## london hazards ISSUE No 129 SUMMER 2020 • LONDON HAZARDS CENTRE MAGAZINE • COMBATING ILL HEALTH AND DANGER IN THE WORKPLACE



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#### AFFILIATE AND HELP KEEP US GOING

We are asking you to affiliate to the London Hazards Centre so that we can continue the work we were set up to do in 1985 – provide advice, information and training to make London a safer place in which to live and work.

Arguably the work of the London Hazards Centre is more important than ever as a result of cuts to the HSE budget and scrapping of key pieces of health and safety legislation.

The London Hazards Centre is also a campaigning organisation that takes a lead on issues like safety reps rights, as well as working closely with trade unions and other organisations, for example, to fight against blacklisting.

We need your support. We are asking individuals, trade union branches and regions, along with community organisations – to affiliate to us. The annual affiliation fees set out below remain the lifeblood of the London Hazards Centre.

Affiliation rates Community groups, tenants £20 and residents associations Trades Councils, law centres £30 and advice/resource centres, Tenants federations Trade union branches £40 (up to 300 members) Trade union branches £75 (more than 300 members) Regional trade union or £120 voluntary organisations National trade union or £240 voluntary organisations Subscription rates Unwaged individuals £10 Employed individuals £20 Commercial organisations £300 Address to affiliate: London Hazards Centre,

225 - 229 Seven Sisters Road, Finsbury Park, London, N4 2DA. Telephone: 0207 527 5107. Website: www.lhc.org.uk

Registered Charity No: 293677 Registered Company No: 01981088

#### Why not volunteer?

The London Hazards Centre, is looking for volunteers to help run and organise some of our activities. Perhaps you have skills and knowledge that could help organise events, produce promotional material, train others or assist in our campaigning work?

If you are interested in volunteering at the London Hazards Centre why not call 0207 527 5107 or email mail@lhc.org.uk

We'd like to hear from you.

## **Action Mesothelioma Day**

Action Mesothelioma Day is commemorated every year on the first Friday in July to remember the tens of thousands of people in the UK who have died from Mesothelioma. This deadly asbestos-related cancer continues to kill thousand every year and there is no let-up in the annual UK death toll of around 2,500, with a similar number being diagnosed every year as having got it.

The London Hazards Centre under normal circumstances would host an event in the capital to remember the people that have died from asbestos related diseases. But this year is not usual because of Coronavirus. That doesn't stop us from campaigning and organising for the removal of all asbestos in the UK.

Action Mesothelioma Day provides a platform for trade unions and health and safety campaigners to show solidarity with the Mesothelioma victims and their families. It gives us an opportunity to raise the profile of a disease which is entirely preventable - that leaves behind devastated families feeling a deep sense of loss and anger that the life of a loved one has been cut short. And it is the families of Mesothelioma victims who bear the greatest financial cost. HSE statistics show that families pay 57%, the state (taxpayers) 23%, leaving criminally negligent employers who cause the harm just 20%.

London and the South East has the highest number of annual Mesothelioma deaths and almost one in four UK construction workers believe they could have been exposed to asbestos fibres, putting them at a higher risk of developing terminal cancer.

Mesothelioma is a preventable disease that with proper safety

measures in place would be in decline. But the thousands of people that die a painful death each year are victims of inadequate safety procedures and employers who have scant regard for their workers.

Although asbestos was finally banned from being used in the UK in 1999, it can be found in buildings everywhere. If a house was built before the 1980s, it is likely to have some asbestos-containing materials in its structure. It is estimated that around 70% of schools in London have asbestos in them.

If you work in certain occupations you are at greater risk of breathing in asbestos fibres. Plumbers, electricians, carpenters, and increasingly teachers, are high-risk jobs. Mesothelioma takes years to develop. It's not unusual to get the first symptoms 30 to 40 years after being first exposed to asbestos. Children being exposed to asbestos in schools are more at risk of developing mesothelioma because of their greater life expectancy.

