

**Submission to Hon. Harry Bains,  
Minister of Labour  
Paid Sick Leave Consultation  
September 2021**



**HEALTH SCIENCES ASSOCIATION**  
**The union delivering modern health care**

## Message from President Kane Tse

Dear Minister Bains,

There is no doubt that COVID-19 has challenged our province and health care system. It has revealed the necessity for paid sick leave in order to prevent COVID-19 transmission, and as a basic workplace right.

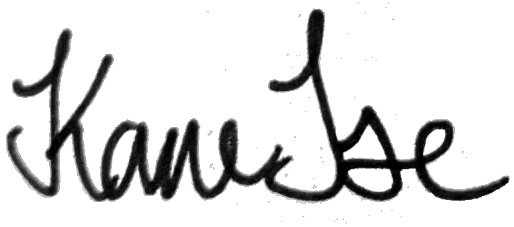
The Health Sciences Association of BC represents health science and social service professionals across the province. Respiratory therapists, social workers, medical laboratory and imaging technologists, dietitians, pharmacists, physiotherapists, and many others. Our members see firsthand the how the socio-economic determinants of health have a profound impact on the health of British Columbians. Evidence-based labour and social policies can improve health equity and reduce burdens on our public health care system.

We encourage the BC government to implement employer-paid sick leave based on the recommendations put forward by the BC Federation of Labour and supported by affiliated unions and community organizations.

While we know that the evidence strongly supports paid sick leave, we also know from the BC Federation of Labour's recent opinion survey that the public overwhelmingly supports employer-paid sick leave. In fact, more than four in five British Columbians support the BCFED proposal for 10 employer-paid sick days.

On behalf of the Health Sciences Association of BC's 20,000 members, I respectfully submit our union's recommendations for the paid sick leave consultation.

Sincerely,

A handwritten signature in black ink that reads "Kane Tse". The signature is written in a cursive, flowing style.

Kane Tse  
President, Health Sciences Association

The Health Sciences Association of BC recommends that the BC government guarantee up to 10 days of employer-paid sick leave annually through legislation as per the recommendations of the BC Federation of Labour.<sup>1</sup> In this submission, we primarily focus on the health-related evidence supporting paid sick leave.

## Paid sick leave reduces health inequalities

Socio-economic determinants of health include working conditions and un(der)employment, systemic racism, access to essential goods and services (e.g., water, sanitation and food), housing and the living environment, access to health care, and transportation.<sup>2</sup> Income and socio-economic status shape how individuals and groups experience the determinants of health and influence health outcomes. Put simply, the higher your socio-economic position, the better your health.<sup>3</sup> These “systematic differences in health which exist between socio-economic classes” are called health inequalities.<sup>4</sup>

Importantly, the determinants of health inequalities in society are political and economic in nature, including labour and social policies:

Patterns of health and disease are produced by the structures, values, and priorities of political and economic systems. Area-level health – be it local, regional or national – is determined (at least in part) by the wider political, social and economic system and the actions of the government ... and whether there are collective interventions to improve health and reduce health inequalities[.]<sup>5</sup>

Paid sick leave is one such public policy intervention that influences population health outcomes and can reduce health inequalities, especially amidst a pandemic. Research shows that paid sick leave improves access to preventive care.<sup>6</sup> Preventive care, including cancer screenings, immunizations, and other testing, can help identify issues before they lead to chronic disease and severe outcomes.

1 BC Federation of Labour (2021), [An Equitable Recovery: The Case for Paid Sick Leave as a Right of Employment in BC](#).

2 C. Bamba (2011), *Work, Worklessness and the Political Economy of Health*. Oxford: Oxford University Press, p. 9.

3 Bamba, 2011, p. 12.

4 Bamba, 2011, p. 12. Health inequalities refer to observed differences in health by population groups (e.g. income), while health inequities refer to differences that are unfair or unjust.

5 C. Bamba (2016), *Health Divides: Where You Live Can Kill You*. Bristol: Policy Press, p. 139.

6 L. DeRigne, P. Stoddard-Dare, C. Collins, L. Quinn (2017), [Paid sick leave and preventive health care service use among US working adults](#). *Prev Med* 99.

However, lower-income people, who are already more likely to experience worse health outcomes, are the least likely to have access to paid sick leave. A survey conducted by the Canadian Centre for Policy Alternatives and SFU Labour Studies Program found that just over half (53 per cent) of workers in BC aged 25 to 65 lack paid sick days.<sup>7</sup> Among those without paid sick leave, workers with the lowest employment earnings were the least likely to have access to paid leave. As Iglia Ivanova and Kendra Strauss put it, “The numbers are shocking for the lowest-paid workers earning less than \$30,000 per year where an overwhelming majority (89 per cent) do not have access to paid sick leave.”<sup>8</sup>

In effect, the mismatch between lower-income groups who are most likely to benefit from access to paid sick leave are the least likely to have it, and therefore less likely to seek out preventive care that might improve health outcomes.

