

Lack of Paid Leave Stifles Economic Recovery and Blocks Women's Return to Work

By Jessica Mason

FEBRUARY 2022

When illness strikes, no one should have to face the impossible choice between staying home to recover and losing a paycheck, or going to work and putting their health —

and the health of customers and coworkers — at risk. But more than two years into the coronavirus pandemic, the United States still does not have a national paid family and medical leave program or a national paid sick days law. New data from the Bureau of Labor Statistics and U.S. Census Bureau highlight the challenges and inequities this creates: in January, nearly 8.8 million people — disproportionately people of color — missed work

Nearly 8.8 million workers missed work in January because they were sick or caring for someone who was sick with COVID-19.

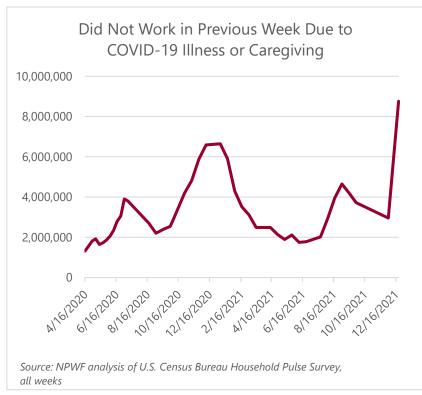
One million fewer women are in labor force compared to 2020.

because they were either sick with or caring for someone with COVID-19¹ and over one million fewer women were in the labor force compared to February 2020.² The lack of paid leave pushes people out of the workforce, harms women and people of color who are most affected by the pandemic, and worsens the ability to manage the pandemic and its economic impacts throughout the country. Without paid leave,³ a public health crisis for workers becomes a national economic crisis and a crisis for millions of families.

Our research has shown how a lack of caregiving infrastructure in the U.S. has contributed to labor shortages and undermined worker's power in the workplace.⁴ A high rate of voluntary job changes among workers is one driving factor in the current tight labor market, and one that is largely positive for workers. But, as our previous brief showed, shortages are also being caused by workers' inability to keep jobs while caring for their health and families – which undermines their economic stability.

The Omicron Wave Left an Unprecedented Number of People Unable to Work

While the Labor Department's most recent jobs report showed overall employment growth, the new data illustrate how the Omicron variant left working families in precarious financial shape, with particularly harsh impacts on Latinx and Black



households and women. While the labor market performed better than predicted in January, gains were concentrated among men: women gained just forty percent of new jobs and over one million fewer women were in the labor force compared to early 2020.5 The new data also suggest that health and caregiving issues are not only continuing to impact the ability to work, but also causing financial hardship. Adults who were not working due to COVID-19

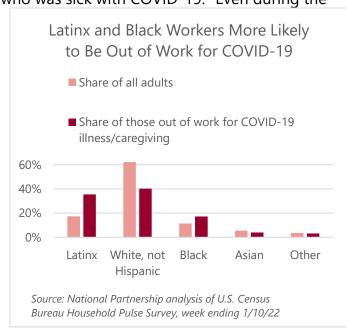
illness and caregiving – 55 percent of whom were women – were more likely to report lost income and difficulty paying bills than those who continued to go to work. Policymakers must recognize and address workers' caregiving needs to advance a robust recovery for all workers.

Throughout the pandemic, an average of 3.2 million adults per week have reported being unable to work because they were either sick with COVID-19 symptoms, or because they were caring for someone who was sick with COVID-19.6 Even during the

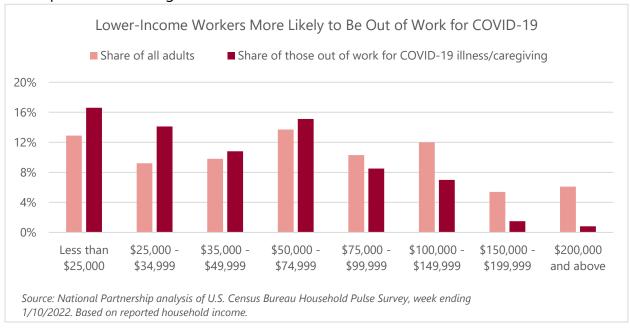
lowest point between waves in summer 2021, more than 1.7 million reported being unable to work due to COVID-19 health or caregiving.⁷ As Omicron hit the United States in late 2021, this number spiked to a record high of 8.8 million.⁸

Workers of Color and Low-Income Workers Are Still More Likely to Feel Employment Impacts from COVID-19

From the beginning, the pandemic has had a disproportionate impact on the health and economic lives of workers



