, who had previously gathered to discuss the possibility of forming a structured support group. The executive members of the first Injured Workers' Association mentioned above were instrumental in initiating this process, and were central at this first meeting, offering encouragement and information to the local research group. This meeting generated much local interest, as approximately 50 people from across rural Alberta came to discuss issues of relevance to injured workers. Given the

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<sup>30</sup> The Injured Workers' Association is not the full name of the group mentioned above, but in order to protect the identity of the research group, I have used this pseudonym. For the same reason, I am not identifying this other Alberta group of injured workers.

relatively low numbers of active case files in the area, this number was considered by those present to have been a good response for a start-up group.<sup>31</sup>

The meeting had been advertised on a local television talk show and generally passed by word of mouth from one interested party to another. Participants questioned each other as to how they knew about the meeting and why they were there. It seemed that almost everyone present was an injured worker or the family member of an injured person. All those who spoke up during introductions had dealings with the WCB at some point in their careers. Stories of bitterness and unfair treatment at the hands of the WCB (in one capacity or another) emerged throughout the evening. People spoke sometimes harshly and sometimes with resignation about their transactions with the WCB, while others consoled those who broke down. This process of identifying themselves took place during the formal part of the meeting, at the break, and also much later following the adjournment of the meeting.<sup>32</sup> There seemed to be a consensus among those who spoke that most had suffered a loss of dignity and self confidence as well as a material loss. Thus, the basis for a support group was established through these initial interactions. The aforementioned representatives of the other, already extant injured workers' association, offered encouragement through their own example. This organization had been functioning for some time prior to this meeting and they had developed some organizational skills and knowledge about WCB that seemed relevant to the study group. They were forthcoming with information that they claimed

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<sup>31</sup> In 1994, newly reported claims for those over a 30 day period (TTD) on WCB in selected areas in Alberta totaled 2,109 (selected cities cannot be named in order to protect the name of the research group). Figures were prepared by the Finance-Actuarial Services at WCB (08/95). The total number of new claims reported (TTDs) for that year in the province were 93,187 (same report as above, also confirmed by the WCB Annual Report 1994, p. 26.). Many of these claims are quickly resolved and workers are returned to their previous employment. Not all the participants at that meeting were 'on' WCB and in fact of 31 of the membership reporting to me by September 1995, only 16% had active files with WCB.

<sup>32</sup> See Chapter Six for further elaboration on this process.

would be beneficial to this Injured Workers Association regarding incorporation, writing grant proposals, advocacy training for appeal hearings, and warnings about accepting assistance from "charlatans."<sup>33</sup> They stressed the importance of injured workers helping their own kind, and shared their own personal histories and their mutual concerns for injured workers with those who would found the Injured Workers Association here. Given another group's backing and example, the interested participants in attendance that evening agreed to formally proceed with the development of a support group for this region of Alberta.

A steering committee was organized and start-up donations were accepted that first evening. There seemed to be agreement among the discussants that they should become organized as a non-profit organization and should strive toward some common goals within this 'legalized' form of organization. It was decided that there would be no election of officers until they had obtained non-profit status. This process continued over the summer and with some frustration by some members (who were less active with the process) until the fall of 1994. Election of officers finally took place shortly thereafter. The membership had risen to 53 by the end of the first year,<sup>34</sup> although not all may have been members in good standing (i.e., paid up). Often only a core group of approximately 15 people attended the meetings on a regular basis from May to December 1994, with more than double that attendance when guests were invited from the WCB.

Meetings were held once per month at a local union hall through the benevolence of the union in question; again, some injured worker members

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<sup>33</sup> The initiating group warned the Injured Workers Association of individuals offering private services, who might take large sums of money and yet not offer the assistance they advertise; this had been the experience of some members of both groups.

<sup>34</sup> These were names listed on a phone sheet.

were also prominent within that particular union. Board meetings were held more informally over the two year period at members' homes or at a local restaurant. On some occasions Board meetings were also held an hour or so prior to the general membership meeting at the union hall. The Board gatherings were always more informal than the regular membership meetings, which were held with some ceremony and with rules of order maintained.<sup>35</sup>

One of the main issues that claimed some energy and time initially was the incorporation procedure itself. The name of the support group had to be decided upon and then subsequently searched. There was some delay with this process, and much discussion generated around what to call themselves, and how to set up the by-laws. As well, the goals of the group were deliberated at length and continually renegotiated among members, as will be discussed more fully in Chapter Six. It was during this long prelude that some start-up enthusiasm may have worn off, for numbers began to dwindle by the time the legal issues were settled.

Yearly memberships were offered only to injured workers or members of an injured worker's family, with only two votes allowed per family. These fairly narrow membership boundaries were decided upon prior to incorporation and were upheld rigorously. In fact, one area of conflict was around the issue of whether Injured Workers Association Board members could be non-injured, even if they were family members of an injured worker. This issue has never been resolved formally, and while the Board continues to function, an undercurrent of tension over this issue remains.<sup>36</sup> Conflicts of

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<sup>35</sup> Robert's Rules of Order (Robert, 1994) were applied generally, if not rigidly adhered to at group meetings.

<sup>36</sup> Even the recent election of officers did not yield new members of 'injured' status, albeit only one position became accessible at that time. During the course of the two years, the Board did not change, save for two resignations which were replaced without incident. The re-election of one new Board member took place in the fall of 1995 and a nominee won by acclamation.

interest that cut to the core of the guiding principles of the group are continually being negotiated, perhaps to the detriment of the support group as a whole. Consensus, however, is always focused on dealing with the WCB, for both injured and non-injured within the group.

During the course of its two years of operation, the Injured Workers Association has been in continuous contact with WCB concerning several facets of the organization. Initially, a liaison person from the communications section of the WCB offered assistance to members in obtaining their claim files and preparing for appeal hearings. This person also assisted with a workshop facilitated by the WCB Appeals Unit, whose purpose was to train injured workers to become advocates for appeal hearings. These workshops have been promoted throughout the province by the WCB liaison staff. Occupational Health and Safety are partners in this project, offering a certificate for completion of the Advocacy Certificate Program. Although some members of the Injured Workers Association participated in the first phase of the program, it was not followed up to the certification level by any individual Injured Workers Association members. Informally, a group of two or three members have assisted new members with their claim files and appeal hearings.

WCB personnel have also been encouraged to attend Injured Workers Association meetings through invitations made on behalf of the Association. Several WCB spokespersons have attended these meetings over two years, declaring publicly that this particular support group has earned the respect of many staff members of the WCB.<sup>37</sup>

Others invited to general membership meetings include the local MLAs. Generally, injured workers view government officials as a main line to the

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<sup>37</sup>Another contact with the WCB takes place at the Stakeholder Forum Discussions at the central urban office, which is elaborated in Chapter Four.

WCB when their own persistence fails to work. Lobbying their local representatives has sometimes been the last course of action injured workers have been able to take. They have done this, as individuals, for many years and often with immediate attention to their claim files by the WCB. The group in question, has worked closely with both district MLAs on specific legislation that will affect injured workers in the future.<sup>38</sup>

The Injured Workers Association produces a monthly newsletter to keep their members and interested parties such as those mentioned above apprised of their activities. This is edited by one of the Board members and contributions are submitted by members and other interested parties in the community. The newsletter has been valued consistently by the group, as evidenced by statements made in personal interviews conducted with the membership. Its readership includes the Association's own members, some WCB personnel in the major cities (including the members of the WCB Board of Directors), staff in the local MLA offices, union locals, doctors, and other health-related professionals. The Injured Workers Association newsletter is funded through local advertisers involved in the health-related activities.

#### **Backgrounds of the Injured Workers Association Members**

Demographic and socioeconomic analysis indicate that the membership is quite homogeneous in certain respects. Of the 53 members on the phone list in August, 1995, 38 respondents had an average age of 46 years, with a median of 46. Over half of the members appear to be between 40 and 50 years of age. When asked about marital status (39 reporting), 79% said they were married or living common-law. The average number of children of those responding, was

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<sup>38</sup> Given that legislation is a provincial jurisdiction, the focus has been on the MLA rather than the MP or the city's mayor and council.

2.6 (n=37), with all but one married couple stating that they had children. 73% were home owners (n=37). The number that reported being employed in some form or another was 57% (n=46) during summer/fall 1995. Union affiliation at some point in their lives was reported by 62% (n=37). The average education received was reported to be Grade Eleven (n=37) and over half had completed at least 12 years of school.

Only 35% of all group members as of August 1995 were women. One possibility for this unequal distribution among the gender of group members is that males still tend disproportionately to work in the 'traditional' physical risk-oriented, trade and labour occupations that generate a higher number of injury claims. The reported number of injuries and occupational diseases in women employees, however, has increased more recently, especially as women develop repetitive strain injuries in office jobs and factory work. As well, women have begun to move into traditional male preserves where they face risks of injury similar to men. It is also possible that women may tend to under-report disorders to WCB or to withdraw from work if they see themselves as secondary income earners.

The occupational distribution of the group was compiled using the following categories: labourers, transportation, apprenticed trades, service clerks, management, and health service professions. The occupational fields in which the group members were injured initially tend to be mainly in the labouring and service sectors, with 30% (n=34) stating they were then labourers. The second highest number (18%) were in the transportation industry. Other than those two occupational groups the numbers were comparatively low (Table 1). The above are high risk industries, and the numbers are consistent with overall Alberta figures. According to the 1994 WCB Annual Report, personal and health services, manufacturing, trade industries and transport are

the areas with the highest numbers of “lost time claims” (p. 28). The injured workers’ group also had 15% representing management positions at time of injury.<sup>39</sup>

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Table 1: Occupational Area at Time of Injury (n=34)

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Labourers	10
Truck Drivers	6
Managers	5
Service Clerks	5
Trades	5
Health Workers	3
Total	34

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The types of injuries sustained by workers are also consistent with the WCB’s 1994 Annual Report figures, which show back injuries being predominant among all injuries claimed. Back-related injuries are most prevalent within the Injured Workers Association as well at 39% (n=44), with upper extremity injuries<sup>40</sup> at 34% and all other kinds of injuries at a much lower percentage (Table 2). The length of time with an active claim among group members has a median value of 24 months and a mean of 35 months.

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<sup>39</sup> This figure is difficult to compare to the Alberta numbers as the categories are not congruent with the statistical reporting in the WCB Annual Report for 1994. Two economic sectors - business/educational services and provincial government could contain claimants at the management level, and that number is only reported at approximately 11% of Alberta claimants. It may also include clerical staff which would reduce the actual number of management claimants below 11%. Over the past 10 years facilitating job finding clubs for injured workers I rarely dealt with a management person. The Injured Worker Association is unique in this regard. These figures are also consistent with a higher level of education than has generally been required for trades and labouring positions.

<sup>40</sup> Upper extremity includes arms, shoulder, elbows, and neck for the purposes of this study, as well as within the WCB classification system.

The length of time that group members had been WCB claimants ranges from 3 months to 9 years.

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Table 2: Type of Injury (n=44)

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Back Related	17
Upper Extremities	15
Wrists, Hands, Fingers	7
Lower Extremities	5
Multiple	5
Burns	1
Herniated Disk	1
Total	44

Note: The number of injuries exceeds the number of individuals due to the cases of 'multiple' injuries.

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I also asked whether participants were people who tended to join groups. Strikingly, 80% (n=36) reported that they usually did not participate in any kind of organized group (other than unions). This particular support group was important to them and perceived benefits that might accrue was a key reason they felt the need to participate. Social ties were important also, as almost everyone knew at least one other member in the group. Through the use of a simple social network analysis, I was able to determine to what degree they socialized with each other at meetings and between meetings. Out of a possible total of 53 different members that each person could have contacted during the time of study, when interviewed they reported having spoken with an average of 5 other members outside of meetings, and an average of 9 other members during meetings. Significantly, Injured Workers Association Board members had higher than average levels of intra-group contact than did non-board members, both during and outside of meetings.

The members of the Injured Workers Association are not typical of injured workers everywhere. Nevertheless, they do face similar struggles with the WCB upon which they are or have been dependent for their financial security and rehabilitative progress. The members of this particular group have shown some remarkable similarities to early compensation groups in terms of their 'brotherhood' approach to the need for compensating each other as workers. Nonetheless, they have taken a political stance that is different than injured workers of the past. These kinds of injured worker groups have started a grass roots movement almost entirely of their own initiative, out of their own benevolence, and concurrently have taken on a powerful organization (WCB) in the process. In the following Chapter I provide the theoretical context for examining the ways that this group has attempted to resist the dominant expectations of the WCB over the past two years.

## Chapter II Theoretical Considerations

In this chapter I lay out the main theoretical threads that inform this research. This includes a review of the power/resistance literature that provides the foundation for the initial assumptions and eventual substantive theory that was formed. Two main concepts or themes were drawn on through the progress of the fieldwork and the accompanying literature review. These general themes are (1) domination and resistance, and (2) self-efficacy. These are complementary to one another and together share some common sub-themes: the negotiation of legitimacy and the presentation of self through key discourses. Drawing on the contemporary literature of everyday practices of resistance at a micro-level in various contexts, I show how predominant ways of conceptualizing domination and resistance are multi-faceted, yet limited. Some perspectives on power dynamics in particular are restricted to class analysis at a macro-level, romanticize resistance, or focus solely on domination. The main strength of some themes in the more recent literature is that they are more agentive in focus than former theories of resistance. Five contemporary theorists provide the framework for discussion and analysis: James C. Scott, Michel De Certeau, Michel Foucault, Erving Goffman and Viktor Gecas. This Chapter outlines the relevant perspectives of these theorists as well as those used in a number of pertinent case study ethnographies. The concepts and terms used throughout the thesis build upon those found in these works. I also use this Chapter to locate my own research on resistance and show how I use these theoretical structures to frame my analysis.

Scott's (1990) theoretical contributions to the analysis of domination and resistance are drawn from history, literature and politics, and provide

useful points of departure for the discussion of power relations. He examines a variety of techniques and discourses in which subordinated people develop means of resistance that enable them in minor ways or give them a sense of mastery over their situations, even when not in 'objective' control over their lives. Scott focuses on serf, peasant and slave societies at the extreme end of the power spectrum, where he claims the divergence between dominant and subordinated discourses is most notable. Scott discusses resistance movements primarily in the context of peasant rural settings in societies with little or no government social assistance; however, this thesis addresses resistance at a micro level, in an urban setting of an advanced welfare state. Also, the domination of a large bureaucracy over injured, primarily working class people is clearly not as severe and multi-dimensional as the case studies to which Scott refers. Even so, Scott's work offers an opportunity to explore common, everyday resistance to power here. The interplay between domination and techniques of resistance at the very core of the dynamics of power appear universal.

Scott's (1990) main thesis is that confrontations between groups with differential access to power are filled with deception on several levels of interaction, both in the public domain and in private dialogue. He refers to these encounters as *public and hidden transcripts*, in which "public transcripts are the open interactions between subordinates and those who dominate" (1990: 2). Scott claims that situations in which resistance to public transcripts are rare in cultures where to publicly resist could mean severe punishment or death. Resistance for injured workers, however, is often framed in a public dialogue, perhaps due to the fact that it can be achieved with relative impunity by the injured worker.

Scott claims the 'esoteric' discourses that evolve out of situations of subjugation, as manifested in gestures, folklore, jokes, poetry, songs, and theater, are the spirit of what he calls the hidden transcript. These concepts are similar to Goffman's (1959) "back stage/front stage" theories of "presentations of self" on which I will elaborate in further Chapters. Analysis of the hidden transcripts of the subordinated offers a micro perspective into the possibilities of agency and at least symbolic liberation among the dominated. This is not to say it necessarily offers a route to structural change, except perhaps in the case of broad-based popular culture movements. At the same time, the dominant also use hidden dialogue in their communication with others in their own private space.

In the case of the dominant, Scott (1990) nevertheless focuses on public, 'legitimate' displays of power by the powerful and on their public transcripts, but places the emphasis in his discussion of hidden transcripts on those of the powerless. He explains that it is rare that hidden transcripts will come into the public domain of the dominant, and that the two groups mainly function on the level of the public transcript in an orderly and legitimizing fashion, which serves to maintain the status quo. My research will show that although the resistance dialogue of the Injured Workers Association does indeed operate within this hidden context, members also are predisposed to directly confront those whom they have constructed as the powerful. Another key premise underlying Scott's work is that structural forms of domination in situations characterized by relatively fixed subordinate statuses take on a highly regulated pattern, regardless of cultural context. I will show how, given the relatively unfixed hierarchical status of the research group in question, the implications of dominance by the bureaucracy are not nearly as threatening or controlling as in the situations he cites. Moreover, the hidden

transcripts may not be as significant for members of the injured workers group as for those groups discussed by Scott, since the former are allowed legitimate avenues to express their discontent. This is a central point of departure from Scott which I take up, utilizing the contemporary literature in anthropology to provide a more agentive perspective on power theories, legitimation practices and resistance.

Scott (1990) employs a notion of hegemonic ideology derived from Gramsci to help explain how the powerful try to perpetuate an appearance of cultural hegemony in order to provide themselves with assurances of power and to co-opt the subordinated.<sup>41</sup> Scott then discusses the sub-theories of “false consciousness” that arise from hegemony: what he terms ‘thick,’ ‘thin’ and ‘paper thin’ theories of false consciousness (1990: 70-85). The thick theory refers to an acceptance of, or consent to, the dominant ideology: here, subordinated groups subscribe to the values of the dominant, and therefore to the justification of their own subjugation. The thin theory refers to situations where a subordinated group is unwilling to accept the dominant values of a group, but are reluctantly resigned to living with them. Scott’s paper thin theory, in cases of involuntary subordination (or as a sub-text of the thick theory) refers to cases where some positions of power can be attained by some subordinates, and where this limited upward mobility gives the subordinated a limited opportunity for revenge and domination themselves.

Scott refutes the prevalence of a ‘thick’ false consciousness, arguing that there is much historical evidence that people rarely fully accept or consent to

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<sup>41</sup>Lears cites Gramsci’s characterization of hegemony as “the ‘spontaneous’ consent given by the great masses of the population to the general direction imposed on social life by the dominant fundamental group; this consent is ‘historically’ caused by the prestige (and consequent confidence) which the dominant group enjoys because of its position and function in the world of production” (1985: 568). This is achieved, generally in civil societies through consent rather than coercion, in part through ceremonies and rituals such as parades and traditional events.

hegemonic ideologies. Dominated people do not often appear persuaded that domination has positive values, as has been noted in regard to many conflicts that broke out under feudalism and early capitalism. Jayawardena (1968), among others, contends that most subjugated groups throughout history possessed egalitarian ideologies, which at times has produced a high degree of intra-group solidarity -- the outcome of which may manifest itself in political or religious action. Some of their values (especially in regard to identity) typically differ from the dominant group.<sup>42</sup>

'Thin' false consciousness, Scott suggests, is more prevalent, because individuals in subjugated groups often appear resigned to the basic constraints of a dominant system and fairly realistically define what they are able to achieve for themselves within those constraints -- however narrow they might be. He explains that it is in these situations that the hidden transcript is so fervently and creatively generated and performed. Likewise, Abu-Lughod in her research with Awlad 'Ali Bedouin women in Egypt (1990: 41) demonstrates the creativity of the folklore and poetry that has evolved out of resolute gender domination, even if these "small or local resistances are not tied to the overthrow of systems or even to ideologies of emancipation." She captures the agency of these women without romanticizing their acts of resistance.

Scott also claims that 'paper thin' false consciousness may arise where there are opportunities of upward mobility among some within the ranks of the subordinated -- and hence, the possibility of power for oneself, even if not

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<sup>42</sup> For example, Scott (1976:237), citing Benda and Castles, from "The Samin and Samat Movement in Java," state that "the Saminists took existing elements of folk culture and fashioned them into a coherent and socially organized religion that consciously rejected both elite values and their claims on peasant society." The Saminists were a sect of the Rembang region of Java at the turn of the century who "rejected Islam, the state and social hierarchy itself."

for one's group. In Chapter Six I show that the apparent divergence of opinion of some members of the injured workers' board from the general membership may in part be explained this way.

Scott proposes that the resistance of subjugated groups can result in anti-hegemonic discourse that surfaces in "social sites" that are won and defended over time, for example in the pubs and the clubs of the working class. Leyton, in *Dying Hard* (1975), likewise offers a rich ethnographic depiction of the miners and fishermen of Newfoundland, who have a long and conflict ridden history with unemployment insurance and workers' compensation. He speaks of the gathering spots of fishermen, observing that "they gather on the fishing "stages" and in the "clubs," searching each other out. Leaning over the stage or over the club tables, the talk is of who is "failing," of who is in St. John's for treatment, of fights for Compensation and Welfare, of idle threats to "hang" the government officials who bring such unfairness to their lives" (1975: 17).

In this regard, Scott states that "the hidden transcript will be least inhibited when two conditions are fulfilled: first, when it is voiced in a sequestered social site where the control, surveillance, and repression of the dominant are least able to reach and second, when this sequestered social milieu is composed entirely of close confidants who share similar experiences of domination" (1990: 120).<sup>43</sup> I show in Chapter Six that the union hall (meeting place) is such a 'social site,' but as well is the site used by Injured Workers Association members to present themselves to WCB staff. This apparent contradiction over space will be discussed in Chapter Six.

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<sup>43</sup> Job Finding Clubs for injured workers in Alberta during the mid 1980's to mid 1990's have also acted as sequestered social sites. For many, this would have been the first opportunity to discuss their claims problems with other like-minded people, thus modeling Scott's concept of the "hidden transcript." Moreover, they gained knowledge and techniques for future dealings with the WCB.

At the other end of the power continuum, the dominant also protect their territory and their negotiated power. This results in constant vigilance over their territory -- which for the purposes of this study include their values, along with the property and people under their domain. Offices of the WCB in larger centres are now equipped with sophisticated security systems that regulate foot traffic and paper trails in a similar vein. Ownership of space is clearly delineated. Injured workers must follow a whole set of rules and instructions when in the domain of the WCB (see Chapters Four and Five). As Scott claims, "if subordination requires a credible performance of humility and deference, so domination seems to require a credible performance of haughtiness and mastery" (1990: 11).

While Scott draws from many cultural contexts to explore two main methods in which the subordinated resist domination -- rebellion and ideological resistance -- his more recent work focuses on the celebration of the latter. He promotes the notion that subordinated groups have a vested interest in at least appearing to accept cultural hegemony, rather than opting for radical rebellion. Scott follows a long line of thinkers in suggesting that emancipation, even following a rebellion, rarely results in profound structural change, and that the 'system' generally reverts back to an unequal distribution of power in the highly stratified societies he examined.

Scott implies that anonymity and ambiguity are instruments of both rebellion and resistance that perhaps protect the hidden transcripts of the subordinated. As mentioned, ideological resistance flourishes in situations or social sites that are shielded from direct surveillance by the dominant group. However, I show that in the case of this injured workers' support group at the collective level, *recognition* and *solidarity* rather than anonymity are the main instruments of their ideological and practical resistance. Also, their

resistance at the individual level is an everyday practice, a learning of techniques and language that enable them in key ways.

Through her work in rural France, Reed-Danahay (1993) is one of many who argues for a reconceptualization of resistance theories. She asserts that folk understandings of everyday 'ways of resisting' should be incorporated into anthropological theories of power. As well, Abu-Lughod, in her study of Bedouin women, poses the question "what is the ideological significance in academic discourse of projects that claim to bring to light the hitherto ignored or suppressed ways in which subordinate groups actively respond to and resist their situations?" (1990: 41). This view of 'power' in terms of folk resistance in ethnographic writings, although different from theories of power used to understand rebellion and resistance movements, warrants a place in the theoretical literature. According to Abu-Lughod, "resistance should be used as diagnostic of power" (1990:41). Such an approach offers a more refined treatment of domination and resistance within the context of ethnographic research.

Reed-Danahay demonstrates this perspective on power relations through her research on the concept of *debrouillardise* used by the "Lavallois," Auvergnat farmers in France,<sup>44</sup> as "a way of talking about social manipulation which can express accommodation, resistance, cunning, ways of "making out," and ways of "making do" (1993: 221). An example of this kind of resistance was the villagers' use of a telephone system that was not working properly and therefore operated for free. They used this system shrewdly, without reporting the problem to government authorities. Everyone participated in the deception and regarded this form of *debrouillardise* as clever. This kind of practice is clearly resistance to a

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<sup>44</sup> Reed-Danahay has fictitiously named Lavallois as the location of her research in France.

bureaucratic system, however, the folk knowledge generated from the cultural practice is not likely described by the farmers as part of a planned 'resistance' against the government of France.

Reed-Danahay views domination and resistance as processes that are bound together. She asserts that to use *debrouillardise* (from the perspective of the Auvergnat farmers) is a clever way of operating against dominant forces, specifically the French government, of which there is no central locus of power. Reed-Danahay then argues for a theory of *debrouillardise*, much in the same vein that others have in their resistance research. Abu-Lughod, as mentioned above, likewise writes of the *ghinnawas* which is the oral lyric poetry of the Bedouin women and subordinate males in Egypt, whose lives are strongly controlled by patriarchy (1990: 46). The *ghinnawas* are expressions of the resistance to 'official' public, legitimate structures and are sung in private. Although these practices are performed regularly and passed on from one generation to another, they would not likely view this as resistance *per se*, as an attempt to overthrow or change the system. Yet this folklore can offer an etic view of power relations which have changed over time.

De Certeau as well talks of "everyday practices" of manipulation, referring to Levi-Strauss' *bricolage* as "the artisan-like inventiveness" which are cultural styles sometimes adopted in sub-cultures (1984: xviii). This is again similar to the Greek concept of *metis* (Detienne and Vernant, 1974, cited in De Certeau, 1980: 35-37) which is more broadly known as the cunning or the wiles of everyday practices of the weak over the strong. De Certeau explains that *metis* is "constant throughout Greek history . . . Even though missing from the ideal image (and theory) that Greek thought made for itself, *metis* is related to everyday tactics by its skills, knacks, and strategems, and by the range of conducts that it governed, all the way from know-how to ruse"

(1980: 36). In a similar vein, Herzfeld writes of *poniria* among Cretan shepherds, which “signifies the conventionally disrespectful attitude that Greeks bring to their dealings with those in power” (1985: 25, quoted in Reed-Danahay, 1993: 222). Folk conceptualizations for everyday resistance are evident in a variety of cultural contexts. These examples point to a body of ethnographic evidence that does not fit into the confines of the grand theories of power as well as do rebellions and large scale collective movements of resistance. While this study focuses to some extent on everyday resistance at the individual level, my thesis primarily concentrates on more formalized kinds of collective resistance to a large bureaucratic organization.

In overview, Scott’s theory on resistance to domination can be applied to the injured workers’ group, but not with the same polar decisiveness he applies to the extremely subordinated groups of his studies. For one thing, I will show that the contrast between the public transcript and the hidden transcript of these injured workers is not nearly as great as in the cases that Scott describes. This is in part because the power differential is not as great between the WCB and injured workers, nor as fixed; also because the domination involved is not immutable or ever-present. In other words, I will demonstrate that injured workers have also maintained a degree of control over their situation in the face of domination, particularly in the group context. Scott claims that “the greater the disparity in power between dominant and subordinate and the more arbitrarily it is exercised, the more the public transcript of subordinates will take on a stereotyped, ritualistic cast. In other words, the more menacing the power, the thicker the mask” (1990: 3). In this research, I show the injured workers’ responses to be much more fluid, and while the mask of the injured worker is comparatively translucent, a power differential does exist and is acknowledged in terms of tangible

benefits and intangible relationships involved in a continuous process of negotiation. Here, too, following Scott, performances of the subordinate must be carefully planned and enacted, while those of the dominant appear to require less exertion. As Scott claims, it will become clear that “the script and stage directions for subordinated groups are generally far more confining than for the dominant” (1990: 28). This kind of effort will be highlighted in Chapter Six in the description of a planned meeting with the Injured Workers’ Association and the WCB.

These various resistance techniques of injured workers could be characterized as what De Certeau (1980) refers to as *tactics*, which are manifested in actions and discourses that allow for a legitimated form of mild anarchy in situations of domination. De Certeau (1980, 1984) provides my research with the conceptual tools of *strategy* and *tactic* for discussing the asymmetric power relationships between a group of injured workers and the bureaucracy of the WCB. De Certeau, in a manner similar to Scott, focuses on common practices of resistance or what Foucault refers to as a “micro-physics of power” with “innumerable points of confrontation” (1979: 26-27), rather than on macro-theories of power.

De Certeau separates the notions of strategy and tactic from each other in several ways, first in terms of space (strategy) and time (tactic).<sup>45</sup> Strategies are practices (or the maintenance) of a system of rules, orders, record keeping, maintaining files, and discourses which are allowed or disallowed.<sup>46</sup> These practices operate from or within a space of control, or within the effective order, including domains, discipline and discourses: therefore, a locality of

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<sup>45</sup>I will first focus on the concept of *strategy* from a De Certeauian perspective, but draw on other theorists who share similar assumptions.

<sup>46</sup>Foucault discusses practices or statements that are allowed to be said within the “laws of interdiction” of specific disciplines.

power. Strategies are employed in two ways: in maintaining the dominant order or in reproducing that order. Strategies are therefore “actions which, dependent on a space of power . . . are able to project theoretical spaces (totalizing systems and types of discourse) which can articulate the ensemble of physical places where force is distributed” (De Certeau, 1980: 7). De Certeau asserts that “practices spatialise places” (1984) in other words, that the “effective order” of an institution, an organization or a kinship group controls the activities or practices that are allowed to function within a given space, or in what Bourdieu (1977) defines as a “field,” or an “arena of struggle.” ‘Space’ then is distinct from ‘place’ as ‘space’ is not bounded, but “occurs as the effect produced by the operations that orient it, situate it, temporalize it, and make it function in a polyvalent unity of conflictual programs or contractual proximities” (De Certeau, 1984: 117).<sup>47</sup> Rules, organizing principles, and disciplinary practices are elements of strategies that organize the official social order within a space, or a domain of power. An organization such as the WCB operates with practices that create such a ‘space’ and at the same time locate themselves within a ‘place’ as well.

