

**Testimony on the Healthy Families Act of 2007
United States Senate
Committee on Health, Education, Labor, and Pensions**

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February 08, 2007**

My name is Rajiv Bhatia. I have a Medical Doctorate from Stanford University and a Masters in Public Health from the University of California at Berkeley. I have practiced medicine since 1989 and environmental public health for the past eleven years. Since 1998, I have served as the Director of Occupational and Environmental Health for the City and County of San Francisco's Department of Public Health. I also hold the position of Assistant Clinical Professor of Medicine at the University of California at San Francisco.

I want to thank the Committee for recognizing that having paid sick days can have important public health consequences. In November 2006, San Francisco became the first place in the United States to require employers to provide paid sick days. Sixty one percent of the voters approved this ballot initiative and the law took effect February 5, 2007.

In part, San Franciscans passed this law understanding its importance to health. I believe that there are a number of important public health reasons to provide paid sick days. These include:

1. Enabling workers to take the time off needed to manage and/or recover from an illness and care for ill family members.
2. Protecting co-workers and the public from infectious disease.
3. Reducing the social and economic costs of avoidable hospitalizations.

When most people are ill, they need and want to take the time off to access health care or simply to recuperate. Sick children need to stay home from school and need their parents or caregivers to take care of them. While not all people who are sick would choose to stay away from work or school, paid sick days allow workers to make this important choice without sacrificing other equally important needs.

For the sixty-six million workers without paid sick days benefits, an illness in the family means having to make an extremely difficult choice. Should they take unpaid time off from work to care

for themselves or their children; or, should they go to work sick or send their children to school sick? For low income workers, not going to work for even a few days may mean not having enough money to pay the rent or buy food. Some workers may also be insecure in their jobs, not knowing whether an absence from work may translate into the loss of a job. These workers must consider unemployment, hunger, and eviction when making a choice about staying home to take care of themselves or a family member. Such competing pressures mean that workers without paid sick days are more likely to go to work sick or let their children go to school sick. In fact, research tells us that parents who had paid sick days were 5.2 times as likely to care for their children when they were sick.¹

The health impacts of these difficult choices are not limited to workers and their families. Going to work or school with an infectious disease can mean transmitting it to others. Several common infectious diseases are transmitted in workplaces, schools, and other public institutions through casual contact. For example, influenza virus is spread mainly from person to person through coughing or sneezing. Or people may become infected by touching something with flu viruses on it and then touching their mouth or nose. Every year in the United States, 5% to 20% of the population gets the flu; more than 200,000 people are hospitalized from flu complications; and, about 36,000 people die from flu.

Viral gastroenteritis, often called the "stomach flu," is contagious and spread through close contact with infected persons.² Rotovirus, the most common cause of severe diarrhea among children, results in the hospitalization of approximately 55,000 U.S. children each year.³

About 90% of cases of viral ("aseptic") meningitis, which causes inflammation of the tissues that cover the brain and spinal cord, are caused viruses known as enteroviruses which are also spread through casual contact. In the United States, there are between 25,000 and 50,000 hospitalizations due to viral meningitis each year.

For all these common diseases—influenza, stomach flu, viral meningitis—infection can be prevented by allowing a sick worker to stay away from their workplace and by keeping sick children home from school. In fact, the U.S. Centers for Disease Control website provides the very common sense recommendation to people with influenza: "*stay home from work and school when you are sick.*" All things being equal, having paid sick days enables all Americans to follow our federal public health recommendations.

The public health importance of keeping sick employees out of the workplace is far more significant for some occupations. For occupations such as health care workers, child care providers, and people who handle food, there is the potential for a sick worker to transmit an infectious disease to many, many people. In the case of food handlers or food service workers, there is the potential for transmission to hundreds or thousands of others. The spread of foodborne illness by an infected worker can happen at a catered party or at a neighborhood restaurant, but it can also happen in food processing plants and result in outbreaks of illness nationally. Overall, foodborne diseases cause approximately 76 million illnesses, 325,000 hospitalizations, and 5,000 deaths in the United States each year.⁴

Of course, people with foodborne illnesses who work in the food industry should not be going to work. In reality, we rely on workers to recognize the illness and their employers to self-enforce requirements that protect the public. A worker may recognize a symptom but may not associate it with a foodborne illness.⁵ It takes time and often a visit to the doctor to find out that you have a foodborne illness. A food worker may not want to take unpaid time to obtain a diagnosis or may defer care until the symptom worsens, in the meantime, potentially infecting co-workers and patrons. A recent published review of foodborne Hepatitis A outbreaks in the United States demonstrated that in many cases the infected food handler either did not seek medical care or delayed getting medical care.⁶ Unfortunately, only 15% of workers in the food service industry have paid sick days—the lowest rate among major groups of industries.⁷ Paid sick days would help a food service worker get a timely diagnosis and help them stay away from work until they recover.

