

General Public Listening Session #2

The Workplace Partnership Group conducted a general public listening session on Thursday, January 21, 2016, to engage the general community of Minneapolis. The session was conducted at the Sabathani Community Center, 310 E. 38th Street, beginning at 6:30 p.m. Participants were invited to provide their perspectives in response to a pre-arranged set of questions related to policy issues concerned with earned sick time and paid time-off (PTO). The following is a summary of feedback from participants in this listening session.

PRESENTATION

Gretchen Musicant, Commissioner of Health for the City of Minneapolis, presented information about the public health consequences of illness, citing case studies related to specific diseases, and the potential impact to workers lacking access to paid sick time. She noted that disparities were largely the result of policy decisions that systematically disadvantaged certain populations; in particular, low-income workers and communities of color. Thus, the greatest potential for meaningful change to address these public health disparities was through policy initiatives targeting these populations. See attached PowerPoint presentation for details.

Deputy City Coordinator Nuria Rivera-Vandermyde provided additional context by explaining that studies show nearly 40% of workers in Minneapolis lacked access to paid sick time or PTO. Thus, in keeping with the charge given by the Mayor and City Council, the Workplace Partnership Group was studying the impact of policy elements related to earned sick time and paid time-off, including regional and cross-jurisdictional implications. To help structure its approach to the myriad of issues involved in a potential municipal policy mandate, the Workplace Partnership Group was exploring aspects of policy elements in three major categories: (1) elements that could improve public health, generally; (2) elements that would improve labor conditions, specifically targeting employee health in the workplace; and (3) improving the business climate in Minneapolis to attract and retain the best workforce possible. Within those three major categories, some of the primary questions focused on how broadly the coverage of a municipal mandate should be; how any benefit would be accrued and applied; and the mechanisms around administration, monitoring, and enforcement, as well as safeguards to avoid abuses of the policy by both employees and employers. These were reflected in a “decision pathway” chart that visually depicted the scope of work being considered; see attached chart for details. A final report of policy recommendations was due to the Mayor and City Council by February 24, 2016.

PARTICIPANT FEEDBACK

With that context, the floor was opened to feedback from those in attendance. The following questions were used to broadly frame the discussion.

Question #1. How broadly or narrowly should the City of Minneapolis consider coverage to effectively address the public health and equity concerns associated with policies related to earned sick time and paid time-off?

Question #2. How should paid sick time and/or paid time-off be used? What are your experiences in offering this kind of coverage, or in using paid sick time?

Question #3. How should paid sick time and/or paid time-off be earned? Should it vary by hours worked, business sector, revenue, number of employees? Should it be capped?

Question #4. What, if any, measures should be considered to ensure workers are not penalized for using paid sick time, and to ensure that employers are not subject to undue hardship or abuse of such policies?

Two participants, both educators, said it was imperative all workers in the city receive paid sick time, noting especially the importance of this access for parents of school-age children. Through their positions, they both had witnessed firsthand the difficulty many parents faced when children were sick; these decisions were often the result of parents being forced to choose between going to work or staying home with a sick child and risk punishment, including possible termination, at the job. This reality had a disproportionate negative impact on single-parent families, low-wage earners, and people of color. Sometimes children were sent to school who were ill, where they exposed other students and adult teachers/faculty to potential infection and the spread of illness or disease. Both described how schools are known collection places for sickness, where adult teachers, faculty members, and workers are exposed on a continuous basis to sick kids, and these adults then often bring those germs, viruses, and illnesses home to their families. As educators and members of the community, both participants expressed their belief that more needed to be done to protect all children and to give dignity to parents, by giving them access to paid sick time for they could care for their dependent children. He said this was the right moral thing to do.

