Injured and insulted

There is a pernicious mythology that anyone receiving workers’ compensation benefits is somehow living a dream life, getting paid well to sit at home while the rest of us pay their medical bills and lost wages. The rare cases of workers’ compensation fraud make headlines, often publicized by anti-worker think tanks that use the publicity to undermine worker solidarity and weaken the labor movement. Belittling the disabilities of our injured members is a sinister tool used to bolster legislation that reduces worker protections and benefits.

Fighting these anti-worker assaults is even harder in light of the corporate consolidation of the news media. Remarkably, two recent reports shed light on the realities most injured workers face.

The first report, “Insult to Injury,” was written by the public-interest investigative organization Pro Publica in collaboration with National Public Radio. The second report was from the Occupational Safety and Health Administration (OSHA), called “Adding Inequality to Injury: The Costs of Failing to Protect Workers on the Job.”

Both of these reports focus on the failure of state workers’ compensation systems to protect seriously injured workers from financial ruin. The Pro Publica report documents the steady decline in workers’ compensation benefits paid at the state level. Deductions in benefits have been driven by big business and insurers, citing out-of-control costs in workers’ compensation insurance.

In reducing workers’ compensation benefits, employers have shifted costs onto taxpayers by forcing injured workers to rely on Social Security disability insurance, Medicare and Medicaid for lost wages and medical costs no longer covered by workers’ compensation insurance. At the same time, despite the claims employers are actually enjoying much lower workers’ compensation insurance premiums, which hover at 1970 levels.

The OSHA report is a scathing indictment of the changes to state workers’ compensation programs and the debilitating effect it has on injured workers. In it, it states:

In reality, the costs of workplace injury and illness are borne primarily by injured workers, their families, and taxpayers supported by components of the social safety net. Changes in state based workers’ compensation insurance programs have made it increasingly difficult for injured workers to receive the full benefits (including adequate wage replacement payments and coverage for medical expenses) to which they are entitled. Employers now provide only a small fraction (about 21 percent) of the overall financial cost of workplace injuries and illnesses; workers, their families and their private health insurance pay for nearly 63 percent of these costs, with taxpayers shouldering the remaining 16 percent.

The steady decline of adequate coverage on the state level has direct repercussions on injured letter carriers as Congress, the Postal Service and the Department of Labor consider changes to the Federal Employees Compensation Act (FECA).

In 2013, postal reform bill S. 1486 was introduced that contained significant changes to FECA. Article V of the bill contained language removing augmented compensation for injured employees with dependents and reducing injured workers’ compensation when they reach retirement age. As if by magic, members of Congress believe our medical and living expenses go down as we age.

In August 2014, the U.S. Postal Service Office of Inspector General released a white paper on FECA reform that proposed changes that replicated the best practices of state workers’ compensation reforms. Among the changes that the OIG lauded were the use of employer-selected physicians, and limiting the duration and amount of benefits.

Both the OSHA and Pro Publica reports counter the OIG’s notion that changes to state workers’ compensation benefits have benefitted workers. As Pro Publica reported:

The cutbacks have been so drastic in some places that they virtually guarantee injured workers will plummet into poverty.

The OSHA report goes further, saying:

The costs of workplace injuries are borne primarily by injured workers, their families, and taxpayers supported by components of the social safety net. Changes in state based workers’ compensation insurance programs have made it increasingly difficult for injured workers to receive the full benefits (including adequate compensation payments cover only a small fraction (about 21 percent) of lost wages and medical costs of workplace injuries and illnesses; workers, their families and their private health insurance pay for nearly 63 percent of these costs, with taxpayers shoulder.

As a result of this cost-shifting, workers’ compensation payments cover only a small fraction (about 21 percent) of lost wages and medical costs of workplace injuries and illnesses; workers, their families and their private health insurance pay for nearly 63 percent of these costs, with taxpayers shouldering the remaining 16 percent.

The well-researched OSHA report is a step in the right direction toward protecting the interests of injured workers, workers in general, taxpayers and society. On-the-job injuries can happen to any letter carrier. We all have a vested interest in helping ensure that the costs of on-the-job injuries are borne by employers and not the injured workers themselves. Injured workers deserve respect, not insults.