

The Health Effects of Taxi Driving

The Case of Visible Minority Drivers in Toronto

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ABSTRACT

Objective: To examine the relationship between work and health among visible minority taxi drivers.

Methods: In-depth semi-structured interviews with taxi drivers (10) and industry informants (5), document analysis, and participant observation. Data analysis followed the principles of grounded theory.

Results: The data suggest that factors such as racism/discrimination, the nature of their social position (e.g., immigrant status, language barriers, lack of access to economic resources, lack of 'Canadian' work experience), and the social and organizational characteristics of work (e.g., employment contracts and the nature of work) constituted threats to taxi drivers' health and influenced their health-related behaviours. They experienced economic exploitation, economic uncertainty, occupational violence, fatigue, and high levels of competition, and they engaged in risky behaviours on the job. Taxi drivers also employed various health-protective behaviours in an effort to manage the threats to health.

Discussion: These findings are consistent with extant studies of taxi drivers. However, further research is needed to more clearly discern the influence of ethnicity in work-health relationships. The study has implications for population health and is suggestive of areas for further research; e.g., other service-oriented occupations where workers have limited control and little is known about their health or health-related behaviours.

La traduction du résumé se trouve à la fin de l'article.

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Toronto's population of ethnic minorities continues to grow. The 1996 Canadian census reports that visible minorities constituted 32% of Toronto's population, up from 26% in 1991.¹ This increase has implications for population health. For instance, visible minorities have historically been marginalized in the workforce, usually holding semi- or unskilled jobs characterized by low status, low control, inadequate wages and poor working conditions.² There is a growing body of literature that supports a relationship between work and health.³⁻⁵ However, although there is evidence supporting a relationship between ethnicity and health,⁶⁻¹² this issue remains largely unaddressed in Canada.

The purpose of this paper is to describe the work experiences of visible minority taxicab drivers in Toronto and explain how these experiences influence health and health-related behaviours. The taxi industry was chosen for study because of its large concentration of visible minorities. It is estimated that 80% of the taxi drivers in Toronto are visible minorities.¹³ Taxi driving is generally considered a marginal industry and evidence shows that the job is particularly hazardous. In Ontario, for example, the homicide rate among taxi drivers is second only to police officers.¹⁴ Victimization levels among drivers is 21 times that of Canadians in general and is estimated to be four or five times that of police officers.¹⁵

METHODS

Data were collected between April and August 1998 and consisted of in-depth semi-structured interviews with taxi drivers and industry informants, participant observation, and document analysis. Participants were recruited using snowball referral techniques,¹⁶ direct contact, and information flyers. Participants were all male, aged 24 to 56 years, of East Indian, Afro-Caribbean and African descent, with 4 to 25 years of service. Education ranged from high school and skilled trades to Masters level degrees. Observations occurred at taxi stands in the downtown core and at meetings and workshops hosted by the Taskforce to Review the Taxi Industry, in the summer of 1998.

Interviews were 45 minutes to 2 hours long and were conducted in public places such as coffee shops. Interviews were

audiotaped, transcribed, coded, and analyzed thematically. The research was guided by the principles of grounded theory¹⁷ and the data were managed using NUD.IST 4.0 qualitative data management software. Trustworthiness was ensured by adopting an 'intense methodological awareness';¹⁸ i.e., a systematic and self-conscious approach to study design, data collection and interpretation.¹⁹

The study received ethical approval from the University of Toronto's Ethics Committee and all participants gave consent for participation.

RESULTS AND DISCUSSION

Entry into the taxi business

Several factors influenced the entry of drivers into the taxi business. Many were (new) immigrants or refugees, thus lack of financial resources, discrimination in job searches, language barriers, and credentialism (non-recognition of 'foreign' training) effectively dictated the level at which they entered the workforce. Even in cases where drivers were skilled tradesmen or underwent retraining, racism/discrimination and their social location appeared to prevent entry into the core labour market:

The reason I was told by many employers was I don't have Canadian experience; I don't have Canadian experience like graduation degrees or something. I used to be [a] graphic artist, so I was hoping to continue but I couldn't find a job that satisfies my experience....Race, language, if you are not a perfect English speaker, if you are heavy accented person, for sure, many employers, they are not going to hire.

In most instances, taxi driving was a last resort, undertaken only after long and fruitless job searches. In the case of refugees, the frustration of futile job searches coupled with the stigma of being welfare recipients compelled their entry into the business. Community or family members often introduced drivers to the business, and many were attracted by the promise of independence and control that entrepreneurship offered.

Everyday racism

Years ago people would request not to have black drivers. Now (they) are common-

place and people expect that their driver will be a visible minority.

Some people presume because you're black you're into drugs too. I've had people leave a white driver and come to me because he wants drugs.

