

Testimony from Laurel Baldwin-Ragaven, MD
IN SUPPORT of SB 913

Thank you to Senator Prague, Representative Zalaski and the members of the Labor Committee for the opportunity to share my perspective on the issue of paid sick days legislation.

I am writing in strong support of the above bill. As a family physician who has worked in primary health care in different countries around the world for the past 25 years, including Canada, England, South Africa, and the United States (in Hartford since 2004), I understand how universally difficult it is for people to decide to take time off work when they are sick.

Aside from the very personal nature of these decisions, I would like to draw the legislature's attention to the public health implications of sick people's choices that affect all of us.

Going to work sick does not make public health or economic sense. Productivity goes down when people are unwell; and, if contagious, the risk to fellow employees, employers, and even clients is significant. In a recent study of restaurant workers, 80% of whom do not enjoy paid sick leave, 12% (or 1 out of 8) reported going to work while they were experiencing symptoms of diarrhea and vomiting at least twice in the past year. Interestingly, the pattern was the same for all restaurant employees regardless of restaurant type, whether fast-food or fine dining, thus potentially exposing everyone to the viruses and bacteria that cause gastroenteritis through contact with food, plates, cutlery and skin.

We all remember the Hepatitis A contamination of green onions that left hundreds of people deathly ill and Chi-chi's in bankruptcy court as well as the country's stock of spinach contaminated by E. Coli, both of which were presumed to be caused by infected farm workers who were involved in the planting and harvesting of these foods, and who clearly came to work while sick.

Imagine another infectious disease scenario: many scholars are predicting a resurgence of pandemic flu, like the 1918 Spanish Flu, which killed millions globally.

The H1N1 pandemic of 2009 demonstrates more clearly than ever the urgent need to encourage people to stay at home when they are sick. While we should all be grateful that the H1N1 outbreak wasn't worse, we shouldn't downplay its significance; after all, dozens in Connecticut died from the illness.

Evidence suggests that 8 million Americans came to work while infected with H1N1 – and that employees without paid sick days were much more likely to come to work while sick. An estimated 7 million employees in America caught the H1N1 virus from a sick coworker. While broader access to paid sick days would not completely eliminate the practice of going to work sick, it would substantially reduce its frequency.

The precarious economic environment is driving people to go to work sick. In this recession, low-wage workers are hit particularly hard. Now more than ever, we need a 'safety net' to protect sick employees and the public's health. When people are at risk of losing employment,

they will do anything to hold on to their jobs. Without a guarantee of paid sick days, there will be serious job stress with the potential for poor judgment when deciding whether to stay home or go to work, making all of us more vulnerable.

Inappropriate health-seeking behavior is strongly correlated with the non-availability of paid sick days. It is four times more likely that people without paid sick leave will seek health care in episodic and ineffective ways. One colleague recently wrote about his patient, a worker in the food services industry without paid sick days, who died having skipped multiple visits to investigate the new onset of chest pain, opting instead to get that paycheck. The repercussions throughout the system of avoiding routine health care are enormous and include ambulance call-outs and emergency interventions at the end-of-life, which ultimately generate more costs for the health care system than if such patients had the ability to take a day off to get treatment for their diabetes, hypertension or abnormal lipids.

Likewise, today's parents have to make difficult and costly choices, particularly parents living at or below 200% poverty level. Already burdened with children who have more health problems, parents in low-income families are less likely to have paid sick leave and therefore less access to health care for themselves and their children. According to a 2008 study published in *Pediatrics*, low income employees were disproportionately affected by children in fair or poor health and, unless there was more than one parent working in the home, these employees went without both acute and preventive medical visits for themselves and their children.

Mandating paid sick leave is an important first step in ensuring access to primary health care for everyone and can only contribute to cost containment and the broader issues of health care reform, such as health equity and the reduction of health disparities.

Thank you for your consideration of my comments; and, it is my sincere hope that this legislation passes the legislature quickly and receives the Governor's signature. It will be a victory for informed and rational public health policy in the State of Connecticut.