Weber’s theory of an “ideal type” in reference to bureaucracy has some conceptual parallels with the arena, or ‘space,’ in which De Certeau’s strategy functions. Weber defines an “ideal type,” not as a description of total reality, but rather an image “in it’s conceptual purity, this mental construct . . . cannot be found empirically anywhere in reality . . . Research faces the task of determining, in each individual case, the extent to which this ideal construct approximates to or diverges from reality” (1949: 91-93). Abercrombie, Hill and Turner (1988) characterize Weber’s bureaucratic ideal type as one which is comprised of several elements: “a high degree of specialization[;] . . . a

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<sup>47</sup> For De Certeau ‘space’ is a site of power, which in turn structures socially defined places.

hierarchical structure of authority with clearly circumscribed areas of command and responsibility; the establishment of a formal body of rules to govern the operation of the organization; administration based on written documents; [and] impersonal relationships between organizational members and with clients" (1988: 22). According to Weber these elements were made coherent by "one overarching phenomenon: rationality" (1988:22). Bureaucracies as organizations rely on strategies augmented by arguments of rationality and service to control space, discourse, and function, and therefore exemplify the use of what De Certeau would term strategy. The WCB closely approximates the "ideal type" of a bureaucracy, as it embraces many of the elements Weber identified.<sup>48</sup>

I maintain that strategy, according to De Certeau, is the backbone of the organizational responses of bureaucracies, such as WCB, whose system of operations is established by government legislation and regulations. Foucault (1979) also discusses strategy in terms of the rationality of 'governmentality,' evident in the rational-legal discourse articulated in rules, laws and regulations. Some of the strategies that I have discerned through my research, which are elements of the "micro-physics of power" (Foucault) that are involved in an organization such as WCB are: the use and maintenance of methods, rules, techniques, observations, records, files, examinations, and conditions. These strategies are key processes that appear to drive the system. The use of ideologies of rationality, rather than necessarily creating further efficiency, creates a space which allows for the strategic control over a "field";

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<sup>48</sup> It does not evidently however, operate with maximum efficiency - one of the main components that Weber stated was evident in this type of organization. Abercrombie, Hill and Turner, citing Merton (1957), explain that the rigidity of these types of formal social structures reduce efficiency as they may "adhere to the rules in a ritualistic manner and elevate these above the goals they are designed to realize" (1988: 23). The goals and principles within the organization of WCB are fraught with contradiction, partly due to a reliance on the rules.

a field which “undergirds and guides the strategies whereby the occupants of these positions seek, individually or collectively to safeguard or improve their position, and to impose the principle of hierarchy most favorable to their own products” (Bourdieu, cited in Wacquant, 1989: 40). In this limited way bureaucratic organizations are inherently inefficient -- or less than maximally efficient -- as their underpinning is based (in part) on being in control of the space rather than solely on efficient procedure. De Certeau claims (in reference to administrative systems, such as the education, health services, the police, etc.) that as a result of the “closely-knit procedures for the control of all social networks” such organizations now have “more power and less authority” (1984: 179).<sup>49</sup>

Given that many of the rules and principles of the WCB organization are visible and known, they can be partially breached or reinterpreted, which allows for tactical maneuvers to impinge on the strategies within differential power relationships.<sup>50</sup> De Certeau’s ‘tactics’ contrast with his spatially oriented strategies, in that the former is temporally controlled and action oriented. Tactics therefore are calculated actions taken from a position of less comparative power over or within some domain of power relationships. Tactics must operate largely within the rules, regulations, and the conditions of the domain imposed on them and as well, without a “proper place” (1980). De Certeau maintains that “tactics are thus essentially determined by the absence of power fully as much as strategy is organized by power as a

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<sup>49</sup> Control of the space in organizations such as the WCB results in a situation where the staff are operating from a position of coercion rather than a legitimated position of authority. This creates tension and mistrust between case managers and injured workers for the latter do not often respect the position of the former as knowledgeable in their field.

<sup>50</sup> WCB annual reports as well as the legislation, regulations, and policy manual are exposed for public review and therefore injured workers are able to carefully examine the *strategies* of the organization. Several members of the support group have copies of the policy manual and the updates.

precondition" (1980: 7). Actions taken (tactics) are based on careful monitoring of time. De Certeau claims that an individual or a group must wait for a breach or a weakness in the structure of the dominant domain or strategy to execute a tactical maneuver.<sup>51</sup>

De Certeau (1980) applies the ancient Greek concept of *kairos*, a moment to be seized, to refer to this timely opportunity. *Kairos* is in turn related to the concept of *metis*, in relation to everyday resistance, which is similar to those tactical practices noted earlier, such as *debrouillardise* (Reed-Danahay), *poniria* (Herzfeld), or *bricolage* (Levi-Strauss). The concept of *kairos* is the moment where tactic slips through the visible facade of strategy for a brief victory in the domain of power, or the moment where the subordinated attain some temporally-based mastery over the dominant order in the practices of *metis*. In some sense this is similar to Scott's (1990) hidden transcript.

In following chapters I take the concept of *kairos* into the public arena, where Scott's discussion is somewhat muted and secondary. I show there that since injured workers do not have control over 'space' or the 'effective order,' they must find (and wait for) opportunities to effectively mobilize whatever resources they are able to utilize. These 'moments of opportunity' will be illustrated in later Chapters and particularly in the discussion of the appeal process (see Chapter Five) which is a focal point of oppositional practice for injured workers. This act of telling one's story at a prime time (*kairos*) in this instance may in fact have some potential for transforming the effective order.

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<sup>51</sup> These concepts are complimentary to Scott's (public and hidden transcripts) analysis. The public transcript is a discourse of strategy usually initiated and performed on the behalf of the dominant, while the hidden transcripts are always tactical, carried out behind the public scene, according to Scott.

Tactics of the powerless are illustrated in Paules' (1991) ethnographic study of waitresses in a New Jersey family restaurant. These women do not operate together on any organized level, but are quite effective in avoiding management's dictates, securing their needs, and maintaining a positive self-identity. Paules states that "many of the waitress's strategies of action are, at root, efforts to expand and protect her autonomy. In resisting the pervasive metaphor of servitude, she fights to retain control over her subjective state: to determine how she perceives herself, her customers, and the relationship between them" (1991: 176). This is not a situation of passive acquiescence to clients nor to management, but about working-class women who "don't take no junk" (1991: 2). The waitresses transform, for instance, the meaning of a "bad tip" into the fault or the ignorance of the client rather than attributing it to their own status situation or lack of ability. This is also a situation that requires another look at working-class values in regards to advancement. These women believed that they gained more control over their immediate environment by resisting advancement to the supervisory level, which would lead to more responsibility or more stress. This ethnography points out the significance of openly displayed tactics, and yet somewhat in the "hidden transcript" style of resistance that Scott discusses. It does, however, elevate working-class people to a level of control that Scott does not fully consider in his binary opposition of the upper-class [strategy] and lower-class [tactic].<sup>52</sup>

Workers protecting their best interests through tactics are also described in Rouse's (1993) ethnography of a British Columbia coal mine. Rouse

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<sup>52</sup> Combining classes with strategy and tactic is my own arrangement, and yet in doing so I combine the notions of De Certeau and Scott. At the same time I do not promote the notion that strategy or tactical techniques always reside within the power domains of the particular classes as outlined above.

identifies "folk technology" in the workplace through an examination of artifacts that have been transformed by coal mine truck drivers for their comfort and convenience, and further postulates a notion of resistance to management through the creative utility of these "cultural objects." Citing Giddens' (1979) "structuration theory," Rouse argues that the "transformative capacity of social actors" (1993: 47) is realized through the manipulation of common workplace materials. This reiterates Marx's (1844) "praxis" view of how understanding the possibility of action in the workplace can lead to efficacy. The self here is reaffirmed in the context of the workplace through the actions of the worker. Rouse also asserts that workers use this technology as a means of symbolic communication. The argument extends to a definition of self, as Tiger (1987: 34) claims, "[objects] help define who we are" ( cited in Rouse, 1993: 48). Gecas (1989) in discussions on George Herbert Mead, also notes that "grounded in the philosophy of pragmatism, with its emphasis on action and its consequences, the individual is viewed primarily as an actor in the environment, shaping and creating his/her world as well as being created by it" (1989: 296). Rouse concludes that folk technology is "one mechanism used by miners to organize personal space, communicate, resist and rebel against management authority in a specific industrial relations setting" (1993: 48). This is not a union-based organized attempt for control over management, but rather a part of the everyday practice of workplace culture -- in this case of truck drivers in a B.C. coal mine. This is again similar to Reed-Danahay's discussion of *debrouillardise*, as "power has [here] more to do with the ability creatively to "make out" or "make do" than with particular individuals with particular statuses . . . if you can artfully manipulate a situation to your own advantage, then you have power" (1993: 228).

Rouse's use of Giddens' "structuration theory" is appropriate, since transformation requires people engaging in practices or tactics that bring about change. Giddens asserts that "power is logically prior to subjectivity because action involves power, or the ability to transform the situation" (cited in Ritzer, 1992: 431). On the large stage, the BC truck drivers were unable to transform the political structure of the workplace. They did, however, gain some command over their immediate space, operating just barely within the strategies or rules of management. Injured workers come out of workplace environments not unlike those previously described. Their ability to manage low grade resistance to authority has been long developed. They simply exchange their employer for the WCB, as a figure of authority. I will show in the following chapters how injured workers, at the collective and individual level, are able to utilize tactics against the force of WCB to make their situations as claimants more tolerable.

In modern societies, both strategic-based effective orders (domains) and opposing tactical-based resistance (popular culture) are transformed by a diffusion of domains, and by specialization. There is a shift from semi-autonomous local community to complex interdependent society. Power is everywhere, occupying no particular place; as De Certeau points out in his Foucauldian analysis, "tactics swing out of their orbits. Loosed from those traditional communities which once circumscribed their functioning, they begin to wander throughout a space increasingly homogenized and extended" (1980: 9).

Foucault offers an original view of the ever-encroaching domain of power, or spreading of strategy and space. At the same time, he does not seem to offer the hope of emancipation, despite the resistance that power generates. It is essential, however, to examine the theories Foucault presents, as several

concepts are key to this research with injured workers. I have drawn on Foucault's work in three areas: theories of discourse in terms of knowledge and relationship to power; normalizing judgment; and disciplinary and surveillance techniques as they relate to the "carceral network." All have relevance for injured workers in their relationship to the WCB and in their relationships with each other.

Foucault's theory of knowledge as it relates to power has informed this research directly through his own work; but also as critiqued by others, most centrally by Doran (1986). Doran has done by far the most comprehensive study on the Workers' Compensation Board in Canada, from a historical and political perspective utilizing a Foucauldian analysis. Foucault's work deconstructs our familiar and commonly-held understandings of everyday language and discourse. Through a thorough historical inquiry in a variety of power-laden contexts, Foucault examines the emergence of discourses (not just language) or ways of saying and doing what is believed to be appropriate in a particular "field" (Bourdieu) of operation. The "fields" which he has considered and which are directly relevant to this study are the medical, legal and penal arenas. Foucault has sought the genesis of practices within these arenas, in terms of how rules and "the order of things" came to be constituted and accepted as 'truth.' He also notes that these "discursive practices" spread into other arenas, and thereafter function together, creating powerful alliances such as in medical-legal discourse. As well, he explains how the general public comes to an understanding of who we are and how and where we fit into the world of these discourses, as we appropriate this language and relevant rules in order to manage our daily affairs.

Foucault argues that knowledge of the individual has become an essential means of controlling him/her. In this sense, Foucault understands

'governmental,' and other bureaucracies, as organizations which developed a 'rationality' that depended on knowing vital statistics, which in turn allowed for control of a population. He coined a term for this combined effort of structure and practice, "governmentality," or "the conduct of conduct: a form of activity aiming to shape, guide or affect the conduct of some person or persons" (1979: 2). De Certeau describes strategies, undoubtedly through Foucauldian influences, as having the same elements evident in 'governmentality': the methods of observation and recording, rules, coding, knowledge of the files and a particular discourse that is implanted in these elements. Foucault claims that "power is exercised by virtue of things being known and people being seen" (Gordon (ed.), 1980: 154).

Both Doran and this work demonstrate that the WCB embraces all the key elements of 'governmentality.' Doran (1990) points out that the language that has emerged in this arena is drawn from medical-legal discourse, and is embedded at every level of discussion within the WCB. He claims that workers' understanding of their injury or ill health experiences are framed by this particular discourse, which has been derived from professional discourse in the medical field -- especially and immediately from the insurance arena. Doran claims that "as a consequence, working people's [alternative] understanding and control over their own bodies is continually being rendered invalid and incompetent" (in Boleria and Dickinson, 1988: 461). Although I agree that the WCB language is pervasive, I show in the following chapters that this form of discourse is now not only very familiar to injured workers, but also has been appropriated by them to the degree that they are now able to use the same language practices to better access resources for themselves.

If knowledge is power, and if that knowledge is potentially available for use by a subordinated group, it then offers that group a stronger tactical positioning in power relationships. In this regard, Foucault asserts that "knowledge-power is always contested; there is always ongoing resistance to it" (Ritzer, 1992: 369). Thus, while I concur generally with Doran that the discourse of 'fragmented body parts' can be alienating to an injured worker, in this case there has been a significant degree of acceptance of the discourse and the language specializations that have developed within the organization. I show that there is a resigned acquiescence to the system as it now functions, and yet within that system the injured workers use their knowledge to accommodate themselves as best they can in the manner of *debrouillardise*. Thus, it will become clear that while tactics are employed in creative and efficacious ways by these injured workers, the strategic space of WCB remains largely intact; as will be discussed further in Chapter Six, the tactics employed can in fact become a means by which organizational strategies are extended.

Townley points out that, "for Foucault, individuals are constructed and known through being made an 'object' of knowledge and a target of power. Or, they may be constituted as a subject, that is, tied to a particular concept of subjectivity, so that they come to see themselves, and be seen, in a particular way" (1994: 12). A "normalizing" process is in effect with the uses of strategy at the bureaucratic level. Workers become WCB clients, or 'injured workers,' when the claim form is first filled out. The form itself, Doran points out, is a normalizing process in that "the design of the form disciplines working people into a certain perception of what constitutes a meaningful, compensable, "normal" injury" (Doran, 1988: 467). If a form is not filled out appropriately it may result in a subtle disciplinary action, such as "a classic

petty bureaucratic penalty ... : delay of payment until a clarification had been given" (ibid.). This issue will be discussed in further detail in Chapter Five.

Foucault's *Discipline and Punish* (1979) analyses a genealogy of power and how "power and knowledge directly imply one another" (1979: 27). He discusses the persuasiveness of "hierarchical observation" which make the effects of power overt in penal and mental institutions whereby, in an insidious manner, all are controlled by the "gaze" of technology. This is discussed as well in *The Birth of the Clinic* (1973). This research looks at two areas of "hierarchical observation," that of the surveillance measures at the WCB offices and the investigative methods utilized, and that of doctor's offices in the course of examining injured workers. Foucault illustrates the power of surveillance in his discussions of the "panopticon" style of architecture as used in hospitals and in military encampments. The design is structured so as to allow a view of the complete physical layout of a 'sequestered site,' making observation, and therefore control over an area and a group advantageous to those in charge. It also organizes the behaviour of groups since they are led by architecture and technology to reflect on their own activities under the "gaze."<sup>53</sup>

Personnel in various medical contexts, some under contract to the WCB, examine or "gaze" upon the injured worker (Chapter Four) so that they might diagnose the 'legitimacy' of his or her claim, and of course to offer medical treatment or referral. Townley, in her Foucauldian analysis of Human Resource departments, asserts that "the examination, through its use of standardized documentation and comparative measures, also facilitates the process of normalizing judgment" (1994: 84). Measurement can only be

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<sup>53</sup> The WCB offices structure themselves in a similar fashion with a space which is controlled with cameras centrally focused on the door and with other added security measures to deal with irate workers. Injured worker's reactions to this are described in Chapter Four.

performed accurately through observation, through knowing, and through a normative scale by which to measure. WCB rehabilitation centres act as hierarchical observation 'sites,' and as loci of power by means of measurement.

Foucault's approach to the carceral system is best illustrated in his examination of Mettray, a nineteenth century penal colony, as an extreme archetype of disciplinary power. He states that "it was the emergence or rather the institutional specification, the baptism as it were, of a new type of supervision - both knowledge and power - over individuals who resisted disciplinary normalization" (1979: 296). Mettray provided supervised educational, religious and medical services to its inmates in carrying out what staff believed to be a humane, more modern response to punishment. At the same time, however, staff provided themselves with a large body of knowledge about the inmates, as well as an absolute stronghold on power, "in the normalization of the power of normalization" (1979: 296). Foucault goes on to say that the "carceral circles widen and the form of the prison slowly diminishes and finally disappears altogether" (1979: 298). This network then spreads throughout society, and its continuity legitimates any types of disciplinary power, sanctioned by the strategies which have cultivated it.

Although it is not my intention to compare the WCB to a penal colony, Foucault's theory of the carceral frames the organization's staff in positions of power brokers in a "carceral network." The WCB net consists of a variety of medical services and organizations, some publicly declared by them as 'authorized WCB providers.' As well, educational upgrading and employment sites for injured workers must be sanctioned and approved by counsellors. Rehabilitation centres throughout the country provide 'work hardening' programs under a panoptic regime of "mechanisms of

normalization" (1979: 306). I maintain (and illustrate in Chapter Four) that the growth of this "carceral network" also spreads strategy or 'space,' allowing me to bring both Foucault and De Certeau into the same theoretical arena. This set of strategies has deep implications for injured workers, as it operates as part of the context in which injured workers must function and within which they try to understand themselves; in part, as the product of the carceral system pervading their very existence as injured people. Even so, I will show that these ongoing assessments and evaluations of workers' health are far from foreign to them, as they have extensive prior experience with the medical world and its discourses.<sup>54</sup> A central difference is that they controlled those experiences to a greater extent before their injury or illness than thereafter, when they fall under the "gaze" of the WCB network. In this regard, Edelman (1974) asserts that even though the language of the helping professions<sup>55</sup> is often perceived to be therapeutic, it is also politically motivated and the language used there is one of legitimated "authority and repression" rather than one that "reinforces and helps."

These theories together also have implications for understanding how injured workers may simultaneously resist domination, mold themselves as a formal group, and appropriate a range of key strategies at the level of their own Board of Directors. I maintain (Chapter Six) that in the case of this injured workers' group, collective plans for action were both strategic and tactical. "Presentations of self" (Goffman, 1959) at the Board of Directors level are at times carefully calculated, as when practiced skits are prepared for the WCB staff attending at public meetings. These I contend are tactical, since

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<sup>54</sup> Albeit, in a Foucauldian world their experiences were already based on a rational-medical discourse prior to their injuries.

<sup>55</sup> Edelman (1974) refers to fields such as social work, psychiatry, nursing, public school education and law enforcement. WCB staff, as rehabilitators, can be included in this field of the 'helping professions.'

members of the injured worker group are coming from a weaker position of authority, and because such performances have to be prepared and timed in the first place. Formal legitimation is important to the group, and I show (Chapter Six) that using rational discourse and strategies borrowed from bureaucratic discourse strengthens their positions -- not only from their perspective, but also from the perspective of WCB staff. The contradiction here that I articulate in Chapter Six is that this is a situation in which strategy is sometimes used by the Board of Directors to control their own group members as well. Ironically, the Board of Directors have appropriated the strategies from the WCB, and the unions (such as parliamentary rules of order, discourses) to control themselves.

I also note that union discourse follows a similar rational order, in that parliamentarianism is upheld and meetings are legitimized. Many of the rules, as well as the hierarchical structure and the rational discourse of WCB, would in this sense be familiar terrain to a union member. Many members of the Injured Workers Association were and/or are union members and therefore the discourse and practices made sense to them. Fairclough, in *Language and Power*, points out that "a dominant discourse is subject to a process of *naturalization*, in which it appears to lose its connection with particular ideologies and interests and become the common-sense practice of the institution. Thus when ideology becomes common sense, it apparently ceases to be ideology" (1989: 107). This combination of union and WCB discourse (language and ways of knowing) may operate on a common sense level for this particular group of injured workers.

In overview, resistance practices (and therefore human agency) become complex and contradictory when examined in the light of the preceding discussion. In this regard, Kondo, in her study of a Japanese workplace, asserts

that "a term like resistance, when considered in all its living complexity, seems inadequate at best, for apparent resistance is riven with ironies and contradictions, just as coping or consent may have unexpectedly subversive effects" (1990: 224). In Chapter Six I will show how a range of key team performances were contradictory to notions of support and efficacy as perceived by group members.

Self-efficacy, or the sense of having personal mastery, can be a useful concept in the analysis of power relationships at a social psychological level, which I draw on primarily in the final Chapter of this thesis. Gecas defines self-efficacy in perceptual terms, as "people's assessments of their effectiveness, competence and causal agency" (1989: 292). Pearlin *et al* (1981) observed that disruptions in employment contribute to depression through their negative effects on self-esteem and self-efficacy.<sup>56</sup> The discussion in the literature of self-efficacy is largely based on social learning and attribution theory. The general assumption is that "causal attributions are made in order to make the social world predictable and controllable" (Pittman and Heller 1987, in Gecas, 1989:293). Bandura notes that "self-efficacy is enhanced not so much by performance successes as by how people perceive these successes" (1989: 301). Similarly, Seligman's (1975) concept of "learned helplessness" refers to "a chronic sense of inefficacy resulting from learning that one's actions have no effect on one's environment" (Gecas, 1989: 294). Gecas and Schwalbe, however, are concerned that social learning models of self-efficacy have "contributed to an overly passive and oversocialized view of human beings" (1983: 77). They prefer to broaden the concept to include "efficacious actions" as being a determinant of high levels of self-efficacy, arguing that notions of self-concept are based at least in part on actions that prove to be

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<sup>56</sup> Depression is compounded when an injury also accompanies unemployment (Gecas, 1992).

efficacious. They conclude that "efficacy-based self-esteem not only places greater emphasis upon "self-determination" in the process of self-concept formation, but also underscores the reciprocity between self and social structure" (1983: 77). Goffman provides an analysis of the negative effects of "total institutions" on efficacious actions and felt personal mastery (self-efficacy) appropriate to this research:

Total institutions disrupt or defile precisely those actions that in civil society have the role of attesting to the actor and those in his [sic] presence that he has some command over his world - that he is a person with 'adult' self-determination, autonomy, and freedom of action. A failure to retain this kind of executive competency, or at least the symbols of it, can produce in the inmate the terror of feeling radically demoted in the age-grading system. (1961: 43)

I consider it essential to look at self-efficacy in the lives of injured workers, since job loss and injury potentially negates felt efficacy. The combination of job loss, injury, and becoming a WCB claimant seems to further decrease efficacy. While the WCB as an organization cannot be referred to as a "total institution" in a strict sense, it still encompasses many of the elements of strategy used in a total institutional setting (such as surveillance techniques), and therefore one which does not apparently foster self-efficacy. I show through personal interviews with injured workers how this can indeed be the case. Moreover, it would seem that a sense of self-determination plays a large role in group members' actual efficacy at least at the board level. It is important to differentiate between the perception of efficacy and actual efficacy. These issues will be taken up in Chapter Six.

In conclusion, what many of the cited theorists and ethnographers have demonstrated is that power can potentially be creative and dynamic rather than simply oppressive. This is in contrast to views of power conceived through the filter of grand theories at a macro-level. So too,

in this analysis power turns in on itself, emerging as a new form within the same context. Critically, injured worker tactics can become incorporated into the dominant domain, legitimated in some way and developed into strategy. This research on injured workers can be an important adjunct to the recent accumulation of literature on everyday practices of resistance. Yet this research may be unique given that the Board of Directors of the injured workers group came to be an agent of tactic, while at the same time becoming the vehicle of strategy. The following chapters will make use of the conceptual framework outlined here to discuss my ethnographic findings.

## Chapter III Methodology

This chapter describes the choices that were made and the rationale for the use of certain methodological procedures in my collection and analysis of data. Much of the sparse literature available on injured workers fails to locate them in any everyday social context. Although Doran (1986) has placed them in an historical and political context, other than a couple of ethnographic accounts in Eastern Canada (chiefly Wadel, 1973, and Leyton, 1975), injured workers have been dealt with as an aggregate. Many studies focus on cost/benefit analysis, and on employers and the medical profession, using statistical methods of analysis and rendering workers as numbers. In this study my primary theoretical interests concerned the processes of resistance on the part of injured workers to the WCB. It therefore seemed to me that an ethnographic treatment of the cultural meanings, the social organization, and the power dynamics of an injured workers' group would contribute to the literature in a way that had not been addressed previously.

### Data Collection

#### Methodological Perspectives

There were a number of specific reasons for choosing an ethnographic approach. First and foremost, my central theoretical and substantive questions focus on the meaning systems and discourses used within this support group. Obviously, the interactions between group members within this context are based in part on key discourses, as are their relations with a large bureaucracy. An ethnographic approach studies culture produced in context, the "acquired knowledge that people use to interpret experience and generate social behavior" (Spradley, 1979: 5).

Ethnography also seeks patterns and offers interpretations yielded from observations rather than offering simple description. In this regard, Geertz (1973) argues that the only useful way we can describe cultural phenomena is to interpret them. He goes on to say that “man is an animal suspended in webs of significance he himself has spun. I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law but an interpretive one in search of meaning” (1973: 5). As well, Sperber notes that because “cultural phenomena are vehicles of meaning, they are signs, messages, texts . . . interpretation is a particular form of description, the form required to describe such facts of meaning” (Sperber, 1985: 10). The interviewing process used in ethnographic research, as informed by fieldwork observations, accordingly offers the opportunity to discover the meanings that people attribute to the activities in which they are involved. According to Hammersley and Atkinson, we “can use the accounts given by people as evidence of the perspectives of particular groups or categories of actor to which they belong. Indeed, knowledge of these perspectives may form an important element of the theory being developed” (1992: 106).

Second, as mentioned, quantitative studies have yielded largely static, medically-framed information, and have ignored the social organization of injured workers. Support systems for injured persons in particular are relatively new phenomena on the scene, and as previously unstudied social groups<sup>57</sup> are of interest to anthropological inquiry. The focus on social organization lends itself particularly well to an ethnographic approach, again due to its attention to context and behaviour.

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<sup>57</sup> Other than the original ‘box clubs’ discussed earlier, mutual-aid groups for injured workers have not been formalized until the past few years.

Third, the discourses used by injured workers to frame their interactions and define their social contexts have been, and continue to be, appropriated over time from other sources. These have thus been continually changing. The way injured worker group members interact with WCB personnel and the medical profession also changes over time. A one-shot survey approach would miss temporal changes in a group that is forming, becoming, and reforming. An ethnographic approach is more appropriate, in that it involves sustained participant-observation of some duration.

Fourth, an ethnographic approach facilitates the development of grounded theory. This involves the development of an etic understanding of the situation (one from the researcher's point of view) primarily based on an analysis of the actors' interpretations or their emic perspective (Geertz, 1973: 14). Research methods for this study were informed by and conducted in such a way as to generate grounded theory (Glaser & Strauss, 1967), while remaining sensitized by key concepts in relevant theoretical literature. Both theoretical and empirical research questions were generated inductively in the first year of observations of general membership and board meetings of the injured workers group. Participant observation strategies employed for a period of a year facilitated the formulation of first round questions for interviewing that seemed appropriate to their definition of the situation.

Finally, given the centrality of domination and resistance to this study, it seemed appropriate to try to give 'voice' to the injured worker rather than objectify or mute them through a statistical treatment. Prior research collected on injured people was not done collaboratively, nor in their own words, as in this study.

### **Guiding Principles and Interests**

This research has also been informed by my recent interest in health promotion. Health and Welfare Canada, in their "Framework for Health Promotion," include the concept of 'mutual aid' as a mechanism for attaining health and enhancing coping skills. Therefore it seemed important to study the injured worker in a context of community 'support.' An ethnographic approach which would provide an opportunity to discover the meanings inherent in 'support' to this unique group.

My particular approach to data collection was generated by the political environment out of which my research focus emerged. It seemed ethically appropriate to me to try to reduce the distance between myself and those being researched, especially given that power dynamics was a major focus of the study. Narrowly positivist research which purports to maintain objectivity and neutrality strives to distance the researcher from the subject so as not to 'contaminate' the data with researcher bias; this style of research almost necessarily objectifies the subject, which cedes power and control to the researcher. In this regard, Fonow and Cook affirm that "our intention is to minimize the tendency in all research to transform those researched into objects of scrutiny and manipulation. In the ideal case, we want to create conditions in which the object of research enters into the process as an active subject" (1991: 136). Reducing the subject/object dichotomy is highly appropriate in this research with a group of individuals who themselves often claim to have been treated as objects by dominant establishments.

I have located myself and my own biases as an element of this work. My personal interest in this study of power dynamics was formed much earlier by my inclinations as a social activist and as an organizer with a social democratic political party. In the neo-Marxist/socialist tradition, my

sympathies leaned toward the worker, rather than towards management. However, as a career counsellor, sometimes subcontracting with the WCB I gained some understanding of both perspectives. This project has been a matter of trying to balance those perspectives, in the interest of clarity and rigor.

#### **Resource Constraints**

The commencement of the Injured Workers Association in Alberta coincided exactly with the initiation of my master's program of study. Upon entering the program, I had expected to collect data only on individuals. My personal connections with injured workers over an eight year span, in previous job placement activities and as a career coordinator, allowed me privileged access to a few names of WCB claimants who would otherwise have been virtually inaccessible.<sup>58</sup> I then decided that the study of the rise of a newly forming injured workers' group would now allow more latitude with other data collection methods and offer a wider perspective on the subject. Rather than being restricted to individual interviews, I was allowed access to group gatherings for the purposes of participant observation. From an anthropological perspective, this gave me a context within which to explore the developing social organization and cultural meanings of an injured workers group. The circumstances of the process of group formation offered me a much broader perspective on the culture of these injured workers than I had expected to gain initially. At the same time, the analysis of WCB and the WCB staff interviews also became significant to my theoretical objectives, especially with respect to the concepts of strategy and tactic.

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<sup>58</sup> A membership list was circulated at the public meetings which gave me access to approximately 53 injured workers who could participate in the project, if they wished.

The time frame for data collection was approximately a one and a half year span beginning in May 1994 to December 1995. My association with the group, however, has been ongoing for two years. The final few months of my contact with the group was in the context of small informal meetings of the Board, or personal contact as I obtained information required during the writing stage of this thesis.

Access to the WCB at a personnel level proved impossible in the early stages of the study. Case managers (counsellors) only became available to me for interviewing as result of major restructuring that took place throughout the province in 1995; the local WCB vocational rehabilitative division was closed down, leaving several local case managers unemployed. Most agreed to talk to me after their layoffs about their experiences with injured workers, whereas they had previously been reluctant to discuss their client relationship given the climate within the WCB at that time. I considered the possibility of speaking to senior administrators at the WCB, once I had identified strategy as a central theoretical concept, but this would have been time-consuming and might have unduly switched the focus from the injured workers.

