THE HEALTHY FAMILIES ACT:
IMPACTS ON WORKERS, BUSINESSES, THE ECONOMY, AND PUBLIC HEALTH

Testimony of

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Committee on Health, Education, Labor, and Pensions

Hearing on
"The Healthy Families Act:
Safeguarding Americans' Livelihood, Families and Health with Paid Sick Days"

February 13, 2007

Mr. Chairman and Members of the Committee:

I am Heidi Hartmann, President of the Institute for Women's Policy Research, an independent, scientific research institute focusing on women's economic issues. Trained as a labor economist, with the Ph.D. degree from Yale University, I have studied women's employment issues for more than 30 years. I am also a Research Professor at George Washington University. I am pleased to have the opportunity to testify today on the impact of the Healthy Families Act on workers, businesses, the general economy, and public health.

Research documents the need and points toward effective policies

The Institute for Women's Policy Research (IWPR) has been conducting research on the adequacy of existing paid sick days policies since 2000. During this period, we have analyzed confidential data collected from employers by the U.S. Bureau of Labor Statistics to assess coverage provided voluntarily by employers; explored workers' use of paid time off policies with data collected by the U.S. Department of Health and Human Services; completed scans of medical and economics literature for data on the likely effects of expanding paid sick days programs; and worked closely with other researchers to develop valid approaches to measuring consequences workers experience when they lack adequate paid sick days. IWPR has provided data and policy analysis on this topic to members of Congress, state legislatures, municipal governing bodies, and stakeholder groups working on the issue. We have completed non-partisan analysis at critical junctures in several campaigns for expanded paid sick days policies, including the movement in San Francisco that led to voter endorsement of a paid sick days ballot initiative in November 2006.

Current paid sick days policies leave tens of millions with no coverage[1]

Only 58 percent of the non-agricultural wage-and-salary workforce is covered by a formal paid sick days policy for which they are actually eligible (Table 1).[2] This leaves 42 percent—more than 57 million workers—without paid sick days. Nearly 23 million of these workers are women. Workers in the public sector have much better coverage than in the private sector. Considering the private sector alone, fully 48 percent of employees, nearly half, lack eligibility for any paid sick days.

Table 1. Percent and number of workers with and without paid sick days, 2006

	Workers with paid sick days		Workers without paid sick days		Total number of workers [a]
	Percent	Number	Percent	Number	
Private sector	52	58,517,000	48	54,538,000	113,055,000
State and local government	87	16,735,000	13	2,501,000	19,235,000
Total, private and state/local [b]	57	75,252,000	43	57,038,000	132,290,000
Federal government	100	2,709,000	0	0	2,709,000
Total, private and public sectors	**58**	**77,960,000**	**42**	**57,038,000**	**134,999,000**

Notes: Excludes agricultural, military, private household, and self-employed workers. Rows and columns may not sum to totals due to rounding.

[a] Workforce numbers for 2006 use the Current Employment Statistics; IWPR's report *No Time To Be Sick: Why Everyone Suffers When Workers Don't Have Paid Sick Days* (Institute for Women's Policy Research, 2004) used the Current Population Survey, for the 2003 workforce.

