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Burton Wilcke

bwilcke@comcast.net

802-233-9753 (cell)

Testimony on H196, an act relating to paid family leave.

My name is Burton Wilcke. I am on the board of the Vermont Public Health Association.

Over the last two decades, numerous studies have shown that dedicated time for parents to be with their children in the earliest months of life offers significant benefits to child health. The United States (US) is the only wealthy nation without a formalized policy guaranteeing workers paid time off when they become new parents. As individual states, including Vermont, consider enacting family leave policies, there is a significant opportunity to decrease health inequities and build a healthier population starting at infancy.

The US spends nearly three trillion dollars each year on health care. Debates surrounding this figure often center on methods for reducing the cost of health care, yet they rarely address why the US has such poor health outcomes when compared to other developed countries. The 1980s and 1990s saw the emergence of studies that demonstrated that the foundation of human health is programmed in early life. There is now a substantial body of evidence supporting the importance of the period from conception through the first few years of life. Still, the US remains without a strong nationwide mechanism to support this critical period. Studies that examine the effects of paid family leave indicate that it contributes to fewer low birthweight babies, fewer infant deaths, higher rates of breastfeeding, longer parental lifespan and improved mental health, as well as increased long-term achievement for children.

All developed nations other than the US have some form of legal guarantee that new parents can take paid time off to be with their child. While the specifics of these guarantees vary by country, the federal Family Medical Leave Act (FMLA) lags far behind, only providing *unpaid* time off for workers of companies with more than 50 employees.

It has been estimated that fewer than half of American workers are eligible for this unpaid leave mandate. Our Surgeon General has conceded that the US continues to “stand still while family policy in the rest of the world passes us by.” Although the US lacks federal provisions for paid family leave, employers are free to offer paid leave to employees as they see fit. While companies voluntarily offering such policies should be lauded, the Bureau of Labor Statistics has found that voluntary paid family leave policies cover only 11% of American workers.

Significant inequities in American health can be found along economic, educational, and racial lines. The children most at risk of poor outcomes are those whose parents are most likely to be in the 89% of workers who are not offered leave by their employers. The top 40% of wage earners are more than 2.5 times as likely to have access to paid leave when compared to the bottom 40%. This social hierarchy is a predictor of patterns of disease and mortality among populations, and

family leave practices in the US reflect this social gradient. It follows that if paid family leave is an intervention with health benefits, the accrual of these benefits to only those nearest the top of the American social hierarchy is one more example of the health inequalities that exist in our country.

As Vermont lawmakers consider the possibility of enacting legislation that would create a family and medical leave insurance program, it is important to consider the evidence that connects improved population health outcomes and paid family leave. At the recent Annual Meeting of the American Public Health Association researchers reported that instituting a benefit of 12 weeks of paid family leave would yield a six percent reduction in post-neonatal mortality. Vermont has the opportunity to leverage the lessons learned from all these findings and takes the steps to improve the health of all Vermont infants.