### **The Setting**

Beginning in August 1994, for a period of eighteen months, meetings were held in a local trade union hall. Since early spring 1996, the group has been meeting at a local social club. The first few gatherings were at a town hall and in a room in the local community college. The expenses for these initial locations were covered by one of the founding members. By the third meeting the union office and meeting room were secured by one or two members, who were also affiliated with the union as shop stewards. These individuals

held the keys and had obtained permission for use of the facilities. No costs were involved, since the use of the space was donated by the union management. The latter simply maintained that the group could use the room as long as the meetings did not interfere with the schedule of the union staff or union business. Since meetings were held in the evenings and only once a month, the Injured Workers Association had long term use of the space without any conflict with the union's needs.

The room was set up for regular union meetings with chairs facing the front of the room toward a couple of long tables that were used by the board. Some of the chairs were adorned with Obus Form supportive back cushions.. Most of the time the members sat in the back of the hall, with a lot of empty space in the middle and usually five or six board members facing the group. When guests were present (usually WCB affiliates) they also joined the board members at the front.<sup>59</sup> A coffee table was set up directly behind the board table. Union posters adorned the wall, but sparsely. The office space in the back was the setting for the board meetings that took place prior to the general meetings. This was a regular office with phones, a photocopy machine, etc., but it was made clear by some of the union members in the group that it would not be appropriate to take advantage of the office equipment. Smoking breaks took place outside and a narrow glassed wall and door allowed a view of who was out smoking or talking. Another site for the breaks was the union office in behind the meeting hall where the board met. It was often Injured Workers Association Board members who took their break there as well. Smoking actually took place there too, although a non-smoking rule was apparently in effect. People mingled between these two groups, and some

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<sup>59</sup> This particular arrangement I maintain was a technique of strategy, albeit unintentional, which backfired against the injured workers board eventually as I describe in Chapter Six.

members just stayed where they were during the two smoke breaks of the evening. I elaborate further in Chapter Six, how the seating arrangements and the smoke breaks had implications for the distribution of power as it relates to strategy and tactic.

Parking was abundant, and nearly everyone came to the meetings with a vehicle. The hall was located in the industrial area, and therefore bus service was not available in the evenings. In some cases people gave rides to others they knew in the group or brought new members. The meeting room was also wheelchair-accessible on ground-floor level and this was on occasion a necessary option. It was pointed out that a site that did not offer handicap services would not be acceptable, and that it was important to deal with a building owner who was responsible and aware of the needs of handicapped people.

Discussion often continued at a local restaurant or pub after the formal meeting was adjourned. I attended these informal sessions on occasion since I was usually invited along. However, I often found myself overwhelmed by information derived from the meeting, and so required some thinking and writing time immediately afterwards in order to recapture what I was unable to write down in my regular meeting note taking. This particular setting was very informal, with Board members and general members alike sharing stories of their everyday life which not always focus on problems with the WCB.

### **Getting In**

Gaining access to injured workers and to their Association was relatively effortless, as injured workers were intertwined with my own career history through my counselling and job placement activities over the years. A

few of the participants at the start-up meeting in 1994 were known to me, as I had assisted their student placements via an employment retraining program in the area. It was they who informed me of the upcoming event and joined me at the meeting. They introduced me to a few others in the room, and I also found that I knew some people from previous job finding clubs. I therefore had a certain degree of credibility established by the end of the first meeting. Had I been a total stranger, it may have been more difficult to establish the trust I eventually secured.

Once the group was underway, questions about my role arose several times. The usual questions were about what I was actually researching and what I was going to do with the outcomes of the study. Some rather pointed questions about my own health were asked, such as "Have you ever been injured?" "How are you connected with the WCB?" "Would this study be confidential in regards to their names being published?" "Would it be published?" In regards to the last question, many members hoped that my findings would be published in the hope that it would educate people about their plight. Their view about this alerted me to the fact that they automatically assumed this study was 'pro' injured worker. I repeatedly stated that my main intention was to look at the whole picture of injured workers in relationships with the WCB, the health care profession, and their families and friends.

My explanations about who I was and the purpose of the research were necessarily vague initially. I did reveal from the beginning my previous role as a counsellor with injured workers. This was already obvious to those who knew me; in the long term this actually secured me special status within the group. Since this seemed to set the tone for advocacy, I worked hard to neutralize my initial assigned status, explaining that I was interested in the

group as a whole and how they functioned, and to learn what was meaningful for them as members of such a group. I also explained that I would be following up with interviews later and would want them to talk about what it meant to be an injured worker. I was unable to be more specific early on, as my theoretical suppositions were formulated after a long period of subsequent observation.

From the very beginning I was invited to attend steering committee meetings, and then later meetings of the elected board (which were essentially the same group of people with one or two exceptions). As the Injured Workers Association Board became more powerful, it occurred to me that I should remain accessible to all the members and not be seen to be aligned necessarily with the board. I therefore stopped going to board and executive meetings after a period of approximately a year. Another reason for this decision was a felt need to distance myself from the group as I prepared to go into the interviewing phase of the project.

One of the original members who played a major role in the organizing of the group became a key informant in this study. I sought out the person immediately for approval of my participation at the meetings and to gain some insights into their perspective of the workings of WCB. This person eventually held an executive position with the group and has continued to be a major influence within the group to this day. As well, his connections with WCB staff and management positioned him politically, so this relationship gave me some insights that other more peripheral members would not have been able to offer.

Another key informant was a *non*-injured worker who was able to help me navigate the group because we were both marginal (and basically for the same reason). This person was also a leading figure within the group, and

had represented his spouse at meetings and also in dealings with WCB claims issues. Goffman (1963) calls family members and others closely connected to those with a 'stigma' the "wise," for they share in the suffering or victimization of those who are stigmatized. It seemed important for me to get members' particular viewpoints on their own situation. I also was interested in how those who felt marginalized in the group viewed the other members. This will be discussed further in Chapter Six.

A third person worked closely with me during the last year as well, partly because I required more expert, in-depth information. I considered this person a key informant because of the ability of the person to understand the group and WCB fairly intuitively.<sup>60</sup> It seemed to me that the level of trust was high between myself and these three figures in the group. Two other members as well, offered valuable information and filled me in on the policies, regulations and history of WCB.

On a final note, a challenge to data collection was the fact that I had to develop the skill of being a novice in my own culture. In other words, I had to bracket my own prior understanding of the workings of WCB. It took some time and effort on my part before I was able to view the group members from a marginal position, which of course I actually had -- being non-injured and having never dealt with WCB from the perspective of a claimant.

#### **Collection Strategies Utilized**

The fieldwork observations were a necessary initial part of the research as the theoretical assumptions were derived from the observations during these meetings. I will discuss the issues around each of the three data

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<sup>60</sup>Bernard asserts that "we must select informants for their *competence* rather than just for their representativeness" (1994: 165).

collection strategies used: participant observation, documentation analysis, and individual interviews.

### Participant Observation

The first and most multidimensional method that I used was active observing at the public membership meetings of the Injured Workers Association. Another avenue open to me was to observe at the Injured Workers Association Board meetings. In addition, I was invited to attend executive meetings, which were otherwise very private. These contexts, varying from a larger public scale to a smaller secluded gathering, required a higher degree of participation on my part.

Participant observation as a fieldwork strategy for data collection of course offers a number of positions and political stances.<sup>61</sup> The literature on the ethnographic method suggests a typology of four role options that a researcher may adopt. Shaffir, Dietz and Stebbins cite Gold (1958) in which he outlines the "ideal typical field roles: the complete participant, the participant as observer, the observer as participant and the complete observer" (1994, p. 44). Coming to this study with several years of experience working with injured workers narrowed my role options somewhat. Constructing my role solely as a researcher within this community of injured workers proved impossible. I could not claim to have been 'one of them.' Neither could I claim to be ignorant of their situations – as an outsider. While I was included readily into the group with very little curiosity or suspicion, the two extreme roles in the typology were not appropriate for this study.

The complete participant role is one in which covert methods of data collection potentially may be utilized. This method of observation was

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<sup>61</sup> Bernard (1988, p. 150) asserts that participant observation is not really a method at all, and not always associated with qualitative research but a strategy which simply facilitates data collection whether it be qualitative or quantitative data.

disregarded for three reasons. One, it would not have allowed me any further data collection strategies, such as interviewing, as it would have required me to set myself apart from them in order to complete this task. Secondly, since I was known to a few in the association, they also were aware that I was not a WCB claimant and would wonder what my purpose was in attending meetings.<sup>62</sup> The role at the other extreme, that of complete observer, was rejected outright, as I could not possibly gain the kind of information I required without asking them to participate (for example at the interviewing stage).<sup>63</sup> As well, because of my research focus on domination it would have been unethical to collect information without permission. Covert data collection using either of these roles would have gone against the spirit of the study.

Neither was the observer as participant role was not appropriate to this study. According to Shaffir, Dietz and Stebbins, "this [role] typically includes a single visit and the nature of the contact is brief and devoid of attempts to establish any enduring relationships" (1994, p. 45). My research plan was to remain 'in the field' on and off for approximately two years, and the expectation of establishing some close relationships was evident to me from the start. Finally, the role of participant as observer was adopted, as it seemed most suitable to the task at hand, and the one with which I was most comfortable. Shaffir, Dietz and Stebbins (1994) also claim that this role is often employed in community studies, where a series of relationships are established with the subjects and in varying contexts.

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<sup>62</sup>In some situations, however, I was likely assumed to be an injured worker by WCB public relations personnel during the general meetings to which they had been invited. Since the membership did not introduce themselves, I saw no need to do so.

<sup>63</sup> Either of these two extreme roles would also violate SSHRC and university ethical guidelines.

In the end, the balance between the two activities of participation and observation shifted throughout the study.<sup>64</sup> The group engaged me in a number of small tasks (which I discuss later here and in Chapter Six) so that I was participating, without interfering necessarily. However, the participant role was more prominent during the first year, as I took part in the appeals advocacy workshop along with other members, and participated in the process of learning about the WCB as an organization.<sup>65</sup> As well, I found myself asking questions about a variety of things, from activities to phrases about WCB and so on.

As time passed, I found it to be more appropriate to adopt a more low-key participant role especially as I was concerned about the extent of my influence on the functioning of the group. Shifting to a participant as observer proved more difficult than I had imagined it would be, due to the political proclivities that I brought to the study from my past experience with injured workers. My previous commitment to some of the members as their career counsellor also laid the groundwork for them to have expectations of me as a sympathetic observer and active participant.<sup>66</sup>

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<sup>64</sup>The boundary of role expectations is in a process of continual negotiation and re-negotiation as Whyte recollects in his evaluation of fieldwork experience in "Street Corner Society" (1982).

<sup>65</sup>These workshops were part of a learning process undertaken by some members to understand how the WCB constructed their claim files and dealt with the appeal process. See Chapter Five for elaboration.

<sup>66</sup>Many researchers have deliberated this issue of personal involvement and the dilemma of having to make choices in regards to participation. Thorne (1979) discusses the difficulty of having to balance the need to collect data with the desire to advocate for a group, when burdened with a political affiliation. Gans, as well, points out that we can identify with a group, "taking their troubles to heart and sometimes even accepting the validity of their causes" (1982, p. 60). I initiated my research role identifying with the injured workers group and accepting the "validity of their causes." Nevertheless, this study was not about the 'cause,' but rather about how they themselves constructed the 'cause.'

### Document Collection

Document collection was made possible and relatively easy due to my role as a researcher during the participant observation period. Members assumed that I would require documents that they came by and readily offered them to me for photocopying. As well, the materials distributed by the group members were relevant to the study. The Injured Workers Association newsletter, which was initiated late in the first year, can be considered a 'cultural artifact' of the group. It was produced by the members, and as mentioned, was distributed to interested parties including the WCB, Alberta MLAs, health care provider offices, and the members themselves. WCB legislation and regulation materials were distributed to or made available to the membership, and I was encouraged to take whatever materials I deemed important to the study. Minutes of the general meetings were given to me for photocopying, as well as the minutes of the Stakeholder Forum discussions, which were held at the central urban offices and which were usually attended by two members of the group. Occasional documents copied from Alberta *Hansard* on the topic of injured workers were also passed along to me. Forms or reports from WCB were available to new members, and therefore to me as well. I also collected five years of the WCB Annual Reports and task force publications from the head office. The WCB Advocacy Unit facilitated a local workshop regarding claim files and appeals, which I attended and collected materials. Copies were offered to me or I was entrusted with materials for my own perusal to be returned at a later date. Much of the documentation was available at the meetings, giving the site of observation a rich source for data collection.

### Ethnographic Interviewing

In-depth interviews on an individual level were conducted well after I became known to the group. Members voted on Association motions giving me formal permission for most of my activities, as well as access to the membership list for phone numbers. Of the 53 names on the membership list in the summer of 1995, five members who were not actually involved refused to be interviewed; it appeared that they were tired of the WCB issue and wanted nothing more to do with that part of their lives. Only two active members refused flatly, gave no reason and wished not to be involved in the study on an individual basis.<sup>67</sup> In the end, I interviewed 31 people using a tape recorder, mostly alone but in some cases with family members present. Two further interviews were done by phone for the convenience of those being interviewed, setting the total number of interviews at 33. Approximately thirteen people on the list for one reason or another were unavailable for interviews. These individuals either had moved to better their employment opportunities, were no longer at the same residence, or were simply no longer traceable.

I traveled to homes across Alberta during that Summer and early Fall. In most cases, the discussions were held in the participant's home, but in nine cases the interviews were conducted in different places: in restaurants, a back yard, a motor home, their offices, in a park, and even in a garage. In this, I tried to accommodate lifestyles and expectations of members in ways that would give me the opportunity to speak with them. It was important as well to ensure a private and comfortable setting to allow individuals the freedom

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<sup>67</sup> One of these two changed his mind later, at least partially, as he was willing to give me demographic and socio-economic data some time after the interviews had been held.

to say all that they wished to say regarding their situation as injured workers and members of the support group.

In regard to sampling procedures, I hoped to approach a total sample by interviewing all who would agree to work with me on the project. In terms of selecting those whom I would choose to interview first, I began with those members whom I considered to be in the 'core' group. These were people who had taken on responsibilities in the organization, who attended meetings regularly and, of course, who were available that summer. Several in this initial selection were Injured Workers Association Board members.

The first interview instrument I used was semi-structured, with a selected list of questions that I used as a guideline in a comparatively unstructured manner.<sup>68</sup> These very informal 'discussions' led to the development of further questions that were followed by a second round of interviewing at the board level. The theoretical focus on power was not yet fully developed in the first year of the project, and these interview questions did not necessarily reflect this focus specifically.

Question preparation was carried out in what Babbie (1989) refers to as "purposive sampling" whereby you "select a sample of observations you believe will yield the most comprehensive understanding of your subject, based on the intuitive feel for the subject that comes from extended observation and reflection" (1989: 269). Thus the first-round questions were derived from my earlier theoretical interests in self-efficacy and my observations during the meetings as well as from individual conversations with injured workers in the group. They were divided into three types: 1) the individual's dealings with WCB, 2) their community and family's adaptation

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<sup>68</sup>Bernard states that "unstructured interviews are based on a clear plan that you keep constantly in mind, but are also characterized by a minimum of control over the informant's responses" (1994: 209).

to the changes in their lives and 3) their involvement in the support group (see Appendix C). Theoretical overlay and probes were driven by key issues pertaining to resistance and the concept of self-efficacy - how much control they perceived they had over their situations. At the same time, I collected demographic and background variables (also included in Appendix C).

The second round of questions were then structured using Spradley's (1979) taxonomic notions: of what kind of injured workers there were, and what kinds of group members existed, from an emic perspective (see Appendix D). I had begun to probe practices of resistance at this point. I asked comparative and contrasting kinds of questions in terms of how they were different from other injured workers, other group members, and other kinds of unemployed people. As well, they themselves raised these issues of comparison during the first round of questions. These questions were only offered to board members, as I had already begun to narrow the range of my data collection, given my resource limitations, especially of time. Another reason for selective interviewing at this stage was that the membership had dwindled and the main participants at meetings tended to be mostly board members. They were also the most involved outside meetings in various ways relevant to injured worker issues.

Finally, a third set of questions involved in the second round were directed toward ex-counsellors of the WCB. These questions were the mirror-image of the comparative questions asked of group members (see Appendix E). I hoped to get a clearer understanding of how the counsellors viewed their clients. These three interviews were taped with the permission (through signed consent) of those interviewed.

These interviews also gave me the opportunity to collect basic demographic and socioeconomic information on injured workers that had

not so far been collected for analysis in Alberta (that I was aware of). As well, I was able to do some elementary social network analysis with a simple checklist form while I was asking for personal information. This was the only quantitative aspect of the study, and mainly done for purposes of making minor claims about group structure and for the benefit of future research comparisons.

#### Field Notes as Data

My field notes served two purposes: as a descriptive account of the behaviour and speech during public meetings, and as a reflexive tool in the research process (Kirby & McKenna, 1989). Interview questions were drawn from several theoretical assumptions that were generated through the process of reading and re-thinking my observation notes and through note taking. Notebooks were structured so that I was readily able to discern basic description from more extended interpretation. By drawing a line down the centre of the page, using a pen to describe the events and by filling in the opposite side later with a pencil to note my interpretations of the events, I could quickly scan for information. I also used quotation marks when I was able to capture a direct quote. Taking field notes during meetings was always acceptable to the membership, as others including the secretary would also jot down notes. I was therefore quite unconstrained in my note taking. Nevertheless, it was awkward to write down my own reactions, as someone often would sit beside me or behind me. Such interpretive notes usually were added in later in the privacy of my home.

A personal journal was also kept continuously from the night of the first general meeting in 1994 to January, 1996, allowing me a another form of reflexive analysis and insights.

### Reciprocity in the Research Process

It was apparent to me that as a basic matter of courtesy I ought to assist the group and individuals by whatever means might be useful to them that did not negatively affect this research. Initially I handled the advertising of the Injured Workers Association that announced their membership meetings. I took an information sheet to various media outlets and devised a list of places, addresses, contact people and release dates so that once I moved on, the group would be able to easily continue their meeting promotion campaign.

My field notes acted as meeting minutes on occasion, as it was known that I was keeping a close record of the proceedings. At other times these notes offered an historical archive for the group; for example, reminding them of the first year anniversary of the group.

I also offered rides to meetings for those who had difficulty getting there. I gave out information as to which guests were invited to upcoming meetings, and reminded them of the meeting dates. Recently I have passed on career and job search advice and information to the group, as they are applying to WCB to operate the job finding clubs themselves. Such clubs are usually contracted out to a private consulting group. The Injured Workers Association Board maintained that this could be another means of injured workers helping each other in the future. It would also offer employment to one or two group members. Whenever asked to perform some task, I was generally quite willing, as I felt the reciprocal balance was definitely tipped in my favour.

At one point, however, I was asked to speak *for* one of the members as WCB guests were invited to a general meeting and they were preparing a question and answer period for the membership. This request left me in a

quandary, as I did not want to affect the proceedings and had no intention of taking control over an individual's situation. It seemed that this action was interfering, and contradictory to the focus of the study. It turned out that my assistance was not required, but I did explain that I did not think this was appropriate for me to do. This was the only awkward position I felt myself to be in regarding my reciprocal obligations as a researcher.

#### **Ethical Considerations**

In doing this research I adhered to the Social Sciences and Humanities Research Council of Canada (SSHRC) Ethics Guidelines for Research with Human Subjects. A research statement describing the research generally and the ways in which data collection procedures would be undertaken was approved by the Human Subject Review Committee of the University of Lethbridge. This included a consent form that offered the opportunity for participants to withdraw from the study at any time they deemed necessary, and that offered a guarantee of confidentiality (see Appendix F). Consent forms were signed prior to the individual interview, and a copy was given to interviewees for their own records. The consent form was read out at a public meeting where I explained the project to the support group in detail. Although they were public, I had also gained verbal permission from board members to attend general meetings. As new individuals joined I introduced myself and the project so that they were aware of my role in the group.

In keeping with the SSHRC guidelines, I initiated a discussion at a general meeting prior to the interviewing process, regarding whether or not to use personal names or to even name the support group in my thesis. It was decided that I would not use personal names, although many said they felt quite open to it. I concluded that if even *one* member wished to remain

anonymous, I would keep all names private. Given that there are many injured workers in a small area and many common names that may inadvertently mis-identify an individual, I chose to use the number of the interview rather than using pseudonyms. Therefore, I devised a simple numbering system (IW 1, IW 2, etc.) to identify the individuals in the study. I also used CM 1, 2 and 3 to identify past case managers from the WCB in interviews held with them.

Early on in the project there was some discussion about whether or not to identify the name of the group. Most of the members preferred that the group name be included in the study, where one or two were not sure whether there would be ramifications. This discussion was formed into a motion at an Injured Workers Association Board meeting. After individual talks with the executive, a motion passed unanimously in favour of identifying the group to the public. Eventually I decided, however, to keep the group anonymous, since not all of the general membership were there to vote and since a couple of people had been concerned about any publicity regarding the group. Unfortunately this decision kept me from being more specific about the history and statistics of the group, and yet in order to discuss relevant legislation I did have to identify the province. It was important at every stage of this study to ask for input into these kinds of decisions, partly for the sake of collaboration, but also due to my concern that no harm, even minimal, would come to any of the members as a result of this research.

## Data Analysis

### **Assembled Data**

Data collection strategies elicited materials from the three procedures mentioned earlier: participant observation, documentation collection and interviewing. Field notes captured the behaviours and the discourses of the group over a period of eighteen months. These notes were kept in scribblers, and filed later in a folder. Thirty-one participant interview tapes were transcribed, along with three WCB ex-case managers interviews and a board meeting tape. One WCB case manager interview tape was unintelligible due to recording problems, therefore I relied on notes taken during the interview. This same problem occurred with one of the group member tapes as well. Notes were also written in a separate scribbler during interviews in the event of this kind of problem. Two telephone interviews were completed with members whom I did not have easy access to later in the study. Written notes captured these conversations. The transcribed tapes were later entered into a word processor file for analysis. They were also transformed into hard copy that filled four large binders. Documents (including the newsletters) were collected from the WCB as well as from the group and were kept in another file folder. Demographic, socioeconomic and social network data were collected on paper and then input to a computer spreadsheet using Microsoft Excel.

### **Analytic Strategies**

#### Observational Field notes

My processes of analyzing field notes was intrinsically connected to the data collection, so that the analysis here was not an end result but informed

the next steps in an ongoing fashion. I reviewed my field notes and journal looking for evidence supporting or refuting my initial hypotheses on power dynamics and self-efficacy. Provisional interpretations led to further observations, and then to question preparation for the interview stage. The main concepts which informed these questions were once again domination, resistance, legitimation, identity, and efficacy. Notions of support and reciprocity were also examined in the context of community.<sup>69</sup>

#### Documents

The Injured Workers Association newsletter produced by the injured workers group was coded for representations of resistance to WCB, as well as for evidence of group efficacy. I also searched for instances of WCB and trade union discourse. Stories of their dealings with the WCB and the government were examined in order to support or refute theoretical assumptions regarding members presentations of self to the general public. I also examined how medical discourse was used in the newsletter. Other materials generated at the meetings such as the minutes were used as a check on my field notes taken at the time or to fill in the missing gaps of information. WCB documents were analyzed by searching for representations of corporate strategy in policies and regulations. A content analysis was undertaken of the past five years of WCB Annual Reports with an examination of the 'focus' that WCB had chosen in the way that they presented themselves to the public and to themselves.

#### Interview Transcripts

Dealing with interview transcripts was central to my analysis. The main strategy utilized was one of manual open coding, which allowed a

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<sup>69</sup> By 'community' I am referring to the injured workers group, families, friends, neighbours and (former) co-workers and employers.

number of themes to be brought into relief. From my overall reading of the data, seven main categories were generated based on my research questions. These were: power dynamics, identity issues (including self-efficacy), stigma, sense of community, rituals, myths, and specialized discourses. These were colour coded, with each colour representing a set of concepts, for example power dynamics were a main category labeled with a red 'P.' The subcategories were also coded in the same colour but a designated letter attached to the 'P' would enable me to find those instances of *kinds* of power dynamic, such as 'Ps' for 'strategy' or 'Pt' for tactic, and so on. These subcategories were expanded once the initial key code was decided on as a consequence of my first reading of the transcripts.

Then, using a free-form hypertext database management program (Folio Views 3.1) I performed a more systematic search through all of the interview transcripts looking for key terms and combinations of these terms in context. Initially this was coded for content, looking for the frequency of terms. Specifically, I used the program to determine the frequency and code for certain kinds of metaphors, such as participant's military talk in reference to the WCB.

#### Limitations of the Methods Used

One of the main methodological limitations of the study was that observation opportunities were quite limited. The general meetings were held only once per month for a two hour period over a period of approximately 20 months. Board meetings were sometimes even more brief, being held one half hour or hour prior to the monthly meetings. There were times that I have not calculated here that were of an informal nature, prior to and following meetings as well as between meetings, and while interviewing

when I was in contact with individual members for about 2 hours per interview. Occasionally board meetings were held in private homes or in a local restaurant, especially if they did not precede a general meeting. In these cases Board members neglected to call me occasionally to inform me about the meetings; this was most likely a case of them not considering me a part of the board and forgetting about me, rather than an attempt to avoid me.<sup>70</sup> At any rate, interactional opportunities were limited. One way in which I compensated for this was to participate for a long period of time -- almost two years of observations. Of course, this also allowed me to view changes in the structure and processes of the group over time.

The problem of trying to be in several places at once is one commonly faced by ethnographers. This was a problem for me at the smoke breaks, as the group split up into three different physical areas. I therefore had to rotate or make choices as to which discussion I thought might be most important that evening. This was a significant issue, since these breaks comprised of two fifteen minute time periods that gradually stretched to nearly half hour breaks during the second year. Such breaks then embraced one half of the meeting time. For reasons outlined earlier, these informal breaks were significant to the study (also see Chapter Six), and therefore this was not simply a functional problem of timing but important to my data collection overall.

Another limitation of a more individual level was my inability to follow these people throughout their daily routines. Interviews that took place in their homes, however, gave me some notion of their everyday lived

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<sup>70</sup> I went mostly unnoticed or at least seemed to be accepted by the group as a rule. There were the odd exceptions in one or two cases where I did feel some animosity because of my presence in the meetings, but overwhelmingly I was accepted. The standing joke was that they wondered how they could get me injured so that I could be one of them legitimately. This was expressed more in the second year than the first.

settings. They were able to point to projects they had worked on and to show me things of material importance to them.

Finally, I did not make the effort to interview upper levels of management in the WCB. As mentioned earlier, I judged this to be beyond the scope of my research project, even if it may have been useful to have interviewed those that generate the strategy initiatives used by the system in order to comprehend that side of the power structure. As it was, I was fortunate to gain access to three ex-employees for in-depth interviews and three other WCB staff members for basic information. This small group of people have been very helpful and have increased my insights into the functioning of the WCB as well as into the client/official interface which is an area of research that is very limited in any literature regarding the WCB and injured workers.

## Chapter IV Bureaucracy As Strategy

In this Chapter I show how the interactions between the WCB staff and injured workers are embedded in a complex network of power relations defined in part by bureaucratic policies and practices. I discuss how the WCB as a bureaucracy functions through the exercise of strategy, in the sense used by De Certeau. Further, I show ways in which the system has its control extended through what Foucault refers to as a carceral network involving regimes of accountability and surveillance. The resulting power relationships are manifest in hidden transcripts, but much of the interaction is also played out in a public transcript. It is here that I diverge from Scott's (1990) analysis. I show that the most typical resistance techniques observed in this group of injured workers are quite formal and assertive. These techniques can in fact be described as strategic within the context of their own sequestered site as will be addressed in Chapter Six.

Issues of legitimacy and presentation of self arise throughout this and the following Chapter as well, and may be a key cause of the formality with which the group functions when in the presence of the WCB staff. Informal ways of resisting, similar to the cunning of *debrouillardise* on an individual basis, is also taken up in Chapter Six in the context of discussing different kinds of injured workers.

In this Chapter, I first discuss various aspects of WCB strategy, and then Injured Workers Association Board tactics given in response, informed by participant observation notes, interview transcripts, minutes of meetings, Alberta *Hansard* transcripts, WCB documentation and the Injured Workers Association Newsletter.

### The WCB - A Bureaucratic Perspective

To understand the strategies of the WCB as systemic tools for social control within an organization, I must refer to the bureaucratic framework within which it functions. Bureaucracy, as noted in Chapter Two, ideally operates as a system of institutional organization and administration utilizing a rational-legal discourse and a value system which are 'predictable' (Weber, 1968, E&S, Vol. 2). The rules of operation are (again, ideally) visible, coherent, and seemingly impartial. When combined, these factors also provide the organization with a semblance of 'legitimacy' that is acceptable to many inside and outside the system. As Weber notes, "today, the most common form of legitimacy is the *belief in legality*, i.e., the compliance with enactments which are formally correct and which have been imposed by an accustomed procedure" (Weber, 1966: 82). The WCB has been sanctioned by government legislation and regulations; the Chair of the Board has to date been appointed by the Province. Douglas argues that:

Any institution that is going to keep its shape needs to gain legitimacy by distinctive grounding in nature and in reason: then it affords to its members a set of analogies with which to explore the world and with which to justify the naturalness and reasonableness of the instituted rules, and it can keep its identifiable continuing form. (1986: 112)

Weber lays out the types of legitimacy that are the foundation for domination, or those social relations in which the exercise of power is accepted by subordinates (Giddens, 1984: 156). Manifest in WCB practice is a legal-rational type of authority in which, "because of its very nature as a rationalized structure, bureaucracy operates according to systematized rules of conduct" (Giddens, 1984: 160). Legal discourse lends further credibility to the functioning of the system. As Vaclav Havel notes in discussing the post-totalitarian system in Czechoslovakia, "like ideology, the legal code functions

as an excuse. It wraps the base exercise of power in the noble apparel of the letter of the law; it creates the pleasing illusion that justice is done, society protected, and the exercise of power objectively regulated" (1991: 186-187). In such cases, the 'rules' are specified in an unambiguous legal discourse so that to counter them would seem irrational.