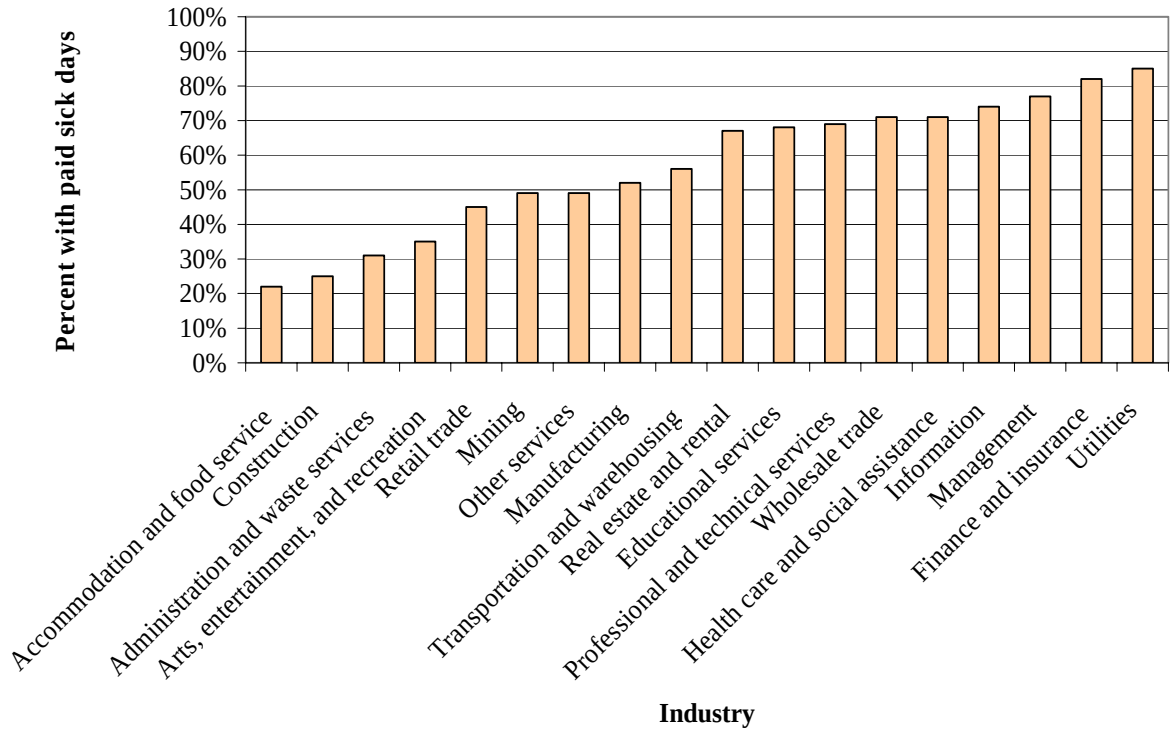
[b] These numbers and percentages are comparable to those of Table 1 in the IWPR publication *No Time To Be Sick: Why Everyone Suffers When Workers Don't Have Paid Sick Days* (Institute for Women's Policy Research, 2004).

Source: Institute for Women's Policy Research analysis of the March 2006 National Compensation Survey, the November 2005 through October 2006 Current Employment Statistics, and the November 2005 through October 2006 Job Openings and Labor Turnover Survey.

In some industries, coverage is notably worse that the overall average (Table 1 and Figure 1). Fewer than one-quarter of workers in the accommodation and food service industry have paid sick days (22 percent); coverage in construction is nearly as bad, at 25 percent. Employers in administration and waste services (which includes many clerical workers) and in arts, entertainment, and recreation extend paid sick days to only about one-third of their workers (31 and 35 percent, respectively). Retail trade also trails the average, with 45 percent of workers covered. Many of these industries with below average coverage are those with workers that all of us come into contact with every day: food service workers, cashiers, sales clerks. At the other end of the scale, roughly three-fourths of workers in wholesale trade; health care and social assistance; information; and management have paid sick days (71, 71, 74, and 77 percent,

respectively), and more than four of every five workers in finance and insurance and in utilities are covered (82 and 85 percent, respectively).

Figure 1. Share of private-sector workers with paid sick days, by industry, 2006



Coverage is best in larger establishments:[3] Three-fourths of workers in the largest establishments (those with 5,000 or more employees) have paid sick days, while only two-fifths of workers in the smallest establishments (with one to nine workers) do (77 percent vs. 42 percent; Table 2). For all establishments covered by the FMLA, 58 percent of workers are eligible for paid sick days. For smaller establishments, with fewer than 50 employees, 42 percent are eligible for paid sick days.