More than anything else it is the criminal failings of employers who do not to properly manage health and safety where asbestos is present. Over the years some employers have put a lot of effort into making it easier to avoid their responsibilities for health and safety. The illegal blacklisting of construction workers centred on those workers who raised safety concerns. Its aim was to keep workers prepared to speak out on safety unemployed to promote a culture of fear. Workplaces with no trade union presence make it easier for these things to go on. Precarious employment, zero-hours, agency working and false self-employment are all part of the equation. Taken together they help create a hostile environment for trade

union organisation and allow employers to literally get away with murder.

Sometimes described as the silent epidemic, Mesothelioma will still be the cause of thousands of deaths long after Coronavirus is under control unless urgent action is taken. But Mesothelioma and Coronavirus are one and the same. Both are health and safety issues. How the UK government has responded to the Coronavirus pandemic has cost lives. A failure to act in time, not having enough PPE equipment for front line staff, and an unspoken willingness to expose workers to danger. Construction workers were told to carry on working when it was not possible to work safely and as a result lives were lost. Climate change and the environment increase the risk of pandemics. So too does the exploitation of workers. These things are connected. We need a properly funded, independent, Health and Safety Executive, with more inspectors strictly enforcing health and safety laws if we are to stop people inhaling asbestos fibres, or succumbing to Coronavirus.

Like Workers Memorial Day, Action Mesothelioma Day is an opportunity to reflect on the lives lost, but we are fighting for the living too, and to protect future generations from this deadly disease.



## Start using London's waterways for safer environment



#### London has around 145 miles of under-used navigable waterways. How could they be put to greater use both for the safety of Londoners and the environment?

If you are a regular pedestrian, cyclist or other road user in London then your most dangerous predator is likely to be the HGV. There are disturbing statistics relating to Londoners being crushed within blind spots of cement mixers, tipper trucks and other oversized vehicles that traverse our streets.

Typically these nasty accidents happen when vehicles reverse or turn left, but they have also happened at pedestrian crossings in broad daylight. Over the past two decades improvements have been made to driver training standards, vehicle design and mirror configurations; and road safety campaigners have made drivers and cyclists mutually aware of dangers. But whatever steps are taken, HGVs will invariably constitute major hazards while their use is encouraged on London's streets. Nobody can doubt that a moving HGV is a lethal weapon, even at walking pace, but hazards persist when a bulky vehicle is stationary. Delivery vehicles can still contribute to air pollution with their engines switched off, since they often cause congestion at pinch points and the risks of accidents escalate when they block lines of sight for other road users.

Many will argue that HGVs are a painful necessity since our capital would grind to a halt without them. However their use is often avoidable because there are viable, environmentallyfriendly alternatives. For years waterway campaigners have urged councils and construction companies to use canals instead of roads for transportation of building materials and waste. Barges have much greater carrying capacity than trucks and their tugs have tiny engines that consume minimal fuel, so in terms of emissions water transport is still cleaner than road. Also, they offer vibration-free transport and they revive an idle purpose-built transport network.

Not all construction sites are conveniently located for water transport, but waterside development has flourished in the past two decades as developers compete with each other to turn dormant wharves into luxury flats. In their haste they have systematically failed to utilise the canal during construction and have boosted road congestion. A notable exception was the construction of King's Place, home of the Guardian building, where pontoons alleviated the need for road and footway closures - and construction materials glided seamlessly through London on barges. But a decade later, developers at nearby King's Cross Central squandered opportunities to follow this example and they signed purchase orders with road hauliers without blinking.

A major demolition and construction project is imminent at Regent's Wharf in King's Cross. The developers had been advised wrongly that the canal was unsuitable for their needs and they had planned to use over 1,200 HGVs over a prolonged period to carry demolition waste through narrow streets and across hazardous junctions. Their plans remained unchallenged until the public consultation stage, revealing a widespread lack of awareness of water transport. They are now fully aware of the benefits of utilising the canal instead of putting extra strain on the roads, but their accountants are still unconvinced. This illustrates that businesses are still more interested in short-term financial costs than in the wider costs to society in terms of wellbeing, health and safety.

