

People's Covid Inquiry February-June 2021

Witness Statement

Unjum Mirza

Session 5: 21 April 2021 Impact on frontline staff and key workers

STATEMENT

I (name) Unjum Mirza

Job title/ role/ occupation Train Driver, Brixton Depot, Victoria Line, London Underground

will say as follows:

1. I make this statement for the purposes of the People's Covid Inquiry, which is to be held on 21 April.
2. I am able to attend and give evidence.
3. What is your job/ role/ occupation – how long doing this for/ brief summary of background/ experience - if possible, attach CV to statement

I am a train driver based at Brixton Depot on the Victoria Line (5 years - previously based at Wembley Park depot – Jubilee Line). I have worked at London Underground for the past 20 years. Previous to being a train driver I worked on the Stations (Westbourne Park and Mile End) and was a full-time (facility time) trade union safety representative. I was the staff-side Secretary of the Stations Safety Council at the time of the London Bombings on 7 July 2005 and sat on the Company Joint Working Party addressing all issues and lessons to be learnt from those traumatic events. At the time of the first Lockdown in March 2020, I was the Alef (Train Drivers' union) Victoria Line elected Branch Chair. Today, I am the ASLEF elected BAME representative on the Victoria Line.

4. What is your connection/ interest/ background/ experience relevant to the pandemic in England?

As a trade unionist as well as a rail worker/train driver, I have a long track record addressing myriad safety matters on the railways in relation to workers and passengers. Our response to the impact of pandemic was threefold in the immediacy: a) understanding the nature of the virus and role mass transport systems have with regard to transmission; b) our response in reducing transmission and aiding the efforts of our NHS and other keyworkers; c) protecting staff and passengers.

5. How are you able to assist the Inquiry – what is your expertise/ knowledge/ specialism?

As a rail worker and workplace trade union representative I believe I could assist the inquiry in understanding the inter-actions and relationships revealed and further forged between key workers across industrial/service/working sectors. My 'specialism' would be in the field of safety; representation and understanding the disproportionate impact on BAME groups.

6. What in your view were the original vision and principles underpinning the NHS?

Following the experience of the 1930s and the depression the NHS was founded upon a fundamental principle after WW2: *"You don't treat the wallet; you treat the illness"*. Today, to speak plainly, those in positions of power and at the top of society are stuffing their wallets with cash while the rest of us at the bottom of society have simply got stuffed. The Greensill scandal revelations are really just the tip of a very large iceberg of power and corruption.

We have listed a number of questions for Session 5: Impact on frontline staff and key workers

How has the country's understanding of and respect for the role of 'key worker' changed? Has government policy reflected this?

The country's/population's understanding and respect for the NHS in particular and key workers in general is better appreciated and held with high regard. Throughout the past year, we have come to understand how our jobs and roles in society are all inter-connected. Moreover, the experience of the past year has taught us that the everyday common-sense values we apply to our work has been turned upside down: during a pandemic we learn that a stock-broker – held in high regard in society in 'normal' times - is of little if any use in keeping us safe or saving lives. Meanwhile, a cleaner – whose existence is barely acknowledged in 'normal' times – is fundamental to keeping us all safe and saving lives. It has been the social solidarity of millions of 'ordinarily' people and workers that has been – and continues to be – essential in seeing us through these terrible times.

Government policy simply does not reflect this at all. The examples are manifold. Two inter-related examples will suffice to demonstrate the government's Janus-faced policies: While praising our NHS staff, the government failed to deliver the PPE and resources the NHS needed to deal with the pandemic with devastating consequences. While praising our NHS, the government insulted health workers with a 1% pay rise while filtering billions of pounds to private contracts; contractors and management consultants using the pandemic as cover to accelerate the privatisation of the NHS.

The very same Janus-faced policy approach is something we too face on the railways whereby platitudes received for the work we have done throughout the health crisis are combined simultaneously with threats to our jobs, pay and pensions. This is combined with an employers' offensive across the public and private sectors which aims to use the health crisis against workers in efforts to restructure; rationalise and raise productivity in order to boost profits.

The same social solidarity we delivered to save lives will need to be mobilised to co-ordinate a defence of our livelihoods.

5.1 How did pandemic policy cater for the risks and pressures of NHS staff and key workers, including BAME staff?

It didn't. Worse, it placed NHS, key workers and BAME staff (as well as the population) directly in harms-way with obvious, foreseeable and devastating consequences. The Herd-Immunity policy is a scandal that cannot be forgotten nor forgiven. It is a policy that still requires scrutiny with consequences for those responsible. A recent piece in the British Medical Journal raised the notion of "social murder" - originally coined by Engels in his "Conditions of the working class in Manchester" 1844. I believe this is a useful conceptual framework with-which to understand the present crisis.