Table 2. Worker eligibility for employer-provided paid sick days policies in the private sector, by establishment characteristics, 2006

	Percent of workers with employer-provided paid sick days
Industry	
Accommodation and food service	22
Construction	25
Administration and waste services	31
Arts, entertainment, and recreation	35
Retail trade	45
Mining	49
Other services	49
Manufacturing	52
Transportation and warehousing	56
Real estate and rental	67
Educational services	68
Professional and technical services	69
Wholesale trade	71
Health care and social assistance	71
Information	74
Management	77
Finance and insurance	82
Utilities	85
All	52
Number of Employees	
1 to 9	42
10 to 24	40
25 to 49	44
50 to 99	41
100 to 499	55
500 to 4,999	71
5,000 or more	77
1 to 49 workers	42
50 or more (FMLA covered)	58
All	52
Region	
New England	61
Mid-Atlantic	56
East North Central	48

West North Central	51
South Atlantic	49
East South Central	48
West South Central	49
Mountain	52
Pacific	55
All	52

Notes: Excludes agricultural, military, private household, and self-employed workers. Rows and columns may not sum to totals due to rounding.
Source: Institute for Women's Policy Research analysis of the March 2006 National Compensation Survey, the November 2005 through October 2006 Current Employment Statistics, and the November 2005 through October 2006 Job Openings and Labor Turnover Survey.

By region, paid sick days coverage ranges from a low of 48 percent in the East North Central region (which includes the states of Illinois, Indiana, Michigan, Ohio, and Wisconsin) and the East South Central region (which includes the states of Alabama, Kentucky, Mississippi, and Tennessee) to a high of 61 percent in New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont; Table 2).

Lower-wage workers are shut out of current policies

The availability of paid sick days varies enormously along job characteristics such as occupation, work hours, and wage level (Table 3). In general, professional and other white-collar workers have the best paid sick days coverage, and those in lower-level service-sector jobs are the least likely to have any paid sick days. Among occupations, paid sick days rates are the highest for lawyers, managers, and computer, math, architecture, and engineering professionals, at 84 percent, 83 percent, and 81 percent, respectively. Three of every four workers in business and financial occupations, community and social services, and life, physical, and social sciences also have paid sick days (78 percent, 77 percent, and 75 percent, respectively). At the other end of the spectrum, only one in seven food service workers has paid sick days (15 percent). Protective services and construction workers also have very low coverage, at 22 percent and 18 percent, respectively.

Table 3. Worker eligibility for employer-provided paid sick days in the private sector by job characteristics, 2006

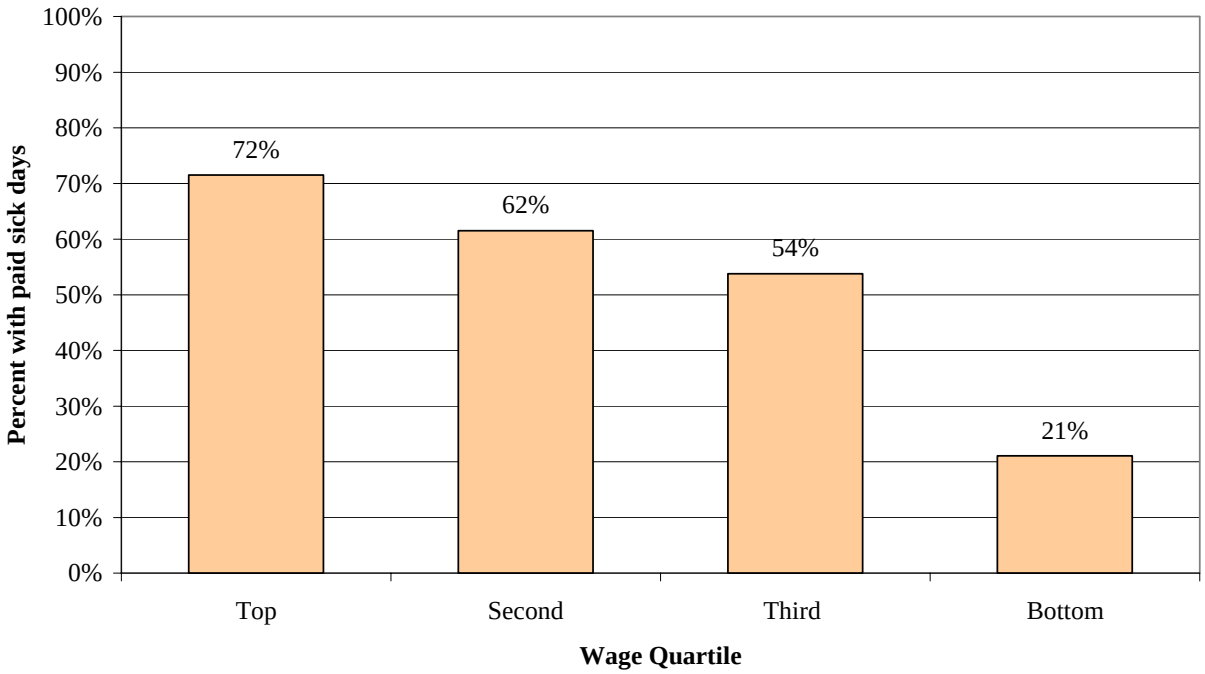
	Percent of workers with employer-provided paid sick days
Occupation	
Food Preparation and Services	15
Construction and Extraction	18
Protective Services	22
Personal Care and Service	37
Transportation and Material Moving	41
Production	41
Sales	46
Building services, Grounds Cleaning, and Maintenance	53
Installation, Maintenance, and Repair Services	58
Arts, Entertainment, Sports	62
Education and Training	62
Healthcare Support	65
Office and Administrative Support	68
Healthcare Practice and Technical	71
Life, Physical, and Social Sciences	75
Community and Social Services	77
Business and Financial	78
Architecture and Engineering	81
Computer and Math	81
Management	83
Legal	84
All	52
Wage Level	
Fourth (bottom)	21
Third	54
Second	62
First (top)	72
All	52
Work Schedule	
Full-time	62
Part-time	20
Full-year	53
Part-year	26
Full-year, full-time	63
Not full-year, full-time	21
All	52