Why would developers decline a golden opportunity to become exemplary, considerate constructors? Surely on high-profile projects they would want to be associated with environmentally-friendly initiatives and would not want to alienate their new neighbours. And surely the council and the GLA should be demanding practices that minimise hazards and disruption.



Time is running out and mind-sets must change before all access points to the canal are lost to luxury flats. Councils must insist on modal shift at the earliest stage of discussions. Freight operators must diversify, by offering water as well as road options, so that customers can switch mode without switching supplier. Roads should not be subsidised at the expense of the waterways. And if we are serious about reducing emissions and hazards then we should challenge every decision that favours the roads. Ian Shacklock Chair of Friends of Regents Canal





## Whittington Hospital fighting Covid-19

The scandal of frontline workers not being properly equipped during the Covid-19 pandemic will come back to haunt the government.

NHS staff being asked to reuse masks and gowns designed to be used once is a disgrace. In London, the NHS just managed to cope when the pandemic was at its height at the end of March 2020. The Whittington Hospital in central north London provides hospital and care services for over half a million people. This article charts the struggle of the hospital to cope during the pandemic

In 2010 the Accident and Emergency Department at the Whittington Hospital in Archway, North London, was threatened with closure. A massive local campaign successfully fought off its closure, and three years later stopped the sell-off of half the hospital. Since March 2020, it has been at the heart of the treatment of Covid-19 patients in North London.

After 3-months of crisis in our NHS, we have a staff that is largely exhausted and traumatised by what they have worked with and witnessed. Much of the trauma suffered by staff and patients and their loved ones would have been avoided if the Government had listened to advice given by the World Health Organisation and the Chinese Government in January 2020.

Now, the UK has the highest

recorded death rate from Covid 19 in Europe, and the second highest per capita in the world. By the time the Government called for the lockdown on 23rd March, it was far too late to stop the pandemic spreading like wildfire in London.

Whittington Hospital started to prepared for the pandemic in February. They created a special hub where all patients suspected of having Covid-19 were isolated and tested before entering the hospital. The Intensive Care Unit was expanded, and all elective non-emergency surgery was stopped. Maternity services continued.

The only in-patients in the hospital at the height of the pandemic were Covid-19 patients, with staff transferred from community nursing to various roles relating to Covid treatment and testing.

Since the beginning of February Whittington Hospital has treated over 400 hundred Covid patients. At the end of April, 323 had tested positive and another 77 had Covid symptoms. By May 23rd, 110 had died, but hundreds have also recovered. The Whittington daily Covid death rate death rate has recently reduced to zero, or near zero.

Despite being forewarned by the World Health Organisation in January 2020, the Government failed to make appropriate preparations. The Report by the National Audit Office, published on 12th June, shows how officials failed to start to stockpile all the personal protective equipment that was required for all front-line workers. The only additional PPE ordered was aprons and clinical waste bags. This is seen to be a major factor in the deaths of 300 UK health workers in the UK. In hospitals, care and nursing homes, staff have caught and spread the disease. NHS England also reduced the specific PPE requirements that are required for different Covid-risk work. Our Hospital stuck to the original safer PPE requirements, and luckily it always has had just enough

The Government's failure to kickstart preparations in time also meant that they were inadequately stocked with tests to cover the many people that require them. The consequent dire shortage of tests has meant that there have been insufficient for all staff at the Whittington Hospital to be tested.

One of the most serious issues in our area is the way that Covid has spread in care homes. By mid-May over 70% had been hit by the virus, and 31 residents had died. The arrangements for Covid positive patients leaving hospitals is totally inadequate. Whittington, like all other hospitals, now test care home residents as they leave the hospital. But, shockingly, they are returned to their care homes, when tested positive.

We now know that BAME

patients and staff are particularly at risk of catching Covid. There is a high proportion of BAME staff at our hospital. Currently, these staff are supported by the hospital and not pressurised to be on the Covid front-line.