I don't know if you could observe it. This discrimination is there, you know it, but it's like a slap all day long, you get used to it. When a guy hits you with a crow bar on your head, that wakes you up. But you get the wake up call sometimes, people use, 'you stupid nigger' and this. We have to ignore it; you can't fight.

The apparent normality of visible minority drivers in the taxi industry does not negate or mitigate racism or its effects. Experiences of racism and discrimination took various forms with racial abuse and stereotyping being most common. Drivers were assumed, for example, to lack intelligence or to be ignorant of their jobs. Despite its saliency in their lives, however, drivers tended to downplay incidences of racism. Perceptions of its immutability appear to engender feelings of powerlessness and lack of control.

Economic exploitation

The social and organizational characteristics of the taxi industry – the leasing of taxi plates (permits to operate cab), abuses of the By-law, and low occupational power – form the bases of the economic exploitation of drivers. The high costs of taxi plates, the current freeze on plate issuance, and drivers' socioeconomic position mean they are forced to lease from plate or fleet owners or rent on a shift basis.^{20,21} Drivers who enter lease agreements quickly find that they are trapped in exploitative economic relationships. Agreements require that they provide their own car and then transfer the ownership to the lessor. This practice contravenes the industry by-law which requires that lessors provide both a car and a plate as part of the lease agreement. When drivers do not have the resources to purchase a car, the lessor may offer financing, often at interest rates above market. Drivers absorb all costs associated with the operation of the taxicab. These include lease fees (\$700-1000 per month), brokerage dues, repairs, car financing, and

insurance, with deductibles that may be as high as \$10,000. Total monthly operating costs may be upwards of \$2,500.

Drivers who lease directly from individuals rather than from fleet owners are particularly vulnerable to exploitation because these lessors can at any time demand higher lease fees. If drivers are not prepared to meet such demands, they are given seven days' notice to relinquish use of the plate. Less than 10% of the approximately 8,500 drivers in Toronto are unionized (Personal communication, Philip Paul, CAW representative, July 10, 2002). Although the union has negotiated reasonable lease fees, the fear of job loss leads many drivers to collude with lessors in their own exploitation:

If you got a plate and somebody (else) comes along, they'll (lessor) come and say, 'well, I need another \$50 a month'. The alternative is either you give them the \$50 or they give you a week's notice. They did it with a lot of guys. That's how they increase from \$600-\$700, up to about a \$1,000 now.

Economic uncertainty

Driving a taxi now is like fishing. You could be fishing there and I'm here, you catch a fish and I catch nothing. You put your line back in, you catch another fish and I catch nothing.

Drivers in this study experienced uncertainty related to workloads, duration of shifts, and income. Income levels for example are largely dependent on the capriciousness of customers. Duration of shifts is contingent on workload (i.e., volume of customers) and the amount of money a driver needs to cover operating costs and earn a living wage. The vagaries of customer demand and drivers' economic needs engender chronic uncertainty, which affects their health-related behaviours.

Health-endangering behaviours

Economic uncertainty influences risk-taking behaviours in drivers. For instance, the drivers in this study worked long hours in an attempt to mitigate uncertainty and exert control over income. Working long hours poses threats both to drivers and to the public because it increases drivers' vulnerability to fatigue and to having accidents. Also, despite being aware of the risks

of second-hand smoke, many drivers felt they could not refuse service to clients who smoked because it would mean a loss of income:

I don't like people lighting up in my cab because a lot of them come in the cab and they say, 'oh, I want to have a smoke, I'm not going to be able to smoke at work, so I wanna smoke here'. Well, this is my workplace too, if they can't do it at work, why they gonna come and do it in my cab? But, sometimes you gotta be flexible, if there isn't much business and you too hard on them, you wouldn't get any; it could go against you.

Drivers often traded personal care for economic security. For example, when faced with the choice of taking bathroom breaks or serving a client, drivers chose the latter. Many skipped meals, had diets that consisted mainly of fast foods, and did not take time off from work. Such practices appeared to have detrimental socio-psychological effects:

You know what most makes me sad, when I see long weekends, nobody in the City. I wish to take a rest from the car. But this car, every second has to be paid for; no vacations, no maintaining your health, just maintain the car. You don't raise a family, you don't raise a child, don't be human.

To increase control over income, drivers often engaged in the practice of picking up 'risky' clients, individuals they intuitively knew represented potential threats. They regularly provide service to prostitutes and drug dealers, a practice that could result in the loss of their taxi license. Picking up 'risky clients' increases the possibility of occupational violence. All drivers in this study had experienced fare-jumping and verbal abuse; two had been robbed at gun-point and one had suffered physical abuse that required medical treatment and time off from work.

Economic uncertainty also fuels competition between drivers. Competition occurs on two fronts: from illegal cabs and limousines, and between legitimate cab drivers. Illegal operators for example, pay 'cookies' (illegal tips) to hotel doormen to divert customers from legitimate taxis.