Notes: Excludes agricultural, military, private household, and self-employed workers. Rows and columns may not sum to totals due to rounding. Cutoffs for wage quartiles: first (top), $21.66 or more; second, $13.50 to $21.65; third, $9.23 to $13.49; and fourth (bottom), less than $9.23.
Source: Institute for Women's Policy Research analysis of the March 2006 National Compensation Survey, the November 2005 through October 2006 Current Employment Statistics, and the November 2005 through October 2006 Job Openings and Labor Turnover Survey.

Full-time workers are more than three times as likely to have paid sick days as part-time workers (62 percent vs. 20 percent). While working a short week does provide some flexibility to respond to health needs, many part-timers have less than full-time hours involuntarily, and others work multiple part-time jobs in order to patch together a full-time income. (Despite the fact that 19 percent of women and 24 percent of men would prefer to work more hours than they currently do,[4] some firms deliberately limit workers' hours in order to avoid having them become eligible for benefits such as paid sick days.) Thus, the lack of paid sick days for part-time workers is as serious an issue as the incomplete coverage of full-time workers. Workers on part-year schedules also have very restricted access to paid sick days, with only one quarter covered (26 percent).

Differences in paid sick days coverage by wage level are as extreme as those by occupation. At the top, nearly three-fourths of workers have access to paid sick days (72 percent; Figure 2 and Table 3).[5] Coverage drops to three-fifths for workers in the second wage quartile (62 percent), and then to just over half for those in the third wage quartile (54 percent). Only about one-fifth of workers in the bottom wage quartile have paid sick days (21 percent). (The wage threshold for the bottom wage quartile is $9.23, approximately the same as the hourly wage which, if worked full-time throughout the year, would provide a poverty-line income for a family of four.)

Figure 2. Share of private-sector workers with paid sick days, by wage quartile, 2006



In addition to having differential access to paid sick days, workers at different wage levels are offered different numbers of paid sick days (Table 4). After one year on the job, workers in the top wage quartile average 10 paid sick days. Those in the second wage quartile have nearly 8 days; in the third, 7; and in the bottom, 6.5. With 10 years of job tenure, those at the top accrue nearly an additional three days, for a total of 12.7, while those in the bottom wage quartile have only one more paid sick day, giving them 7.5 days annually. The lowest-wage workers also have to wait longer to qualify for paid sick days than higher-wage workers: an average of 3.5 months, or nearly twice the job tenure requirement of 1.9 months offered to workers in the top wage quartile.

