Injured Mark and the Ethics of Measuring Safety Performance



Mark screamed in pain. His back burned with agony, a fire raging through his lower spine. He clutched at the ground, breath sharp and shallow, his voice cutting through the noise of the site. “Just take me to the hospital! Please, just take me to the hospital!” he cried. Over and over. His voice broke with desperation. And yet, no one moved fast enough.

It’s been more than ten years since that day, but Mark’s cries remain vivid in my mind. Time hasn’t dulled them. They live in the corners of memory, uninvited but ever-present.

Mark was a carpenter. A man of 25 years’ experience. He had cut and nailed and bent wood into submission across homes and shops, schools and small commercial jobs. He understood the craft. But he didn’t understand this world. Industrial construction was a different beast entirely.

The project was a large underground corridor. Nothing glamorous—just a future passageway for plastic conduits, wrapped in concrete, for a structure still far off. For Mark, this was a new frontier. He wasn’t used to the scale, the endless hierarchy, the regimented layers of planning and safety. His career had been built in a world where safety meant a hard hat, a harness if you were high up, and the occasional visit from a regulator. Here, though, safety was omnipresent. A machine with its own gravity.

Safety people roamed the site, eyes sharp, notebooks in hand. They gave orientations when workers arrived. Safety meetings—whether daily, weekly, or monthly—dripped with protocol and procedure. Stretching exercises began each day, a strange communal dance. Workers filled out hazard reports, completed inspections of tools, of vehicles, of each other. No meeting—whether about safety, operations, logistics, or anything else—started without a “safety moment.” Even the coffee breaks had safety in their shadow.

Mark, a man used to trusting his instincts, felt smothered by it all. But what choice did he have? “When in Rome,” he’d muttered one day, shrugging off his discontent.

The Incident

The morning of his injury was like any other. The tradespeople gathered in a makeshift meeting space, heads nodding through the day's plans. The operators muttered to themselves. The electricians stretched their arms. And Mark? He followed along, moving with the flow, checking his tools, his gloves, his hard hat.

Later, just before the first coffee break, Mark was in the excavation, working on the formwork. He secured a 2×4, anchoring it against a metal pin to hold the frame against the weight of the coming concrete. It was precise work, the kind he was good at. But then, a simple twist of his back—nothing dramatic—set everything in motion. Pain shot through him, radiating outward. He collapsed to the ground, his body frozen in shock and agony.

The Response

The foreman was quick. He called for the safety team, his voice calm but firm over the radio. Within minutes, they were there. One of them took charge, clipboard in hand, boots crunching the gravel as they approached Mark.

Mark sat in the dirt, sweat pouring down his face, his breaths coming hard and fast. The safety coordinator crouched beside him, firing off questions. "What were you doing? Did you have this injury before? Did you stretch this morning? Did you fill out a FLHA?" The words came fast, relentless. They didn't notice—or didn't care—how pale Mark's face had gone.

Finally, after an eternity, they helped him into the passenger seat of a truck. Mark winced as the door closed behind him, but there was relief in his eyes. He thought he was on his way to the hospital.

The Bureaucratic Delays

Nearly an hour passed before Mark was finally taken to the hospital. It was a seven-minute drive. Just seven minutes. But the delay stretched endlessly for him. The site had no first aid station yet, which wasn't unusual at this stage of the project. Proximity to the hospital made the need for a designated first aid station, seem unnecessary. Mark, sitting stiff and silent in the truck, trusted he was in good hands. He didn't know what was unfolding behind the scenes.

For those who understood the rhythms of industrial construction, this was how things worked. Had Mark's injury happened further into the project timeline, there would have been also a designated first aid station. But it wouldn't have been a simple setup. The station would have had a peculiar office attached. This office often housed the client's safety manager. That wasn't just convenience—it was strategy.

The manager's presence served a dual purpose. On one hand, it kept contractors honest. Every injured worker brought in was accounted for, and severe injuries couldn't easily be brushed under the rug. On the other hand, when the manager and the contractor were in cahoots, it became a stage for the "dance." The dance was an unspoken game, a performance of measured moves to protect the numbers.

Even now, I can hear the whispers. The quiet tones of safety professionals

hatching their schemes. “I think we can still reclassify this as first aid, not medical aid.” One voice, calm and calculating.

“How?” Another, skeptical but curious.

“Well, we have operations in Africa, and in some of those countries, this drug can be bought over-the-counter. If it’s over-the-counter, it’s not a medical aid. It’s a first aid.” A grin spread across their face, sharp and satisfied, like the Grinch with his bag of stolen gifts.

The skeptic pushed back. “But he wasn’t injured in Africa. He was injured here. In Canada.”

The smile didn’t waver. “You disappoint me. No one digs deeper than the number on the TRIR. Management doesn’t care about the details—they care about the numbers. All we do is tell them the drug is over-the-counter. It’s a partial truth, and that’s enough. No one will question it, it’s part of the game, they’re all in on it.”