Competition is heightened during the summer when the customer base is lower and transient drivers re-enter the business. In competing with each other, drivers often engaged in risk-taking behaviours such as speeding and cutting off other drivers, in the attempt to 'out race' each other to 'win' clients. Competition is therefore a source of stress because it creates antagonistic relationships with police, pedestrians, other drivers, and co-workers. It also reduces social support between drivers because they see each other less as colleagues and more as competitors.

Health-protective behaviours among taxi drivers

Even those who really discriminate against black or against minority, or anybody who hate different race[s], they say something in the car but personally what I found is, I become friend[s] quickly, so that's how I deal with them. I quickly make them comfortable by talking to them nicely.

Mostly the answer I get from smokers is, oh, nothing else to do. Well, listen, you can talk to me... If you wanna talk, we can talk, but just don't smoke.

The precariousness of taxi driving creates the impetus for the risk-taking behaviour of drivers and thus for various work-related hazards. They have however, developed ingenious ways of managing them. For example, drivers managed occupational violence by engaging in a strategy of 'talk'. They appeased irate, drunk or abusive clients with 'placative talk'. 'Entertaining talk' was used to keep clients from smoking in their cabs. It also had the additional effect of garnering larger tips. 'Evaluative talk' was used to assess a client's potential 'risk factor' for violence before picking them up. Evaluative talk was usually combined with visual assessments, which were based on past experience, stereotypes of groups, age, ethnicity, style of dress, and gender.

To alleviate the fatigue caused by working long hours, drivers alternated between sitting at taxi stands and 'cruising' for customers. During long shifts, they took naps in their cabs and slept in front of ostensibly secure buildings such as hospitals or hotels at night. Since they rarely take breaks many kept snacks in their cabs and ate while waiting at taxi stands or cruising for customers.

CONCLUSION

The data in this study suggest that factors such as the social and organizational characteristics of work, racism/discrimination, and their unfavourable socioeconomic position constituted threats to the health of visible minority taxicab drivers and shaped their health-related behaviours. They experienced economic exploitation, chronic economic uncertainty, occupational violence, fatigue from long hours of work, and engaged in risky behaviours on the job. Alternatively, drivers employed various action-oriented, health-protective behaviours in an effort to manage the threats to health. These findings are consistent with existing studies of taxi drivers,^{22,23} truck and bus drivers,²⁴ and other marginalized/ immigrant workers.^{25,26}

Although the study design precludes generalization in a statistical sense, the concepts are useful for understanding the health implications of similar forms of work. They are also suggestive of areas for further research. For instance, other service-oriented occupations such as home-care, policing, and human services, share many of the characteristics of taxi driving – limited control, dangerous work, long hours in cars, exploitation – but little is known about these workers, their health or health-related behaviours.

The findings also have implications for population health. Taxi driving is characteristic of precarious employment, wherein workers experience tenuous employment relationships, economic uncertainty, poor working conditions, and have little occupational power. Precarious work may be associated with ill health via psychosocial factors such as anxiety and stress,²⁷⁻²⁹ unhealthy behaviours such as smoking and alcohol abuse,³⁰⁻³³ material factors such as poverty,^{34,35} and occupational health and safety.³⁶ More research is needed to extend and deepen our understanding of the relationship between precarious work and health. Research that examines the relationship among ethnicity, work and health is also required.

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RÉSUMÉ

Objectif : Cette étude examine les liens entre le travail et la santé des chauffeurs de taxi qui appartiennent à une minorité visible.

Méthode : Entretiens approfondis semi-structurés avec des chauffeurs de taxi (10) et des informateurs de l'industrie (5), analyse de documents et observation des participants. L'analyse des données a suivi les principes de la théorie à base empirique.

Résultats : Les données suggèrent que des facteurs comme le racisme et la discrimination, la position sociale (p. ex., le statut d'immigrant, les barrières linguistiques, le manque de ressources économiques, le manque d'expérience de travail au Canada) et les caractéristiques sociales et structurelles du travail (p. ex., les contrats de travail et leur nature) créent une menace pour la santé des chauffeurs et influencent leur comportement à l'égard de leur santé. Les chauffeurs, qui doivent composer avec l'exploitation et l'incertitude économique, la violence au travail, la fatigue et une concurrence très vive, prennent beaucoup de risques au travail. Par contre, ils adoptent diverses méthodes afin de gérer les risques pour leur santé au travail.

Interprétation : Ces résultats correspondent à ceux d'autres études sur les chauffeurs de taxi, mais des recherches approfondies seront nécessaires pour bien comprendre l'influence des diverses ethnies sur les liens entre la santé et le travail. La présente étude contient des leçons importantes pour la santé publique et présente plusieurs pistes de recherche. Par exemple, on pourrait étudier d'autres domaines du secteur des services où les employés ont peu de contrôle, et où les connaissances sur la santé et les comportements connexes sont peu nombreuses.