Table 4. Number of paid sick days by years of job tenure, and eligibility periods, by wage quartile

	Number of paid sick days after:		Number of months between hire and eligibility
Wage quartile	One year	10 years	
Top	10.0	12.7	1.91
Second	7.8	9.1	2.33
Third	7.1	8.4	3.12
Bottom	6.5	7.5	3.48
All	8.1	9.8	2.59

Notes: Excludes agricultural, military, private household, and self-employed workers. Rows and columns may not sum to totals due to rounding.

Source: Institute for Women's Policy Research analysis of the March 2006 National Compensation Survey, the November 2005 through October 2006 Current Employment Statistics, and the November 2005 through October 2006 Job Openings and Labor Turnover Survey.

Workers with paid sick days take 3.9 days per year for their own illnesses and 1.3 days to care for other family members

According to IWPR analysis of the 2004 National Health Interview Survey, workers who are covered by paid sick days policies miss an average of 3.9 days of work per year for their own illness and injury (excluding maternity leave).[6] (Workers who lack this benefit take approximately one fewer day off for sickness per year, at an average of 3.0 days.) But, of course, individual workers vary enormously in their need for paid sick days. Zero is the most typical number of days taken off for illness: half (50 percent) of those with a paid sick days policy do not miss a single day of work because of illness in an entire year. Others—those with chronic illnesses, or medical emergencies—need more than one week in at least some years.

According to the U.S. Department of Labor's 2000 Family and Medical Leave Act Survey of Employees, workers take 0.33 days of FMLA-type leave to care for ill children, spouses, and parents for every day of leave taken for their own health needs. Thus, on average, we estimate that workers need 1.3 days of paid sick time per year to care for family members.[7] Again, this need will vary considerably by individual circumstances. For instance, parents of school-age children may need to attend to their children at home for approximately four days per

year,[8] and workers with responsibility for elderly parents or disabled adult children may need more time as well.

The Healthy Families Act, as proposed in the last Congressional session, would also provide time off work with pay for workers to obtain preventive and other care from doctors. This is likely to involve 3.5 hours for doctor visits per year, on average, for workers' own health needs.[9]

The Healthy Families Act would bring benefits to workers, businesses, and the overall economy

Workers and their families. Establishing a minimum paid sick days standard through a bill such as the Healthy Families Act, proposed in the last session, would bring immediate benefits to workers who currently lack paid sick days. They would likely take an average of one additional day off work for their own health-care needs, and thus recuperate more completely and faster from illnesses, injuries, surgery, and other medical treatments.[10] Their families would not suffer the lost income associated with staying home on unpaid leave when working is impossible.

The preliminary 2006 estimated benefit to workers in new sick pay under a model program proposed to the 109th Congress as the 2004 Healthy Families Act would be $19.6 billion. This is the amount of new pay that workers who did not have sick pay before, or whose sick days were limited, would be expected to receive each year.

Children recover their health faster with parents' involvement,[11] and having paid time off is the primary factor in parents' decisions about staying home when their children are sick.[12] Thus, workers who are granted new paid sick days will experience better health outcomes for their children and, likely, lower health-care expenditures. Parents who are allowed to take their children to the doctor during work hours without missing pay may also be better able to carry out recommended treatments and routine care, such as immunizations and well-child check-ups. And family care will not cause workers to lose as much income as they now do. Now, half of working mothers, and 75 percent of low-wage working mothers, lose pay when they stay home with a sick child.[13] This is a costly, stressful burden to impose on families already struggling to shoulder the responsibilities of work and family.

With better paid sick days programs, families may also be able to avoid some short-term nursing home stays for elderly relatives. Over 21 million full-time workers are caregivers for aging family members.[14] It is not unusual for an older patient to be dismissed from a hospital as too healthy to need such a high level of medical care, but not being healthy enough to be home alone. If an adult child can take a couple days off work to provide needed care, the patient may be able to transition directly home. With nursing homes charging an average of $158 per day,[15] and skilled in-home care also costly, families that can take care of their own relatives can enjoy substantial savings.

