

June 11, 2019

To: The House Business and Labor Committee and the Senate Workforce Committee  
From: Alice Gates  
Re: Support of HB 2005-3

Dear Chair and Members of the Committee,

I live in Northeast Portland, and I'm testifying in support of HB 2005-3.

I am an Associate Professor of Social Work at the University of Portland. My research in the last three years has examined how women and families navigate the conflict between work and caregiving. Most recently, I led a project examining how workers in our state with the least access to paid leave manage the gaps in income and care. We interviewed low-income women of color in Multnomah, Marion, and Washington counties about their experiences after the birth of a child. Our findings support existing research which shows that when workers lack access to paid leave, families face seemingly impossible choices. In our study, workers were choosing between taking unpaid leave or not taking any leave at all. What we observed is that the conflict between work and care led to increased social risk and vulnerability for already vulnerable populations.

### **Financial, emotional, and physical strain**

When workers opted to take unpaid leave, the lost income contributed to financial insecurity. One participant described how, when her husband returned to work after taking four unpaid days, “we didn't have enough for the rent or groceries.” Even a few days of missed work led to gaps in their ability to meet their family's most basic needs—food, housing, utilities.

Others described anxiety associated with having to borrow money from friends and family to make ends meet and then struggling to pay back loans over months or years. This has serious implications for maternal mental health. In the words of one mother, “Now you're in debt . . . and that leads to depression and . . . you just feel desperate.”

The lack of support after giving birth also created physical strain. One woman whose partner worked in agriculture described returning home 3 days after a C-section: “I didn't have anyone to give me a hand . . . I was all alone, and little by little I tried to get by, making food for my kids, cleaning and . . . until the [C-section] wound re-opened. I called a friend and she said, ‘*Be careful—try not to move.*’ But I commented back to her, ‘*Well, how do I do that?*’ I don't have any support, I don't have anyone to help me.

### **Documented benefits of paid leave**

The socioeconomic and health benefits of paid family and medical leave have been well documented in the U.S. and beyond. Paid parental leave in particular has been positively correlated with maternal and infant health. Studies show that by increasing the incidence and duration of *breastfeeding*, paid parental leave contributed to improvements in infant health, and that, by increasing opportunity for parental involvement with premature infants, paid parental leave policy is protective against long-term *health disparities* associated with preterm birth and

low birthweight. Paid leave has been shown to have protective effects on maternal mental health, reducing the risk of post-partum depression.

Paid leave provides clear benefits to *employers and businesses*. In particular, data suggest that when employees have access to paid leave, they are more likely to return to work after a leave and they demonstrate increased productivity upon return. In California, 89% of employers reported that the introduction of paid leave had a positive or neutral effect on productivity, and 99 % reported increased morale among workers. By increasing a worker's chances of returning to the same employer, paid leave dramatically reduces the costs of turnover to businesses. In addition to its impact on labor force participation and worker productivity more generally, paid leave also is also correlated with reduced spending on public assistance.

**Oregon can lead on comprehensive and equitable paid family and medical leave**

Paid family and medical leave will not erase underlying sources of social risk and vulnerability, but passing this bill is an important step toward supporting the economic security and physical and emotional health of Oregon's families and children. HB 2005-3 responds to Oregon families' need for equitable, inclusive paid family and medical leave and will serve as model legislation for other states and possibly the nation.

Thank you for your attention to this important issue.

Sincerely,

Alice Gates, Ph.D., L.M.S.W.  
Associate Professor of Social Work  
University of Portland