## Paid sick leave helps prevent transmission of COVID-19 and other infectious diseases

The experience of the last 20 months has laid bare the fact that too many workers must work while sick. For many low-wage and precarious workers, it comes down to staying home without pay and risk employer retribution or keeping a roof over one’s head. No worker should face this impossible – and preventable – situation. And we know that the human and economic costs of spreading infection – resulting in workplace closures – far outweigh the costs of providing paid sick leave.

While data on COVID-19 transmission by sector is not shared publicly in BC, evidence from Ontario and elsewhere suggests that workplace transmission remains a significant concern. For example, in Ontario’s Peel Region, where many essential workplaces including manufacturing and e-commerce warehouses are located, 66 per cent of community outbreaks from September to December 2020 occurred in workplaces.<sup>9</sup>

There is no reason to believe workplace transmission dynamics are entirely different in BC. The comparatively higher case rates in the Fraser South region during much of the pandemic, home to similar industrial settings and low-wage workers, suggest that COVID-19 has been spreading in similar workplaces to those in the Peel region. Meat processing plants, warehouses, and other

7 I. Ivanova & K. Strauss (2020, May 27), [Paid sick leave finally on the agenda: Here’s why it matters](#). *Policy Note*. Canadian Centre for Policy Alternatives.

8 Ivanova & Strauss, 2020.

9 A. Thompson, N. Stall, K. Born et al. (2021), [Benefits of paid sick leave during the COVID-19 pandemic](#). *Science Briefs of the Ontario COVID-19 Science Advisory Table 2(25)*, p. 4.

industrial settings that depend on low-wage and often racialized workers have been some of the province's largest publicly reported outbreaks.<sup>10</sup> Before vaccines were widely available, for-profit long-term care homes and assisted living were sites of significant workplace transmission. Unlike their public sector counterparts working under sector-wide collective agreements, these health care workers often lacked adequate employer-paid sick leave and worked at multiple facilities in order to make ends meet.<sup>11</sup>

The evidence overwhelmingly supports paid sick leave as a public health intervention to prevent the transmission of infectious diseases, including COVID-19. In a scientific review, the Ontario COVID-19 Science Table concluded that:

“Observational real-world evidence suggests that paid sick leave is associated with a reduction in SARS-CoV-2 transmission and COVID-19 illness among essential workers, and an improvement in productivity. This has been found both during the COVID-19 pandemic and in observational studies reporting of paid sick leave for influenza-like illness, including increased influenza vaccination rates.”<sup>12</sup>

Furthermore, and as previously noted, the lack of access to paid sick leave among low-wage essential workers is deepening COVID-related health inequalities. The relationship between low-wage essential workers in communities experiencing much more rapid transmission, and disproportionate disease burden, is demonstrated in a growing body of evidence. In a not yet peer-reviewed study, researchers found that in the Greater Toronto Area, “variants of concern emerged faster in groups with lowest income and most essential work.”<sup>13</sup>

As a result, pre-existing inequalities are exacerbated by the disproportionate disease burden in communities with racialized, low-wage essential workers. As a corollary, these communities will face disproportionate rates of mortality and morbidity, including Long COVID. As a Wellesley Institute analysis of Ontario data notes, “It is reasonable to assume that if infection and hospitalization

were disproportionately experienced by racialized persons, the burdens of long-term COVID-19 symptoms will fall upon those communities.”<sup>14</sup>

In sum, paid sick leave is an evidence-based policy intervention that can help prevent the transmission of infectious diseases, including COVID-19, and can help prevent the widening of COVID-related health inequalities.

## Paid sick leave is a basic employment right across the OECD

In many OECD countries, employer-paid sick leave is a basic employment right. Most OECD countries provide short-term employer-paid sick leave and long-term leave through a social security system. BC, and Canada, generally, lag behind many wealthy countries and sub-national jurisdictions. In fact, Canada is the bottom-quarter of countries globally that do not ensure paid sick leave on the first day of illness, which remains critical to spreading infection at the first sign of symptoms.<sup>15</sup>

According to a 2018 analysis of OECD countries, employers were responsible for paying the first two weeks of sick leave in 19 out of 34 countries.<sup>16</sup> Employer-paid sick leave exists including Washington state, San Francisco, New Zealand, Australia, Germany, among many others.