5.2 Were the occupational risks faced by NHS staff and key workers updated and was there an appropriate response from government?

The trade unions and workers' representatives have had to fight every step of the way to ensure the safety of staff and passengers/customers – both with regard to the introduction and implementation of safety measures. On London Underground, the opening sentence of the Company-wide risk assessment is "LU will adhere to Government and PHE advice". That instilled no confidence – *at all* – in any worker or trade union. The unified industrial structure of London Underground meant that as workers and unions across the entire Combine we could very quickly establish structures to share communications with each other and where necessary, *act* in concert to ensure our safety and that of passengers *regardless* of management.

Sadly, on the London buses, which also comes under the same umbrella – TfL – the privatisation and resultant fragmentation of the service meant delays in introducing and implementing safety measures resulted in a devastating 50 plus drivers dying due to Covid-19. Bus drivers were left to their own devices in ensuring their own safety and that of passengers. Bus drivers would, for instance, section off the front two seats to ensure social distancing. Bus drivers were threatened with disciplinary action for doing what was right while bus Companies failed to implement safety measures.

The government policies and announcements were confused; contradictory and unreliable. 'Consistency' was a word that could not be attributed to government advice: not in the guidance/advice/instruction issued by government nor in ministers/advisers/staff themselves being able to follow it.

5.3 Are risk assessments for at-risk frontline staff adequate?

No. Risk assessments are often 'paper exercises' to demonstrate the employer has carried out their duty whilst baring no relation to the reality on the ground. Whilst London Underground insists that safety is paramount, staff often highlight how risk assessments are mere cynical exercises with a view of keeping services running while staff and passenger safety are at best secondary considerations.

5.4 To what degree has outsourcing, employment conditions and low pay had an impact on the work of key workers and the risks they face?

This is of particular importance with regard to key workers and more generally too. Low pay and the insufficient financial support have continually hindered people's capacity to isolate generally and specifically for key workers to self-isolate when sick. Various employers' attacks on sick pay and reliance on SSP has further compounded this huge problem throughout the pandemic. There were many images/videos shown in press of overcrowding on London Underground trains and platforms throughout each lockdown. The overcrowding was not on account of individuals' negligence to adhere to rules but the government and employers' failure to offer the financial and other support for isolation and self-isolation. A cursory glance of the images and videos from those trains and platforms would quickly reveal the composition of the crowds as poor and often from BAME and immigrant backgrounds working in industries that were privatised, dominated by zero-hour contracts and where trade union or workplace representation was weak or non-existent.

5.5 What short-term or long-term impact has there been on frontline staff including BAME staff?

Long term impact has been trauma: death and dealing with death. The short-term impact is dealing with anxiety: preparations for attacks on our jobs and livelihoods.

5.6 What is the relationship between frontline staff and key workers and socio-economic status, pay and the impact of the pandemic?

The pandemic has wreaked devastation on the poor; those among the lower paid; those in manual work and those working in social care

How could they be better supported in their work and better protected now and in future epidemics or pandemics?

Huge question! Some ideas (not exhaustive!)

- 1) A serious strategy of suppressing the virus i.e. a zero-Covid strategy.
- 2) A strategy that does not pit our health against the economy
- 3) Make sure proper support – financial and otherwise – is made available to assist people to isolate and self-isolate. Full pay if off sick.
- 4) A track and trace system provided by the NHS and be fully integrated with local health and social care institutions.
- 5) PPE provided by a publicly owned production facility
- 6) NHS privatisation to halt immediately. NHS to be fully funded and publicly owned and social care brought into the NHS. All staff to receive a minimum 15% pay rise now!
- 7) End Privatisation.
- 8) End Fire and Re-hire. End zero contracts and the 'race to the bottom'
- 9) *Strengthen* safety legislation ref risk assessments; BAME risk assessments and workers' rights to refuse to work on the grounds of health and safety should unsafe practices be identified.

5.7 What has there been in the way of workplace outbreaks and how have these happened?

The TUC estimated that workplace Covid outbreaks - when measured at least two people test positive for the virus - was at a record high in January 2021. Not only did this suggest the spread of the virus from person to person at work but its presupposition: employers were failing to risk assess and make safe workplaces some 9 months into the pandemic and taking advantage of loose lockdown regulations.

5.8 What has been the role of the Health and Safety Executive

The HSE has been cut back so much that it is simply not in a position to enforce safety rules. I think the last figures I saw show the HSE has less than 400 inspectors for the entire country. The HSE have addressed just 0.1% of workplace covid cases

Please briefly outline your testimony below and/or attach references or article which will provide the panel with relevant information.

I confirm that the opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.



SIGNED

17th April 2021

DATE

Please return to inquiry@keepournhspublic.com

Thank you
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Secretary to the panel
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