

Chair Lively and members of the House Committee on Early Childhood and Family Supports,

Thank you for the opportunity to share my perspective on paid family leave. I am a family physician, and have worked in community health clinics serving low-income families in Oregon for the past 17 years.

Low-wage workers struggle to find both employment and child care that meets their needs, and they are often constantly battling to hold the basic logistics of their family lives together. I remember one of my patients, a low-income single woman who was pregnant and clearly needed a C-section, but asked me not to do it. Her plan had been to deliver her baby and be back at her job within a week, and she was afraid that if we did surgery she wouldn't be able to return to work so quickly and she would lose her job. Not doing the C-section seriously jeopardized her health and her baby's health, but proceeding with it would seriously jeopardize her financial status and her housing, which would have an even bigger impact on the health of both mother and baby. When we say women have choices, keep this story in mind. These are the very constrained choices far to many women have.

For this woman and her baby, paid family leave would have made a huge difference to her health, her baby's health, and to their long-term economic security. This is an equity issue. High-income earners do not deal with this issue at near the same rate as low-income workers do. We need paid family and medical leave that includes and covers all workers in our state.