Employers. With improved sickness absence programs, businesses will gain in at least three ways. First, and most significant in monetary terms: Rates of voluntary turnover will drop, as workers find their current compensation package more attractive and are, therefore, less inclined to search out another job. Research shows that turnover rates will drop by between four and seven percentage points, for different demographic groups of workers.[16] Replacing workers is very expensive: Even in the low-wage labor market, filling a vacant position and bringing a new worker up to full productivity can cost 43 percent of annual pay.[17] A more general rubric is that an employer must pay 25 percent of a worker's total yearly compensation (including the cost of benefits) to replace a worker.[18]

This benefit alone will save employers more than the total cost of additional wages, payroll taxes, and administrative expenses of the Healthy Families Act.

A second major benefit for employers is that, when at work, their workers will be healthier. That is, those who are too sick to perform at full capacity will be at home, rather than receiving their full compensation for being at work but not being productive. Savings associated with better management of workers' presenteeism will help offset new wage payments to workers who, appropriately, stay at home when they are sick.

Finally, employers will reap benefits in lower overall sickness rates when workers with contagious diseases remove themselves from the workplace and avoid passing germs to their colleagues. Thirty percent of workers report having become sick from someone in their office during the last flu season;[19] many have experienced the phenomenon of a cold or flu spreading through a worksite, taking out one worker after another. This is much less likely to happen if workers can stay home when they are in a contagious phase of a disease. Employers know that presenteeism is not a good thing: More than half (56 percent) say it is a problem for them.[20]

The preliminary 2006 estimate of the total benefits of a bill such as the Healthy Families Act introduced in the last session of Congress is $31.2 billion, which far outstrips the estimated total cost of $22.3 billion.[21]

Public health. The issue of contagion has very important implications for public health, in addition to its impact on individual employers. Should a serious pandemic erupt—such as might occur if the bird flu mutated to be transmittable between humans—it will be critical that infected workers reduce their social contacts as much as possible while they are in a contagious phase. But even less serious flu outbreaks can be ameliorated by good paid sick days policies that allow workers to sensibly withdraw from worksites to avoid spreading disease. Research has shown that the incidence of disease within workplaces is lessened when workers have paid sick days.[22] That also means that fewer individuals are bringing germs home to their own families and friends. And that is why the Centers for Disease Control and Prevention recommend that people who have the flu stay home.[23]

The economy at large. The productivity effects of expanded paid sick days will benefit not only individual employers—they will add to overall economic productivity. Reducing total sickness absence by keeping sick workers out of offices and reducing voluntary job turnover will help to maximize workers' output. Job-protected paid sick days are especially important to women workers. Still today women workers bear the larger share of family care, and thus having the right to leave and return to their jobs, and not lose pay, is of far greater benefit to women. A bill to guarantee workers several paid sick days per year (that can also be used for family care) will lengthen and strengthen women's attachment to their jobs, enabling them to gain job seniority and improve their long-term productivity. A paid sick days bill will help women's average time on the job catch up with men's, contributing ultimately to greater pay equity between women and men.

Holding down *in*voluntary job loss will also contribute to economic productivity. There is an ever-growing accumulation of anecdotal evidence about this effect, collected by worker rights organizations such as 9to5[24] as well as the Center for WorkLife Law at the Hastings School of Law.[25] As no government surveys measure this phenomenon, it is difficult to estimate the dollar value of recovered productivity that would accrue from better paid sick days policies that keep workers from being fired for missing work when they, or members of their families, are sick. As a rough estimate, using known data on the share of the low-wage workforce that lacks paid sick

days (79 percent), rates of hiring in low-wage industries, and the share of low-wage new hires that replaces workers (as opposed to filling new positions), IWPR calculates that involuntary turnover related to the lack of paid sick days for low-wage workers likely costs employers nearly $2 billion annually. This cost estimate is based on using a parameter of 3.3 percent of job loss in the low-wage labor market is involuntary due to the lack of paid sick days. The productivity impact of inadequate paid sick days policies is certainly very substantial. Productivity losses of this nature are a drain on the economy as a whole, in addition to their direct impacts on workers and employers.

IWPR's research clearly shows the need for expanded access to paid sick days and, further, that such access will bring benefits not only to workers but also to businesses and the economy overall. In fact the benefits substantially outweigh the costs, indicating that enactment of such a requirement would improve the operation of the U.S. economy. Our research also documents that workers make modest use of paid sick days policies—the most typical number of days taken off per year is zero, and workers who have paid sick days miss only one more day of work than those without. I urge the Congress to develop this legislation to address the needs of workers for paid sick days and improve overall productivity and economic growth.

