

August 3, 2020

The President
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear Mr. President:

As the beginning of the school year approaches during the ongoing COVID-19 pandemic, the Trump administration, Congress, and our schools must address the safety and needs of parents, students, teachers, other school staff, and our communities. As public health professionals and organizations dedicated to protecting the public's health, we know that access to comprehensive paid leave is critical to being able to safely return to in-person instruction. **We write to urge the administration and Congress to ensure universal access to emergency paid sick leave and paid family and medical leave through 2021.** That means eliminating private sector exemptions for emergency paid sick and family leave and expanding the reasons for emergency paid leave to include time to recover or care for someone recovering from COVID-19. Congress should also ensure public sector entities can access federal tax credits now and retroactively for emergency paid sick leave.

Cases of COVID-19 in the U.S. have surpassed four million, with surges in states across the country, particularly those with early reopening and lack of safety protocols. In communities that decide to provide some or all classes in-person, there is greater risk of spread of COVID-19 to children, families, school staff, and the broader community. And we know that these impacts will be experienced most acutely in communities of color that have already been hardest hit by the pandemic. Such disparities will only be amplified unless paid leave to care for one's own health and the health of family members is available to everyone, regardless of where someone works and whether or not their employer provides the leave necessary to meet this public health emergency.

Meaningful paid leave that covers everyone is one of our strongest tools to stop the spread of COVID-19. The Families First Coronavirus Response Act which Congress passed in March guaranteed some paid sick leave for individuals impacted by COVID-19. Yet up to [106 million](#) private-sector workers lack the emergency paid sick days that would ensure a safer reopening.

In its May "[Considerations for Schools](#)" document, the Centers for Disease Control and Prevention (CDC) encouraged schools to "Implement flexible sick leave policies and practices that enable staff to stay home when they are sick, have been exposed, or caring for someone who is sick." Broader CDC guidance for businesses and employers also encouraged policies that allow sick employees to stay home. The ability for schools and campuses to meet these CDC recommendations is only as good as the access staff actually have to paid leave.

Providing comprehensive, universal paid leave is critical to limiting community spread of COVID-19 by reducing the risk that children and adults will come into contact with people who have contracted the virus as schools, businesses, and public spaces reopen. Expanded paid sick

and family leave is necessary so that parents, children, and school staff — from teachers and clerical staff to bus drivers, cafeteria workers, and janitorial staff — can get tested, isolate or quarantine as necessary if sick, and safely recover. Paid leave or other reasonable accommodation is also necessary for the [nearly 1.5 million](#) teachers who are at risk of serious illness or death due to underlying health conditions, as well as those who have a high-risk individual in their household, and who may be advised by their medical providers to remain at home during a local outbreak. Likewise, it is critical that parents, including many employed in the private sector, are able to stay home as long as children are home because of remote learning or staggered in-person days — which has already surpassed the maximum amount of time provided in FFCRA. Emergency paid leave must also be available to all parents who are exposed to or ill from COVID-19, or to care for children who are ill. This is why universal access to emergency paid leave and expanded family leave is essential to any return to in-person learning.

As public health professionals, we know that paid sick days and paid leave will have a positive impact on our communities. Paid sick leave is proven to [reduce transmission of infectious disease](#). An estimated additional 5 million people contracted the H1N1 virus during the 2009 pandemic because of a [lack of policies such as paid sick leave](#). Data from the H1N1 outbreak also show that of the almost 26 million employees at the time who may have had the virus, [8 million did not take any time off](#), which in turn led to contagion among coworkers and extended the duration of the outbreak.

Numerous [Health Impact Assessments](#) have studied paid sick day policies in states across the country and found significant benefits in reducing transmission of disease, especially in child care and food service environments, which would both apply to schools:

- When employees are able to access paid sick days, there is a [significant reduction in influenza infections](#)
- Workers without paid sick leave are three times more likely to [delay or forego needed care](#)
- Paid sick day laws in seven major U.S. cities [helped prevent about 100 influenza-like infections per week](#) for every 100,000 people
- Population-level influenza-like [disease rates decrease](#) after employees gain access to paid sick leave.

These policies also prevent financial hardship for workers and families and reduce health care costs overall. Furthermore, paid leave programs ensure ongoing financial security, which is associated with a range of positive outcomes promoting family well-being and health:

- Parents who received full pay while taking leave to care for their children with special needs reported [positive impacts](#) to their child's physical and emotional health, their own emotional health, and reported fewer financial problems
- Parents and other caregivers who take paid family leave experience greater [financial stability](#), through continued employment, an increase in wages, and [higher retirement savings](#)
- Longitudinal studies on paid parental leave programs in Europe and some U.S. states reveal [beneficial outcomes](#) for maternal health, and child physical and mental health.

Paid leave would help ensure short- and long-term economic security of parents and educators who are unable to work while they recover from COVID-19 or provide care to loved ones. Without a stable source of income, families are at risk of [food insecurity](#), [housing instability](#), toxic stress, and [poor health outcomes](#). Paid family leave could protect families from entering or deepening into poverty and avert a range of poor health outcomes. As noted, the social determinants of health that are already at play in our hardest hit communities will be greatly exacerbated without broad access to paid leave.

Quality education is one of the most important drivers of health outcomes over an individual's lifetime. **As public health professionals, we support policies and systemic supports that can enable schools and campuses to open safely and equitably. We are asking this administration to heed the advice of public health professionals, from monitoring and assessment to proper safety protocols, and demand that Congress expand and extend emergency paid leave protections beyond those included in the Families First Coronavirus Response Act to include all working people, federal tax credits for emergency paid sick and family leave in the public sector, and availability through the school year in 2021.** These are the required public health interventions to protect our students, educators, workers, and communities during a public health crisis, and what will allow a safe and equitable reopening of our schools, the economy, and the country as a whole.

Sincerely,

The undersigned public health professionals and organizations

CC: Secretary Betsy DeVos
Secretary Alex Azar
Speaker Nancy Pelosi
Leader Mitch McConnell
Leader Chuck Schumer
Leader Kevin McCarthy

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500 Women Scientists
American Psychiatric Association Women's Caucus
American Public Health Association
Center for Health Progress
Central Valley Air Quality Coalition
Collaborative for Health Equity Cook County
Community Health Evaluation and Research
Futures Without Violence
Health Care for America Now (HCAN)
Health Outreach Partners
Health Professionals for Equality and Community Empowerment
Health Resources in Action
Human Impact Partners

Idaho Public Health Association
Little Lobbyists
Louisiana Public Health Association
Lower Drug Prices Now
Maine Children's Alliance
National Advocates for Pregnant Women
National Association of County and City Health Officials
National Association of Social Workers WV Chapter
National Rural Social Work Caucus
NC Public Health Association
Planned Parenthood South Atlantic
Protect Our Care
Public Health Alliance of Southern California
Public Health Awakened
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The Praxis Project
Wellspring Healing Center
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