## Paid sick leave is necessary for a strong economy

Paid sick leave reduces worker turnover and increases productivity, and reduces the risk of injury in the workplace. Working while sick is more likely to result in errors on the job and a higher risk of injury, while workers with paid leave are 28 per cent less likely to be injured on the job.<sup>17</sup> As well, employers with paid sick leave realize savings with reduced employee turnover with one study showing a 25 per cent drop in turnover.

10 N. Loreto (2021, Apr. 16), [The superspreader events that governments let happen](#), *Maclean's*; S. Little (2020, Dec. 17), [COVID-19 outbreak declared at second BC poultry plant this month](#), *Global News*; The Canadian Press (2021, Mar. 13), [44 employees test positive in COVID-19 outbreak at Langley glass factory](#), *CBC News*.

11 P. Armstrong & M. Cohen (2020), *A Higher Standard: Setting Federal Standards in Long-Term Care and Continuing Care*, Canadian Centre for Policy Alternatives.

12 A. Thompson, N. Stall NM, K. Born et al. (2021), [Benefits of paid sick leave during the COVID-19 pandemic](#). *Science Briefs of the Ontario COVID-19 Science Advisory Table* 2(25), p. 8.

13 Z. Chagla, H. Ma, B. Sander, S. D. Baral, S. Mishra, [Characterizing the disproportionate burden of SARS-COV-2 variants of concern among essential workers in the Greater Toronto Area, Canada](#), medRxiv 2021.03.22.21254127.

14 N. Amberber, J. Iveniuk, K. McKenzie (2021), *Inequities over time in COVID-19 infection and COVID-19-related hospitalizations/deaths*, Toronto: Wellesley Institute.

15 J. Heymann et al. (2020), [Protecting health during COVID-19 and beyond: A global examination of paid sick leave design in 193 countries](#), *Glob Public Health* 15(7), 925-934.

16 A. Raub et al. (2018), [Paid Sick Leave for Personal Illness: A Detailed Look at Approaches Across OECD Countries](#). WORLD Policy Analysis Center, UCLA.

17 A. Asfaw, R. Pana-Cryan, & R. Rosa (2012), [Paid Sick Leave and Nonfatal Occupational Injuries](#), *American Journal of Public Health* 102(9), 359-e64.

## Paid sick leave reduces costs to the public health care system

The lack of paid sick leave for many workers in BC results in additional costs to the public health care system. The empirical health services literature shows that workers without paid sick days are more likely to seek out emergency care for themselves or family members, and less likely to access primary care (which increases likelihood of using more costly emergency services).

In a recent report, the Ontario-based Decent Work and Health Network summarized the research evidence on the benefits to the public health care system and the public purse: “By increasing access to preventive and primary care, paid sick days improve population health and reduce the burden of unnecessary visits and costs on the health care system.”<sup>18</sup>

## Recommendations

The Health Sciences Association fully endorses the [recommendations](#) put forward by the BC Federation of Labour for legislated, employer-paid sick leave:

1. Require employers regardless of firm size to provide all employees (including full-time, part-time, term specific, temporary and casual) with up to 10 days of paid sick leave annually at 100% of salary or hourly rate of pay as follows:
  - i. Equivalent of three days of paid leave upon hire and at the start of each work anniversary; and
  - ii. An additional one hour of paid sick leave for every 35 hours worked (including paid time on vacation or other statutory leaves), to a maximum of 52 hours of additional leave annually.
2. Require employers to provide sick leave at the workers' full regular pay. For workers whose pay varies, an averaging formula may be applied.
3. Ensure that the first three days of paid sick leave entitlement is available immediately upon hire with no waiting or qualification period.
4. Ensure that workers can carry over unused paid sick time to the following year to a maximum of 10 days.
5. Ensure employees rehired within 12 months will have their sick leave entitlement reinstated.
6. To ensure broad coverage for workers, mandate that workers are considered employees unless the employer can prove otherwise and implement an ABC test similar to the State of California to clearly identify workers who are excluded from employment rights.
7. Prohibit discrimination against casual and part-time workers who call in sick by offering fewer shifts or hours.
8. Prohibit employers from requiring workers to provide a doctor's medical note to access sick leave, so there is no unnecessary burden on the health care system.
9. For longer-term sick leave, permanently require employers to provide job protected leave for the duration of federal Employment Insurance Sickness Benefits.
10. Ensure sick leave covers both illnesses and absences due to non-workplace injuries.
11. Ensure employers cannot ask workers to use sick leave in place of filing a worker's compensation claim for a workplace injury. In addition, ensure any use of paid sick days by a worker due to a workplace injury are reinstated once a Workers' Compensation Board claim is accepted.

18 Decent Work & Health Network (2020), [Before It's Too Late: How to Close the Paid Sick Day Gap During COVID-19 and Beyond](#), p. 11.