Leyton (1978) makes the argument that the values of the WCB bureaucracy are discordant with the traditional values of Newfoundland miners. He and Doran (1986) view this as the major fault line in communication between the two groups; the discourse and actions of the WCB staff appear illogical when viewed through the language and experience of the miners. The world views of the miners, according to Leyton, are embedded in an informal, emotional, and experiential discourse. It is a world view based on egalitarianism in which judgments are informed by an evaluation of personal consequences. In contrast, Leyton notes that the bureaucratic world view is embedded in formal, rational, and scientific discourse. Here, judgment is supposedly based on a logic of impersonal cause and effect. These differing world views make the client/official interface difficult for both sides. There is a fundamental "clash between differing definitions of overlapping situations, with each definition supported by a different world of experience, institutional frameworks, resources, and goals" (Handelman and Leyton, 1978: 6).

While one might assume that by the mid 1990s this analysis is now antiquated, I found that at least up until the time that Injured Workers Association members became involved with the group, it *was* partially relevant for the people being studied here. Although nearly everyone in Canada has had some significant contact with a bureaucracy today, discussions with injured workers from rural areas of Alberta (where this study is based)

showed that they preferred to communicate in the 'traditional' manner noted above by Leyton. The difficulties they encountered centred on instances where they had to deal with the central urban office staff regarding their claim files or appeal hearings. The problems were exacerbated with WCB's subsequent centralization, when even these outlying offices were closed down. This bureaucratic move now forces them to deal with the technologies and institutional forms of an urban-based institution on a regular basis. Thus, the analyses put forth by Handelman and Leyton, and by Doran resonate in part with the present study of this group of injured workers completed during the past two years.

Even so, this has changed during the course of the group's history. This Injured Workers Association combined practices of utilizing union discourse, negotiating techniques, and reappropriating the WCB language and knowledge base. These practices have lessened the applicability of Leyton and Doran's folk/urban analytic oppositions, at least in the case of this particular group.

The WCB has more than one mandate to fill, and has obligations to two basic groups - employers and workers. Employers pay the WCB premiums. At the same time, injured workers, who are the organization's main everyday focus, generate the bulk of its tasks and expenditures. There seems to be a growing reluctance recently for staff to place their loyalty on the side of injured workers. A content analysis of past WCB annual reports reveals a change in commitment from 1991 to 1994. The 1991 Annual Review strongly asserts such support, identifies financial efforts aimed at bettering the lives of injured workers, and sets as a priority the building of safety networks for workers. The emphasis on the worker is evident in the 16-page review, which was accompanied by full page pictures and testimonials given by

injured workers who have successfully traversed the compensation process to re-entry into the workplace. The discussion is geared toward coordinating services, reducing workplace accidents and improving rehabilitation. The letter from the President and Chairperson of the Board refers to the WCB as "people-oriented," and committed to improving "client services" with the client being the injured worker.

In contrast, the 1994 Annual Report is quite different. There is a strong emphasis on WCB financial gains through investments and the reduction of claims. The report is a much more extensive document at 52 pages, yet it contains no pictures of injured workers. The discussion focuses primarily on employers who are now deemed the "customer"; the injured worker still has the status of "client" but rather of secondary importance to the role of "customer." This distinction was not made in the earlier Annual Reports. Moreover, customer service and administrative efficiency now seem to be most central to the formally stated concerns of the WCB. Despite a recent initiative in "plain language training" for the staff in order to improve communication with both clients and customers, the 1994 Report is largely organized around financial investments, statistical outcomes and surveillance. For example, they report the establishment of a Special Investigations Unit which resulted in laying 15 criminal charges over the past year.<sup>71</sup> Letters from both the President and the Chair of the Board of Directors focus on the performance of WCB staff, and the Board is assessed in terms of their "efficiency" and "effectiveness." They emphasize an "impressive turnaround" in the financial well-being of the organization.

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<sup>71</sup> The 1994 Annual Report of the WCB does not state specifically if these charges were laid against injured workers or employers, but discussions with the Injured Workers Association Board members indicated that it was charges laid on both 'clients' and 'customers.'

The 1994 Annual Report is also elegant in design -- another departure from earlier years. Scott argues the import of public prestige to the dominant group saying, "Prestige can be thought of as the public face of domination. The public face domination wears, the kind of prestige it aims at engendering, depends of course on the kind of claim to status it is making" (1989: 146). It appears that the statement of prestige here is one of financial and bureaucratic power. The discourse on 'efficiency' and 'effectiveness' is also evident in much of the recent public materials produced by WCB. Pamphlets for workers and employers alike are full of this kind of language. Again, these can be read as strategic techniques serving to discipline not only workers and employers, but also the WCB staff.

The difference in the expressed WCB mandate clearly values a move toward a more rationalized bureaucracy with a greater level of effective strategies and stronger disciplinary and surveillance measures. This move has been noted by, and is a matter of explicit concern for some individuals in the injured workers' group. They do not view the resultant restructuring process that generated the new financial stability as a benefit to them necessarily. Their hidden transcripts appeared informed by a sense that the financial turnaround was "done on the backs of the injured workers," (general membership meetings) through arbitrary and unfair claims closures and other inappropriate and unilateral methods. Office closures, for instance, put them at arms-length from their case managers. The approved move toward greater cooperation with industry and government (chiefly, the Occupational Health and Safety Department) in terms of injury reduction plans and performance pricing, is the common ground for applause among stakeholders (employers, union representatives, and injured workers). However, while this coordinated effort is said by injured workers and trade

unions to benefit the health and safety of workers in the future, its most noticeable benefit, as far as members of the Injured Workers Association was concerned, will be to the employer, in terms of reduced premiums and rebates. This is an important issue for injured workers, since they perceive that the WCB is disallowing more claims and tightening up on the 'client' (injured worker) end of their budget, while at the same time loosening up the 'customer' (employer) side through premium rebates. During a general meeting break there was some discussion about a local company in this regard, as one member stated angrily: "I heard that XX Inc. got a rebate. Can you believe that? They have more accidents and less concern for accidents than any company in Alberta, and they [WCB] gave *them* a rebate! What next!" (IW 4).

There is also some concern among trade unions, injured worker associations, and this group specifically, that recent legislation extends the unilateral powers of the Board and leaves the government with less control over the WCB than before. They view this as an eventual move toward the privatization of the WCB. This new legislation which passed in the form of Bill 16 (Chapter 32, May, 1995), generated much discussion at the Injured Workers Association, and led to guest presentations at meetings and discussions with MLAs. This was one area of concern that united all the members of the Injured Workers Association. The ten-point proposal to amend the Workers' Compensation Act did not reach the Injured Workers Association until it was already in second reading at the Provincial Legislature. The concern was that there had been no round-table discussion that included injured workers' voices prior to the proposal being generated. The Injured Workers Association Board reacted by sending local MLAs a letter outlining their concerns and asking for clarification during question

period. Alberta *Hansard* recorded the debate, which touched upon the Injured Workers Association's apprehensions regarding:

proposed changes that would give the board of directors too much power with no accountability. One fears that this power might result in the closure of regional offices in the province so that injured workers would have to deal with a central location as opposed to being able to deal with their locations throughout. (Alberta *Hansard*, Ms. Leibovici, Liberal MLA for Edmonton-Meadowlark, April 12, 1995)

This concern was realized three months later, as the office staff was reduced to secretarial services in some outlying areas. Injured workers claimed that they were then told that the remaining staff was there mainly to serve employers.<sup>72</sup>

Another worry was that section 116 of the Act sets a time limit on filing appeals to both the Claims Services Review Committee (the first level of appeal) and the Appeals Commission (the final level of appeal). This limit may be extended, but only if the Chair of the assessment review committee considers there is justification for it. A local opposition Member framed the injured worker as "victims" who were "marginalized" by their accidents, and then:

are in a second way victimized because by legislation, concurrent with the industrial evolution of the way that we do business in North America, their rights to sue those people who injured them have been taken away from them." (Ibid. Mr. Germain, Liberal MLA for Fort McMurray).

Question period generated some debate from both opposition and government MLAs, yet Bill 16 passed with little attention to the proposed amendments. It was clear that the Minister of Labour, Mr. Day, was supportive of the WCB proposals, claiming that:

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<sup>72</sup>Source: Injured Workers Association general meetings.

however it [WCB] may have been configured and may be configured to this day, it is an insurance company, not an instrument of social policy. (Alberta *Hansard*, March 8, 1995)

Both the reduced parameters for appeal and the extended powers of the Board indicate to injured workers a growing set of strategies of bureaucratic rule that are becoming increasingly difficult to react to from injured workers' points of view. The first line of defense for many injured workers, as mentioned in Chapter One, is trade unions -- at least for those employed in unionized industries. The second line of lobbying power is to approach an MLA or the Minister of Labour. As one of many injured workers has declared, "If you don't have a doctor on your side, if you don't have a lawyer on your side or if you don't have an MLA person on your side, you have nobody" (IW 19). Lobbying may not seem to fit the given definition of tactic, or even viewed as a resistance practice, as it is sanctioned as an acceptable route to the Legislative Assembly and to MLAs. I maintain, however, that it is still largely tactical in that it requires proper timing, and must operate within the space and through the discourse of the dominant domain.

The Provincial Opposition, being in a tactical position by virtue of the fact that they are not the dominant group (the government), often take up the cause of injured workers. In fact, one opposition MLA claims that "it is probably one of the highest incidences of inquiries that we get at our constituency offices" (Alberta *Hansard*, April 12, 1995, Mr. Collingwood, Liberal MLA for Sherwood Park). The debate that took place in the legislature in the spring of 1995 was one in which this particular group of injured workers was acknowledged publicly and able to hear their own voice through the MLAs for the first time as an organized group. Although the letters and discussions did not bring about any change in the legislation, they thereafter perceived themselves to be key players in subsequent debates. Comments

were made in regards to their cunning in the matter. Some members perceived that the WCB had expected the injured worker representative on the WCB Board of Directors to keep the group "in line," and made comments to the effect that, "They [WCB] thought XX has us in his back pocket" (IW 4). As well, the Chair of the WCB Board of Directors had written the group a letter regarding their input into proposed amendments, shortly after the legislation had passed, that to them seemed condescending. One member of the group responded, "If they want to play the game, we're willing to pass the ball. We'll write a letter 'in kind' back to them" (IW 11). Following this line of communication, and a visit from the Chair of the WCB Board of Directors, the Injured Workers Association was invited to participate in joint stakeholder meetings with the WCB. This offered some representation for the group and a chance to have concerns put on the WCB agenda, implying that actual efficacy had been attained by the group.

Stakeholder discussion forums were set up at the WCB central office in Edmonton in the spring of 1995 soon after the passage of Bill 16. This was a WCB initiative in which discussions took place on the recent legislation and other concerns of interest to those within the WCB network. Stakeholders in this context are a range of types of people with vested interests in the operations of the WCB including representations from injured worker groups, trade unions, employers, and including up to four (Board) members of the WCB. The stakeholder forums allow the group another avenue to voice their opinions. These meetings, however, were tightly controlled, according to some Injured Workers Association members -- strategically operating with an agenda developed by the WCB and facilitated by the Chair and the President of the Board of Directors. According to members who were there, issues such as health and safety, increases in claims, privatization,

modified work placements, and new policies were all discussed with input from the stakeholders. Labour representatives voiced many concerns such as: insisting that appeals are cumbersome; that WCB medical advisors have an institutional bias; that claim files must be made easier to read; and that the worker's accident report must be more user-friendly, and allow for a larger variety of causes.<sup>73</sup> The Injured Workers Association brought up issues to do with the language used in the discourse about the claim file, and requested that marginalizing words such as "assume" and "presume" not be used by case managers. Labour's interests were also seen by Injured Workers Association representatives as synonymous with injured workers, so that there was a sense of being in unison, or of being heard as one collective voice – again according to representatives of the Injured Workers Association who participated. In fact, when the invitation to attend was first extended by the Chair of the WCB (a significant structural accommodation in itself), the Injured Workers Association Newsletter expressed the hope that "these type of meetings will enable injured workers to have some input on the future direction of the WCB. Just remember with Bill 16, we may have lost the battle, but the war is not yet done" (Issue 6, Vol. 1, June 1995).

These forums appeared to Association members initially to be an egalitarian, open and flexible method of communicating. When considered further, however, it seems clear that the agendas were largely geared to WCB interests and that the meetings were managed by the WCB through the control of time and content of the meetings. Most issues relevant to local

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<sup>73</sup> These issues were taken from the minutes of the stakeholder meetings which took place between June 1995 and June 1996. These minutes were from an Injured Workers Association Board member perspective, and may not necessarily coincide with the formal minutes taken by the WCB staff.

injured workers never got on the floor -- although there were overlapping areas of concern to all.

After several months passed, local attitudes changed. One member of the Injured Workers Association then claimed that "we are just being fed a bunch of malarkey" (IW 4). Another member insisted that "I really believe WCB is listening to us and trying to include us and we are being heard. But I know others are not buying that" (IW 7).<sup>74</sup> During later general meetings, when the stakeholder forum reports were read out there seemed to be a need to rush the process or to dismiss the report as "too much to bother with"; anyone wanting to look at the details could get the report. It was also noted that excerpts from the report would be included in the Injured Workers Association Newsletter, if anyone was interested. Overall, however, the group continued to construct their involvement with the stakeholder meetings as an indication that they were acknowledged, respected and legitimated by the WCB Board of Directors.

The Injured Workers Association Board also met several times over the past two years with members of the Board of Directors of the WCB, the meetings usually being arranged by the WCB. Members, most notably Association Board members considered this to be highly salient in terms of the attention they had garnered in such a short time, and spoke of it as efficacious; such as "they're scared of us now, so they are going to pay attention to us" (from Association Board as well as general meetings). These meetings and the stakeholder forums have some transformative potential for injured workers, but to date no significant WCB policy changes in the form of legislation derived from their input appear evident. The act of participating

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<sup>74</sup> This quote was from an Injured Workers Association Board member. The representatives from the group to the stakeholder meetings have consistently been Board members.

in such events may well enhance the injured workers' 'perceived' efficacy, but to claim 'actual' efficacy there would have to be some further evidence that the input was used to injured workers' advantage and that there had been structural changes in the system.

### The WCB Network

In Chapter Two I presented the notion of WCB's network of power extending well beyond their own 'borders,' forming what in Foucauldian (1979) terms has been called a "carceral network." I use De Certeau's theory of strategy and space to augment this carceral concept -- as a way of conceptualizing the 'spreading' of WCB's power, or space, through strategy. Networks of control might be subtle and covert, as in control of an agenda; or control by approving certain health-care providers; or they might be overt, as in the case of instances of the use of direct surveillance technology. The WCB, as a bureaucratic organization, forms diverse webs composed of both the subtle and the overt forms of power. As Farganis argues:

bureaucracy is *the* means of transforming social action into rationally organized action. Therefore, as an instrument of rationally organizing authority relations, bureaucracy was and is a power instrument of the first order for one who controls the bureaucratic apparatus. (1996: 119)

As I noted, the stakeholder forums hosted by WCB have been described by some Injured Workers Association members as a "means of controlling the group" or of "keeping an eye on them." For those who have actually attended the forums, it was viewed as a democratic process through which participants are able to derive information and provide input into WCB's decision-making at the highest level. Comments were in fact made about the "naiveté" of those members, whom the "WCB have pulled the wool over

their eyes" (IW11). The stakeholders coming from various segments of the work force, however, are already operating under the domain of WCB to some degree. Any opportunity to present their (stakeholders) opinion in an open forum operating within these constraints was likely to be welcomed, and granted, some of these concerns have been taken seriously by the WCB.<sup>75</sup> Thus, I would not conclude that the meetings were necessarily an attempt to dominate stakeholders directly. Rather they constituted a subtler, perhaps unintentional way of keeping potential conflict under control. A more direct mode of WCB authority, in terms of planned strategic action, is evident in the independent meetings arranged informally with Injured Workers Association Board members. Several comments after these meetings indicated to some Board members that they had not been heard, and that the Chair of the WCB had just tried to appease them.

At the same time, injured workers perceived a sense of collective efficacy arising from those meetings, as there was a feeling expressed that WCB officials were recognizing them as persons. "They know who we are now" was a phrase often declared at general and Injured Workers Association Board meetings. Some thought that the WCB was perhaps staying in close contact as an obscure form of conflict resolution to head off potential resistance from the group.

The WCB network also extends to key service providers, who are financially dependent on the system. As private businesses offering health care services, many are potentially able to opt out of the control of the WCB. Monetary incentives, however, keep them involved. Physicians are paid an extra \$27.00 (a specialist's fee is \$150) for turning in reports to the WCB.

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<sup>75</sup>These concerns from stakeholder meetings include changing some of the language used in case manager reporting and changes made to the claim form reports that allow for a more "user friendly approach" (minutes of the June 28, 1995 stakeholders meeting).

Moreover, the WCB has its own contingent of doctors under contract specifically to the board. These doctors generate the most contempt among injured workers.

Others providing health and legal services contribute to an expansive network of individuals and organizations that deal with the WCB on a regular basis. Some such businesses even have "Authorized WCB Provider" painted on their doors. Health services that are provided to WCB claimants (aside from those of physicians and surgeons) range from ergonomists, back care services, physiotherapists, chiropractors, psychologists, and occupational therapists to vocational rehabilitation specialists providing upgrading and retraining initiatives. Lawyers advertise their capabilities in dealing with claims appeals. Government agencies such as Occupational Health and Safety are central to the network, along with NGO safety organizations and trade unions; all try to affect policy decisions and their implementation.

This network of service providers is also disciplined through bureaucratic forms, rules and obligations as well as through legal contracts and legislation. The WCB network illustrates Foucault's contention that a "great carceral network reaches all the disciplinary mechanisms that function throughout society" (in Farganis 1996: 424). To local injured workers, this network exposes them to perpetual assessments, evaluations and discipline through examination and reporting, the kinds of which most had never been subjected to beyond their regular doctors visits. Moreover, this "gaze" did not always result in a clear end point or conclusion. As a member of the Injured Workers Association explained to me, "you are an injured worker for life, you don't suddenly quit being an injured worker, even if you go back to work. It'll catch up to you again, and WCB too. It's like being an alcoholic - you don't stop being an alcoholic" (IW 4).

Due to the ubiquitous, if diffuse, power of the WCB network it becomes difficult for an individual injured worker to retaliate or react in any direct way, as incrementally securing power through the carceral 'examination' process and allied services seems to be their only option. Some members of the Injured Workers Association said they had simply ended their involvement with the WCB and tried to manage on their own.

As a result of a recent directive from the WCB, some of the above services are now accessed by injured workers through a *preferred* health provider list. This recent policy indicates that yet stronger control mechanisms are being placed upon injured workers than those mentioned briefly above. Those now termed "clients" (injured workers) are, for example, to choose treatment from a specific list of chiropractors designated by the WCB. The concern of injured workers in the group was that this was just the beginning of new controls over their use of other service providers. The Injured Workers Association Newsletter headed an article by the editor entitled "WCB Controls Patient Choices" which includes the reported statement that:

I have no problem with the WCB having medical personnel selected to review the condition of an injured worker, but to direct an injured worker to a specific practitioner for treatment is a blatant infringement of the individual's freedom of choice and if it is not against the Canadian Charter of Rights and Freedoms, it should be. (Issue #4, Vol. 2, April 1996)

The article goes on to say, "Policies like this make you wonder if WCB stands for Workers' Compensation Board or Workers' Control Board" and that "limiting choice is akin to an American-style health care system..." (Ibid.)<sup>76</sup> The Injured Workers Association Newsletter is in this instance an example of

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<sup>76</sup> The Newsletter has a left wing political slant with which some in the group agree. Others are put off by it occasionally.

the hidden transcript gone public, as its readership includes the WCB Board of Directors and other personnel, as well as the health care professions -- some of whom are regular advertisers in the paper. Again, this form of resistance to domination takes place in a relatively controlled and structured venue.

Finally, group members were very aware of the more overt forms of control through surveillance present in the architecture and 'panoptic' technology of the WCB offices and the rehabilitation centres in the large cities -- these being the WCB's main 'sites' of power. Bulletproof glass now adorns the inside structure of the lobby at the central office. Video cameras are set up in the corners, unconcealed to make it evident that one is being watched and disciplined into appropriate behaviour. Security guards are stationed in strategic locations, and all visitors to the centre must sign in and wear an identity tag before going beyond the doors restricting access to case manager offices.<sup>77</sup> The space is one in which the exercise of power is at once physically and symbolically confronted. An account of entering one of the WCB's central office buildings was given by a member of the Injured Workers Association, who said it felt:

Very uncomfortable. When I walked in there, the first time I was ever in there was when I had that meeting with M. the first day . . . and I walked in there and, I'm "Oh my god." "So who are you? Oh you're here to see M. aren't you?" "Yes" Went through the second door, more guards there, so I looked all over, and you see cameras, and I thought, so this is what jail's like. I really thought that. . . They watch your every move. Because I sat down, and I took a stick of gum out of my purse, and they're right there watching you. I don't have a gun! I just wanted a piece of candy. You feel like you're the criminal. You really do. They make you feel like you don't have any rights, and you have the nerve to come here. (IW 10)

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<sup>77</sup> The rural offices are a much more scaled down version of security and yet 'panoptic' mechanisms are still prevalent.

These surveillance and disciplining strategies are chiefly limited to regimes of accountability. Beyond the need for bureaucracies to show they are in control of the process, they must show that they have used the resources they have been given appropriately. This is also as much a display for those visitors associated with the dominant organization as it is for those confined within the 'panopticon.' As Scott states, ". . . domination seems to require a credible performance of haughtiness and mastery" (1990: 11). The setting of WCB offices is thus a part of a very tight team presentation. As Goffman notes, "It is often felt that control of the setting is an advantage during interaction. In a narrow sense, this control allows a team to introduce strategic devices for determining the information the audience is able to acquire" (1959: 93).

The WCB setting is of course also one that is nearly impossible to penetrate for the purpose of engaging in direct acts of resistance to WCB power. Nevertheless, some injured workers in defiance of the carceral structure have threatened staff, tried to choke counsellors, or taken in a gun. On more than one occasion over the years, individuals have threatened or committed suicide in the front of the central office buildings in both Calgary and Edmonton. Consequently, there seems to be a real fear on the part of the staff of 'irrational' behaviour of injured workers.<sup>78</sup> While this style of resistance is rare in practice, it is discussed often in the presence of other injured workers, much in the way of a hidden transcript. For instance, one injured worker claimed, "I could get a 100 people and picket WCB . . . but the only satisfaction you could get is to punch them in the face" (IW 29). Another

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<sup>78</sup> This comment has been derived from conversations over the years with WCB counsellors, however, not in the context of this study.

such account by an injured worker was related in anger over one of the WCB doctors in the city. "I took a rope in there. I was going to hang myself there. "X" from the Association of Injured Workers, he said, "you do that, they win." I had the noose all made up and it was in the back seat of the truck and I took it in" (IW 19). In this case, the worker simply displayed the rope as a symbol of his frustration. He had sustained multiple injuries ten years prior and had been fighting appeals since then so that his loss of hearing and neck pain would be accepted as a part of the same injury in order to increase his pension of \$145 per month. He had lost his house, was forced to go on social assistance and his wife developed cancer, which he felt was due to the stress the family had endured. When the above incident took place WCB was seeking new evidence for his case by asking him to see one of their doctors again, which simply tested his endurance. The telling of the event, however, was also constructed for my benefit, as a researcher.

Again, while nothing serious happened in either of these incidents they point out a strong form of the hidden transcript which in this group was often presented publicly in the face of domination. This deviates from Scott's (1990) formulation, in that the subjugation by WCB in this instance is not complete, as in the cases that he cites. It may also be that the stronger the facade of power in such places as the central office setting, the more hostile and violence-laden the talk of the hidden transcript will be.

Another overt form of disciplining is the establishment of a Surveillance Unit of ex-policemen with constable status hired by the WCB. At one forum it was reported that 200 cases were under active investigation (Injured Workers Association minutes of the Stakeholder Forum, October 25, 1995). As noted earlier, this included employers as well as injured workers. One case that was cited by an injured workers group at the Stakeholder

Forum Discussion and then communicated to the Injured Workers Association was an instance of members of the Surveillance Unit videotaping an injured worker through a bedroom window. The WCB Board of Directors reportedly claimed to be unfamiliar with such activities, and wished to be informed of similar matters again in the future.

Finally, individual relationships with case managers and other WCB personnel were usually seen as contentious and power laden. This was evident throughout the transcripts of taped interviews with injured workers, and as a frequent topic of conversation at general meetings. Case managers themselves admitted to having a certain power over injured workers, as was evident in one interview:

It's true that we had a certain power over the individual [injured worker], like if they were not following through on their job plans. Well we can make them jump through the hoops. (CM 1)

The converse of the above is related in another discussion with a case manager:

people saw us as representing the system, they didn't see us as being human as getting up in the morning and putting your pants on one leg at a time, just like us, and sometimes maybe we didn't see that either. (CM 3)

Some case managers reportedly tried to educate workers, so that they would better understand the system, and the concept of entitlement:

That process, I discovered really quickly in order to survive, was to act as an educator, as an employment counsellor to give them direction in their employment search and to give them advice on how to work within the system. (CM 2)

From injured workers' points of view, domination did not necessarily come primarily from their counsellors, but from faceless, nameless persons in the central offices. Once the regional office was closed down, such concerns reportedly became more intense. Many said they were unable to even contact

their case managers or were frustrated by trying to contact them, getting several other people on the line first. Some said that when they were able to reach the person in question, they were often spoken to in a challenging tone, demanding specific answers to questions. As Doran notes, the disciplinary action (which would often arise from the central offices) "takes the form of requests for clarification of injuries, demands for further medical examination, and delays in payment" (1988: 462). Moreover, as Scott points out, in "asymmetrical power relations, the dominant is typically the one who initiates the conversation, controls its direction, and terminates it" (1990: 30).

One such situation was related to me by an Injured Workers Association member (IW 8) who had been told to go without much prior notice to the rehabilitation centre in Calgary for a medical reassessment requested by her case manager. The initiating factor was the assumption that she was appealing her Permanent Partial Disability pension (PPD), which she apparently was not. The appointment was set at 8:00 a.m. for an assessment in Calgary, which was a considerable distance away. This would have required her to leave at 5:30 a.m. When she hesitated on the phone and asked if there was a time available that would be more appropriate she was asked if she was "refusing" to go. She continued to try to resolve the problem, asking for some time to make arrangements. She was called back and informed that the appointment had been rescheduled for a holiday week-end, during which she had planned to be away. The response was, "Then you *are* refusing treatment?" More appropriate arrangements were finally made, but she discovered later that these statements were written up in her claim file, minus her version of the communications. This kind of dialogue was described as "intimidating" and impersonal by many injured workers.

Similar narratives of conversations with centrally located case

managers were prevalent in the discussions with injured workers at the individual level as well as at the group level (see Chapters Five and Six). Berger and Luckmann (1967: 33) point out the impersonal aspect of distant relationships which result in typification as the "social reality of everyday life is thus apprehended in a continuum of typifications, which are progressively anonymous as they are removed from the 'here and now' of the face-to-face situation." Thus the relationships between counsellors and injured workers become stereotypic on both sides.

On the resistance end of the power dynamic spectrum, in the instance above, the injured worker (IW 8) had prepared for the anticipated conversation from WCB by setting a card in front of her with written statements of what she wanted from them and exactly what she was prepared to do, with contingencies attached. In advance of the phone call, she roleplayed the phone conversation with a friend, using the prepared card. When the call came from WCB she continually reiterated and restated what she was prepared to accept and paraphrased what the WCB staff person was saying. From her perspective this technique helped her to keep her composure, but also equalized the discussion, since she was basically handling the conversation in the same manner as the staff person. She eventually shared this technique with other members of the group. Narratives of these kinds of conversations with case managers were prevalent in the discussions with injured workers at both the individual level and collective level (see Chapter Six).

### Military Metaphors

Many references to relationships between injured workers and the WCB used in both 'camps' had a military connotation. Indeed, more generally, military metaphors were used frequently by the WCB staff, the Injured Workers Association members and as well by the trade unions. It is interesting to note that such metaphors also run through the research literature dealing with workers' compensation. For example, McCombie in his discussion of an injured workers' union in Ontario resisting a labour minister's study, writes "The first shot having been fired, injured workers' representatives now had to prepare their weapons" (1984: 139). Doran (1994, 1988, 1986) and Leyton (1978, 1975) both often use such words as "battle" and "fighting" when describing the WCB relationship from the perspective of an injured worker.

I believe these serve as "root metaphors" to understand and frame situations of felt domination and resistance. As Turner notes, root metaphors (citing Pepper, 1942: 38-39) are ones used when a person is trying to comprehend and categorize their world:

He [sic] pitches upon some area of common-sense fact and tries if he cannot understand, other areas in terms of this one. The original area then becomes his basic analogy or root metaphor. He describes as best he can the characteristics of this area, or if you will, discriminates its structure. (Turner 1974: 26)

Turner goes on to note that one need not have "technical or special knowledge" to understand such metaphors, but simply "proverbial knowledge" of the subject matter (1974: 30). De Certeau's concepts of strategy and tactic are also useful for understanding discourse that employs the oppositions of military language.

Folio *Views* (see Chapter Three) found 132 cases of military metaphors in 32 interviews using the words such as 'battle,' 'fight,' 'power,' 'war,'

'combat,' 'enemy,' 'hostile' and 'struggle.' There were additional narrative instances that had military connotations without using these specific words. For example, one worker used "land mines" to describe the relationship between WCB and the injured worker in response to a question about what the group was doing for its members:

Uh, maybe to make the road just a little easier for them, since we've traveled it. And there's so many T's or Y's in the road, that sometimes the injured workers go through the policies of WCB, where they lay so many land mines for them, it's kind of nice to sweep the road and tell them what road to go on to. (IW 11)

The individual also continued to explain what was meant by a "land mine":

IW 11: Oh, for instance, having all the paperwork done and then phoning up and saying, or writing, that all the paperwork is not complete, like there's a docket report missing or there's a report missing here, and there's a report missing there. When they tell you that's all that is required, thirty days later you get a letter saying, "no, we need this more, we need that, and we need that." All delaying the payment structure.

Researcher: And that's what it is?

IW 11: That's right. So that's a land mine where they actually purposely plant these little land mines for you so, in my own personal opinion.

This use of the term "land mine" was often talked about as part of the ritual narrative when introducing new members to the group. A common phrase that was used in the same context was "being in the trenches." Yet another instance of military or oppositional metaphors involved the concept of the metaphor of a zero-sum game, chess:

IW 12: But I mean this is a game, and I don't think anybody realizes that this is game of chess, that's all this is, is a game of chess, and the thing is, if you can't play chess, you can't do this.