Providing paid sick days is also a strategy that can be employed to reduce the burden of chronic diseases, which are responsible for a growing share of national health care costs. Many of the admissions to our hospitals for chronic diseases such as asthma, hypertension, and diabetes are entirely preventable with timely and effective outpatient and primary care.⁸ Many of these hospitalizations occur in working age adults and among children. In 2004, there were almost 200,000 hospitalizations for childhood asthma alone.⁹ Early treatment of a flare-up of asthma in a doctor's office or clinic can prevent deterioration to the point where hospital care is required. In California, a single hospitalization for asthma costs over \$13,000.¹⁰ Getting timely primary care requires not only access to services and a way of paying for services, but also

transportation, time, and the ability to leave work. A paid sick day benefit removes one of key barriers that people face in utilizing timely primary care.

If we look at the patterns of hospitalizations in states and cities across the United States, we see that such preventable hospitalizations are more common in areas with a high proportion of low-income households. Lower-income workers are also the least likely to have paid sick days benefits. Providing paid sick days for all workers is a common-sense solution that addresses health disparities and reduces the strain on public hospitals that provide our safety net of services to low-income individuals.

I would like to conclude my testimony by highlighting the significance of employment policies such as paid sick days for the health of all Americans. According to the Organization for Economic Cooperation and Development, the U.S. spends more on health care services than any other country the world. We spend \$6102 per person, amounting to 15% of our GDP.¹¹ Despite spending double that of countries we consider peers, life expectancy in the United States is a full year less than in Canada and England and three years less than Spain, Sweden, and Switzerland. These startling facts on our performance in health underscore what public health professionals are acknowledging more and more. Health is largely a function of our day-to-day living and working conditions. One of the most important roles our government can play is to help ensure that day-to-day living and working conditions support health. One reason these other countries may be outperforming with respect to health is that they have paid attention to ensuring a minimum set of healthy working conditions.

I am proud that San Francisco has led the nation in providing paid sick leave to workers. Paid sick leave is a humane policy; and it is also a practical and cost-effective public health policy to reduce disease transmission, avoid unnecessary hospitalization, and help bring health care costs down. For these many reasons, I hope that you will consider providing a minimum number of paid sick days to workers throughout the country.

1 Heymann SJ, Toomey S, Furstenberg F. Working parents: what factors are involved in their ability to take time off from work when their children are sick? Arch Pediatr Adolesc Med. 1999;153(8):870-4.

2 Viral gastroenteritis is caused by a variety of viruses including rotaviruses, noroviruses, adenoviruses, sapoviruses, and astroviruses.

3 Centers for Disease Control 2006

4 Mead PS, Slutsker L, Dietz V, McCaig LF, Bresee JS, Shapiro C, Griffin PM, Tauxe RV. Food-Related Illness and Death in the United States. *Emerging Infectious Diseases*. Centers for Disease Control and Prevention, Atlanta, Georgia, USA Pathogens responsible for foodborne illnesses include the Norwalk viruses, the Hepatitis A virus, *Salmonella typhi*, *Shigella* species, *Staphylococcus aureus*, and *Streptococcus pyogenes*.

5 Signs or symptoms in persons who handle food may include diarrhea, vomiting, open skin sores, boils, fever, dark urine, or jaundice.

6 Fiore A. Hepatitis A transmitted by Food. *Clinical Infectious Diseases* 2004;38:705-15.

7 Based on analysis of 2006 data by Vickie Lovell. Institute for Women's Policy Research. Washington DC.

8 Billings J, Anderson GM, Newman LS. Recent findings on preventable hospitalizations. *Health Affairs* 1996 Fall;15(3):239-49.

9 Akinbami LJ. The State of Childhood Asthma, United States, 1980-2005. *Advance Data Number 381* December 12, 2006

10 California Office of Statewide Health Planning and Development 2006 Available at:
<http://www.oshpd.cahwnet.gov/oshpdKEY/hospitalcharges.htm>

11 Organization for Economic Cooperation and Development Health Data 2006. Available at:
http://www.oecd.org/document/16/0,2340,en_2825_495642_2085200_1_1_1_1,00.html