If I or my staff can be of further help to you as you continue to deliberate on these issues, please do not hesitate to contact us. Thank you for holding this hearing and for the opportunity to testify.

Methodology

The IWPR analysis of paid sick days coverage rates begins with analysis of the March 2006 National Compensation Survey (NCS). Collected by the U.S. Bureau of Labor Statistics (BLS), this payroll survey includes more than 10,000 private-sector establishments of all sizes and 41,985 individual jobs. (Private household and military employers and the self-employed are not included.) IWPR staff conducted the analysis of the confidential microdata set onsite at the BLS under contract with the BLS. Weighting variables calculated by the BLS allow generalization of findings to the entire U.S. private-sector workforce. The March 2006 NCS did not survey local and state

governments, so participation rates for workers in those sectors are from IWPR's previous analysis of the 1996-1998 Employee Benefits Survey, the precursor to the NCS.

The NCS queries employers on numerous benefits provided to workers for which the employer incurred a cost. Regarding paid sick days benefits, it specifically collects data on whether *jobs* are covered by a policy allowing workers to stay home, with pay, when they are sick. (Thus, general paid-time-off policies that do allow this use are coded as being paid sick days programs.) Individual incumbents in those jobs may not yet have met employer-imposed eligibility thresholds related to job tenure. That is, the NCS provides data on "access" to paid sick days, but not on "participation." To adjust for eligibility, data on the percent of workers who are new hires, taken from the BLS' Job Openings and Labor Turnover Survey, by industry, were combined with data from the NCS on the average number of days between date of hire and eligibility for paid sick days policies (78 days). In the analysis presented here, "participation" refers to the share of the workforce that has "access" to paid sick days, according to the NCS, and has also met the average eligibility threshold.

Workforce size estimates use the Current Employment Statistics payroll survey.

In estimating the 2006 benefits of the Healthy Families Act, the 2003 estimates presented in *Valuing Good Health: An Estimate of Cost and Savings for the Healthy Families Act* (Washington, DC: Institute for Women's Policy Research, 2005) were used, with final dollar values for wages and other factors inflated to 2006 dollars using the CPI.

To estimate the costs of involuntary job loss by low wage workers, the most likely to lack paid sick days, IWPR combined information from several sources. The size of the low-wage work force was estimated as the lowest paid quartile, using the sources described above; 79 percent of these lack paid sick days according to IWPR analysis of the 2006 National Compensation Survey. Monthly new hires from the Job Openings and Labor Turnover Survey for Accommodation and Food Service were used to proxy new hires for the low-wage labor force as a whole. IWPR then adjusted these numbers downward to obtain an estimate of the amount of job replacement, as opposed to job growth, based on data from the BLS for those with a high school degree or less.[26] We estimate that 3.3 percent of all turnover in the low-wage labor market is involuntary job loss due to the lack of paid sick days. Finally, we estimate the annual compensation cost

of the low-wage worker from *Valuing Good Health* (inflated to 2006 dollars) and, following that report, assume that turnover costs equal 25 percent of total annual compensation.