Researcher: Who are the pawns up front?

IW 12: Well, I think basically I am a pawn.

Researcher: The injured worker?

IW 12: The injured worker is a pawn. But I think even a pawn with a good general can do a lot of damage, because I've seen a king and a pawn win a game. Right? [this is in reference to the leadership of the group]

Other examples of military narratives include:

When you're on the compensation, receiving compensation for your injury or the problems your injury has caused, at least you felt like this is something that I'm entitled to. It's almost like the war veteran who's been treated in the vet's hospital. (IW 4)

Okay, a guy's got a broken leg, he's had a disc operation, he's still suffering from paralysis. These things are very obvious so why should he have to get a bunch of people to come and do battle for him. (IW 19)

It's a big fight to go back in and say it [injury] has deteriorated, there's so many doctors and stuff that you've got to go see. (IW 4)

I do not want to fight with these people [WCB]. The fight is gone out of me. I'm too tired to fight. Maybe, if I was 18, 19, 20, maybe. I'm too old, too tired to fight with these people. I bet you this has took a good five years more out of my life, just the problems they created for me. (IW 6)

Military metaphors are also used by the WCB personnel. A case counsellor said that he remembered one of the staff members saying, "they wear the TENS machine<sup>79</sup> like a veteran from a war, like their medals and they show them off every time they come into the office" (CM 2). WCB staff saw this as an obvious tactic on the part of injured workers. So case managers as well use military terms such as "battle" and "fighting" in reference to the same context as their clients. Also, when asked if they would consider hiring an injured worker on a work incentive program, employers stated that the program was tempting but they didn't want to have to "battle" with the WCB if the worker had another injury on their job site.<sup>80</sup>

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<sup>79</sup> The TENS machine is a transcutaneous electrical nerve stimulator, shaped and worn on the body like a phone pager. It is often used in back injury cases to relieve and stimulate muscle tissue.

<sup>80</sup> These conversations were in the context of discussions with employers while I was employed as a job finding club facilitator sub-contracting for the WCB.

In nearly every conversation that I had with injured workers, either in a group context or in person, the term “fighting for my compensation” arose. I would estimate that only five percent of all injured workers I have ever worked with (including the group) have declared that they have *never* experienced a problem with the organization or its associated network.<sup>81</sup> I recognize, of course, that I was dealing with a small percentage of the population of injured workers overall, as most return to their jobs without incident. Nevertheless, notions of ‘struggling,’ ‘fighting,’ ‘doing battle’ were persistent in the narratives of most of the injured workers with whom I worked with previously or met through the present study.

The bureaucratic system, which drives the WCB, is perceived by injured workers as daunting and the ‘carceral network’ is the battleground within which injured workers must carefully maneuver. The following Chapter builds on the structural and strategic aspects of this chapter. I outline this battle with the bureaucracy and its network in the context of the claim file and the appeal process, for they are the ‘sites’ of confrontation where the struggle is enacted.

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<sup>81</sup> This statement is based on ten years of dealing with 533 injured workers, including the 53 members involved in the research of the past two years, and over 80 different workers in a year from 1986 to 1992 in the context of job finding clubs, or a total of 480 injured workers.

## Chapter V Strategy: The Claim File And Appeal Process

This Chapter outlines the perceived significance for injured workers of the claimant files and the appeal process. These two constructs are intrinsically related, and are frequently discussed among injured workers. They also have a critical impact on individuals' livelihoods while on contract with the WCB. Further, this Chapter describes the inherent strategies of the effective order involved here by highlighting domains of power, including the use of space and discourse by the dominant organization. I also point out central related areas of conflict and contradiction through a descriptive analysis of the interface between the WCB and injured workers.<sup>82</sup>

### The Claim File

The claim file has always been front and centre in discussions of the relationship between injured workers and the WCB.<sup>83</sup> It is perhaps the most central manifest embodiment of this relationship. Its main practical import is that financial entitlements cannot commence for an injured person without opening such a file. The WCB claim file has been surrounded by myth, was used in ritual procedures within the researched group, and was a site of contested power between case managers and workers.

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<sup>82</sup>I analyze the documents used by the WCB as an organizing strategy of control and then analyze field notes from the year and a half of participant observation at general meetings and the group's newsletter. Excerpts from taped interviews of both WCB staff and injured workers are drawn on in the course of this and the following Chapter. In the case of the documents, I examine them not only on the basis of frequency of the use of terminology but also on the consistency with which the strategy or rules are laid out across contexts. As well, I explore the meanings these documents appear to have for injured workers.

<sup>83</sup>I became sensitized to the issues around the claim files early on, as I had many discussions with injured workers during Job Finding Clubs in the mid -1980s in my tenure as a contractor with WCB.

Its meaning and significance for people on various sides of the system is divergent. To injured workers the claim file is "like my bible" (IW 1). It also objectifies a worker, such that the comment "you're just a number to them" was often heard in reference to it at general meetings of the group. To WCB case managers, it is "a practical tool of the bureaucracy of WCB" (CM 1). From this researcher's (etic) perspective, it is most centrally a strategic document. Foucault's concept of a "micro-physics of power, with innumerable points of confrontation" (in Ritzer, 1992: 373) can be applied to analyzing the WCB claim file. Hierarchical observation, normalizing judgments and the use of examination -- all elements of the "micro-physics" of power -- are brought into focus and play in these documents. At the same time, recent attempts to better understand the files, and attempts to maintain control over them on the part of the injured worker show sophisticated "everyday practices of resistance" to bureaucratic power (De Certeau, 1984).

Creation of a claim file initiates a contract that sets the wheels of the compensation system for injured workers into motion. The worker is then immediately defined as "injured," and thereafter subject to the strategies (policies and regulations) of the bureaucracy and the relevant legislation of the provincial government. The process of assigning people to such categories is a *social* categorizing process; one which Berger and Luckmann assert is a key part of "the social construction of a client" (1967: 59). The creation of a claim file also defines the worker as a legitimately injured person, who comes under the powers of the WCB. Once a file is accepted and opened it is considered valid.<sup>84</sup> A no-fault insurance principle involves guaranteed medical, financial and vocational rehabilitation services (within limits and

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<sup>84</sup>The Meredith Principle, the contract between worker and employer as discussed in chapter 1, protects businesses from civil litigation, but at the same time guarantees support for the injured worker. Once the claim is accepted, the contract is legitimated and activated by WCB.

for a particular period of time) to an injured worker once a file has been activated.

But things are not always so straightforward. Appeals to information in the files arise often, not chiefly as problems of file validity, but as a result of discrepancies between case manager's and injured worker's interpretations as to their condition or the appropriate entitlement decision to be rendered by the former. Many rules are involved, and their interpretations are complex. Violation of these rules is a key 'land mine' facing these workers. For example, at places of employment and at the WCB offices a small poster provides directives that lay out the rules for both the employer and the worker (see Appendix G). If a worker is not disabled after the day of an accident it is not necessary to report an injury. Any time beyond one day requires attention to the poster, which instructs the worker to fill out all appropriate forms and allows the initial choice of medical assistance, with the stipulation that "a change of doctor cannot be made without the permission of the WCB" (worker directive #3). Moreover, they are directed to "not leave the province without permission of the WCB" (worker directive #5). Thus begins the social construction of the injured worker as a particular kind of individual -- one who is disabled and who has been placed under paternalistic control. Workers have referred to these kinds of orders and controls by WCB as "being treated like criminals" and "as though we are on parole" (general meetings).

Honesty also is an ongoing issue and subtext. The Claims Department Policy Manual under section General-5 issues a statement of rights for workers and employers under the Workers' Compensation Act of Alberta (see Appendix H). Number 3 of that statement asserts that "you have the right to be presumed honest unless shown to be otherwise." A member of the group

pointed this statement out to me, exclaiming: "They used to have a sign in the old WCB office that said we'll assume you're honest until you prove differently. Wrong. That was not WCB's attitude at all. They assumed you were *dishonest!*" (IW 20). It was pointed out to me by case managers and injured workers alike that the key underlying point of potential conflict is not whether an injured worker is at fault, but whether or not they had a 'legitimate' claim. Although framed under the rubric of rights, these kinds of statements are ways of 'disciplining' both the employer and the worker into conformation with the WCB system. At the same time it disciplines the case manager to be a sentry watching for 'malingerers.'

Initially, the file was a primary focus of my research project, since I had hypothesized that it was highly symbolic of and to injured workers. As my research scope expanded, I wished to better understand how the file, as a social object, was used in practical and tactical ways.<sup>85</sup> One injured worker declared that "the file is actually a distortion of who we really are" (IW 8), while in contrast, another worker stated that "it's my history. It's who I am. It's got nothing to do with anybody else but me" (IW 9).

From my etic perspective, in Foucauldian terms the claim file can be considered the central "signifier" of the injured worker, who is the "signified." Actions of the worker and a range of WCB and allied individuals are translated into signifiers that accumulate to form the text of the former's claim file. What then governs the content of the file is the discourse or set of interdictions<sup>86</sup> that are allowed as evidence for the file. This evidence is

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<sup>85</sup>In close parallel, Patton (1979) claims that "Parole Board decisions are based on a prisoner's file" and goes on to quote Mitford in saying "A man [sic] in prison lives by his central folder" (p.119). Although this seems also to be the case with injured workers, the data did not necessarily bear out the symbolic significance of the file as an image of injured workers that I originally postulated, from either the accounts of the case managers or the workers.

<sup>86</sup>Foucault would understand interdictions as forbidding or prohibiting forms of discourse used within fields of expertise. In the case of the claim files, certain kinds of statements would not

similar to that required by prison bureaucracies, which is formed by a system of “individualizing and permanent documentation” whose aim is “to make the prison a place for the constitution of a body of knowledge that would regulate the exercise of penitentiary practice” (Foucault, 1979: 250).

The first required entries in a claim file are three reports. They are highly significant, as they establish the initial ‘validity’ of the claim and may be essential later to appeal processes. These are: 1) the worker’s report of the accident; 2) the employer’s report; and 3) the physician’s first report. The worker’s report establishes the details of the accident and includes a diagram of a body on which injured parts must be marked accordingly (see Appendix I). This form is very significant to the WCB, as it plays a key role in determining which area of the bureaucracy the claim will be processed through; as such it is part of the “normalization” process for both parties in question. Remarkably, claims were (before the imposition of the case management model) dealt with according to body parts, so that specialists in those medical areas were able to offer diagnosis and treatment, and to determine pension disability rates (see Appendix A). Moreover, under the Adjudication Guideline - 1 in the Workers’ Compensation manual, a list of post-surgical recovery times dictates average healing times for such body parts, so that a case manager can determine when a claimant has gone beyond the ‘norm’ (see Appendix J).

Doran has written at length about the problematic nature of these first reports. As he notes, “the design of the form subtly disciplines working people into a certain perception of what constitutes a meaningful, compensable, “normal” injury” (1988: 460). Furthermore, the notion of

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appear or be allowed to appear (as in the restriction placed on evidence in the First Report that opens up the claim file).

'accident' has only in the recent past been expanded to include chronic occupational disease. Leyton's (1975) revealing ethnographic studies of Newfoundland miners explain the difficulty of obtaining compensation when eligibility was so narrowly defined as it once was. The employer's report now includes provision for both "accident" and "industrial disease." This report also verifies the earnings of the worker, which will affect the compensation rate. As an employer can be fined up to \$500.00 for failure to send in a report to the WCB, the employer is also 'disciplined' into the WCB system in a direct fashion.

Perhaps most important are the physician's first report, a necessary part of a new claim file, and subsequent progress reports. A common expression in the 1980s was "no med - no bread," as one could not open a claim with the WCB without first an examination or the approving "gaze" of a physician that produced an appropriate medical report. Section 2 B) of the "first report" directs a doctor to reveal past related history of the patient. This apparently can be a determining factor in whether or not there is a relevant pre-existing condition, and it can cause a 'red flag' to go up with the WCB appeals commission if the claim is being disputed by a case manager. Another issue with the physician's form reported to me by workers was that doctors were not completing the forms expediently and that this caused a delay in getting their first cheques; in some cases the process had taken months. Injured workers were unable to collect any other type of social assistance in the meantime, as they had already been 'classified' as WCB claimants.

One of the founding mandates of the Injured Workers Association was to take more control over the process of generating these important first reports. They were able to obtain extra forms for injured workers that could be taken into medical offices, where they were to oversee their proper

completion and encourage the doctor to send them in immediately.<sup>87</sup> It was discovered that this form then contained only 3 copies, of which the original went to WCB, the second remained with the physician, and the third was sent to the employer with the personal medical comments blanked out. What was deemed missing was a copy for injured workers. One would have to request updates to his/her file in order to be in possession of that crucial documentation. This decision by the Injured Workers Association to oversee the completion and content of these forms constitutes a tactic, or one of the “everyday practices of resistance” that De Certeau (1984) discusses, and yet still falls into the frame of legitimate action.

The ongoing contributors to the claim files, then, are employers, physicians and other health care professionals, WCB case managers, union representatives, and injured workers themselves. The file is both a process and a cultural artifact, a “social object” which is “constantly changing as it is defined and redefined in interaction” (Charon, 1989: 38). It is dynamic in the sense that as it is upgraded through new submissions that are being interpreted and re-interpreted by stakeholders. As such, it is a site of conflict, in that these positioned interpretations are not always the same. Case managers change caseloads frequently, causing confusion among injured workers, and making the tracing of the paper trail which *is* the claim file a circuitous and frustrating task when preparing for an appeal. Prime examples of strategies used here are communication statement sheets inserted by case managers into the files. These are supposed to include every phone call or other interaction between the injured worker and WCB staff. They may list codes, times, and names of involved people (even those who simply

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<sup>87</sup> This procedure has recently been computerized, so that the control over when reports are sent in is still largely in the hands of doctors.

transferred a call to another staff member). Sometimes they render a file a "bureaucratic nightmare" (IW 8) for injured workers.

There was, however, general acceptance of the use of the medical-legal discourse by both key types of readers of the files (the WCB staff and injured workers). While this acceptance may have been long standing, the ability of claimants to effectively understand and use WCB terminology appeared to be a more recent evolution. Doran (1994) asserts here that "techniques of power/knowledge which 'disciplined and surveyed' workers, also codified their embodied experience into the state scientific discourse of workers' compensation" (1994: 450). Doran claims that injured workers became alienated from their "embodied understanding" of their own health in terms of what Baudrillard calls a 'simulation model' or a "generation by models of a real without origin or reality: a hyperreal" (1983: 2). Agger usefully elaborates Baudrillard's theory in saying that this 'hyperreality' "is increasingly simulated for people, constructed by powerful media and other cultural sources. People lose the ability to distinguish between these simulations and reality. . ." (1991: 118). Doran (1994, 1990, 1988) sees this process as a seduction of injured workers by the WCB that leads them to view themselves in clinical ways that have been constructed by the WCB: as 'docile bodies.' Although I concur with the descriptive part of this analysis, Doran speaks of an ideal "embodied" notion of health as though it were in some way both a 'natural' and a naturally appropriate sense of one's health. This assumption obscures the fact that *all* systems of meaning are culturally mediated, and, in conjunction with his analysis, minimizes the possibility of actors manipulating received language in their own vested interests. In this respect Bruner claims that "there are no raw encounters or naive experiences since persons, including ethnographers, always enter society in the middle. At any

given time there are prior texts and expressive conventions, and they are always in flux" (in Turner and Bruner, 1986: 12). Injured workers initially learned and continue to learn about their own bodies from other cultural contexts prior to and after entering the WCB system.

The injured workers of this research group were perhaps better educated (again, with a mean education of grade 11.3) and more effectively knowledgeable about their personal medical cases than were typical workers of twenty years ago. Still, I argue that the use of this discourse has become a major constituent in the resistance practices of injured workers over the last decade. These factors may have allowed injured workers a more sophisticated and greater range of tactical practices than existed in the earlier history of compensation. In order to mobilize resources they have appropriated a central culturally-based strategy of the WCB: insurance-medical-legal language. In this way WCB strategies became part of injured worker culture as well.

Since some WCB staff were accessible to me, it seemed important to obtain an interpretation of this process from their perspective, especially in order to gain further insight into the staff/client interface. Each of the case managers that I interviewed insisted that the claim file was nothing more than a neutral tool in their daily work, even though (or perhaps because) they were the chief architects, the developers and the keepers of the files. One case manager declared that "workers think that we [WCB] have detrimental information on them, which in some cases we do" (CM 1). Another account claimed that "it was like reading a book with half the pages in the book missing. Because it didn't tell the whole story about a person" (CM 2). This case manager went on to say that he understood that the "claim file is extremely important to them [injured workers] because they felt sometimes

that they were being shafted by WCB and that there were things in the file that they didn't know about. Or there might be comments in there, or lies in there, or deceptions or whatever" (CM 2). This concern was aptly put by one injured worker, who had recently encountered her file for the first time.

IW 10: They would say, but we have your file, the doctor has said this, or it was very, very vague. Now too, I didn't know what I was bouncing my head against all these years, I just, I didn't know what was going on, you know, with the file, until I finally got it.

Researcher: And was everything in there?

IW 10: Everything that shocked me was in there. After I read the file - it took me two days to read - it took me two weeks to calm down. I'd never been so hurt, so angry.

Researcher: What kinds of things made you angry, out of the file?

IW 10: Okay, P. was my case manager at the time, and the stuff he put in here was just incredible. According to him, I was a mental case, I mean, everything. And my doctor. . . now I understand that every letter that went to all my doctors, the first thing she wrote was that she thought it was a case of "compensation-itis."

A few months after the founding of the group a team from the WCB Appeals Unit was invited to put on a workshop for the members, to try to assist them in getting their files and learning "how to read them" from a WCB perspective. Many workers had encountered difficulties in the past trying to access their files. One worker claimed, "I had a lawyer talk to them. That's the only way I could get to see my file. I had a lawyer go and he marked off the pages that he wanted and they photocopied them, gave it to him and gave me a copy of it" (IW 9). The group considered this workshop a prime opportunity to gain insights into retrieving and understanding their claim file. This was done with concern for any future appeal hearing which might arise for themselves, and for others in the group for whom they would be advocates if necessary. Some suspicion arose due to the fact that the team of

people training them were WCB personnel. This concern was alleviated as the team joked about being marginalized as the “black sheep” of WCB, and after injured workers began to realize that this knowledge was potentially valuable to them. The WCB team taught the group how to organize the files and flag potential problem areas, as well as how to prepare to appeal a decision made by a case manager. The appeals process was explained in detail. Members of the group declared afterward that “knowledge is power” and spoke in a way that asserted their efficacy over their situation as injured workers. Much initial suspicion with this wing of WCB was eliminated by the end of the workshop. Indeed two of the members of this team are no longer with the WCB, and conspiratorial stories of their departure were later constructed by the group; “they helped us too much, that’s why they [WCB] got rid of them” (general meetings).<sup>88</sup> Discussion around the loss of this one particular workers’ advocate persisted for several meetings.

The “How to Read a File” workshop was significant in the subsequent overall functioning of the group, as well as in many discussions that took place in the meetings following. It was a point in the history of the group wherein some of the WCB strategies became transparent. This new knowledge could then be shared with other members. Thereafter they began to make the assertion that they had the capacity to understand and deal with the bureaucracy “well armed” with the organization’s own “artillery.”<sup>89</sup>

Myths and rituals around the claim files nevertheless abounded in injured worker culture throughout the course of this study. Stories were told about them at general meetings of the group, as well as during personal

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<sup>88</sup> For those group members that I was able to contact, 59% had secured their files since the earlier workshop nine months. Very few had their files at the time of the workshop and those who did were unfamiliar with how files were organized.

<sup>89</sup> This discussion of how the Injured Workers Association Board used WCB strategies will be continued in Chapter Six.

interviews. After the workshop, talk of the files in terms of how to obtain and “read” them was incorporated into the initiation rites of new members. The discourse was always “Have you got your file yet? Okay, then we know where you are at this point. Don’t worry you’ll be okay. It’s natural to feel the way you do right now, but it’ll be all right from now on” (general meetings). This ritual was not always included in the agenda, but time was taken to assure new members that they had arrived, at last, at the right place. The reading of the files was sometimes demonstrated publicly, and when this occurred even those who were familiar with the ritual paid attention. Testimonials were given by people who, after a lengthy time on WCB had been able to gain access to their files. “I didn’t know that you could even get your file until the meetings,” said one member (IW 10). Some would nod their heads as if to indicate to the new member that they should be aware of this important aspect of their ‘training.’ It was expected that those who had been helped with their file, would “learn well, so that you can go out there and help others” (IW 11).<sup>90</sup> At smoke breaks they would be apprised of the workings of the file and stories would emerge as to the difficulties each had endured with their own files. The resultant narratives included accounts of betrayal through “misinformation” by their physicians, employers and case managers. When asked why the files were important, one injured worker claimed:

basically because I’d like to have a copy of it so I can refer back to some of these things myself. . . my worker in Calgary has said, told my doctor that I’ve had all the pain management that they can give me. The only pain management I’ve had is insoles for shoes. But according to him I’ve had all this treatment. I’ve had none! (IW 30, August, 1995)

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<sup>90</sup> This is an area of concern of the group that I take up in Chapter Six: that members come to obtain information for themselves and their own claim file and that then, once they are “fixed up” with such information, they do not return to the group.

In another account given at one of the meetings by a member who had been documenting the file carefully, one member claimed that the "WCB was telling me a letter was not in the file" while she [IW] was looking at the very letter herself, of which she had retained a copy. She declared "this was either a bald-faced lie or she [the case manager] was simply stupid!" (IW1).

A commonly expressed idea prior to the "How to Read a File" workshop was that when one was having trouble getting compensation or getting information from a case manager, it was because "they just put your file at the bottom of the pile" or "they say they lost the file." After they realized that the files were now on computer, such expressions were no longer used. Even so, Injured Workers Association members still insisted certain pieces of information were not included when they obtained their files or updates of their files, as mentioned above. Occasionally, they discovered documentation that horrified them. One such example of a case file was shown to me by IW 8. A case manager had sent an alert message to the new case manager who was taking over the claim file. The message indicated that this person [IW 8] was involved in organizing an injured worker advocacy group, that she should be watched closely, that a 'buddy' WCB worker should be present during conversations, and that every discussion should be carefully documented. The same file contained health service lists from Alberta Health, listing all the physician and other health related services secured over the past seven years. It also included the diagnostic codes pertaining to that person, which are available to a case manager but not to any ordinary health care user. These were obtained without the consent of the injured worker. When followed up, I discovered that a combination of the Health Act and the WCB Act (depending on the interpretation of Section 12(5) of the WCB Act) gives the WCB broad powers

to obtain information. A complaint from an injured worker advocate to the Privacy Commissioner's office has recently caused the WCB to examine this access to information issue. A public statement was to be issued later in 1996 that would address how they will gain the consent that they now feel they require, particularly in delayed recovery cases.<sup>91</sup> Such stories, however, usually concluded with how they had become aware of the procedures and thereafter continually documented phone calls from WCB, doctors appointments and other items of business in order to keep the file updated from their end. This active role in the management of the files had not been available until many had contact with the Injured Workers Association.

During the individual interviewing phase of the research, I went to many injured workers' homes and though I had not requested it, was usually presented with their claim files for my perusal. In some cases where an individual had been on workers' compensation for a lengthy period of time this could be up to four very full binders of information. Goffman's (1959) discussion of "presentations of self" speaks poignantly to their efforts here to 'prove' to me that they were someone who had a legitimate claim, has been betrayed, and has a consequent right to restitution. Again, nearly everyone who had a file in their possession showed me the material object and opened it up to reveal certain documents written by case managers or physicians which were considered to contain misleading information or statements inappropriately detrimental to the worker in some way. Usually files had been brought out prior to my arrival, as it was assumed that I would need to see the 'facts' of the case for my research.

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<sup>91</sup> I should note that private insurance companies claim that they are unable to obtain these health care user lists without a release form signed by the client.

Given the emphasis placed on this 'social object,' I thought it was important to ask the members of the group individually what the files meant to them. The responses were generally similar. First, there seemed to be a strong sense of claimed ownership over the files: that these files were their history and belonged to them as much as to the WCB. This sets them apart from others such as unemployment insurance and social services recipients, who are unlikely to gain direct, unmediated access to their files, and furthermore, do not have any clear 'point' of dispute or mechanism by which to correct information within them. Secondly, there was a strong sense expressed to me of being in control of their claim and over the process of dealing with WCB after they gained physical access to their claim files. Finally, there was a desire on the part of some to reciprocate and help others once they had gained a working knowledge of their own file.

The WCB staff and Board members talked often of "effective claims management" as an important part of their mandate as an insurance organization. In conversations with WCB staff members, they described to me what this meant for their organization. In brief, the official goals were: 1) to adjudicate the claim effectively and efficiently, so that they might "cut the first cheque" as soon as possible for legitimate injured workers; 2) to ensure that appropriate medical treatment is administered at the "right" time; 3) to try to promote modified work at place of employment injury or early work return in another location (including early vocational rehabilitation planning); and 4) finally (if necessary and eligible) to initiate academic upgrading or retraining. These formal goals seemed reasonable to injured workers in this group; the problem was that these goals were not being met in many cases. They claimed that in the early 1990s months would pass before

the first cheques arrived. One worker tells a story of a injured friend who had worked at a mill:

He was just about totally deaf. He was on WCB. His last cheque got here at the date the next cheque was due. He has to come in to the city to see the doctors and he got his expense money, but he's still waiting for May, June and July cheques. (IW 30)

Many of them complained that modified work was often not available at their places of employment, and some were not deemed appropriate for academic upgrading. Consequently, to many injured workers in the group, "effective claims management" did not, in the end, mean the same thing as it did to counsellors. Some had decided that it perhaps had to do with expeditiously closing files down rather than managing them. Indeed, there was some suspicion that "they [case managers] likely get bonuses for shutting down a file" (IW 8).

The claim file is the principal piece of evidence in the appeal process, and so although not all injured workers take up an appeal,<sup>92</sup> members were vigilant about documenting and updating their files in the event that they may one day be required to appeal a WCB decision.

### **The Appeal Process**

With the dominant discourse and strategies so entrenched in the initial discursive construction of injured workers and their claim files, the process of appeal may appear to be left open to tactics of resistance alone. The structure of the appeal process certainly is rule-laden, and the organizing strategy is disproportionally framed and controlled by the WCB. The power symbolism of legal language and allied metaphors are apparent at the outset. Claimants prepared for their appeal hearing (referred to often by them as a

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<sup>92</sup>The numbers are very low in comparison to claims opened overall.

“trial”) where the file (as “evidence”) is presented by the advocate for the case (the “defense”) before the Claims Services Review Committee (CSRC) (“the jury”). Unfavourable decisions there could be taken to a “higher court,” the Appeals Commission, which is an independent body. The appeal process, utilizing the legal discourse, clearly disciplines both injured workers and WCB personnel into viewing it as an adversarial, quasi-judicial process. This *could* be highly intimidating to injured workers, and clearly validates the view of the WCB as an all-powerful judge and jury.<sup>93</sup>

Even so, case managers sometimes advised claimants to take up an appeal against a decision they had made. This practice may seem contradictory, but once a case goes to appeal, services from the WCB related to the appeal may be discontinued. The file is turned over to the ‘appropriate authorities,’ freeing up the attending case manager to work on other files. One counsellor explained to me that in some cases a particular claim file may not revert back to the original case manager, so that if the relationship was contentious, appealing may solve problems for the case manager also. An injured worker speculated similarly on the situation:

Now, the thing is, everybody’s talking about appeals. If you were to read a file, you will see usually very close to the bottom of each letter from a case manager, once they want no more to do with you, like they’ve done their little job, then they’ll say if you disagree with this decision you may appeal by sending me a brief note as to why, something along that line, okay? Basically, what they are doing is forcing, in a sense, the injured worker into the appeal process. (IW 1)

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<sup>93</sup> One question that arises is why the WCB allows an appeal process at all. The answer perhaps lies in the ideologies of the Meredith Principle, the idealized social contract that both ‘sides’ often cite. It asserts that if an injured worker is unable to sue his/her employer, there must be some alternative outlet or opportunity for redress if a person is denied assistance from the WCB. Accordingly, the legislation that controls the mandate of WCB (the Act) establishes a two-tiered level of appeal that allows injured workers to address decisions that they consider unwarranted.

In the outlying centres, however, case managers historically would have a client "for life," as there may be only three or four of them handling all local claims.

In another situation, a case manager may feel that an injured worker, "deserved more than what he was getting and what I was able to give from the front line" (CM 2). Disciplinary 'gazes' extend to counsellors, and a manager or supervisor may have turned down a request for support made by a claims counsellor. In this situation, a counsellor may urge a claimant to go to appeal. This fairly unusual act of course constitutes tactical resistance *within* the WCB by one of its own members. Such an example of tactics used within the "effective order" (De Certeau, 1980) arose in a conversation with a case manager who was trying to assist someone with obtaining a copy of their claim file:

Yes, normally they were told and there was confusion in the office about that. They were told that the only time that they could have their files was if they were preparing for an appeal. I thought that was a bunch of bullshit and I would advise them to look at their file anyway and if they had any hassles in gaining their files to just say they were doing an appeal. (CM 2)

So why does an injured worker appeal? One injured worker said he decided not to bother appealing, and to give up on WCB entirely, declaring that, "appealing drives you crazy! I'd sooner stand on the street corner and bum nickels" (IW 29). Most others in the group (41%) nevertheless have appealed at some point and, critically, 30% of the group members were in the appeal process at the time of interviewing. The reasons for appealing vary: in response to claim file closures; to a disagreement over the claimant's rate of pay or an Earning Loss Supplement (ELS); to a disagreement of the Permanent Partial Disability (PPD) pension percentage; in order to include extended injuries or to reject the WCB's claim of a pre-existing health

condition; or to contest the denial of medical services, a request for education or retraining or reimbursements for medical and travel expenses. In one case, the appellant was arguing against a PPD pension percentage that was not what he considered it should be:

No, under 10% it's automatic payout, you don't have any choice in the matter. But I said it really didn't matter to me, when I was talking to them at the appeal, and truthfully it wasn't the dollars and cents I was after as much as the fact that they would say, yes, you are permanently disabled, yes, you will never get better, and yes, it is partly our fault. (IW 20)

In this case, the rationale for appeal was a felt need for acknowledgment of what was fair and 'legitimate,' not necessarily the need for additional financial support.