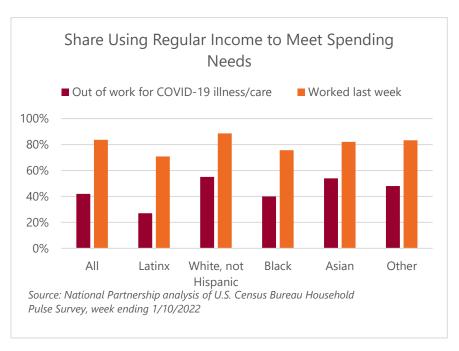
of color – especially women – and their communities.⁹ This has remained true during the Omicron wave, with Latinx workers about 100 percent more likely and Black workers 50 percent more likely than would be expected by their overall share of the population to report not working due to COVID-19 illness or caregiving.¹⁰ Workers with low incomes – who are less likely to have access to paid sick days or paid leave¹¹ – are likewise overrepresented among those out of work due to COVID-19.



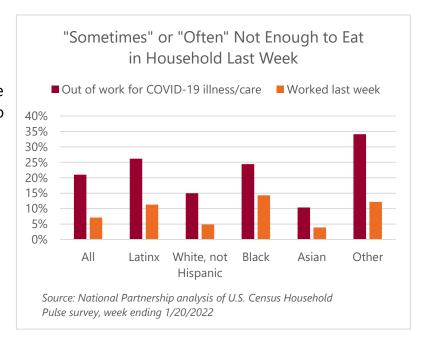
Those Unable to Work Due to COVID-19 More Likely to Report Income Loss and Financial Distress

While the U.S. Census survey no longer asks specifically about access to paid leave

during COVID-19 illness or caregiving, the data strongly suggests that most of these workers lack adequate income, and that they and their families are experiencing financial hardship at high rates. Across racial and ethnic groups, those who reported being unable to work due to being sick with or caring for someone with COVID-



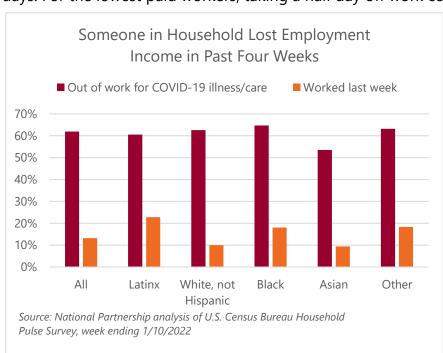
19 are less likely to say that they are using regular income sources – such as regular employment income or paid leave from a job – to meet their spending needs. Especially low shares of Black workers (40 percent) and Latinx workers (27 percent) out of work due to COVID-19 reported using regular income sources.



Those not working due to COVID-19 illness or

caregiving were also much more likely to report that someone in their household had recently lost employment income, compared to adults who worked in the previous week. Overall, 62 percent of adults out of work for COVID-19 illness or caregiving reported that their household had lost employment income, compared to just 13 percent of adults who were working.

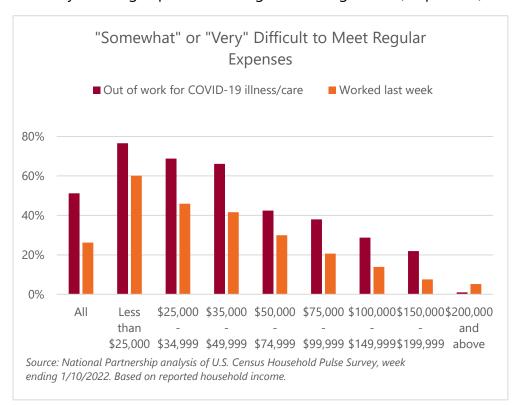
The loss of income makes putting food on the table even harder for low-income workers and people of color, who are least likely to have any paid leave or paid sick days. For the lowest paid workers, taking a half day off work could eliminate fruit and



vegetables from a household's budget. 13 In fact, 21 percent of those who were not working due to COVID-19 illness or caregiving said that in the previous week their household has sometimes or often not had enough to eat – three times the rate of those who had been working.

Finally, among those out of work for COVID-19 illness or caregiving,

just over half (51 percent) reported that it was either somewhat or very difficult to meet their regular expenses (such as food, rent or mortgage, car payments or medical expenses), compared to about one-quarter of those who did work in the past week. Difficulty meeting expenses was highest among Latinx (57 percent), Black (53 percent)



and workers reporting another race or ethnicity (65 percent). Examining workers by income, the lowest-income workers were most likely to report difficulty meeting expenses, and among workers out for COVID-19 illness and caregiving, more than 60

percent of workers with household incomes under \$50,000 reported difficulty paying expenses. Notably, across nearly all income levels – including in higher-income households – those not working due to COVID-19 were more likely to report financial distress than those who had worked in the previous week.

