

RESEARCH REPORT

**ESSENTIAL PUBLIC
SERVICES, ESSENTIAL
WORKERS' HEALTH:
UNION-BASED INITIATIVES
TO PROTECT THE MENTAL
HEALTH OF YOUNG PUBLIC
TRANSPORT WORKERS**

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B. COVID-19 TRANSPORT WORKER UNION RESPONSE

Transport worker unions in all seven participating countries have responded to the COVID-19 pandemic through a variety of actions, including some specifically designed to improve worker mental health. For example:

- Providing mental health information, referrals and services (Canada, ⁷⁰ USA⁶⁹)
- Obtaining government funding for mental health services (USA) ⁶⁹
- Counselling for members on job loss and mistreatment from employers (Uganda) ⁷¹
- Bargaining over mental health advocates' time (Canada, case study 4)
- Protection from passenger assaults (USA) ^{51,72-74}

Protection from violence resulting from excessive force by law enforcement in response to social movement protests (Colombia) ⁷⁵

Often, transport worker unions worked to improve transit funding, COVID-related worker health and safety, pay, work schedules, and job security, which can indirectly protect worker mental health:

- Worker health and safety, including:
 - PPE and cleaning supplies, ^{71,76-78}
 - Maintaining distancing on buses, rear-door boarding, more buses on the road, ⁵¹ service adjustments⁷⁶
 - Health and safety protocols⁷¹
- Regular free COVID-19 testing,⁷⁷ vaccine priority⁷⁹ and/or encouraging vaccinations⁸⁰
- Paid sick leave⁷⁷
- Hazard pay ^{41,51} (case study 1)
- Workers' compensation for COVID-19⁵¹
- A death benefit if the transport worker died from COVID-19⁸¹
- Adequate transit funding,⁷⁶ including alliances with passenger and community groups^{42,82}

In addition, the unions have bargained with employers over:

- Working day arrangements, for example, from five working days and one rest day to two working days and one rest day (Indonesia) ⁷⁸
- Improving working conditions and COVID-19 biosafety protocols (Colombia) ^{61,83}
- Protection against layoffs (Uganda) ⁷¹
- Maintenance of welfare funds (Uganda) ⁷¹

Or, bargained with the government over:

- Passenger capacity, increasing the number of vehicles on the road, financial assistance ("Service Contracting") to drivers and priority for vaccinations as essential workers (Philippines, case study 3) ⁸²
- Resumption of public passenger transport with acceptable conditions (Uganda) ⁷¹

Additional activities have included:

- A labour-management COVID-19 task force, which administered COVID-19 testing and employee vaccinations (Indonesia) ⁷⁸
- Legal support or fundraising for workers with suspended contracts or those losing income because of passenger capacity restrictions (Colombia) ^{61,83}

- Providing food for members in need (Uganda,⁷¹ Colombia)
- Worker education^{71,84-87}
- Participation in research studies (USA) ^{23,26}
- Communicating with members (Canada) ^{88,89}
- Remembering and honouring co-workers who passed away due to COVID-19 (USA, see Appendix, case study #13)

C. RESEARCH BEFORE COVID-19 (1953-2019)

Research on the **causes of (“risk factors” for) injury and illness** among public transport workers in over 32 studies in over 13 countries was summarised in seven review articles published between 1988 and 2006, ¹⁻⁷ and one in 2017. ⁸ The earliest published study mentioned in the review articles was from 1953. We also examined 195 research studies on this topic published between 1990 and 2021.

Earlier research focused more on **physical health impacts** of transport work, finding increased risk of stress-related illnesses, such as cardiovascular disease (heart disease and stroke), ^{11,90} hypertension (high blood pressure),^{12,13} musculoskeletal disorders (such as low back pain), ^{14,91} gastrointestinal (digestive) problems,¹⁴ fatigue or sleeping problems⁹² and higher levels of stress hormones.⁷

Some studies looked at **mental health impacts**, finding high levels of psychological distress, such as anxiety, depression, ^{93,94} and burnout, ^{95,96} psychological trauma from threats, assaults or witnessing suicides, ^{9,59,97,98} and unhealthy behaviours such as excessive alcohol use⁹³ or cigarette smoking.⁹⁹

Some studies found increased rates of **sickness absenteeism**⁷ and **disability**,³ the major causes of which were musculoskeletal disorders, cardiovascular disease and psychological disorders.

Research also suggests that the physical and mental ill health of urban bus and train drivers are **public safety risks** ⁷ Work stress and stress-related diseases can lead to impairments for safe driving, such as divided attention, slowed response times,¹⁰⁰ errors and safety violations,^{18,19} all of them increasing the risk of vehicle accidents. ^{16,19}

The research identified various working conditions that increase the risk for physical and mental ill health among public transport operators, including:

1) **Stressful working conditions**,^{12,101} such as high job demands,^{102,103} time pressure from strict schedules,^{57,104} traffic congestion,¹⁰⁵ work barriers (such as vehicles parked in bus stops or unruly passengers), poor job control,^{16,36,106} low job rewards, such as low recognition, promotion opportunities or pay, ^{14,36} lack of job security,¹⁰⁷ long hours,²⁰ split shifts,^{17,21,108} rotating shifts, inadequate break times, threat of assaults,¹⁰⁹ social isolation, lack of support from management,²² conflict between work and family demands, and witnessing suicides. ^{9,59,97} Some researchers have described drivers’ work as “threat-avoidant vigilance”, that is, stressful work that involves being continuously vigilant (having a high level of attention) to avoid disaster, such as the loss of human life.¹¹⁰

2) **Physical work hazards**, such as assaults,^{111,112} poor ergonomics,¹⁵ lack of bathroom access,¹¹³ vibration,³ noise, and poor ventilation.⁷