Sadly, four people who work at the Hospital have died during the pandemic. These tragic deaths include a hospital porter, employed by the hospital, a nurse who was on maternity leave, a patient transport worker and possibly another nurse (awaiting confirmation).

The Government has consistently talked about protecting the NHS throughout this pandemic. And yet they have slashed funding for the NHS in real terms since 2010. Nationally, 10,000 beds have been cut. They have increasingly privatised large chunks of it. The fact that Serco is running the recent disastrous test and track and trace scheme. instead of local NHS units, shows how they want their rich buddies to benefit from the pandemic. They have also decided not to give NHS staff a pay rise. preferring to proffer medals!

So, the fight continues to save our NHS, to protect it from this Government. We need a service that is publicly run, publicly owned, free at the point of delivery that meets our health needs.

#### Shirley Franklin

Defend Whittington Hospital Coalition June 2020

## CORONAVIRUS CRISIS IN SOCIAL CARE

Eileen Chubb is the founder and director of *Compassion* in Care. She set-up the charity in 2009 after witnessing the abuse of elderly people when working as a care worker. *Compassion in Care* campaigns for greater accountability in care homes and offers support for staff that blow the whistle on abuse. The following article by Eileen sheds more light on how care homes have become hotspots of Coronavirus.

"Our helpline remains open during the Coronavirus crisis and over 2-weeks of the lockdown we received 87 calls from staff raising concerns about social care:

• Sixty-one calls from staff working in residential Care homes (homes with no nursing staff)

 Six calls from staff working for homecare agencies
Twenty calls from staff working in nursing homes
All cases reported concerns over a lack of Personal Protective Equipment (PPE).
Surgical gloves and aprons were in short supply and in some cases were being rationed.
No protective masks or eye protection were common concerns along with a shortages of handwash and sanitizers.

Other callers reported a lack specific Coronavirus training and insufficient staffing numbers. There were also concerns in relation to cleaning products used in care homes, and not enough cleaning staff.

Perhaps most damning, calls to our helpline reported concerns that residents with the Coronavirus were not being sent to hospital, but kept in the care homes that are not equipped to provide the care needed resulting in needless suffering and death.

Calls from home care workers reported having a list of people

to visit, some with the virus and others not infected.

Whilst we are evidenced based and data is of great importance, we never forget these are not just numbers but people. For this reason, I have used this information as well as my experience as a care worker to demonstrate how all of the above would impact on care of vulnerable people and staff safety. Here's what happened in one care home with seventy residents.

Three residents have Coronavirus on Monday morning. Four extra care staff are allocated to supplement the staffing numbers on each shift. Care staff are also carrying out extra cleaning duties.

At the handover on Monday morning night staff inform the day shift that some of those residents with dementia have been walking around the home as usual during the night, and that four residents have been found in the bedrooms of other residents, including those people with the virus.

One staff member exhausted and leaving a bedroom found a resident in the corridor about to enter someone's bedroom and took them by the hand and led them back to their bedroom. The same staff member also touched their own face. They then changed their gloves and apron, washed their hands and put on clean gloves and apron before entering the next room to attend to a resident.

The resident found wandering then gets out of bed and enters the bedrooms of several other people unobserved by staff. Tuesday evening and seven residents and two staff have symptoms of the virus. One staff member thinks they may have symptoms but is not sure and feels under pressure to finish their shift.

Thursday morning and eighteen residents now have symptoms of the virus and seven staff are off sick and self-isolating. Staff are exhausted and working without adequate numbers as a result of sickness, corners are cut to cope, there is not always time to wash their hands or change their gloves.

Some residents are very sick at this point and need help to breathe. Staff do their best to help them but there is not enough staff, and those staff on duty are exhausted. Many sick residents are left alone for long periods and cannot get a drink or help to use the toilet.