Paid Leave and Paid Sick Days Will Help Women Return to Work

Paid family and medical leave allows people to take the time off they need to care for themselves and their families while staying attached to the labor force. Women in states that have paid leave are able to stay in the workforce at higher rates than women in states without paid leave, which contributes to their own economic security and our overall economy. In fact, if the United States had family support policies like paid leave and affordable child care, it would add \$650 billion to our economy each year. Additionally, paid sick days allow people to stay home when they or a loved one have a short-term illness, which is critical for slowing the spread of communicable diseases like COVID-19. Research published in *Health Affairs* in late 2020 found that the emergency paid sick days measure passed as part of the Families First Coronavirus Response Act (P.L. 116-127) helped slow the spread of the coronavirus, preventing an estimated

15,000 cases per day.¹⁵ Permanent paid family and medical leave and paid sick days policies are essential for women's participation in the labor force, our nation's public health and our economic recovery.

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at NationalPartnership.org.

© 2022 National Partnership for Women & Families. All rights reserved.

¹ Since data collection began the week of April 23, 2020. Estimate of adults 18 and older who reported that they had not worked in the previous seven days because they were sick with coronavirus symptoms or caring for someone with coronavirus symptoms, average across all survey weeks. U.S. Census Bureau. (2022, January 13). Household Pulse Survey Data Tables Week 1 to 41 (Employment Table 3: Educational Attainment for Adults Not Working at Time of Survey, by Main Reason for Not Working and Paycheck Status While Not Working: United States). Retrieved 2 February 2022, from https://www.census.gov/programs-surveys/household-pulse-survey/data.html

² Tucker, J. (2022, February). *Men Have Now Recouped Their Pandemic-Related Labor Force Losses While Women Lag Behind*. Retrieved 9 February 2022, from National Women's Law Center website: https://nwlc.org/resource/men-recouped-losses-women-lag-behind/

³ For paid family leave and paid sick days access rates, see: U.S. Bureau of Labor Statistics. (2021, September). *National Compensation Survey: Employee Benefits in the United States, March 2021 (Tables 17 and 33)*. Retrieved 3 February 2022, from https://www.bls.gov/ncs/ebs/benefits/2021/employee-benefits-in-the-united-states-march-2021.pdf.

⁴ Novello, A. (2021, December). *The Great Resignation Shows Great Need for Paid Leave*. Retrieved 9 February 2021, from National Partnership for Women & Families website: https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/issue-brief-the-great-resignation.pdf

⁵ See note 2.

⁶ See note 1.

⁷ See note 1, Week 32.

⁸ Ibid., Week 41.

⁹ Mason, J. and Molina Acosta, P. (2021, March). *A Racially Just Recovery Demands Paid Family and Medical Leave*. Retrieved 3 February 2022, from National Partnership for Women & Families website: https://www.nationalpartnership.org/our-work/economic-justice/reports/called-to-care-a-racially-just-demands-paid-family-and-medical-leave.html

¹⁰ U.S. Census Bureau. (2022, February 2). Household Pulse Survey Public Use File (PUF), Week 41. Retrieved 2 February 2022, from https://www.census.gov/programs-surveys/household-pulse-survey/datasets.html. Analysis based on person-weighted estimates by income and race/ethnicity. For income, survey questionnaire asked respondents for household income, before taxes, in 2020. This analysis reports as Latinx respondents of any race who selected "Hispanic or Latino origin," but excluded such respondents from other categories to avoid double-counting.

¹¹ See note 3.

¹² The Household Pulse Survey ceased including a question about paid leave for purposes other than child care after Wave 1 (ending July 21, 2020).

¹³ Gould, E., & Scheider, J. (2017, June 28). *Work sick or lose pay: The high cost of being sick when you don't get paid sick days (Table 1)*. Retrieved 8 February 2022, from Economic Policy Institute website: https://www.epi.org/publication/work-sick-or-lose-pay-the-high-cost-of-being-sick-when-you-dont-get-paid-sick-days/

¹⁴ Novello, A. (2021, July). *The Cost of Inaction: How a Lack of Family Care Policies Burdens the U.S. Economy and Families*. Retrieved 8 February 2022, from National Partnership for Women & Families website: https://www.nationalpartnership.org/ourwork/resources/economic-justice/other/cost-of-inaction-lack-of-family-care-burdens-families.pdf

¹⁵ 400 cases per day in the 38 states where workers newly had access to paid sick leave as of the passage of the Families First Coronavirus Response Act. Pichler, S., Wen, K., & Ziebarth, N. R. (2020, October 15). COVID-19 Emergency Sick Leave Has Helped Flatten The Curve In The United States. *Health Affairs*, *39*(2). DOI: 10.1377/hlthaff.2020.00863