One participant described her experiences as a low-wage worker without access to paid sick time; she said the experience was like running marathon while holding your breath. Struggling to make ends meet, she currently works between 20-28 hours per week at a grocery store where she is not only in direct contact with customers, but also handling food products. Because she is often forced to choose between working while sick or losing paid work hours, she is potentially exposing these customers and the food products in the grocery store to germs, viruses, and illness. She said that low-wage workers in all industries and sectors across the state were challenged to balance their income and to protect their jobs; however, the reality is that many, if not most, were living paycheck-to-paycheck, and were potentially one illness away from financial disaster. She said that unexpected expenses left these workers in precarious positions where they had little choice but to go to work sick, leaving them mentally and physically exhausted, unproductive, and at risk of making mistakes that could cost them their jobs. She urged the Workplace Partnership Group to focus its efforts on policies that would protect workers.

One woman expressed her strong support for earned safe time, noting that as a survivor of domestic violence she understood that sometimes workers needed secure/protected access to time away from work to address situations involving their personal safety. She said that many victims of domestic violence did not file police reports or restraining orders simply because they couldn't afford to take time off from work to do what was necessary to protect themselves. She said earned sick and safe time was an essential need in the workplace for all employees, adding that no one should have to go to work and choose between making a living and simply living.

Several workers described personal experiences of working while sick. One participant noted his manager told him he couldn't go home because there was no one to cover his shift; consequently, he was forced to work while sick, even though it was clear he was potentially exposing other workers and customers to being sick, and this was in a fast food franchise. Another worker described how, lacking access to paid sick time, he was forced to borrow money in order to pay rent and bills because he had to take a week off of work.

Some workers described efforts to organize low-wage and entry-level workers to demand access to paid sick time, higher minimum wages, and fair scheduling practices; despite these efforts, nothing had been achieved, and workers and their families continued to suffer as a result. One of these participants gave detailed accounts of his own experiences in low-wage work environments without access to paid sick time, which were further exasperated because he was trying to raise money to send to his family in Mexico. He

went on to describe a stress-related illness he had contracted associated with his job that doctors had indicated required time away from work to recover. Still, because of the daily expenses associated with rent, utilities, grocery bills, and family expenses, it was impossible for him to take the time recommended by his doctors to fully heal. Doctors had recommended up to 3 months off of work; however, he said his supervisors had pressured him to return to work, despite having a doctor's note and several prescriptions that were not to be taken when working. He urged the Workplace Partnership Group to advocate for policies on earned sick time and fair wages for all workers.

Another participant—representing low-wage workers—said there was a disparity in terms of access to paid sick time, which predominately and disproportionately impacted non-white areas of the community. Therefore, his organization [Neighborhoods Organizing for Change] advocated for policies that helped to eliminate these disparities and to increase the capacity of communities of color. He said policies needed to be developed that primarily focused on those workers most in need, rather than giving marginal increases to workers who already had access to benefits like sick and safe time provisions. He recommended that 9 days of paid sick time was a good starting point, and had been shown to be an effective allocation in other jurisdictions where similar policies had been enacted. He also said it was important that accrual caps be set high enough so single parents have access to paid time off both for their healthcare needs as well as for their dependent children. Referring to San Francisco, he said studies had shown the paid sick leave policy mandate in that city had not had a negative or overly burdensome impact on businesses; in fact, 77% of employers had reported no negative impacts to their operations and, despite having access to up to 9 paid sick days, the typical worker only used 3 paid sick days on average. He encouraged the Workplace Partnership Group to propose the most aggressive policy possible in order to give the greatest benefit to those workers most in need.