#### Conclusion

In the NHS the emphasis should be on treating those with the virus and keeping medical staff safe. In social care, staff are fighting to stop the spread of a virus in an impossible environment at great risk to themselves. This is the reality of working in care everyday – staff being asked to do too much with inadequate resources. Full PPE needs to be provided directly to all social care staff now.

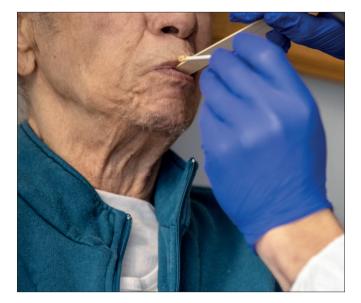
People who are very sick need hospital treatment, denying them this treatment is inhumane and illegal. Leaving social care staff alone to provide care at great risk to themselves is wrong.

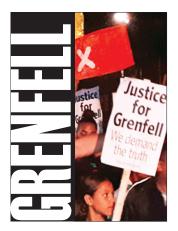
PPE for hospital staff is not just an apron and a pair of gloves now that the risks have been identified. It's shameful that so many medical staff had to wait so long for protection. Why are social care staff allocated, at best gloves and an apron, which leaves them completely unprotected? Care homes are failing in their duty of care for residents and staff. These are clear breaches of health and safety legislation for which the government and care home providers need to be held to account.

It's clearly understood that people with Coronavirus require hospital treatment for help to breathe, yet we are leaving elderly people in care homes and home care to die without any oxygen or treatment. This is not do-not-resuscitate after death; this is denying medical treatment resulting in death."

#### **Eileen Chubb**

Compassion in Care https://compassionincare.com/





Some things will forever stick with you. You can never forget exactly where you were and what you were doing when you heard the news. For many, the early morning when the flammable cladding on Grenfell Tower caught fire is one of those times. For me, that gut-wrenching moment happened, on 14th June 2017.

I was at home when a friend called me to come to the Tower, as it was aflame. With my daughter and the community, we watched in horror, speaking up only to pray that the residents would be rescued. However, we were quickly reduced to tears when we learned that 72 women, children and men perished there.

I remember thinking that the tower was a symbol of all the wrongs in our society. This morphed into a real life movement, birthing our campaign and bringing together thousands of people and allies to fight for "the validity of safety, equality and justice for all lives. As I write the word, 'lives' it would be remiss of me not to mention the Black Lives Matter movement following the murder of George Floyd in the US.

The disaster at Grenfell Tower is a powerful example of how systemic discrimination continues to affect communities in the UK. We must look at the structural inequalities that allowed this disaster to occur. We cannot ignore the high percentage of BAME survivors and the 72 who lost their lives. There is an over concentration of BAME families in social housing and in the

# When justice comes

cities' most deprived neighbourhoods. The history of the Notting Hill and North Kensington area where the husk of the tower still stands is fraught with social unrest and class war going back decades. There is a stark contrast between leafy South Kensington and the more impoverished North Kensington, with everything from overcrowding to public services being better for the affluent South than the North.

The fight in this community against institutional and interpersonal discrimination has always intersected with their struggle against economic inequality. There could not be a more fitting symbol of this inequality than the flammable material — the cladding — that transformed the Grenfell Fire from what could have possibly been a contained, singleunit fire to an unprecedented catastrophe. The reason that cladding was put on the tower in the first place was that 'some' people did not like the look of the building, and they wanted it to look 'prettier', to not spoil their view of the skyline. So more money was spent on the exterior than on the fundamental issues that the residents had raised to improve the interior and safety of their apartments. Non-flammable cladding would have cost the local council only a few extra thousand pounds. (The Council had over £270 million in its reserves at the time of the fire).

This leads you to look at the decision makers and public legislation that allowed this to happen. It is clear who had the power and privilege here, and it was not the tenants. In fact, the residents were scapegoated as being responsible for no Sprinklers being fitted during the refurbishment. Others threatened with eviction when they complained about safety. We can only grieve for those we have lost and demand that

we never lose anyone again because the local government and parliament cares more about pleasing wealthy. The discourse of Grenfell Tower is one of both race and class, and it is time we acknowledge a few hard truths about systemic inequality in Britain - before another senseless and unbearable disaster occurs.

