

February 16, 2021

To Whom It May Concern:

I'm an adjunct professor of art at three colleges in the Portland metro area. Despite being responsible for more credit hours of teaching than my full-time and/or tenured colleagues, I don't qualify for employment-based health insurance at any of these institutions, so I pay out of pocket. My premiums—always necessarily the least expensive monthly options available—have quadrupled in the twelve years I've been working as an adjunct. I pay down my student loans, taken out for my MFA, faithfully. This leaves me living off of credit cards for things such as food, clothes, and sometimes bills, so I supplement my teaching income with gigs as an administrative assistant in one of the aforementioned art departments and as a housekeeper for a wealthy lawyer.

In addition to not providing health insurance-- they explicitly keep my hours or courseload just below the threshold for employment-based insurance—none of these institutions offers any year-to-year guarantee of income: I never know for sure how many courses I'm going to be teaching until the term arrives. This causes my income to fluctuate significantly, making financial planning difficult. Also, accounting for five W2's, paying for my own office and computer technology, lugging materials and books around and driving from one campus to another, *to another*, often while eating—it adds up. Having so many jobs and gigs leaves me stressed and feeling that I'm being spread too thinly.

A more subtle casualty, though, of having so many jobs is the free time necessary to truly engage with my art practice and research—crucial components of the profession. HB 3007 would, of course, allow someone like me to exhale a little with regard to personal finances. But, simply put, the bill's passage might also allow me to give up one of my non-teaching jobs and reinvest that freed-up time and energy into my professional practice and research.

To be honest, though, when faced with the adjunct's yearly dilemma between paying seemingly-exorbitant premiums and actually having some discretionary income, I've often been tempted to take my chances on a year without health insurance. This year, I learned exactly how huge a mistake that would be: I was diagnosed with Stage 1 breast cancer in March. (I am cancer-free now, as far as I know.) Fortunately, as indicated above, I chose to “splurge” on assuring myself access to healthcare, and it is only for this reason that I'm not declaring medical bankruptcy. I know for a fact that I'm not the only adjunct (or person, for that matter) making this grim calculation every year, and I have to believe many choose to risk their health due to financial pressures. HB 3007 would completely obviate this dire gamble and go a long way toward lessening the tensions associated with so many adjuncts' precarious professional, financial, psychological and physical health.

Thank you for your time,
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