In the event of a claims file closure, a letter must be sent from a case manager to an claimant before an appeal process can begin. Yet members of the group talked of cases where they had been told verbally that they were not entitled to support any longer, or else were threatened with being "cut off" without written notice. The "How to Read a File" workshop, facilitated by WCB's Advocacy Unit, made it clear that without a letter a case manager was unable to close down a file (as is stated in Section 39 of the WCB Act). The Unit members also gave the group some tactical advice, telling them to put their own letter into the file explaining what had transpired between the case manager and themselves. They noted that there has to be an overt 'reason' for any decision of closure, and that this 'reason' could be the focal point of an appeal.

A pamphlet produced by WCB (No. 11 in the WCB Signpost series) entitled *Before You Appeal to the Claims Services Review Committee* is addressed to injured workers contemplating a first level appeal. This pamphlet is one of the cultural artifacts that is distributed at general Injured

Workers Association meetings for those wishing to go into the appeal process. The pamphlet itself is a strategic document; however, from a Foucauldian point of view, it disciplines the worker into the WCB discourse and framework by narrowing their perspective on the appeal process. It both opens and limits options.<sup>94</sup> The pamphlet points out that under the new legislation in Bill 16, an appeal “must be made within one year of the date of the decision that you are appealing.”<sup>95</sup> It clearly states that it is not enough to be dissatisfied or to disagree; one must provide written reasons for a request to appeal, for which space on the pamphlet is provided. The space is limited, and controlled questions make the assumption that there is (and provide space for) only one appeal; a person may in fact be appealing more than one issue. As well, the reasons for appealing may be too complex for a three-line pamphlet to address.

Finally, this pamphlet states that “you have the right to review your file.” This statement, however, implies ownership of the files by WCB. Ownership is made explicit in the Manual. Policy Statement/general 4, in the Workers’ Compensation Manual, section 03 (a) states that “the Board shall not allow access to the contents of a claim file any time between the hearing of an appeal and the rendering of a decision” and in section 03 (b), that “personal examination of the contents of a claim file shall take place in the presence of a Board employee.” The evidence for both sides in the appeal hearing is produced from the claim file. Therefore, it is chiefly a matter of interpretation of the file as to who wins the appeal. Some appellants told me

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<sup>94</sup> The first question in the pamphlet asks “What decision are you appealing?” Part of the ritual of explaining the appeal process to new members is to inform them of the fact that they are not to be “bullied” by their case manager, that they [IWs] are to call WCB’s bluff and insist on a letter indicating their [WCB’s] intent.

<sup>95</sup> This aspect of the new legislation (Bill 16) was the centre of much debate and lobbying of MLA’s by the group throughout the past year, as noted in Chapter Four.

that they got their file only *after* the appeal was over. Another said, "I only read part of it through and then I gave it to my lawyer. I now have a lawyer" (IW 15); she appeared too confused by the enormity of the file to deal with it herself. Others claimed that they were not aware they were able to see their file before an appeal, or that they had been told they could only use the part of the file that dealt directly with the issues in the appeal for the appeal hearing; the WCB had the whole file before them to prepare their case. These are, again, examples of a strategic stance used in the WCB appeal process.

While there are two levels at which an injured worker may make a formal appeal under Section 8 of the WCB Act, the initial action prior to the two appeal levels is a review by a case manager's supervisor. During the workshop mentioned earlier, the members of the Advocacy Unit of WCB claimed that only approximately 50% of these decisions that they worked with are overturned and do not go on to appeal. Comments made during the workshop by the WCB Advocacy Unit team were that "the case manager is like God -- no supervisor will contradict the decision," and "you are only a number to them, they won't change their minds." These kinds of comments initiated a bonding process between the Advocacy team and the Injured Workers Association, alleviating much of the suspicion that existed previously.

The Claims Services Review Committee (CSRC) is an internal committee of WCB, and is the first body that processes the appeal. This committee allows for one of two types of appeal hearings: either a documentary appeal or an in-person appeal. The possibility of a solely documentary review is expedient for the WCB. If WCB appeal decisions can be made based strictly on documentation, this says something about objectifying the client, in that the claim file in such cases becomes more

central than the appealing individual. Ironically, it appears that in this type of a paper-based hearing the individual is there simply to augment the file. Workers were told through the Injured Workers Association Newsletter that it would be better to go for a "personal review," "as this gives the panel an opportunity to put a face on the "pain and suffering" (Issue 4, Vol. 1, April 1995). This indicated a clear preference for a consciously prepared, tactical 'presentation of self' on the part of injured workers. The CSRC committee, perhaps because it is an internal council, denies approximately 90% of injured workers' appeals. Even so, it sometimes takes months to arrange this kind of hearing, and six weeks to get the results. During this time a claimant may be denied services, so it could be strategic for WCB to keep these hearings tied up when they believe an appeal is unfounded. The reason for the delays given by the counsellors is that cases take a long time to prepare and to be heard, and that there is often a high number of appeals to process. An Injured Workers Association member who had gone through this first level of appeals declared:

You have to go through the appeal process and that, because it's a two stage process and they're unequal. You don't want to bother with that. I've gone through a CRSC claims appeal. I found that disgusting, degrading, and a waste of my time. (IW 4)

The next and final level of appeal is a hearing by the Appeals Commission. The Lieutenant Governor in Council appoints this panel from 'the community.' There is at least another three month wait between the two hearings, which makes the overall process very long and stressful, particularly if services are suspended. Bill 16 now provides a limit of one year in which a person can appeal. This becomes problematic for some injured workers, due to the time involved between related hearings and processes. This initiative could be read as a WCB delaying and blocking strategy, or it

may be simply another ineffective method of dealing with appeals. However, from the perspective of injured workers in the group it is viewed as a consciously-conceived strategy to keep people from appealing. It is difficult for individuals to keep track of when certain decisions were made, and to devote the time and effort it takes to prepare for an effective appeal within the designated time frame; more effort if one is still in pain.

The Appeals Commission hearing *requires* an injured worker to appear in person. There is a greater chance of winning an appeal at this stage, possibly because the Commission members come from 'the community,' rather than the WCB. In this second level of appeal the Advocacy Appeals Unit wins approximately 35% of those cases that they advise<sup>96</sup>, but the overall chances of winning the appeal at the level of the Appeals Commission is much higher. The advice that the appeals advisors gave the Injured Workers Association was that "you should only answer questions that you are asked, and if you don't remember something, say so. Don't make it up." The appellant worker always has the final say in this hearing, so they are now often coached by an advocate beforehand, much as a defense lawyer would prepare a client. Again, the appeals advisors often historically came from some part of the WCB, so there seemed to be a built-in conflict of interest here that some injured workers in this group were dubious about. Some had gone to lawyers instead, when they could afford it. The hidden transcript is apparent in the tone and discussion concerning this paradox in WCB procedures: "why should we trust you? You work for WCB" (workshop meeting) or "It's like making the fox the boss of the chicken coop. No matter how fair the boss is, he's still the fox" (IW 11). More recently, the group has

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<sup>96</sup> As noted earlier, the *first* level appeal shows about 90% loss but even then, those cases are more effectively presented by the Advocacy Appeals Unit staff than if an injured worker tried to advocate for her/himself.

begun to do some advocacy work themselves, which was one of its central goals initially.

The moment in the appeal when the injured worker 'takes the stand' approximates De Certeau's (1980) use of the term "kairos." De Certeau discusses the narration of remembered life experiences told at the right moment (kairos) as a crucial form of tactic. In telling one's story at the appeal, an injured worker has to draw upon and apply an extended set of experiences, which may have built up over years and yet must be told in a single decisive moment. This act of confessional telling at a prime time has some potential for transforming the effective order of things, at least for the individuals involved. In this sense, "the Kairos is so crucial a nodal point in all the practices of daily life" (De Certeau, 1980: 38).

The appeal hearing (at the Appeals Commission level) is a point of oppositional practice, or the defining moment where strategies and tactics meet at a site of power -- usually a WCB or courthouse office. Often there are three Commissioners there facing one injured worker, along with their advocate, who might also be a WCB employee. If the appeal hearing structure is strategic then the process is basically tactical for the injured worker. Appealing is resistance to a decision made by WCB staff, so that the very act of bringing it forward for critique is tactical. In this case, however, it is not hidden resistance, but rather, it is legitimated by the strategic and disciplining confines of the bureaucracy and sanctioned by the discourse of the legal profession and the 'effective order.' 'Kairos' here then is a temporal crack in the tightly woven strategy through which an injured worker may enter, and possibly succeed. After one fails in this second level appeal there is no recourse available but to wait and initiate the same dispute process again by the introduction of new medical or financial information. The decision of the

Appeals Commission is final, for that particular issue at that particular time. The WCB can be taken to a court of law, but only one or two stories of this kind of successful requital exist in the culture of the Injured Workers Association.

One group member decided that instead of going through the appeal process at all, she would instead continually write letters, make phone calls, document the file, get medical reports and otherwise informally persist with an attempt to get a pension increase from 3% to 5% for an extended injury that began with a shoulder problem. She said:

Let's just assume that there were other parts of the arm involved. What would the percentage be? But, I don't want to appeal anything. I want to ask questions. I want answers . . . why should I have to appeal that and lose, perhaps. See what I'm getting at, you see where I'm coming from? And this is what I'm trying to help other people with, and not all of them fully understand it and I don't expect them to understand it, but to me, even though it's the long drawn out way, I'm going to tell you something - it's going to be long, drawn out, anyway! (IW 1)

In this case of "playing their game" the worker slowly played out her tactics, and recently was awarded the extra 2% pension. To the outsider this may seem a trivial gain, with small financial consequences over time. The key point here, however, was that this group member had found a way to "get around" the WCB by appropriating some of their strategies. These kinds of tactics are reminiscent of Reed-Danahay's *debrouillardise*, in that they are considered cunning and useful tactics that work if one is clever, astute and patient.

Felstiner, Abel and Sarat (1980) have examined the early phases of disputes among ordinary people. They were interested in how disputes emerge initially and are transformed through a series of stages that may lead to formal litigation. When speaking of emergence and transformation they

discuss "the way in which experiences become grievances, grievances become disputes, and disputes take various shapes, and follow particular dispute processing paths that may eventually lead to new forms of understanding" (1980: 632). It appears in the case of injured workers that the dispute often never ultimately reaches a point of transforming the conflict into a settlement with increased mutual understanding, since the claim file can always be activated with another dispute, even years later.<sup>97</sup> Moreover, there is no effective avenue for direct retribution for an injured worker with a grievance against WCB or their employer, due to the constraints of the system within which they operate (the Meredith Principle). Once disagreements are formally voiced in the final appeal the range of options for resolution are virtually non-existent for that time frame. This leaves some injured workers in a perpetual state of contention.

While the claim file and the appeals process are significant to individual injured workers, these two aspects of "being on comp"<sup>98</sup> are also a major focus for discussion and assistance within the Injured Workers Association. The Injured Workers Association members have used various techniques to assist each other with their claim files, disputes and appeals. The *Newsletter* produced by the group has run two repeat issues on the claim file and appeals process in order to help members and other injured workers navigate the WCB terrain. Helpful hints throughout are designed to educate injured workers and to ease their experience of being a WCB claimant. Some members assist others by organizing claim files, training new members and acting as advocates in the appeals process. The motto of the group is "Injured

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<sup>97</sup> Bill 16 notwithstanding, various kinds of appeals not directly related to an injury are undertaken and permissible beyond the one year appeal limit.

<sup>98</sup> Members of the group, and others over the years have often used this expression almost in the same sense as they talk about "being on U.I." or "being on welfare."

Workers Helping Each Other," and the expectation is that they will go and seek out other injured workers to train them in the ways and wiles of WCB as a fraternal gesture. This particular goal of the Injured Workers Association, and its contradictions, will be taken up in the following and final Chapter.

## Chapter VI A Contested Site Of Resistance

In the last two Chapters, I mapped out the strategic spaces and carceral network that have the WCB at their centre, and discussed how members of the Injured Workers Association encounter and contend with this network through processes relating to claim files and appeals. In this Chapter, I more centrally turn to the complex internal dynamics of the association. The association can be understood usefully both as an informal community and as a contested site of resistance. The association is a social site or community in the sense that it is characterized by a set of bounded social relations, identities and associated symbolic boundaries that are continuously negotiated and managed among member injured workers. It is a site of resistance insofar as members of the association organize their activities around shared goals of countering strategies of the WCB. Most of these activities can be thought of as tactical, as defined by De Certeau. I argue, however, that a central emergent feature of the association as a social group has been the way in which its agenda for collective resistance has, in effect, become absorbed into the WCB sphere of control. Explicating this point entails a more thorough examination of the natural history of the association, especially in terms of how this history has been understood from the perspective of different factions within the group.

Specifically, I describe here the ongoing, contested nature of the site in terms of tensions between sometimes opposed perspectives on how to resist, the internal control practices of the group, and various spaces within the site in which members struggle with one another to constitute themselves as legitimate and efficacious, both as individuals and as a group. These spaces include the formal meetings of the general membership and the Injured

Workers Association Board, the informal interaction that occurs on the edge of those meetings, informal contact among members outside of meetings, and the text of the Injured Workers Association newsletter. In the final analysis, I show how some group practices, although organized for resistance, also served to reproduce WCB strategies. Ironically, if effective tactics are to be found, it is within the group itself, as members sometimes sought to subtly resist the authority of their own leadership.

#### **Community Processes: Narratives and Boundaries**

The Injured Workers Association can be considered a 'site' or context for 'community' that reflects a collective symbolic meaning system in which diversity and communality arise in the course of social interaction. As well, the group symbolizes communality through association and markers of shared identity. As Cohen notes, "people construct community symbolically, making it a resource and repository of meaning, and a referent of their identity" (1985: 118). The group ethos clearly embraced notions of fraternity among members which in turn created a space for empathic identification of each other as aggrieved injured workers in the context of a support group. Critically, when individual experiences were interpreted within group contexts, in particular as part of the mutual telling and following of narratives, the possibility existed also for community and identity reconstruction. It is in this sense that "narrative is the defining characteristic of a community" (Rappaport 1993: 249). The experience of being injured, when expressed through narrative in the context of this group, enabled kinds of interaction that had the potential to create shared meanings among group members. Such interaction also had the potential to transform definitions of

self by both broadening and focusing the interpretations given to individual injury experiences.

This shared form of interaction also allowed a greater capacity for connecting within the group. Bruner (1987: 21) contends that the patterned use of narratives make it possible for people to create a space where each recognize themselves in each other through shared stories and story lines. Kai Erikson, in his study of communities in 'trauma,' notes that:

Indeed, it can happen that otherwise unconnected persons who share a traumatic experience seek one another out and develop a form of fellowship on the strength of that common tie. (1994: 232)

Injured workers' narratives presented during the early stages of the formation of the group often spoke of their 'traumas' or their frustrating experiences with the WCB as a bureaucracy, in addition to the consequences of their physical disabilities. While members were able to identify with each other along both of these practices, as an effective solidarity-generating mechanism their recounted experiences with the WCB often overshadowed the fact of their physical injuries.

In his studies of Alcoholics Anonymous (AA) meetings, Denzin claims that the stories told by alcoholics were, "grounded in taken-for-granted cultural meanings that derive from shared and unshared interactional experiences ... [and] ... these meanings are learned around the AA tables" (1988: 60, 63). This occurs in what he calls a "neutral emotional zone of self-disclosure" (Ibid). Denzin asserts that this structure allows members to tell their stories with a high degree of trust in the process. Injured worker meetings during the first year after incorporation in fact roughly followed the form of an AA meeting, with members standing up and telling their 'stories.' Typically, someone would begin with "My name is X and I am an injured

worker." This is of course the formal first line of an AA personal narrative. They would continue on to tell of the trauma they had suffered at the hands of the WCB and spoke of how their families had stood by them. They spoke of being "tied to WCB for life" and "once an injured worker, always an injured worker." Again, the AA parallels are overt and obvious. Particularly at the first public meeting (May 1994), others in the group clapped and nodded as if in understanding and agreement with those who spoke. More notable to me was the reaction to the two or three injured workers who did not follow the dominant story-line. Those who claimed they had not yet experienced difficulty with the WCB did not get a round of applause.<sup>99</sup> As well, these same members were openly apologetic and acknowledged that they may not have suffered as much as others in the group.

Members of both the AA and the Injured Workers Association learned to become story tellers through a system of reinforcement relating to shared understandings of how to construct and interpret narratives within these allied groups.<sup>100</sup> In the cases of both, the Injured Workers Association meetings and the First Step meetings, informal initiation rites include learning how to tell one's story, which when combined with those of others in the group produced a collective testimonial. Similar to the injured worker situation here, Denzin points out that the "alcoholic's self is a group production, rooted in language, common sense meanings and cultural understandings" (1988: 71). The noteworthy difference in the narratives of the two aforementioned groups is that one is a story of possible recovery and the acceptance of personal responsibility (AA). The other a story of actual decline and the creation of two frames of responsibility: of the WCB to

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<sup>99</sup> This action did not appear to be intentional on the part of the crowd, but the enthusiasm for stories that matched their own was obvious.

<sup>100</sup> For a more extensive discussion of these kinds of 'canonical' narratives see Bruner, 1987.

honourably treat them; and of their own to insure this occurred (Injured Workers Association). In the case of alcoholics, Denzin claims that the sobriety story is maintained in the same frame as the alcoholic story, collapsing temporal and spatial boundaries as they define what and whom they do not want to be. Denzin points out that, "By knowing who she does not want to be (negativity) she is drawn to the affirmative structures of experience AA offers" (1988: 61). In the cases of injured workers in the Association, narratives are structured around remembering a baseline of more efficacious and confident selves; the story-line moves from being a capable, skilled employee, to an injured worker, to a WCB supplicant. The testimonial stories of alcoholics therefore are at a more positive end of the continuum, focusing on the experience of currently being in control, whereas injured workers' stories is more often grounded in the realm of the negative, focusing on their lack of control over their situations -- within the family, in the community and in the area of employment.<sup>101</sup>

It has been pointed out by Rappaport (citing Shank, 1990), that self-help groups whose members indulge in negative discourses can sometimes reinforce the problems that members have, thereby reducing available opportunities for self-efficacy (1993: 250). This perspective is reiterated by Boyle (1994), whose case studies of people with profound physical disabilities revealed that support and other organized groups tended to be a mechanism for perpetuating the "culture of the disabled." Shank suggests that stories are better told in a way that frames the actor in a positive light (ibid).

Several Injured Workers Association members did tell me that they were tired of the "bitching about WCB," and had elected not to go to some

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<sup>101</sup> This statement refers more generally to all injured workers I have met in the context of WCB contract work and with the research group.

meetings due to this.<sup>102</sup> Nevertheless, I maintain that *not* to tell the story in this particular group from a sufferer perspective would negate the effectiveness of shared suffering, as well as the associated personal sense of dignity achieved through acknowledgment by a sympathetic audience. Self-help groups may often be characterized by a dynamic process that is marked by anger, resentment and despair, which in turn requires much talking as members struggle to overcome their problems (Maines, 1991:193). The acknowledgment of one's validity and validity of one's experiences by others whose experiences are similar can help transcend the negative once it has been recognized, and allow individuals to move on to a stage of greater mastery or efficacy.

The Injured Workers Association meetings initially opened the floor to what they declared were "horror stories" of WCB claimants, but, a certain degree of solidarity having been secured, soon afterwards moved to plans for action. Maines and Bridger note that, "stories do not simply describe worlds; stories also create worlds" which "remind members what the community is like, and how it is organized, as they create the familiar" (1992: 363). Community solidarity is sustained by storytelling that builds a model for those whose stories follow the dictum of the morale and values of the group; therefore they are told in such a way as to act as an example for future storytellers (ibid). The negativity expressed initially against WCB was reduced significantly, however, when at an early phase in the group meetings members tried to move toward goal setting and plans for action. When new members joined and told their story thereafter, they were usually interpreted quickly, empathy was offered, and then group members

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<sup>102</sup> In this regard, Rappaport notes that "those who leave an organization might not be dropouts as much as people who have decided that the organizational story does not match their own current or desired life story" (1988: 247).

'diagnosed' what stage the individuals were at and set them at ease, explaining what they should do next: "We know where you're at, we've been there. But don't worry you'll be okay now" (general meetings). This was one of the group's initiation rituals aimed at helping newly joined injured workers to interact quickly with others and to construct new identities as capable agents in their own lives.

### **Boundary Construction**

Social organization and relations are collectively negotiated and maintained in part as symbolic boundaries. As Cohen notes, "boundaries are symbolic receptacles filled with the meanings that members impute to and perceive in them" (1985: 19). A boundary is a key symbolic marker whereby a group establishes similarity and difference between themselves and the 'outside' world. Injured workers in the group declared openly to their community of friends and neighbours that they were indeed 'injured.'<sup>103</sup> In fact, they often announced their condition out of context in order to make people aware, in the event that they might need to make unusual requests such as standing up in contexts where sitting is the norm. As Goffman (1963) notes, 'stigmas,' or 'spoiled identities' are often managed carefully for the social accommodation of those in interaction with 'normals,' and in such instances do appear to affect this kind of management. I however maintain that this explanation is not fully consistent with the behaviour of injured workers in the Association; the situation is far from being clear-cut. Rather than identifying themselves as 'discredited' and hiding their stigma, they freely declare their status to others. Some injured workers will engage in performances that involve feigning good health in order to successfully apply

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<sup>103</sup> In most cases 'injured' was not a previously ascribed status, nor was the nature of their injuries fully visible.

for work.<sup>104</sup> As well, special interest groups have often used the very fact of their stigma to mobilize and secure resources. Stigma, in this sense serves a social issue function.<sup>105</sup>

In terms of individual and group identification, Spradley and McCurdy note that people make their worlds on the basis of the meanings that they attribute to things and people around them, and by categorizing them as similar to or different from others:

Category systems not only divide up the world, they also define it. In order to make sense out of human behaviour we must begin with the actor's definition of the situation and a crucial feature of such meaning systems is the principle of contrast (1972: 68).

Barth's discussion of ethnic groups and social boundaries suggests that if a group "maintains its identity when members interact with others, this entails criteria for determining membership and ways of signaling membership and exclusion" (1969: 15). The members of the Injured Workers Association, although in contact with other injured worker groups in the province, have clearly communicated that they are not 'the same.' They claim to have a different mandate and ways of operating, saying that "their injured members have different problems than we do, and different ways of dealing with them" (IW 7).

Perhaps the outer layer, or most external boundary, of the research group in question is the distinction between themselves as injured workers and those who are not injured. Injured-worker status also implied a relationship with the WCB, as clients. Not all physically injured working people were "us." One exception to this boundary distinction were the family

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<sup>104</sup> Employers can also benefit financially from job training incentives, so the injury can occasionally be used as a mutual resource for both employer and injured worker.

<sup>105</sup> Other injured worker groups across Canada have been awarded substantial grants from the federal government.

members of injured workers, who were the only non-injured people that had voting privileges within the group; even then, only two members per family were allowed a vote. As mentioned, Goffman maintains that this kind of associate person may be known as the "wise," or an "individual who is related through the social structure to a stigmatized individual -- a relationship that leads the wider society to treat both individuals in some respects as one" (1963: 30). They were not, however, always treated as one within the Association. In particular, such individuals acting in the role of Injured Workers Association Board members became problematic, and an underlying hostility emerged within the Board itself over the roles of these family members. One comment was made to me, among others, in this regard:

That's another thing that's been said to me, how the hell does 'X' know what's going on because 'X' is not an injured worker, and I think we're going to have to change the mandate or change the policies or whatever that this is for injured workers and their families can be members but only injured workers can be on the board. Don't get me wrong, I think they can sit on committees and stuff like that but I really feel that the membership at large can't get into trusting 'X' because 'X' is not one of us. (IW 7)

Boundary issues between 'authentic' injured workers and the "wise" therefore became an area of contention that was never brought to the surface through any formal process. The bylaws were not changed to exclude the "wise" from the board. In fact, comments like the above were always part of a hidden transcript.

Again, those who are injured, handicapped, or disabled in some other capacity, and who have not had at least some peripheral contact with the WCB are constructed as 'outside' the boundary as well. Although members of the Injured Workers Association talk of affiliation with the 'disabled,' they seem to separate themselves from this category of person, as they do not see

the stories of these others as significantly like those of injured workers. When asked in individual interviews whether members saw themselves as disabled or handicapped, 98% said they absolutely did not view injured workers in this category.<sup>106</sup> The main reason that those interviewed all gave was that one could always find something to do, that they still had useful skills, and that even if one was in a wheelchair they would still be useful to society. There seemed to be a strong sense of perceived efficacy and the notion that they were still quite able even though sometimes in pain, was evident in the interviews.

Another sharply experienced 'external' division is that between injured workers and 'others' receiving unemployment insurance or social services support.<sup>107</sup> Although some injured workers eventually end up accepting such services as a result of being terminated from the WCB program, they still speak of themselves as significantly different from the former two sets of 'clients.' Their perception of being different and superior is grounded in the oft quoted "Meredith Principle," which clearly states that injured workers are not at fault. When discussing unemployment insurance or social assistance, many of the members interviewed took quite a conservative viewpoint. They expressed the notion that recipients of these programs, particularly those on social assistance, were perhaps "ripping off the system." Some injured workers also pointed out that they are receiving cheques amounting to 90% of their regular wage, noting that this is much more than would be received by someone on social assistance. These claimed differences between themselves

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<sup>106</sup> I simply asked the question without defining the categories of handicap or disabled in any way.

<sup>107</sup> Fifty-seven percent of the members of the Injured Workers Association were working in one capacity or another, so employment issues were not as personally critical for the majority of the group.

and other kinds of 'clients' serve as a basis for contrast in their own processes of identity construction.

As boundaries break down into the closer realities of everyday life, within which they operate, issues of identity become more fine tuned, as Cohen notes:

As one goes 'down' the scale so the 'objective' referents of the boundary become less and less clear, until they may be quite invisible to those outside. But also as you go 'down' this scale, they become more important to their members for they relate to increasingly intimate areas of their lives or refer to more substantial areas of their identities. (1985: 13)

One salient internal boundary at the level of group interactions involved different kinds of group members. Central to the focus of this research, individuals constructed a symbolic boundary between the Injured Workers Association *Board* members and general members. The group as a whole became fractured in terms of differences over goals and plans for action between these two sub-groups. This divisiveness eluded internal attempts to foster cooperative interaction and solidarity. The following section describes how these boundaries are continually being negotiated within the group in a climate of moderate conflict.

#### **Community Fault Lines: Legitimacy, Identity and Tactics**

A major concern of this group of injured workers at both the individual and collective level is one of 'legitimacy.' This term, as used here, is not to be confused with Weber's narrower use of the concept in relation to political authority. Rather, it has to do with credibility, identity and ultimately, validation of presentations of self.

At the individual level, legitimacy concerns centre around kinds of injured workers, and proofs of injury. A comparison to the injured workers'

situations can be drawn with Reed-Danahay's (1993) ethnography on the Auvergnat farmers regarding her use of *debrouillardise*, again, as ways of everyday cunning or resistance against government systems. This concept (as noted in Chapter Two) captures key resistance practices and "implies that power has more to do with the ability creatively to 'make out' or 'make do' than with particular individuals with particular statuses" (1993: 228). In the culture of this group of injured workers, however, well known ways of 'faking it' and 'milking the system' in resistance to the WCB as a large bureaucratic organization are not publicly considered appropriate or legitimate. A careful search through my interview texts elicited 34 instances of the words 'faking' and 'milking,' but these were virtually always given in relation to members' concerns that *others* in their communities incorrectly thought *they* were faking it. Nevertheless, most of those whom I asked knew of a story about someone who was "screwing the [WCB] system" and "laughing about it." Stories varied:

One guy had a motorcycle accident, and went in to work the next day and pretended it happened on the job. (IW 32)

The individual I'm thinking about, his nerves completely separated in his leg and originally he was told he'd never walk. Once he was able to walk, they recommended him going to physio where they could get him into a hot tub. And it was just too inconvenient for him! Couldn't go six blocks to the hospital, so he managed to talk them into paying for a half a hot tub. . . . Some of them are continually going for retraining . . . There are also people who got riding tractors so they could cut the grass, cause they can't operate a push machine. (IW 30)

I knew a guy who was at the rehab centre and staying at the Riviera hotel in the city. He limped around during the day, then that night I saw him boogying at the cabaret. Looked fine to me. (private discussion at meeting)

I watched him [injured with a back claim] get out of his car, look around, nobody was looking, he stopped limping. Came up the stairs, "Oh, Jesus this is hard, this is hard." I thought, how does this work? how does this work? This guy, he got a settlement.

He bought himself another 'vette, and they travel all over the country with this 'vette.' . . . They go down to the States, they go everywhere. How can you do this with a back injury? And he drives all over the place . . . his second vette now, he's got two of them. How do you figure that out? What am I doing wrong? . . . I just want to get ahead. But it seems like people that are really injured can't get anywhere, but the one's that are faking it have no problem. What's wrong with the system? (IW 10)

And I will admit I was outside the office sometimes and I would see people come up and they would be so, hardly even move, to get into the office and yet when they came back out with their cheque they were all smiles and they'd throw their crutches in the back seat and they'd drive off, and you're going like, okay, yeah. They [WCB] must see this all the time. (IW 20)

Group members spoke of such conduct as inauthentic 'cheating' and as threatening to their own self-images as injured workers. they claimed that these activities spoil it for those who are legitimate since "it's the legitimate ones that are getting screwed, because they haven't figured out how to play the system" (IW 30), and "it's usually those who worked the hardest that got injured in the first place and that also got hassled" (IW 29). Another comment was made about how injured workers are viewed by the community at large: "you've got to remember that you're living in a small town and any time you go outside to do anything you'd feel like the neighbours were watching you. . . and one guy said, "oh, here comes easy money" and you're like, 'easy money'? Trade places with me!" (IW 20). This is contrary to *debrouillardise* which (again) is an acclaimed and sanctioned art of informal resistance by the people in a particular rural area of France. As Reed-Danahay notes, "if you can artfully manipulate a situation to your own advantage, then you have power" (1993: 228). In contrast, Injured Workers Association members have leaned toward having their acts of resistance formally acknowledged and legitimated by authorities such as WCB.

Boundary issues, therefore, arise between those who are “fakers” and those who claim to be “legits” (IW 30).