[1] Data presented here are from Institute for Women's Policy Research analysis of the March 2006 National Compensation Survey, which collected information on employment benefits from over 10,000 non-agricultural private-sector establishments. (Private households were not surveyed.) The survey's data on workers' "access" to paid sick days was adjusted to reflect actual participation in these programs using data on new hires from the Job Openings and Labor Turnover Survey, to account for workers who have not yet met job tenure eligibility criteria for participation in offered paid sick days programs.
[2] Refers to the workforce excluding federal, military, and private household employees and the self-employed.
[3] These data are for establishments—individual physical business locations; the National Compensation Survey does not collect data at the level of firms. (A firm may comprise a number of individual establishments.)
[4] Jeremy Reynolds, "When Too Much Is Not Enough: Actual and Preferred Work Hours in the United States and Abroad," *Sociological Forum* 19, 1 (2004): 89-120.
[5] The top wage quartile includes workers making $21.66 or more per hour; second, $13.50 to $21.65; third, $9.23 to $13.49; and fourth (bottom), less than $9.23.
[6] Vicky Lovell, *Valuing Good Health in San Francisco: The Costs and Benefits of a Proposed Paid Sick Days Policy* (Washington, DC: Institute for Women's Policy Research, 2006).
[7] Rutgers University Center for Women and Work analysis of data from U.S. Department of Labor, *Family and Medical Leave Surveys, 2000 Update,* April 12, 2005.
[8] Vicky Lovell, *No Time to be Sick: Why Everyone Suffers When Workers Don't Have Paid Sick Leave* (Washington, DC: Institute for Women's Policy Research, 2004).
[9] Lovell 2006.
[10] Anne Grinyer and Vicky Singleton, "Sickness Absence as Risk-Taking Behavior: A Study of Organizational and Cultural Factors in the Public Sector," *Health, Risk and Society* 2 (March 2000): 7-21.
[11] Sarah J. Palmer, "Care of Sick Children by Parents: A Meaningful Role," *Journal of Advanced Nursing* 18 (February 1993): 185-191.
[12] Jody S. Heymann, Alison Earle, and Brian Egleston, "Parental Availability for the Care of Sick Children," *Pediatrics* 98 (August 1996): 226-230.
[13] Roberta Wyn, Victoria Ojeda, Usha Ranji, and Alina Salganicoff, *Women, Work, and Family Health: A Balancing Act* (Washington, DC: Henry J. Kaiser Family Foundation, 2003). <http://www.khpa.ks.gov/healthquest/pdfs/Balancing_Act_Issue_Brief.pdf>
[14] National Alliance for Caregiving and AARP, *Caregiving in the U.S.* (Bethesda, MD: National Alliance for Caregiving, 2004).
[15] MetLife, *The MetLife Market Survey of Nursing Home & Home Care Costs* (Westport, CT: MetLife Mature Market Institute, 2004).
[16] Philip F.Cooper and Alan C. Monheit, "Does Employment-Related Health Insurance Inhibit Job Mobility?" *Inquiry* 30 (Winter 1993): 400-416.
[17] Walter E. Johnson and Dan M. Tratensek, "Employee Turnover," *Do-It-Yourself Retailing* 180 (June 2001).
[18] Employment Policy Foundation, "Employee Turnover – A Critical Human Resource Benchmark," *HR Benchmarks* (December 3, 2002): 1-5 <www.epf.org> (January 3, 2005).
[19] National Foundation for Infectious Diseases, *New National Survey Shows Employees Feel Pressured to Go to Work, Despite Being Sick with Flu*<http://www.nfid.org/pdf/docs/workplace_flu_release.pdf> (February 8, 2007).
[20] CCH Incorporated, "Findings from the 2006 Unscheduled Absence Survey" < http://hr.cch.com/thenews> (January 24, 2007).
[21] Institute for Women's Policy Research analysis updating the findings presented in Vicky Lovell, *Valuing Good Health: An Estimate of Cost and Savings for the Healthy Families Act* (Washington, DC: Institute for Women's Policy Research, 2005) to account for inflation.

[22] Jiehui Li, Guthrie S. Birkhead, David S. Strogatz, and F. Bruce Coles, "Impact of Institution Size, Staffing Patterns, and Infection Control Practices on Communicable Disease Outbreaks in New York State Nursing Homes," *American Journal of Epidemiology* 143 (May 1996): 1042-1049.
[23] U.S. Department of Health and Human Services, *Influenza Symptoms, Protection, and What to Do If You Get Sick* <http://www.cdc.gov/flu/pdf/symptoms.pdf> (February 8, 2007).
[24] 9to5: National Association of Working Women, *10 Things that Could Happen to You if You Didn't Have Paid Sick Days* <http://www.9to5.org/downloads/booklet.pdf> (February 9, 2007).
[25] Joan C. Williams, *One Sick Child Away From Being Fired: When "Opting Out" is Not an Option* (San Francisco: UC Hastings College of Law, WorkLife Law, 2006).
[26] Daniel E. Hecker, "Occupational Employment Projections to 2014," *Monthly Labor Review* (November 2005): 70-101.