

Kimberly Simmons, PhD
71 Quebec Street
Portland, ME 04101

Dear Senator Hickman, Representative Sylvester and Honorable Members of the Labor and Housing Committee:

I am writing to ask you to support LD 1559.

The Federal [Family and Medical Leave Act](#) passed the year after I graduated from college -- beginning with unpaid leave was a compromise, a starting point. Last weekend my eldest child graduated from college, into a country that still offers no paid leave, where birth rates are falling and gig work is rising, and we are trying to take stock of our individual and collective experiences of a global pandemic. Few Maine workers qualify for unpaid FMLA and even fewer have access to paid leave. Our crumbling care infrastructure doesn't change the fact that individuals and families need care. We will all experience the need. I don't believe you need to be persuaded of the *why*, I think the block is in the *how*. So in considering what testimony might be important today, I want to address some of the reasons we have not won this fight for Paid Family and Medical Leave (PFML) in the past, despite the compelling and emotional testimony that has been given.

Care for family is intimate and often presented as something we figure out how to provide through grit, will, and love. In the movies, love fuels heroic efforts to provide care (and paying the bills is rarely addressed). This frames a narrative that suggests challenges in caregiving stem from a lack of love. Sharing stories of care needs that were not well met feels stigmatized, even taboo. We rarely describe giving our feverish child tylenol so they can still go to school, or pulling an older child from school to care for younger siblings, or leaving our elderly parent unattended despite the chance they will wander away from home, or declining surgery or medical care we need for our own health. In fact, the State might say some of these behaviors constitute negligence. We thus share success stories and hide the most dangerous and costly consequences of living without paid family and medical leave. We too often reproduce the myth that unpaid caregiving is simply an expression of love and to pay for care would sully the gift. Dwelling on the negative experiences associated with caregiving feels disloyal. So we ask little of our friends and community, even less of you, our Representatives, and we muddle through alone.

We value medical privacy. We do not want to tell you about the illnesses we experience, and we really shouldn't tell you the stories of those we care for. As disability scholars have shown us, illness is often stigmatized and our culture ascribes health as a personal accomplishment, a virtue. We can speak generally about needing paid family and medical leave after the joyful occasion of childbirth, and some might feel able to discuss cancer treatments or surviving a car accident, but for many Maine people their health information is personal. However, the plain truth is that Maine people get sick. A healthy workforce and healthy communities should be public values. [Maine's Health Data](#) suggests that we have not improved essential public health outcomes since 2012. In 2016, 22% of Maine's population "lost 14 or more days of work to poor physical health" and 18% to poor mental health. Unfortunately, our political model often responds best to "squeaky wheels." Our unwillingness to complain loudly has been a barrier to success.

We get stuck in a false dichotomy between supporting families and supporting business. My favorite thing about LD 1559 is that we allow ourselves time to sort out the best technical solutions and create a process to include stakeholders from every sector. Government supported PFML is going to be good for most Maine people and most Maine businesses, most are too small to qualify for the current Federal FMLA provisions and even those businesses that would like to provide adequate PFML are often financially unprepared to do so. Fear of not being able to replace labor temporarily, fear of increased costs, and fear of regulation writ large, shapes a narrative that pits workers against employers. A commission can take the time to answer questions and facilitate solutions that meet the needs of most parties.

Finally, our personal, intimate circles can be relatively homogenous. Those who we know best are often most like us. Class separates experiences of caregiving in many ways. Individuals who work for larger employers, or in professional roles, are most likely to receive PFML as an employee benefit, or hold a short term disability insurance product. Two income families might be better able to absorb one person leaving a job to address care needs - although this system perpetuates [gender inequalities in families](#).

We all experience some of the demands of illness or providing care as stressful, but some of us can be buffered from the financial impact in ways that might blind us to the overall cost others experience. The data, again, is clear. At the national level, "[Two-thirds](#) of workers who received partial or no pay while on leave reported financial difficulty in making ends meet. Working adults aged 21 to 64 lose an estimated [\\$9,578](#) in wages after taking 12 weeks of unpaid leave." That those suffering the most are busy

juggling impossible demands prevents as much activism or political will to solve this problem as we need.

There will certainly be some who remain ideologically opposed to any programs that rely on collective efforts to support individuals or families or small business. A belief in the privatization of care at all costs is not a mindset likely to change right now. But I think that most of you, and most Maine people, recognize that our current system exacts too big of a price, unnecessarily. We cannot be a thriving state when our citizens literally have to choose between maintaining a career or caring for our spouse enduring chemotherapy; when following quarantine guidelines can get us fired; when our elderly parent might miss a vaccine appointment because we don't have time to drive them; when we ourselves become ill because we work all day and spend our nights supervising our parent with Dementia who likes to wander outdoors after dark.

The urgent need we face will get more urgent over the next several years. I am a member of the [Sandwich Generation](#), along with 12% of the parenting population. We have children under the age 18 and parents who need more help. "Sandwich generation parents who are between 18 and 44 are spending about three hours per day on caretaking, compared with similar parents over 45, who do closer to two hours per day." Although my people do not actually need me this much, regularly, when an emergency happens they might need much more. Demographers predict that many more will join us in coming years, as children are born to increasingly older parents and older people have less access to nursing homes or paid caregivers because of labor shortages. Even now, my family has experienced this -- without access to affordable quality childcare and without access to skilled nursing, my providing care is a genuine necessity, even though it is not what I'm trained to do.

Each individual case might feel like a private "family problem" with a private solution to be found, but taken together we can map the number of small businesses that have closed, the number of skilled workers who've left demanding sectors, and the number of health problems that have occurred because we do not have adequate support for care. Policy that improves health in our State should be one of the priorities for the Government and all data shows that Paid Family and Medical Leave invests in our collective health and well being.

For my daughter - who just graduated with a B.S. in Computer Science and is leaving Maine for better opportunities in a State that does offer Paid Family and Medical Leave - and young people like her, I hope you will pass and fund LD 1559. For my parents, who have lived in Maine their whole adult lives and may need more support from my sister and I in their next decade, I hope you will pass and fund LD 1559. And for me, a

volunteer advocate for this policy and a part-time Associate Professor, stuck in the adjunct system so that I can also be a primary caregiver for the people I love, when they need me, I hope you will pass and fund LD 1559 -- I would like to pursue bigger dreams, knowing I also will be available to provide care for my family, and that in turn they will be able to help me without sacrificing their career paths, financial stability or their own health.

Sincerely,

Kimberly C Simmons, PhD