Percentages vary in terms of the numbers of injured workers in general that individuals perceive to be using the tactics of ‘faking it.’ Some members claim perhaps 10%, while others thought it was as high as 30%. When asked about whether any members of the Injured Workers Association might be involved in such activities, most said they suspected one or two individuals, but that these were not involved group members any longer. Some injured workers say that they can tell if someone is ‘faking it’ from their eyes: “if you look at someone’s eyes you can see where their pain level is at” (IW 20).

A deliberate plan was in fact arranged to “weed out the frauds.” When asked how this was accomplished, members explained that the names of certain individuals were left off the phone list when it came time to contact members and remind them about general monthly meetings. As well, members tried to curtail the activities of certain individuals within the group, so as to reduce their involvement and hence, their continued membership. Although it was not an openly planned ‘team’ effort, one ‘questionable’ member was not elected to the Board. This incident was mentioned to me privately in the context of an observation that “well, you notice ‘X’ didn’t get elected?” (IW 11). He was one member who was also openly resistant in regards to the WCB, and would not fall into line as expected during meetings.

Another perspective on resistance practices of injured workers was elicited from the WCB former staff members. Their categorical framework for ‘fakers’ and ‘milkers’ was that they were “users” and “hard-core”:

Researcher: Would you have a name for them [fakers] that you would use?

CM 2: User, abuser or something like that. I think that there was a WCB term, I don't know if it was official but the WCB term was "hard-core," I think. I don't think it was official, but I heard the word "hard-core."

Often the term 'riding the system' and 'malingering' were used in the same context; however, the case manager in question claimed that it was not his term, but rather some doctor's definition of the situation. When asked how it was possible to detect "users" the case manager explained:

I'd be alerted if they wore their TENS<sup>108</sup> machine without their tee-shirts on, and I saw that! Where they would come in without their tee-shirts on - not they - not a whole bunch - taking off their shirts in the parking lot. (CM 2)

Also given as 'proof' of malingering, an indicator would be that they had learned the WCB discourse so well:

Especially when you would get a client and you would bring it up on the screen [computer] and it would automatically show you all the other claims that the client had, since he had ever filed a claim with WCB. Sometimes there would be 20 or 30. I can remember, that wasn't an average. The organization, or the lingo of the organization they would put in - they could be president [of the WCB]. (CM 2)

Another case manager noted that, in his opinion, all professionals become suspicious of their clients, because they meet more than one person who may be abusing the system, and because they learn from this to watch out for abusers. He claimed that it becomes part of a "bureaucratic personality" (CM 1).<sup>109</sup>

Some members refined the "faker" category further, saying that injured workers who may *seem* to be faking are in actuality "legits" to some degree. This categorization corresponds with case managers' perceptions as well. This

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<sup>108</sup> Again, the TENS machine is a transcutaneous electrical nerve stimulator.

<sup>109</sup> In my own experience as a sub-contractor with the WCB, I have seen clients walking normally along the street until they got to the door outside of the WCB office and they began to limp or walk bent over slightly. These occasions were rare, however.

would be the interpreted situation whereby a legitimately injured worker adjusts to the lifestyle of being a WCB claimant. A group member pointed out that this type of injured person will “regress, are plateaued, depressed and never really come out of it. Sometimes they can be either aggressive or very passive”(IW 8). In many cases of chronic pain and back injuries, which are also often correlated, a patient can become addicted to the drugs required to reduce pain, producing various disabling effects, as Wadel (1973) points out in his case study of a disabled Newfoundland logger in Now, Whose Fault Is That? They also *present* themselves as being in pain, perhaps in part due to the lack of the visibility of their condition as evidence. In these kinds of cases, injured workers and case managers alike still construct the situation as those of long time “users.” However, injured workers seem to be much more tolerant about these kinds of injured, as some of them are also group members. They know the statistics which state that injured workers who have been off the job for up to two years will likely never find full-time work again in their lifetime. Members have quoted these numbers and say that there is evidence to back it up, from personal experience. A summary statement on the topic comes from an injured worker who fits himself into his own final category:

There are those who are honest and those who are dishonest. I know some that are, too (ha, ha). Then there are the type who don't want to work. There are those who really want to work but can't, and those are the ones I feel really bad for. Then there are those who do work, but really can't do what you used to and will work, but you're hurting while you're doing it. And that's the way I am. (IW 1a)

Proof of legitimacy was offered spontaneously by virtually every member I interviewed, and these presentations of self took various forms. Notably, almost all of the group members were able to recall the day or hour of their accident (in those where the claim was not initiated by chronic disease) and in many cases remembered it to the minute and in great detail:

IW 6 b: I was cleaning out the machine and I locked it up, shut it off so you could clean it and someone on the other side didn't see me and tried to get it going and ignored all the warning lights that automatically started it up. One hundred and forty pounds of pressure on the bar came down on my arm and broke it. It lost all feeling and it had no feeling for about 8 months, no movement, no nothing.

Researcher: Actually, this brings me back to what you said earlier here when I was taking that information down about your injury. How did you know that it was 8:26 in the morning?

IW 6 b: How did I know? I looked at the clock and I was just going to go for coffee. We had started at 3:00 in the morning.

Another method of asserting legitimacy through a presentation of self was to show me scars from operations: done by pulling up shirts, rolling up sleeves, or rolling up pant legs to point out the evidence. Sometimes photograph albums were presented to me in their homes, so that I could view pictures of the injury or a vehicle accident; often people would also point out pictures of how they 'used to look' prior to the injury. For those with back injuries or others who did not have any obvious physical evidence, stories and emotions of sadness and anger were their only direct proof of their changed lifestyle. Many would call in family members and ask them to verify changes in the individual since the 'incident.' In one situation, an injured worker had calendars dating back to 1985, the time of the accident. These calendars were filled with documentation of medications taken, as well as medical and WCB appointments. Another member showed me how she had readjusted her kitchen and household tools since the accident in order to cook and clean with greater ease, thereby claiming not only legitimacy but also efficacy.

I was also usually presented with their WCB claim files to examine. This was in a way almost akin to bringing out the family photograph album.

Letters from doctors and WCB staff were extracted and read to me, or handed to me for my perusal. Presentations of self signifying efficacy involved displaying new-found knowledge of their own files, including explaining to me how to read them. This was often followed up by comments about the value of the group as an information provider.

#### **Support Group versus an Information Group: Conflict and Consensus**

The Injured Workers Association's goals were centred around support, political lobbying and information exchange. The group was divided between 'support' and 'political' camps as was indicated to me during personal interviews; however, both factions want a strong membership for the group as a whole. The main area of consensus concerns the exchange of information among members and outsiders. This is seen as necessary in order that their plight be better known, and in order to present a strong, united front.

The goals of support and information exchange were formally stated, while the political goals were rather informal. Support here mainly meant social rather than economic exchange, although some initial goals included the development of an injured-worker-only food bank and a community garden, establishing a temporary loans system, and setting up their own office as a drop-in centre. The food bank was an important objective to preserve the dignity of members. They were not to be considered 'welfare cases,' as one member clearly states:

So we're, you know, there's a lot of pride, where the injured workers [group] is helping them get through that because they come and approach them and maybe get their claim going a little bit faster, offering them some sort of help where they don't have to go stand in the - there's just that little stigma, I guess, for a lot of people about going to a food bank. (IW 17)

None of these economic support goals, however, have been realized. The support that has been offered is quasi-counselling and advocacy for pending appeals.

Political goals involve lobbying MLAs, liaising with WCB Board members and other stakeholders, and working with other provincially-based injured worker groups. A distant political goal was to establish a provincial body and then to link up with the national group of injured workers. This goal had not materialized at the time of writing, although initial overtures had been made by other provincial groups. The main purpose behind the group's aspirations here was to become acknowledged by those in power, and to affect WCB legislation.

The Injured Workers Association *Newsletter* was an important medium for information exchange within the membership, as well as to bolster the group's credibility and status in the province with other injured worker groups, the general public, and the WCB. The production of a newsletter for injured workers was one of the main goals initially established by the membership at large and was realized within approximately seven months of incorporation. The subscription list is broad, and includes the president and the board of the WCB, as well as the local MLAs and the Premier of Alberta. As an artifact of the group, the newsletter is a tactical instrument, with articles aimed directly at the WCB and their policies through candid, sometimes scathing editorials as well as through cartoons and jokes (see Appendix K). This is a case of the hidden transcript delivered in the public domain (Scott, 1990). The newsletter also has a strategic dimension, as it offers information that would suggest it resides within the domain of the WCB, such as citing various praiseworthy projects undertaken by the latter. The newsletter's sponsorship through paid advertising includes

agents of the carceral network, or centrally, WCB ‘authorized health care providers.’

In certain ways the Injured Workers Association *Newsletter* therefore inadvertently acts as an instrument of the WCB. It also keeps the WCB apprised of the group’s activities so that significant group attempts at subversion can be contained by sending an official to a meeting with the Injured Workers Association Board.<sup>110</sup> The support for the Injured Workers Association *Newsletter* appears universal among members.

A content analysis revealed a change over the eighteen month period in the content of the newsletter from an initially more militant stance to a milder one that was more accommodating to the WCB, and then reverted back to a rather vitriolic and hostile attitude toward the WCB. This may have been in part due to the passing of Bill 16 without any amendments, some amendments of which had been recommended by the Injured Workers Association Board.

Other political goals have been realized through private meetings of Board members with WCB dignitaries and MLAs, and through the Stakeholder Forum Discussions (see Chapter Four). Core Board members have been involved in letter writing campaigns regarding various policy issues (like Bill 16) and writing proposals for government grants. The general membership is often not included in these inner circle activities, at least not those of a political nature.

Most of the members agree that ‘support’ is an important function of the group. In some cases I was told that support is *all* that should be offered and that politics should be ‘kept out of it.’ Support is generally interpreted as

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<sup>110</sup> At the same time, these meetings are also useful as a direct channel for lobbying purposes regarding certain WCB policies.

listening, empathizing, sharing similar stories, and giving advice and information to other members, new and old. Several use the expression “to act as a sounding board,” particularly in reference to new members. Assisting with obtaining claim files, teaching members to read their files, and following up with advocacy for appeals has been a major part of the association’s support activities. As one member declared, “They give people the information and strategies they need to fight for themselves, and that’s what people need” (IW 3). Both men and women are involved in support initiatives, just as both are involved on the political front.

These support notions highlight further boundaries which are articulated around kinds of ‘group members.’ The two main categories mentioned were “takers” and “helpers,” or those who want only to help themselves by getting claims problems settled or getting “fixed”; and those who are supportive “helpers” of other members. There seems to be a correspondence here between kinds of injured workers and kinds of members. That is, those who are classified as “legitimately” injured are also often spoken of as loyal “helper” members, while those few who are constructed as “fakers” are also seen to be “takers.” Those who are the “helpers” or the “key people” (IW 3) are most respected by the group, while the “takers” were referred to by one group member as “bottom feeders,” “leeches” out for their own gain (IW 7). “Helpers” are also often members of the Injured Workers Association Board.

The proponents of support interpret their goal as one of mutuality and fraternity<sup>111</sup>, similar to what Sahlins calls “generalized reciprocity”: “transactions that are putatively altruistic, transactions on the line of

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<sup>111</sup> The terms ‘mutuality’ and ‘fraternity,’ are my own extension to Sahlins’ notion of “generalized reciprocity,” and emanated from discussions with Professor Boldt, Department of Sociology, University of Lethbridge, during my tenure as a graduate student.

assistance given and, if possible and necessary, assistance returned" (1972:193-194).<sup>112</sup> Members have been known to say "Learn well, so that you can go out and help other injured workers if the need arises. If the group has helped someone then that's what we're here for" (general meetings). A few others adhere to a notion closer to a "balanced reciprocity" model, referring "to a direct exchange." In precise balance, the reciprocation is the customary equivalent of the thing received and is without delay" (Sahlins, 1972: 194). The majority of the group lean toward the former type of reciprocal symbolism.

Those members who attend strictly for information that will assist them appear to think that they need do nothing more than accept information. This could be viewed as a type of "negative reciprocity" (Sahlins, 1972: 195), in which one attempts to maximize one's own gain without giving back anything in return.<sup>113</sup> Such 'takers,' are not regarded highly by the membership in general, as this negates the group mandate expressed in the logo, "injured workers helping each other." An interview conversation with one member reveals the essence of the notion of mutuality which seems to be the overarching principle for the majority of group members:

IW 11: See, these people that are injured workers have to know that they have to give something back. They have to help other people.

Researcher: And so they don't all know that (?) though, or do you think they do?

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<sup>112</sup> Usually reciprocity refers to 'between' relations or with other groups outside their own. Generalized reciprocity is typically however done within groups. Perhaps 'pooling' would be a more appropriate concept in this case, except that the group in question is not exchanging material goods that they have pooled for distribution since the material goals were never organized. Also in using the term 'reciprocity' I am speaking of core members helping those 'others' who are not inside that central circle so in a sense the use of the term 'reciprocity' is still 'between' other relations.

<sup>113</sup> This is not to be confused with the extreme of "negative reciprocity with impunity" such as theft, that Sahlins discusses (1972: 195).

IW 11: Well the thing is, that's where we come in, we kind of set them up. Hey Joe, you know, this guy's kind of like, going through what you were going through, do you think you could give him a hand? Give him your phone number and go out for coffee, you know, talk about it? Help him out at night, when he's down, boost him up. It's good for him, but it's also good for the other person. . . so if we teach our members to help other members, that's all it takes. Get involved with their family a little bit. Oh, I've spent many a night at some injured worker's place who's having a rough time.

Given that the group's discourse is based primarily on a 'generalized notion of reciprocity,' it is important to note that this type of reciprocity or mutuality typically is found among those who are socially very close, in contrast to negative reciprocity which is applied to those who are socially distant (Sahlins, 1972: 196). This proposition has implications for identity formation among injured workers as a type of 'fictive kin' between those who are the "helpers" and the "legitimates" in the core membership. The 'kin' notion as a symbolic mechanism of communality is also supported in the narratives of mutual experiences of injured workers, as well as in the union discourse of "brothers and sisters" used by some members. Informal social networks between some members outside of meetings also augmented these close 'kin' ties.

### **Formal and Informal Meetings: Strategy versus Tactic**

The injured worker group functions within three types of contexts albeit within the same setting: the formal general meeting, the informal 'smoke break' and Injured Workers Association Board meeting (which is also informal). Some core members have developed a social network of injured members outside of the group structure, which is the most informal of all the contexts in which they interact together.

Through the interviewing phase I had the opportunity to discover the extent of the informal social network of this group of injured workers. As mentioned, I designed a simple social network assessment that required members to check off names of people they communicated with at meetings and outside of meetings. The analysis revealed that many did not know the actual names of other group members, and that the level of contact outside of meetings among members was in general quite low. The number of members regularly contacted outside of meetings reported by non-board members ranged from zero to eight persons, with three being the median. Injured Workers Association Board members typically had much higher levels of contact with others than regular members, with levels ranging from three to 33 persons, with a median of about nine contacted outside meetings. This inquiry highlighted the comparative strength of networking at the board level. As well, it underscored the fact that it can be possible to have a strong 'community' identity and yet have weak social networks.

At the formal general membership meetings, the main recurrent issue was of legitimacy, which initially concerned the membership's drive for the recognition of the group itself. One member suggested how the formality of these meetings was useful:

For both - credible for the board and realizing their importance and credibility for the participants, injured workers, or whoever's out in the audience. . . I think the setup could be different but I think what we're talking about is the rules and how the meeting is being held, it keeps everybody up front. (IW 10)

There was a perceived need to be taken seriously by the WCB as well by the group's own members. This was evident in the initial phase of incorporation of the Injured Workers Association, in that discussion of the legal processes involved took up much of the meeting time until non-profit status was secured. Some members became impatient with the process and elected to leave the group. The steering committee at the time (now the board), constructed this issue as though it were the only option for the support group, and forged ahead with name searches and other incorporation business. The board particularly was concerned with how the group looked to the WCB. Comments were made to the effect that "They [WCB] like us, because we're professional, they know they aren't going to get dumped on when they come here" and "They respect us more than any other group of injured workers" (general meeting discussion).

The union hall as a meeting place also offered some 'credibility' to Injured Workers Association meetings. Members viewed the space as a reasonable place to meet, since it was at no cost to the group. From an etic perspective, it appeared to me as a politically useful choice, given the union's organizational status and relationship with employers as well as the WCB. The union also had symbolic status as a legitimate protective agent for workers. When invited guests enter the building they are, symbolically, on union turf, which is also worker's turf (as pointed out in Chapters One and Three).

Perhaps more significant was the tone and the organization of the meetings, which were more like those of a union meeting than a typical support group. The rules of order, sergeant at arms, the discourse, and method of organizing the group to rally when WCB [management] were invited, are all reminiscent of the public functioning of trade unions. Some prominent members are stewards, and otherwise involved in union duties; although this possible influence seemed to go unnoticed by the general membership. When asked if they had ever been involved in unions at any time in their lives the response was "yes" in 62% of the cases. Many of this group, however, said that they were never active members of unions, and were neither pro- nor anti-union.

The board members located themselves at a long head table facing a small but interested audience, and often responded to each other and to the audience. Membership meetings were structured around Robert's Rules of Order (Robert, 1994) the rules of which were adhered to (in some instances with the assistance of a gavel). When one or two members were "out of order" it was immediately noted, and stopped. 'Parliamentary' order here helped to say who 'we' are: a legitimate non-profit organization that governs itself appropriately. When asked about the use of such rules, one general member said "Well, they have to use those rules because that's how it is in Parliament, isn't it? If they don't do it that way, then none of that stuff that they're doing is legal" (IW 9). At the same time Robert's Rules serve as a conflict containment mechanism, which regulates 'turn-taking' and is viewed as rational by insiders as well as outsiders. This is usually a tool that is used to dominate and control the flow of communication, and in this case it was the executive of the Injured Workers Association Board who utilized and taught other members how to stay in 'order,' inadvertently taking power from those

same members. Often those who are out of order, however, were the Injured Workers Association Board members *themselves*, as they vied for power and status within the Board.

The agenda is another mechanism used for control and legitimacy, and prepared by the Board prior to regular meetings. The agenda constrains regular members from speaking when they feel the need to speak, and therefore strategically controls interaction among general members while motions are on the floor. While members accepted this structure as necessary and yielded to it, they still expressed the view (in private interviews) that the process constrained them:

. . .the structure of the board is the political unit. Your meetings are held in a very political manner and the business part of the meeting should only take X amount of minutes, and then we should go on to a guest speaker, or a topic, or let's have a break up in groups. (IW 4)

Board members are also more vocal than general members in the audience, at least in the formal meetings. This likely also had to do with the structure and the agenda, which gave greater voice to those on the board through executive reports.

General meeting activities, such as parliamentary procedure and the use of an agenda, are rituals that give legitimacy and purpose to the membership, for those who control it as well as those who are its recipients. Moore and Myerhoff note that "rituals and ceremonies often are mounted with a declared and explicit purpose . . . Some explanation of why the ceremony is construed as appropriate to its purpose is at least implicit in its performance, if not expressed in some formal doctrine or ideology" (1977: 16). The ceremony of the meeting also includes 'initiation of new member' rites and the explanation of 'how to read a claim file' as discussed in prior Chapters.

Meeting rituals also include presenting some physical evidence of being an injured person. Again, those with back injuries often produced a more elaborate ritual since the injury is not visible. Hence, standing up and walking around during meetings, using a cane, leaning forward in chairs, grimacing, sitting with a box underneath the feet, and bringing an Obus Form back support to the meetings are all rituals of injured workers.<sup>114</sup> Presentation of the self as injured was deliberately displayed. Social acceptance within this group context, as well as in the community at large, requires the 'stigma' of injury for credibility purposes or to secure what Bourdieu (1973) calls 'cultural capital.'

#### **The Smoke Break: Informal Group Meeting as Tactic**

Another group ritual is the built-in smoke break that forms an important part of the meeting agenda. The 'official' reason given for the break is so that people can get up and move around freely in order to avoid aggravating an injury. One of the rules agreed to during incorporation was that smoking not be allowed in the meeting hall, and that there be two breaks provided per meeting to allow people some degree of comfort. The breaks were set for approximately 15 minutes in length during the early phase of the group. The *effective* outcome, however, was that these breaks became an important part of the informal and tactical meeting space of the general members. At the same time, the Injured Workers Association Board also gathered together in a different physical setting: the back office of the union hall. Smokers and non-smokers alike retreated to the outside of the building, while board members often smoked in the back office.

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<sup>114</sup> These ritual practices were also evident in the Job Finding Clubs that I facilitated, when in some cases people would lay on the floor on their back, or squat.

By the second year, the smoke breaks took up *half* the formal general meeting time. Meetings were only to go two hours in length (again for the comfort of the individuals), yet each smoke break stretched to 30 minutes, taking up a full hour altogether.

From an etic perspective, these smoke breaks were important for at least three reasons. First, the breaks allowed those who needed support and information an opportunity to speak of their own situation and get 'tailored' information in response. The agenda only allowed new members to speak of their personal claim file 'problem,' as initiation rites were built into the meeting time. Little support time was offered to regular members, due to respect for the formal nature of meeting agendas and the Board's directive that people should speak about their own specific cases at smoke break or after the meeting.

Second, the breaks acted as a tension reduction mechanism in response to anger generated against the WCB. Expressions of anger with the WCB, although initially approved and regarded as important to the group, became less important once the group became incorporated and acknowledged by WCB as a 'rational,' viable organization. The Injured Workers Association Board, particularly, had other items of business on the agenda that they deemed more important than having a WCB "bitch session" (IW 10). Therefore, smoke breaks became the "sequestered site" for the hidden transcript rather than the general meeting (Scott, 1990). It was here that members were able to "vent" against the WCB system and its personnel. "Venting" at the official meeting then became limited, for if a member did so during a formal meeting, they were seen to be unmanageable and contentious. Smoke breaks gave these members an acceptable outlet for their anger. Some of these particular members did not return after the first year.

Third, smoke breaks were a form of tactical resistance to the 'order' of the formal meeting. Smoke breaks created a temporal break in functioning of the formal meeting that members could exploit. Information that they required about their specific case could be sought out and discussed without turn-taking, or requesting permission to speak. A more natural dynamic flow of unconstrained conversation was allowed, with story telling and laughter, perhaps contributing more to the notion of community than did the formal meeting space and its associated activities. There was also talk of members' extended communities -- their families, friends and co-workers. The formal meeting did not have a place for this kind of personal, free-flowing discussion as it was regulated by the board's agenda.

From an emic perspective, when asked about the importance of the smoke breaks for general members I was given answers fairly consistent with my own suppositions:

IW 10: Smoke breaks are where all the questions come out. People sit and listen at a meeting, they don't talk. I often see much more than not, it turn into an opportunity not to complain but to get more information, so it's a more comfortable setting, a more relaxed setting, it's a good social.

IW 11: But I call that our venting session, where one of the members will go with one of the new members and say, hey, what's your beef? Have they [WCB] done this to you yet? Have they done that? No? Okay, now I know where you are.

IW 16: Some of the people they bring in [WCB] you can't really, I don't feel comfortable enough asking the questions I want to ask in the group. They [smoke breaks] give you a freer opportunity to focus in on who you want to talk to, and a little more privacy on what you want to say. I think you get more honesty back. Sometimes it's a lot of bitching, too.

IW 21: But at meetings . . . they're so formal and you've got to stick to who's turn is what and all that, whereas outside, everybody gets into it, and there's a conversation going at all times. Sometimes when you want to say something [in formal meeting space] by then they've gotten into a different topic

altogether by the time they get around to you and then the thing is not relevant. I think they [general members] prefer that to the strictness of the meeting.

Injured Workers Association Board members' perspectives on smoke breaks were not the same as that of the general members, although there was some crossover. Generally this crossover only flowed one way -- that of Board members going outside to join the general group, or simply remaining in the meeting hall, which a few of the non-smokers also preferred to do. The general members rarely went into the office of the union boardroom in the back. Some Board members were also active union members, and therefore this space was familiar to them. This space seemed to be controlled by Board members, although this was never openly acknowledged by any one. This was where Injured Workers Association Board members did some of their business such as clarifying agenda items, or dealing with Board problems, as stated by one member:

When we're in the back, we usually talk about fundraising and doing Board work -- more so in the back room than you do outside, cause most of the Board members are there [in the back]. We talk about what we're going to do, what approaches, and that.  
(IW 30)

This acting on Board 'business' could be seen as strategy on their part, which implied an inclusiveness and a certain control over the plans for action for rest of the general membership.

The fact that general members could control the timing of the smoke breaks, however, also allowed them to resist the formal meeting strategy of the Board. This was accomplished by general members spending more and more time at smoke breaks, until the formal meeting time was cut in half. This points to the smoke break as a resistance practice or a tactic against the bureaucratic functioning of the Injured Workers Association Board itself,

although most members on either side would likely not agree that they had consciously controlled the meeting space for any self-interested purpose.

#### **The Injured Workers Association Board: Team Presentation as Strategy**

The third meeting context of the Injured Workers Association is the Board meeting. These meetings are a site of power and are strategy driven, as became evident in the planned meeting presentations for the WCB. Members of the Injured Workers Association Board met in the union hall office prior to general meetings, or in a local quiet restaurant. On occasion they met at the former Board president's home.<sup>115</sup> The formality of the membership meetings facilitated by the same people was very different from the structure and flow of these secluded Board meetings. Tensions within the Board, however, were evident and so while the meetings were informal, conflict surfaced through two power factions: those comprised of the executive and of other Board members.

Plans for group action and meeting agendas were formulated at this level. This also included plans for political lobbying with the WCB and MLAs, as well as Stakeholder Forum meeting reports. The Board generally acted more politically than the rest of the members, which may be due to their interacting with WCB officials and others in private meetings much more than did general members. These private meetings with WCB officials gave them a sense of efficacy evident in the use of such expressions as: "We have their attention now" and "They are coming to us" or "They respect us because we know how to govern ourselves" (Board meeting discussions).

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<sup>115</sup> I was not always told when these meetings took place, and so the data in this area is scant. This exclusion was likely unintended, as individuals would later inquire as to why I had not attended.

They were still not above using hidden transcripts with respect to the WCB, through jokes, vignettes and in planning how they would “handle” the WCB guests at meetings. For example, in response to information received from WCB that a directive had been given to case managers that stated they were required to call back injured workers within a 24 hour period, jeers and laughter broke out, and expressions of “I’ll believe that when I see it.” As well, on the planning of the Injured Worker Day of Mourning (see end of this Chapter) which was to include a tree planting ceremony, they suggested possible activities and other comments which included: “We could throw an injured worker out of a plane” or “put a black armband around the office [which was closed at this point] since there is no room for injured workers anymore” or “plant the Chair of the WCB board instead of a tree” and “those who died are lucky because they don’t have to deal with WCB anymore.” This form of hidden resistance did not surface at general meetings when WCB guests were present, perhaps because it would put into question the members’ credibility as a rationally functioning group. Overall, Board time is spent discussing policy and strategic planning issues, with more of a focus on continually restating the goals and purpose of the Injured Workers Association than on hidden transcripts against the WCB.

Meetings with guests (WCB, MLAs, etc.) are planned very strategically and appear to be highly significant for the credibility of the Injured Workers Association Board. Moore’s (1977) research on a citizens’ political meeting in Tanzania in 1973, points out the elements of ritual that are designed to show consensus about the ideals of socialism in the then newly elected Tanzanian African National Union Party (TANU). In the case of the TANU, the party (which was also the government) “is supposed to be the universal forum in which peasants and workers *learn about* and also *take part in* the building

and management of the new society" (1977: 154). It is important in this case to build consensus between the people and the party and the vehicle for consensus building are public meetings. Moore calls such meetings "secular ritual" because "the analogy to a religious rite draws attention to the general symbolic and doctrinal representations made in the course of business" (1977: 151).

Parallels can be drawn between this form of public meeting and one specifically staged meeting of the Injured Workers Association Board -- one that I want to focus on in some depth. Board members carefully organized an agenda that would accommodate a large meeting, as four WCB personnel and two MLAs had been invited to attend. WCB Directors and any media outlets were to be excluded from the invitation list in order to ensure a private and candid discussion between members and guests. Members were told that they should "stack the meeting" by inviting anyone, including family members "who are sympathetic to the cause of the injured worker." On one level, this can be seen as a form of tactical resistance.

The planning meeting began with the announcement that WCB staff were coming to town, and they were ready to talk openly. This statement set the gears in motion for the 'team presentation' (Goffman, 1959) of the Injured Workers Association Board. Comments from the Board set the tone for planning the meeting, such as: "It's important that we run the meeting exactly as we would ordinarily -- in control"; and "We're putting on a production here, credibility is important." The agenda was prepared to the minute, with one board member speaking for two minutes on one topic and another for four minutes on a different topic. Not one minute was left to chance. The agenda was prepared exactly as planned and was to be printed out and to be distributed that evening. Rules of order were to be strictly adhered

to, and to ensure this would happen, one of the Board members was elected "sergeant at arms" to preside over the meeting. This was arranged in the event that there was an unanticipated 'breach' during the dramaturgical production (Goffman, 1959). As well, the Board declared that "rules of engagement" would be in force. These rules of engagement, which were printed on the backside of the agenda, would conform to Robert's Rules of Order, in that any questions from the floor would have to follow a prescribed procedure. One would have to be recognized by the chair and then ask only one question on a topic. Only general questions were allowed so that members could not focus on their own specific case and consequently could not engage in what would look like a filibuster. These military metaphors set the stage for a tightly controlled and strategic team presentation of the Injured Workers Association Board. Although this formality and ritual may well go beyond what is functionally necessary in such a situation, Moore argues that "formality and repetition can help to define and confine an immediate situation, to keep it within bounds. They can limit the range of improvisation within a particular staged event" (1977: 153).

The collective ceremony began with the largest crowd ever to attend an Injured Workers Association meeting in the two years of its operation. Board members were situated up at the head table alongside WCB guests, and facing an audience of MLAs, injured workers, family members, and friends. Between Association Board members, who had engaged in the planning of the meeting, there was a "bond of reciprocal dependence linking teammates to one another" (Goffman, 1959: 82). Agendas were handed out and executed with the usual ritual processes beginning with the initiation on 'how to read a file' for new members. Moore notes that the "repetitive themes in the speeches and format are parts of an attempt to define and teach an official

version of social reality while acting it out" (1977: 170). The 'sergeant at arms' was strategically located near the door in the unlikely event of a disturbance in the planned drama that would then require someone to be removed.