Where are the authorities at with ensuring safe housing? The fatal fire at Grenfell laid bare inequalities in diverse a neighbourhood, in one of the country's richest boroughs, raising profound questions about whether lives are valued equally. While the public inquiry into the causes is ongoing, no-one has been charged with a crime, over 23000 households have inflammable cladding on their homes, regulations for safe housing are still under deliberation and we're just easing out of lock down and those who lost loved ones are still waiting for justice. Three years ago, hope was born out of despair.

Where were you on that day? Where will you be when justice comes?

Yvette William Justice4Grenfell



### Local democracy in Islington and climate change

When it comes to fighting climate change, we must all work together if we are going to properly tackle the issue - trade unions, the community, campaign groups and politicians.

A lot of the necessary change will be lifestyle change and a change in public attitude. While many of Islington's residents may be some of the most farsighted people in London, it is London's most densely populated Borough and suffers massive wealth disparity. For example, sadly, we remain among the top five worst Boroughs for child poverty in England and Wales.

The only way to achieve the sort of changes required to achieve the bold target of net-zero carbon by 2030 is by getting all of us working together.

In June 2019, Islington Council unanimously declared a climate emergency, and as part of that declaration, we committed to the Environment and Regeneration Committee hosting an annual 'Tackling the Environment and Climate Emergency' meeting.

To my knowledge, Islington was the only Council approaching Climate emergency consultation in this way and we hope other councils will follow Islington's lead.

I have previous successful experience of working with lobbyists. As Chair of Islington Pensions Committee, I had frequently been lobbied at our AGM by a group called Fossil Free Islington (FFI) leafleting pensioners as they went in to the meeting. They also lobbied our committee meetings. The Pension committee's response was to





invite FFI to meetings in the Council with council committee members and Council officers who work on the pension scheme. The meetings included tough and complex discussions on how we moved forward to divest the Council's pension fund even defining a 'carbon-free' company is extremely complex. Eventually, by working together, we agreed a targeted plan to have a carbon neutral pension fund - covered in the Pensions Press. Rather than simply just invite Extinction Rebellion (XR), FFI, Islington Clean Air Parents and other environmental lobbyists that we had already worked with as a Council, we also invited people from a range of sectors - health (GPs' surgeries), education, tenants' organisations and the voluntary sector.

To open, the meeting was addressed by the Council Leader, Councillor Richard Watts and the Head of Environment Services - the Council officer whose team will face the huge task of carrying out the work needed to help Islington reach the 2030 net-zero carbon target.

To ensure we could have proper discussion and input from attendees, the meeting broke out into different tables, and focussed on particular themes – including clean air, housing, recycling, energy and finance.

Each table had the draft climate strategy document, which had taken officers many months to prepare since the Council's original 'climate emergency' declaration. At the end of each session, one person from each table stood up and gave feedback.

After two hours on engaging conversation, the meeting was brought to a close by a summary of the issues, challenges and ideas by Councillor Rowena Champion, the Executive Member for the Environment and Regeneration. The Council officers were the true heroes of the evening, and there were almost 30 there giving the message that both they, and councillors, were committed to tackling the climate emergency.

They all listened to everyone on their tables, from academics and architects, to lead members from tenant organisations across the borough. All had different knowledge and experiences, but everyone had ideas on how we can work together to address challenges and achieve a net zero carbon Islington.

Feedback on the night was collated by officers, and attendees were invited to send any further thoughts and ideas to the council.

Feedback from the environment pressure groups over the next week was very positive – with many looking forward to the next annual meeting.

A range of further exciting community consultations had been planned, but the Covid-19 Pandemic has put these plans on hold. However, Islington Council remains committed to working with everyone to realise this ambition.

