

Dear Chair and Members of the Committee,

Thank you for the opportunity to address the Committee. My name is Susanne Klawetter and I am an assistant professor at Portland State University's School of Social Work. I research maternal/child health disparities and maternal mental health, especially as it relates to families with infants hospitalized in neonatal intensive care units (NICUs). I am also a mother of children who survived the NICU. I am writing in support of HB 3031, the FAMLI Equity Act.

The United States is one of the only developed countries in the world that does not provide its citizens with paid family leave. While paid family leave is important for family members of all ages, I want to address the necessity of paid family leave for parents of infants and young children. Research consistently demonstrates that babies need the consistent presence of at least one primary caregiver. Babies with a healthy, consistent primary caregiver breastfeed longer, attend more preventative healthcare visits, and have fewer emergent healthcare needs. They are also better able to develop strong attachment bonds, which are linked to positive physical, cognitive, and socioemotional outcomes. Importantly, these gains are sustained across the life course. **This means that the consistent presence of at least one caregiver in the first weeks and months of a baby's life has the power to shape the trajectory of the rest of their life.** Interestingly, parents also benefit from the ability to care for their babies in those first few weeks and months. Strong parent-child attachment bonds are associated with better maternal mental health (e.g., less postpartum depression) and what researchers call "parental efficacy", which is the belief of one's effectiveness as a parent and the confidence that one can manage challenging or stressful situations.

In addition, paid family leave is vital in efforts to reduce maternal/child health disparities. For the past three decades, American Indian/Alaskan Natives and African Americans have had disproportionately high rates of maternal and infant mortality and morbidity. These families are more likely to have babies born prematurely and at low birth weight who require NICU care. At the same time, research demonstrates that these families are less likely to have access to paid or unpaid leave and have less flexible working arrangements. For example, they may work prescribed shifts that, if missed, mean losing their job. For these families, a NICU hospitalization forces them to choose between being present with their medically fragile baby in the NICU (which is highly encouraged by NICU healthcare providers and accepted as the gold standard of care) and maintaining employment to pay for basic needs like food and housing. This means that the very families who most need paid leave are less likely to have access to it. This is unjust and unwise public policy. **No parent should have to choose between housing and being with their sick baby.**

Paid family leave is an investment in the health and economic well-being of Oregonian families. With HB 3031, the FAMLI Equity Act, Oregon can make immediate strides toward supporting the health and economic well-being of all families, and particularly those with infants/young children and those who bear the greatest consequences of social inequality. To fail to provide paid leave is not only unwise politically and economically, it is inhumane. I urge you to consider supporting HB 3031, the FAMLI Equity Act. **Let's place Oregon among other states leading the way to create humane and common-sense paid family leave policy.**

Respectfully,

Susanne Klawetter, PhD, LCSW
Happy Valley, Oregon
Email: skla2@pdx.edu