The 'rules of engagement' were successfully enforced until one member breached the order by speaking belligerently out of turn. The 'sergeant at arms' quickly moved in to sit beside the offending injured worker. Other members began to speak out, using their own cases as examples in an open challenge to the clearly given request of their Board. The tone at the smoke break that followed was more hostile than any other I had attended. Statements were made such as "same shit -- different day" (IW 9) against the WCB, while they were standing within feet of the WCB staff. Stories of subjugation were told loudly with the use of profanities by one or two recalcitrant members. The hidden transcript was made very nearly public. What was different at this smoke break was that accusations were also hurled against the Injured Workers Association Board for not allowing members to speak and for 'joining forces' with the WCB. This open hostility, although not shared by the majority of members in attendance, reflected a serious breach in the staging of the meeting.

This event was planned as a 'team performance' of injured workers to assert symbolic control over the WCB staff. Goffman notes that a "teammate is someone whose dramaturgical co-operation one is dependent upon in fostering a given definition of the situation" (1959: 83). The intended action was to show the WCB that the group as a whole was rational, credible and that people were in charge. But in effect what chiefly emerged was an attempt at control over the membership through the strategic actions of the Injured Workers Association Board. This was largely unsuccessful, as the tightly knit strategies used made the Board symbolically appear to be on the WCB team.

The production inadvertently gave preferential treatment to the WCB guests and in the process suppressed the felt efficacy of the membership. The telling tactical moment when one was allowed to speak, the moment of *kairos*, was suppressed. In the end, this opened the underlying rifts of the group during the meeting and during the subsequent smoke break. Turner notes how:

Following breach of regular, norm-governed social relations, a phase of mounting *crisis* supervenes, during which, unless the breach can be sealed off quickly within a limited area of social interaction, there is a tendency for the breach to widen and extend until it becomes coextensive with some dominant cleavage in the widest set of relevant social relations to which the conflicting or antagonistic parties belong. (1974: 38)

This ruptured meeting marked the beginning of the group's decline. It was the last such planned event of the group, as numbers dwindled shortly thereafter and WCB guests at a following visit did not attract more than a quarter of these same members. The Injured Workers Association Board eventually decided to discontinue general membership meetings altogether. Instead it would invite all interested members to Board meetings. The final strategic narrowing down came when the executive of the Injured Workers Association Board decided that executive meetings would be held in private. One of the last meetings that I attended was one in which the executive reflected on "what went wrong" and further, "maybe we were too successful – we helped them [the members] and then they didn't return because they got what they needed." They continued to talk about their credibility with WCB and MLAs and finally concluded with the statement that "in a small group -- more gets done this way anyhow."

Two years to the month from their beginnings the Injured Workers' Association nearly disbanded, even though new initiatives have since kept the Board in place, and new members still arrive at meetings (which have

now moved to a local club). The first Injured Workers' Memorial Day (in this region) was planned and a tree planting ceremony took place on the April 28th, 1996 to commemorate those who died in workplace accidents across Canada.<sup>116</sup> This memorial was attended by only a few members of the Injured Workers Association, all of whom who were Board members or event organizers. Most of the people attending the ceremony were from various areas of the WCB network, and also included the deputy mayor, the district MP, MLAs and trade union officials. One Board member was very disappointed that there was such a low turnout of group members at such an important event. This same Board member insisted, however, that this formal route to change was the only way to go, saying "as a group . . .we injured workers. . . we are not radical" (IW 3). Another member commented at a Board meeting earlier this year, "maybe we should just be a social club" (IW 7). The Board continues to reflect upon itself, raising questions as to the purpose and the goals of the Injured Workers' Association.

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<sup>116</sup> After some lobbying by the Canadian Labour Congress and various trade unions, the Canadian government passed Bill (C-232), in February, 1991, which designates April 28th as the National Day of Mourning for Injured Workers.

## Conclusion

In this research I set out to understand the culture and practices of an injured workers support association. In contrast to most previous research on injured workers, this study took an ethnographic approach involving participant-observation of this particular set of individuals within the context of their own group experiences. The association was understood by its members, though sometimes in contradictory ways, as a site for organizing resistance and other practices to deal more effectively with the bureaucratic system of the WCB. These practices have been interpreted by me using theoretical constructs from relevant literature, including De Certeau's distinction between strategies and tactics. I understood the resistance practices of these injured workers to be primarily tactical, in contrast to the WCB strategies of domination. The main insights gained from the research have to do with ways in which these strategies and tactics became linked, rather than merely opposed, over the history of the group's rise and decline.

Critically, a number of key aspects of the group's operation inadvertently became part of the WCB strategic means of domination. In other words, rather than serving solely an agenda of resistance through tactical practices, the group's operations in some respects transformed the Injured Workers Association into an extension of the WCB. This was illustrated most clearly in the instance of the Injured Workers Association Board's adopting of parliamentary procedures to maintain control over regular group members during a crucial meeting with WCB staff. The setting of 'rules of engagement' and the use of a 'sergeant-at-arms' supported this purpose of controlling the membership, resulting in some unresolved personal issues. This performance can be understood as being played out for

their own self-interpretation, as well as to convince the attending WCB staff of the group's legitimacy. The same practices also played a part in the Board's effort to present the group as a 'legitimate' organization. An unintended consequence of this concern with staged 'legitimacy' was a lessening of attention to matters of individual member self-efficacy, which in turn may have furthered the decline of the Association.

Nonetheless, it is important to acknowledge the extent to which individual group members engaged in creative, and often effective tactical acts of resistance against the WCB and, sometimes, against their own Board. With respect to resistance to the WCB, examples were given concerning the ways individuals presented themselves as injured to WCB staff (and to each other), as well as the ways in which group members learned the language and operating rules of the WCB. This was evident in their gaining and using knowledge of their claim files and the appeal process. Resistance practices were also seen in the use of the group's newsletter to send critical messages about and to the WCB. It is significant that such public performances went beyond the resistance practices described by Scott in terms of the frequency and degree to which they were not hidden transcripts. Group members did engage in hidden forms of symbolic resistance, but even these bordered on public performances at the key crisis point of the meeting attended by WCB staff. Group members also resisted some aspects of the strategic control of the Association by their own Board. This was particularly well illustrated in the ways in which group members transformed the duration and substance of 'smoke breaks.' In some cases members resisted by not returning to the meetings at all.

These acts of resistance potentially provided a basis for individual injured workers to gain some control over their situations (actual efficacy), or

at least to support their senses of personal and collective identity as persons capable of gaining some control, even if this sense might sometimes have been misplaced (perceived efficacy). It is also important to note that only 'legitimate' means of resistance were respected by the group and that self-identity of group members was assessed within this framework. Those who practiced cunning means of resistance ('fakers') in order to obtain material goods and financial gain from the WCB were regarded as different and separate from credible members. Even identity boundary issues were framed structures of legitimacy.

There are several theoretical implications of these findings. In regards to Scott's notions about public versus hidden transcripts, it seems from this research that in some important kinds of situations individuals can and will make their hidden transcripts public. Lobbying for legislative change (as with Bill 16), is one example of the hidden transcript becoming transformed from semi-private grumbling in meetings to public presentations of their complaints to members of the provincial legislature. Perhaps in situations of less than total domination the hidden transcript can become public with less risk of retaliation, whereas in situations of greater coercion the hidden transcript will rarely be heard by the dominant group and may take the more passive forms of jokes and songs. Scott and others have tended to focus primarily on the latter.

It also seemed useful in my research to bring together the notion of a carceral network with De Certeau's spatial understanding of power. This enabled me to theorize the WCB as a spreading regime of strategy. As seen in this research, this spread of WCB authority limits even more the degrees of freedom that injured workers can exercise within the health care system. This complementary use of concepts from Foucault and De Certeau could also be

useful in other contexts in which individuals are contending with expanding organizational domination, or what Weber lamented as the 'iron cage' of rationalization.

Even though De Certeau's notion of strategies and tactics has been useful, this study shows that his oppositional treatment of these concepts is itself problematic. I found that practices at the line between strategies and tactics are neither clear nor stable. For example, as stated earlier some tactical practices of the Association Board in effect came to have affinity with the strategic regime of the WCB. This suggests that research into different contexts of domination and resistance needs to be framed in such a way as to allow for a dynamic relationship between strategic and tactical practices, rather than following a static oppositional model.

In addition to these theoretical considerations, I believe my research generates several insights of practical value. It seems to me that if injured workers form such groups they would be well advised to orient themselves toward a set of goals that are more limited and more congruent than those found in this case study. It might also be constructive for injured workers to organize themselves into different kinds of groups, each with a distinct agenda and appropriate mode of operation. Groups concerned with providing support in the form of mutual aid might best operate on a relatively informal basis. This could include a membership free of hierarchical status, or at least without a formal board structure. The initial phase of this injured workers' association provided a context for a sharing of narratives which initiated group bonding, fraternity among members, and a sense of collective efficacy over their circumstances. As the group adopted various structuring and control techniques, such as the use of parliamentary procedures, they limited these important informal sharing practices. A second type of association for

injured workers might be one whose main goal is to provide useful information to members; while a third type could function as a political lobby group to work towards changing the system through providing policy critiques and proposals. These three types of structures might even operate as different levels within one organization, yet independent of one another in order to reduce goal conflict. These recommendations are of course relevant to individuals organizing themselves in order to contend with bureaucratic domination in situations beyond those of employment injury and compensation.

Workers' compensation boards might gain some insights from this thesis as well. First, closer relations to clients (injured workers) through information sharing seems to reduce tensions and helps to develop useful working relationships. Second, communication training for counsellors dealing with such clients would be beneficial for WCB staff and injured workers alike. Third, reduced stress and increased self-efficacy among injured people through support groups would likely have positive overall health benefits, and reduce WCB operating costs in the long term. Therefore referral to such groups should be encouraged by the WCB staff. Fourth, regular meetings should be held with stakeholders (labour, business and injured workers) which generate input for policy changes, since these are the people involved in implementing policies. However, this input must be taken seriously. Finally, there is a need to reconsider some sections of the 1988 Alberta Task Force (and from that and other task forces including those proposals set out by Handleman and Leyton in "Bureaucracy and World View," 1978 ). Leyton outlined 29 recommendations dealing with concerns relating to the WCB which were submitted to the Premier of Newfoundland in 1976 (and are relevant to the present Alberta situation). Some of these

recommendations from 1976 have not *yet* been dealt with, even though they would still serve compensation organizations and their clients well. Issues that arose in this research are directly related to those policy recommendations. One of the key recommendations which I alluded to above, that has not been implemented in Alberta, concerns standards for training rehabilitation counsellors. Many case managers have no post-secondary education in relevant areas such as psychology and rehabilitation.

There a number of suggestions for further research that flow from my thesis. It would be worthwhile to develop a research program that compares the different types of unemployed, such as unemployment insurance and social assistance clients to workers' compensation clients. Although some preliminary data was collected during this research, it was beyond the scope of this thesis to deal with this comparison in a serious manner. Further studies of this kind might be important for policy development in the areas of health and social services, as well as providing an anthropological foundation for social criticism.

It is also possible to imagine a line of research mirroring my own, but that addresses power dynamics internal to organizations such as the WCB. Townely (1994) has made an effort to better understand Human Resource departments through a Foucauldian analysis, but her focus remains on strategic means of control, and does not include tactical acts of resistance. One topic of inquiry that could be expanded along lines similar to my own research would be the practices of everyday resistance by employees *within* modern bureaucratic organizations. While my research has been concerned with the resistance practices of outsiders in relation to a bureaucracy, many of the conceptual and methodological approaches I took would be applicable to understanding insider resistance.

Finally, perhaps the most lasting contribution of this research is that it adds to the body of ethnographic literature on everyday resistance. Much of this literature in the social sciences has been conducted in non-industrial communities. Further studies of urban bureaucratic cultures such as this research on injured workers, Kondo's (1990) Japanese workplace study, and Paules (1991) ethnography of waitresses in a New Jersey restaurant are needed to enrich our understanding of the actual lived experiences of people caught up in situations of domination. The everyday resistance practices found in these various contexts are bound to be fundamental to identity formation and self-efficacy. A body of coherent and comprehensive knowledge would help to establish a more general theory of resistance that acknowledges the agency, however limited, of the subordinated.

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Appendix A

CHART 1 (1 FINGER)

	<i>Percentage</i>
Thumb .....	15
Thumb - including metacarpal .....	20
Thumb - at distal .....	10
Finger - index .....	5
Finger - index at P.I.P. ....	4
Finger - index at distal .....	2
Finger - middle .....	4
Finger - middle at P.I.P. ....	3.2
Finger - middle at distal .....	1.6
Finger - ring .....	3
Finger - ring at P.I.P. ....	2.4
Finger - ring at distal .....	1.2
Finger - little .....	2
Finger - little at P.I.P. ....	1.6
Finger - little at distal .....	0.8
Metacarpal (except thumb) ...	. Add value of finger
Thumb, both joints .....	7.5
Thumb, distal joints .....	3
Finger, all joints .....	Up to value of finger
Finger, P.I.P. and distal joints .....	Up to 6/10 value of finger
Finger, distal joint .....	Up to 3/10 value of finger

EVALUATION OF BACK AND CERVICAL DISABILITIES

The values given below represent minimum awards for the conditions described.

Where a back or cervical injury involves multiple surgical procedures at different levels of the spine, the disability shall, unless the results are less than average, be assessed as if the multiple procedures had been performed in one operation. Multiple surgical procedures which produce less than average results shall be assessed on a judgemental basis.

A repeated same level surgical procedure shall not warrant an increase in the original award unless a greater disability results.

01 BACK SURGERY (LUMBAR AND THORACIC)

- (a) Discectomy and/or decompression procedure (one level) - 10%  
Plus 5% for each additional level.
- (b) Spinal Fusion (one level) - 15%  
Plus 5% for each additional level.
- (c) Discectomy and Fusion (one level) - 20%  
Plus 5% for each additional level.

02 CERVICAL SURGERY

- (a) Cervical discectomy (one level) - 10%  
Plus 5% for each additional level.

LOWER EXTREMITY

<i>Amputations</i>	<i>Percentage</i>
Hip disarticulation or short stump requiring an ischial bearing prosthesis .....	65
Thigh, site of election .....	50
End bearing knee or short below knee stump not suitable for a conventional below knee prosthesis ...	45
Leg, suitable for B.K. prosthesis .....	35
Leg, at ankle, end bearing .....	25
Through foot .....	10-25
All toes .....	5
Toe, great .....	2.5
Toe, great at distal .....	1
Toes, other than great, each .....	.5
 <b>Immobility of Joints:</b>	
Hip .....	30
Knee .....	25
Knee, flexion limited to 90 degrees .....	5
Ankle .....	12
Subastragloid arthrodesis .....	6.25
Triple arthrodesis .....	7.5
Great toe, both joints .....	2.5
Great toe, distal joint .....	.5
 <b>Shortening of Leg:</b>	
1" .....	1.5
2" .....	6
3" .....	15

UPPER EXTREMITY

Amputations:

<i>Amputations</i>	<i>Percentage</i>
Proximal third of humerus or disarticulation at shoulder .....	70
Middle third of humerus .....	65
Distal third of humerus to biceps insertion .....	60
Biceps insertion to wrist ..... (depending on usefulness of stump)	50-60

Immobility of Joints:

Shoulder, without either articular or scapula movement (the totally "frozen shoulder") .....	35
Shoulder joint (gleno humeral) ankylosed but with full scapular movement .....	15
Shoulder, abduction limited to 90 but with good rotation and pivotal movement .....	5
Elbow .....	20
Wrist .....	12.5
Pronation and supination complete in mid-position ...	10
Pronation alone lost .....	3
Supination alone lost .....	5

Denervation:

Median, complete at elbow .....	40
Median, complete at wrist .....	20
Ulnar, complete at elbow .....	10
Ulnar, complete at wrist .....	8

Table 1.1 Total Number of Workplace Injuries, Provinces, Territories, and Canada, 1980-1990

Year	Nfld.	PEI	NS	NB	Que.	Ont.	Man.	Sask.	Alta.	BC	Yukon	NWT	Canada (10)	Canada (12)
1980 ....	14,144	4,143	32,837	31,875	344,996	444,674	46,627	38,470	150,703	197,115	1,939	2,626	1,305,584	1,310,149
1981 ....	15,949	3,642	32,000	31,533	354,606	415,044	48,904	40,031	156,099	196,470	2,018	3,109	1,294,278	1,299,405
1982 ....	15,320	3,472	29,700	29,531	310,746	349,747	44,737	36,942	74,349	159,739	1,354	3,142	1,054,283	1,058,779
1983 ....	15,115	3,904	28,537	28,990	314,006	344,758	44,133	34,048	57,246	151,815	1,059	2,807	1,022,552	1,026,418
1984 ....	16,107	3,786	30,730	29,427	347,662	388,845	48,685	38,080	55,732	150,919	1,029	3,555	1,109,973	1,114,557
1985 ....	16,465	4,356	29,510	31,160	353,721	426,880	50,380	37,437	62,626	158,673	1,040	3,419	1,171,208	1,175,667
1986 ....	19,355	4,546	41,469	33,258	322,053	442,080	54,228	37,034	58,903	156,312	1,420	3,186	1,169,238	1,173,844
1987 ....	19,149	4,980	29,307	35,601	263,889	469,681	53,709	36,785	58,637	169,059	1,661	3,063	1,140,797	1,145,521
1988 ....	20,124	5,914	27,963	38,861	261,905	489,819	52,872	35,915	62,129	192,515	2,000	3,405	1,188,017	1,193,422
1989 ....	20,486	5,834	32,920	41,370	251,557	467,243	51,029	33,319	62,022	207,019	1,822	3,997	1,172,768	1,176,587
1990 ....	19,905	na <sup>a</sup>	42,104	39,905	241,426	473,407	44,992	33,126	64,503	217,152	1,783	3,418	1,176,520	1,181,801
Average .	17,465	4,052	32,462	33,774	306,052	428,377	49,118	36,472	78,450	177,890	1,557	3,255	1,164,111	1,168,923
Standard deviation .	2,233	1,503	4,667	4,264	41,661	47,086	3,491	2,092	35,660	23,293	374	359	81,693	81,932
Coefficient of variation	0.13	0.37	0.14	0.13	0.14	0.11	0.07	0.06	0.45	0.13	0.24	0.11	0.07	0.07
Growth rate, % ..	3.80	5.38	1.38	3.24	3.72	2.31	0.90	-1.31	-7.61	1.37	1.42	2.49	-0.30	-0.29

<sup>a</sup> Means not available.

Note: Canada (10) stands for the 10 provinces, and Canada (12) stands for the 10 provinces and the territories.

Source: Annual reports of the WCB as compiled by the author. See appendix A for details.

from Vaillancourt, Francois. 1993. *The Financing of the Workers' Compensation Boards in Canada, 1960-1990. (Canadian Tax Paper No.98).* Toronto: Canadian Tax Foundation (p. 5).

## Appendix C

### Primary Instrument for Interviews with Injured Workers

#### Questions to do with injury

How would you like to start by briefly telling me about your injury?

#### Question dealings with WCB

How would you characterize your experience with the Workers' Compensation Board?

What does your 'claim file' mean to you?

Some workers talk about 'waiting' a lot in discussions at the meetings. Have you had to 'wait' for claims issues to be worked out or not? [if so, how has that affected you?]

#### Questions to do with the support group

How did you hear about the injured workers' group?

What were your initial expectations of this group [for you]?

At this point, what is this group actually doing for you? [what else?]

At this point, what do you think the group is doing for the others?

What goes on at smoke breaks?

Are there negative aspects about the group?

Is the newsletter important for the group, or not? [in what ways?]

What would you like the group to be doing that it is not doing now? [in Future?]

Has your thinking about your injury changed since you became involved with the group? [If so] In what ways?

Has your thinking about WCB changed since you joined the group? [If so] In what ways?

Questions to do with their community

Can you tell me a little bit about your friendships and whether or not they have changed since your injury? [if so, In what ways?]

How about your relationships with your family and neighbours since your injury? Have those changed? [If changed, How?]

Have you been in touch with employers since your accident? [If so]: How did that go? What kind of jobs did you look at?

How do you spend your time now?

Who makes up your community now?

Questions to do with self-efficacy

The way you think about yourself as person, has that changed since joining the group, or not? [If so, How?]

Tell me about your sense of being in control of your situation. [Do you feel you have more or less control than before your injury? [If so, How?]

Do you feel you have more or less control over your situation since joining the group? [explain]

Questions related to Background Variables

1. sex
2. age
3. What was your marital status at the time of the injury (or disease) and now?
4. What is the number of children in your family?
5. What is the highest education level you have reached?
6. What was your occupation at the time you became a WCB client?
7. What type of injury (or disease) did you sustain?
8. When were you first injured (or when did the disease become noticeable)?
9. What has been your most recent time on WCB?
10. When did you come off WCB claims and were you cut off?
11. What length of time have you been involved in the Injured Workers group?
12. Were you on the first steering committee?
13. Are you on this board?
14. Were you ever involved in union activity? If so, as a member or did you hold a position? Are you involved now?
15. Are you employed now? What kind of employment? (i.e., part, full time; self employed; on contract; seasonal work)
16. Are you a home owner or do you rent?
17. Do you join groups generally speaking?
18. Do you have your claim file now, or applying to obtain it, or not at all?
19. Have you ever appealed a WCB decision?

## Appendix D

### **Instrument for Follow-up Interviews :**

1. What kinds of group members are there in the support group?
2. What kind of support is offered?
3. Are there different kinds of injured workers? [then deal with questions regarding the different kinds]
4. Do you see yourself as handicapped or disabled?
5. What different kinds of unemployed are there and are they different from you? [if so] In what ways?
6. Overall, how do you describe yourself to the outside world? [and has that changed from how you would have described yourself before your injury?]

## Appendix E

### WCB Case Manager Interview Instrument :

1. Overall, how would you characterize your past relationship with injured workers?
2. Are there different kinds of injured workers? [then deal with questions regarding the different kinds]
3. Are there different kinds of case managers? [same as above]
4. Do you see injured workers as handicapped or disabled or otherwise?
5. Are there differences between the three main types of unemployed people: the WCB, U.I. and Social Services client?
6. Do you think your clients understood the WCB "language"?
7. What did the "claim files" mean for you - and for them in your opinion?
8. Who had control in the interactions between you and your clients?
9. How do you think the medical profession (i.e., doctors) view injured workers from your interactions with them?
10. How do you think employers view injured workers from your interactions with them as well?

Appendix F

May 1, 1995.

Informed Consent Form

I am asking you to participate in a study concerning the experiences of injured workers, primarily those who are or have been claimants with the Workers' Compensation Board. This project is concerned with the personal costs to injured workers. As a researcher, I would like to collect information on how your injury may have affected your life. As well, I am interested in your involvement with the

You will be able to withdraw from the project in whole or in part at any time if you wish to do so. It is my intention to keep all sources of information confidential. Reports or published findings resulting from this study will not contain specific reference to particular individuals. All reports of what people say and do will be kept anonymous. If you wish, you can receive a summary of the findings upon completion of the study. The research is being carried out under the guidelines specified by the Social Sciences and Humanities Research Council, and the University of Lethbridge. If you have any questions in regards to the study please contact me at 380-2037, or Dr. Norman Buchignani, Chair of the Anthropology Department, University of Lethbridge 329-2550.

Ann L. Moritz  
Graduate Student  
Department of Anthropology  
University of Lethbridge

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If you are willing to participate in the research project as outlined please sign below.

I consent to participate in this study as described in the above letter from Ann L. Moritz dated May 1, 1995.

---

Printed Name and Signature

---

Date

If you choose to be identified in the report or any publications please sign again.

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Appendix G

# IN ALL CASES OF INJURY

## THE EMPLOYER SHALL

- (1) Furnish first aid in accordance with regulations of *The Occupational Health and Safety Act*.
- (2) Keep a written record of all accidents and first aid treatment.
- (3) Provide the worker, at the employer's expense, with immediate transportation to a hospital, doctor, or to any other place that is appropriate for the treatment of the worker's condition.
- (4) Promptly provide the WCB with an Employer's Report of Accident or Industrial Disease (Form C-040) and such other reports or information as are necessary. If the accident disables, or is likely to disable the worker for more than the day of the accident, the employer shall give notice of accident or the allegation of happening of the accident to the WCB within 72 hours after acquiring knowledge of the accident or the allegation and shall give a copy of that notice to the worker.
- (5) If the worker is not disabled beyond the day of accident, the employer is not required to report the accident to the WCB UNLESS necessary Medical Aid is not included under basic health services as defined by the *Alberta Health Care Insurance (AHC) Act*. Examples of medical aid not included under the *AHCI Act* are drugs and dressing, prosthetic replacement, naturopathic services, dental repair, eyeglass replacement, etc.  
If the accident disables a worker for the day of accident or part thereof, the employer shall, by the end of the next regularly scheduled pay period after that day, pay compensation to the worker for that day in an amount equal to the minimum normal net wage the worker would have received for that day if he or she had not been disabled and had been available for work in the normal course.
- (6) If the accident disabled a worker for longer than the day of the accident, compensation shall be paid to the worker from, and including, the day following the day the accident occurred.

## THE WORKER SHALL

- (1) Promptly obtain necessary first aid treatment.
- (2) Notify the employer immediately of any injury requiring medical aid, as required under Section 27 of the *Workers' Compensation Act*, and ask the doctor to complete a Physician's First Report (Form C-050) to take to the employer if (6) above applies.
- (3) Make the initial choice of doctor or other qualified practitioner with the understanding that a change of doctor cannot be made without the permission of the WCB.
- (4) Complete and promptly return all report forms received from the WCB. To ensure proper adjudication of claims, the Workers' Report of Accident (Form C-060) should be given by a worker or dependent to the employer and the WCB. The worker shall give his/her full name and address, and state in ordinary language the cause of the injury, and the date, hour and place the accident occurred.
- (5) Not leave the province without permission of the WCB. Failure to obtain such permission will place present and future compensation and medical aid entitlements in jeopardy. If a worker plans to leave the province during the disability period, the WCB should be consulted.
- (6) Inform the WCB immediately if working or returning to work with any employer, or if capable of working. It is unlawful to collect or attempt to collect Temporary Total Disability benefits on any day which a worker works or is capable of working for any employer.

For further information write to or phone: WORKERS' COMPENSATION BOARD  
Box 2415  
Edmonton, Alberta T5J 2S5  
Telephone: 427-1131

Note: Employers are required under the *Workers' Compensation Act*, Section 139, to keep this form posted in a conspicuous place on the premises and readily accessible to all employees.

## Appendix H

	POLICY STATEMENT: GEN-5	1-2
CHAPTER: GENERAL	SUBJECT: STATEMENT OF RIGHTS	

REFERENCE: - The Workers' Compensation Act 1981, (as amended).

### POLICY:

The Workers' Compensation Act of Alberta entitles both workers and employers to many rights in matters relating to the administration of the Act. This policy statement includes a Statement of Rights for Workers and Employers, and also emphasizes the important role of the Workers' Compensation Board staff throughout Alberta in helping both workers and employers to exercise their rights under the Act.

### GENERAL

#### STATEMENT OF RIGHTS FOR WORKERS AND EMPLOYERS UNDER THE WORKERS' COMPENSATION ACT OF ALBERTA

##### 01 FAIRNESS AND IMPARTIALITY

You have the right to a fair and impartial determination of any issue arising out of the Act.

##### 02 APPEAL

You have the right to appeal any decision which directly affects your interests, in the first instance to a statutory Review Committee and then to the Appeals Commission.

You have the right to a review of any previous decision by the Workers' Compensation Board on the submission of new information.

##### 03 PRESUMPTION OF HONESTY

You have the right to be presumed honest unless shown to be otherwise.

##### 04 COURTESY AND CONSIDERATION

You have the right to courteous and considerate treatment from all Workers' Compensation Board staff.

##### 05 ACCESS TO INFORMATION

You have the right to examine any document relevant to a decision directly affecting your interests.



Appendix J

		ADJUDICATIVE GUIDELINE-1	5-7
CHAPTER:	Adjudication	SUBJECT:	Chronic Pain Syndrome

APPENDIX A

USUAL HEALING TIMES

INTRODUCTION

Healing time is defined as that point in time, following an injury, at which the worker should have regained his/her pre-accident functional ability or reached a plateau in physical recovery.

1. When a worker reaches the usual healing time for his/her injury but continues to be disabled and to complain of pain, he/she should be considered as a potential chronic pain disability sufferer.
2. Where an injury is indicated on the following chart as having an expected recovery time longer than three months, the medical advisor should review the claim of each worker with such injuries to determine whether treatment is appropriate and should schedule a further review at the end of the expected recovery period.

GENERAL USUAL HEALING TIMES

Soft Tissue Injuries

All soft tissue injuries	3 months
Meniscal damage - knee	3 months
Herniated disc - conservative treatment	3 months

Fractures

Complex facial fractures	4-6 months
Upper limb	3-6 months
Hand fractures	3-6 months
Simple, vertebral, body compression - all levels	3-6 months
Spinal fractures/dislocations	6 months
Pelvis - no reduction	3 months
Pelvis - with reduction	12 months
Femur and hip fractures	6-12 months
Tibial fractures	6-9 months
Other lower limb and foot fractures	3-6 months
Complex and/or complicated fractures	6 months
Fracture dislocations of major joints (including wrist and ankle)	6 months

Infections

Osteomyelitis	4-8 months
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	<b>ADJUDICATIVE GUIDELINE-1</b>	<b>6-7</b>
<b>CHAPTER:</b> Adjudication	<b>SUBJECT:</b> Chronic Pain Syndrome	

**POST-SURGICAL RECOVERY TIMES**

<b>Shoulder</b>		
Acromioplasty		3-6 months
Rotator cuff repair		6 months
<b>Knee</b>		
Arthroscopy - diagnostic		1 week
- operative		6 weeks
Arthrotomy		3 months
Ligament repair		3-6 months
<b>Ankle</b>		
Ligament repair		3-6 months
<b>Spine</b>		
Herniated disc - operative		3 months
Spinal fusion - single level		3 months
- multiple level		6 months
Spinal stenosis decompression - single level		3 months
- multiple level		6 months
<b>Nervous System</b>		
Major nerve repair		6-12 months
Minor nerve repair		4-5 months
Carpel tunnel or other nerve release		3 months
<b>Tendon</b>		
Flexor tendon repair or tendon transfer		3-6 months
Extensor tendon repair		3 months
Tendon release		3 months
<b>Amputations</b>		3 months
<b>Reconstruction</b>		
Digital re-implantation		6-9 months

Appendix K