The climate emergency will not be solved by local government, or even national government. We all know that. It is an international problem and the only positive glimmer of hope from lockdown is that Covid-19 will wake up international governments to that fact world problems are real, and unless governments take dramatic action people will die - with the poor being the worst hit. The solution lies in the world working together - all of us. Let us hope that something that comes out of the Covid-19 crisis is that governments learn that, by and large, the public will support a government that leads in time of emergency.

**Clir Dave Poyser**, Chair of the London Borough of Islington's Environment and Regeneration Committee, is a member of Unite.

# VE ARE NOT DISPOSABLE NOBODY GOES TO WORK TO DIE

## **Construction workers lives count**

Since the Government announced its faux lockdown at the end of March, there has been one sector singled out for some exceptional treatment by both the Government and the bosses, that's the Construction Sector. Unfortunately, it wasn't positive treatment; it was one where the health and safety of the workers was treated with disregard and disdain.

Whilst all non-critical workplaces were closed from 28th March, construction was ordered by the Government to continue as normal with official guidance and procedures being left purposely vague for contractors to make it up as they went along. This meant that on the first day of the lockdown with the majority of businesses closed, hundreds of thousands of workers were still on sites up and down the country.

From this, the **#ShutTheSite** campaign was born. A group of construction workers started to highlight the actions of companies lack of care on social media and shame contractors into closing their non-critical works.

The campaign had three aims

- 1. Shut all non-critical works.
- 2. Pay Every Worker.
- 3. Ensure the highest level of

Health and Safety for critical works.

The Construction Leadership Council, which is a body populated with bosses and the Government, has released several versions of its Site Operating Procedures-guidance for companies to implement to ensure that they can keep their sites open. At the height of the virus, after the death of 200 construction workers, the CLC published version 3 which stated that it should be mandatory for the 2m social distancing rule to be in place on all sites or they must close. Within hours, the major contractors lobbied the Government and that guidance was withdrawn as they deemed it impossible to complete construction work whilst adhering to social distancing rules.

Throughout the life of this virus, the rules have been continuously changed, not for the benefit of the workforce or public, but to adapt to the business needs of the sector. A mantra all too familiar within Construction, wealth before health.

The policy of keeping sites open has directly led to the deaths of hundreds of workers within the sector. The Office for National Statistics are due to release the most up to date information soon but up until the 20th April, over 9 weeks ago, there had been 208 deaths within the sector. The real figure is likely to be far greater as these don't include data for Northern Ireland, Scotland or Wales, only include those up to the age of 64 whereas many in construction are forced to work on into their 70s, and also don't include the site security, logistics and suppliers.

Worryingly, the figures showed that a construction worker was at least three times more likely to die from Covid-19 than a healthcare professional. Considering that healthcare workers are directly dealing with and caring for those with the virus, serious questions need to be asked as to why this is the case?

Construction workers have been treated so badly for so long that many have become accustomed with the way that the sector operates. Welfare facilities and health and safety are regularly inadequate and lacking and a prevalent rule by fear culture, and if you dare to speak out you run the risk of being sacked on the spot and blacklisted.

This happened to myself only 18 months ago when the site toilets were overflowing and there was a river of human waste running across the site entrance. With no working toilets and human waste to navigate, myself and several other workers refused to enter site. This led to us being sacked, site security escorting us from site and having our calls screened by the employment agency we were engaged through.

The vast majority of the sector is bogusly self-employed with even less rights than those on zero hours contracts. This enables the bosses to get away with cutting corners and not fulfilling their duty of care to the workforce. This partly explains why the Covid-19 fatality rate is so high in construction and will continue to rise. Workers are effectively being economically silenced. If you raise concerns over anything from lack of PPE to non-existent social distancing measures to no Covid-19 adapted RAMS, you are risking being sacked.

It is no coincidence that the construction sector is one of the most dangerous, with industrial accidents, injuries and fatalities commonplace alongside practices of precarious employment, union busting and severe blacklisting. A sector that is one of the most dangerous in the UK needs to be doing better. It is proven that a site with worker input through Trade Union representation is a safer site.

Dan Dobson