One participant described the various work experiences he had, including jobs as a service worker, a manager of a shelter, in the construction industry, and his current employment in a professional capacity and member of a union. He said he had experienced being at work sick because of financial obligations. He said that even in those work environments where workers might have access to paid sick time there was still pressure to be on the job while ill, and some employers abused those employees who did claim sick time through retaliation. Reflecting on his own experiences, he emphasized comments offered by other speakers that the most marginalized workers are those most at-risk when access to paid sick time is not available. To that end, he said the city needed to be careful to ensure that those workers most in need did not face undue restrictions or burdens to accrue paid leave hours so that they might protect themselves and their families. He noted that frequently the stories of personal tragedy begin with an illness; often there are interludes of individuals who almost overcome challenges in life only to face a serious illness that sets them back and puts them in positions where they have little or no choice but to work multiple jobs just to make ends meet. He said that, in this regard, the work of “trying to work” was incredibly challenging, and once someone fell off the rails it was difficult to get back on. Having transitioned from entry-level, low-paying positions into a professional role, he said he found it discouraging that those with access to benefits quickly overlooked the needs of others; they had, in his opinion, the privilege of losing perspective of just how precarious the situation is for those workers without those same benefits. It became an abstraction and, thus, easier to dismiss. This, he said, was part of the challenge: fighting against the tendency toward abstraction so that policymakers, business owners, and employers could appreciate the struggles of those most in need and the real impact on the lives of these workers and their families.

A school social worker described her experiences of interacting with sick children, many of whom she knew were at school because the parents had to work. She said children were the victims in this case, because they had no choice in the matter, and likely felt forgotten when parents were unable to pick them up from school. Many times she said children were left much of the day in the nurse's office because they were sick and parents couldn't afford to come get them. She questioned what message this sent to kids. Another participant, also a school worker, said these results did not reflect positively on efforts to build community; rather, it served only to further divide the community into those with access to benefits that helped their families to achieve economic stability and those whose families suffered. Being sick is an expensive

proposition in the United States, drains family resources, and can pose far worse consequences, especially for single-parent families and people of color, as shown in many studies. She said a municipal policy on earned sick time was one way to strengthen the public safety net for all people, and had direct ties to the moral imperative government had to protect its residents.

One worker said she had worked for the same company for 10 years where she earned \$7 per hour but had no benefits, no vacation time, no paid sick time, and worked an average of 36 hours per week. Despite her best efforts, she said she could not afford to pay her rent. After fighting for a raise, she finally achieved an increase to \$9 per hour, but she still is unable to meet her family's needs. She described how, because of the economic struggles to make ends meet, she was forced to endure in an abusive relationship. She couldn't leave her husband because of the financial dependency. More recently, she had taken a new position with a nonprofit organization where she did have access to some benefits, so she was better positioned to meet the needs of her family, pay rent, and had left her abusive husband. She said that from her personal interaction with low-wage and entry-level workers, many expressed the desire for at least 12-14 days of paid sick time, which she pointed out was only one day per month for a full year. This seemed a reasonable compromise, and she encouraged the Workplace Partnership Group to push for this minimum standard for all workers.

A public health nurse in attendance talked about her experiences. She suggested that any policy mandate avoid the necessity of having a doctor's note to prove an illness or to claim access to accrued paid sick time. She said this requirement can pose unnecessary obstacles to poor workers who have to take time to see the doctor and incur a financial bill for that visit, just to prove that they were sick and needed to access paid time that they had already earned. It was a one-two punch to workers who were struggling to make ends meet. She also said it was important to consider the healthcare needs of part-time and temporary workers, especially those who fell beneath the poverty line. If there had to be a prioritization on who received the benefits under a municipal policy mandate, she urged that the focus be on enforcing access to paid sick time for those falling beneath the poverty line first. After addressing the needs of the most vulnerable and at-risk workers and populations, the city could consider how to support and extend benefits to others. In her opinion, she thought the average worker needed access to between 9 and 12 hours of paid sick time to adequately address their healthcare needs and those of their dependent family members.

In closing, one participant noted that the goal was to find solutions. She said she agreed with an earlier comment that between 12 and 15 paid sick days per year would be adequate, and she also supported a prioritization in the implementation of a municipal policy mandate that would focus first on the poorest, most vulnerable and at-risk workers, those beneath already the poverty line struggling to make ends meet and care for their families. She encouraged the Workplace Partnership Group to be especially mindful of the impact a lack of access to paid sick time had on families and children.