Thankfully, for Mark, the local hospital has grown wise to aggressive safety people sitting in the doctor’s office or the ER, paperwork in hand, ready to state the often-rehearsed phrase, “We have modified duties.” The experienced doctors knew better. They recognized that modified duties in these industrial construction companies often amounted to little more than injured workers sitting at a desk, taking online safety courses all day. At least it had evolved from the days of sorting bolts in the tool crib. The stark absurdity of it all was hard to ignore—there might as well be a motivational poster above the worker that reads, *“Dignity Through Digital Training—Because Clicking ‘Next’ Builds Character.”*

The doctors doubted the safety personnel’s proclamations that modified duties could return the worker to health faster than resting at home. These studies, after all, they assumed originated at the behest of insurance companies, designed to serve their bottom lines. The doctors, armed with experience and a sense of ethics, often prescribed rest and recovery at home, despite the pushy safety people waving their return-to-work papers like flags of bureaucracy.

Disappointed but prepared, the safety person had already planned for this possibility. He had spoken with the client representative beforehand. The injury would still be classified as a first aid, regardless the treatment. Only Mark, the doctor, and the safety coordinator knew the truth—that Mark had been given a prescription and instructed to rest. The company, determined to contain the incident, paid Mark his full wages for the days he stayed home. The insurance company was informed that an injury had occurred, but that information remained confidential between the company and Mark. To everyone else, Mark was back at work the same day of the injury, blending into the sea of thousands of workers on-site. Once again, the system prevailed, and the truth was contained.

This was the system. Creativity and cunning bent to protect the numbers. It wasn’t about the worker or their pain. It was about appearances. The truth was a tool, shaped and reshaped to fit the needs of the moment.

Creative Manipulations

Safety statistics often held more weight than the care of injured workers.

Numbers mattered more than the dignity of the injured workers. Some companies went to shocking lengths to protect those numbers. I've sat among so-called safety professionals as they swapped stories, laughing about their clever tricks.

One story stuck with me. An injured worker was offered alcohol on the way to the hospital. "Here, I've got a mickey in the glovebox. Take a drink—it'll help with the pain. Just between us." The worker, in pain and desperate for relief, took the offer. Later, they were subjected to a mandatory post-incident drug and alcohol test. The result? A positive test, which shifted the blame squarely onto the worker.

The company avoided a lost-time injury classification. A sigh of relief passed through the management ranks. "Dodged that bullet," they said. The injured worker wasn't forgotten, though—not entirely. They were promised modified duties. Quiet reassignment to another project sealed the deal.

But the creativity didn't stop there. One tale stood out above the rest. A worker broke his ankle on-site—a clear recordable injury. The employer's response was cunning. They announced that the worker had won a "hazard recognition award" for submitting a safety alert. The timing wasn't coincidental.

The injured worker and his family were whisked away on a seven-day, all-expenses-paid trip to Mexico. It was framed as a reward for his "safety-mindedness." When he returned, he didn't come back to the same project. Quietly, he was reassigned elsewhere.

The narrative was rewritten. The safety manager's Jedi mind trick did its work. "Joe didn't break his ankle. It was just a rolled ankle. We took him to the hospital as a precaution. No break, just some over-the-counter drugs for swelling. Coincidentally, he won the hazard recognition draw, so he's off to Mexico, all expenses paid. By the way, he's starting on a big project out east when he's back. You won't see him around here anymore."

The story spread, shaped to fit the company's needs. Collective memory was bent to match the spotless safety record. No one questioned it. No one dug deeper. The injury disappeared, leaving behind a pristine statistic and a fiction that everyone could live with.

The Ethical Dilemma

Mark's story isn't unique. It's part of a larger, broken system. The rituals of safety—moments, meetings, modified work—create the illusion of care. But behind closed doors, the truth is bartered and traded. Injured workers' agony becomes downplayed in the statistics; their pain twisted into numbers that fit a narrative.

It's also not the safety professionals' fault. They are serving their self-interest. They are taught, "Protect the statistics at all costs." But what drives this obsession with TRIR and its hollow sanctity? Much of it originates with the hiring clients—the ones awarding contracts. For construction companies, TRIR isn't just a number; it's a key to survival. A single recordable lost-time incident, even something as mundane as a rolled ankle, can haunt a small company for years. One contractor's honest admission of an lost-time injury can cost

them years of work, if their TRIR is deemed “too high” to be trusted.

This relentless pressure trickles down, shaping decisions and twisting ethics. What if this creativity, this energy spent on manipulation, were redirected? What if companies truly prioritized injured people over metrics? The industry could thrive. It could be something better. But for now, stories like Mark’s linger. They echo in the margins, a stark reminder of a system where the numbers always come first.



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