



A signature program of the National Coalition on Black Civic Participation

**Statement of Jennifer Tucker
Testimony before the US House of Representatives
Committee on Oversight and Reform
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Good Morning Acting Chairwoman Maloney, Ranking Member Jordan and Members of the Committee. My name is Jennifer Tucker. I am the Senior Policy Advisor at the Black Women's Roundtable at the National Coalition on Black Civic Participation. The Black Women Roundtable (BWR) was formed in 1983 as the women's empowerment arm of the National Coalition on Black Civic Participation (NCBCP) under the leadership of Melanie L. Campbell, who is president & CEO of the organization.

BWR promotes public policies that ensure stable families and a prepared workforce for today and tomorrow. Our key areas of focus are: *health and wellness, economic security/prosperity, education and global empowerment*. We have state-based affiliates, networks and partners in Alabama, Florida, Georgia, Louisiana, Maryland, Michigan, Mississippi, North Carolina, Ohio, Pennsylvania, South Carolina, Texas, Virginia and the District of Columbia.

BWR sees paid family and medical leave as an essential way to build greater racial and economic equality for black women and families. Lack of leave is a structural barrier driving down Black women's income and economic stability, their ability to retain employment and advance in the workforce, get and stay out of poverty and build wealth. An inclusive and effective paid leave policy is more than a helpful law - it can bring about systemic change.

I sit before you this morning not only as a public policy professional, but also a caregiver who twice has experienced life in the "sandwich generation". My younger daughter was barely walking when my mother was diagnosed with Parkinson's disease in her late 60's. She lived for another ten years as our family juggled a variety of caregiving scenarios until a bout with pneumonia resulted in our loss. I still feel the weight of bringing my daughter with me every day to visit her grandmother. She was fine with the arrangement, but I remember my own carefree afternoons as an eight year old and wonder if she was in some ways cheated. Even in my two-income household, with a supportive spouse and extended family, we were constantly mindful of costs associated with long-term care for her, childcare for my daughter, and other living expenses.

My sister lived with a chronic illness her entire adult life after a lupus diagnosis as a teen. She had just celebrated her 48th birthday the day before a serious bleed occurred. Our only option was long-term care and I was her primary caregiver. I had a team of family members and friends to help ensure almost daily visits so that she was not alone for too long. I also thought it was important to show the caregiving staff at the hospitals that her family and friends might pop in at any time, so be attentive.

Both of these caregiving experiences were for chronic conditions that lasted over many years. Each had the common crisis periods associated with them which required all of my attention and that of several other family

members. These heightened periods of crisis, vastly different from the regular support, required new medical tests, physical therapy, different doctors and transitions to higher levels of care. Having time during these few but critical periods would have made a big difference in my ability to both care for my sick mother and sister while also being a good mom and a productive employee.

We survived because we had financial resources, paid sick and vacation days and a supportive family, things many people do not have. It taught me that catastrophic accidents or illnesses can happen to anyone and American workers deserve time to care for themselves and family without economic devastation, physical exhaustion and so much stress.

Comprehensive paid family and medical leave is an important tool to ensure that black women can survive time away from work for personal illness or that of a family member without suffering financial ruin.

Tameka Henry, a Nevada native, and her husband were raising a family and saving money to buy a home when her husband became ill with a disease that took months to diagnose and eventually prevented him from working. Caring for him and their four children resulted in Tameka losing her job. As she told members of the U.S. House Ways and Means sub-committee recently, “Every time I found a new job, it was like starting over again. I didn’t have a chance to build up tenure. When I do the math, I estimate that I’ve lost close to \$200,000 in wages since his diagnosis.” Paid family leave would have kept their family economically secure while addressing this crisis. Instead they were financially devastated and, 10 years later, are just beginning to make ends meet.

It is widely acknowledged that Black women have an unrivaled longevity in the unpaid and paid workforce.ⁱ Yet, Black women’s experience is not rewarded with wages that allow them to shoulder the enormous financial responsibilities they also assume in their homes. Today, black women earn only 61 cents for every dollar earned by white non-Hispanic men. These wage disparities exist across all economic levels, and are most acute for women forced into jobs that pay lower wages such as food service, retail, childcare, and domestic work. The role that racism and sexism play in the job market magnify the harm for black women.ⁱⁱ

Like Tameka, the majority of black women do not hold positions or work in places where they have access to paid family and medical leave and they receive little relief from the Family and Medical Leave Act (FMLA). This important law which passed in 1993 provides unpaid leave to welcome a new baby, care for self or a seriously ill family member. However, it covers only 60% of the nation’s workers, those who are on the job for a year or more and accrue a minimum of 1250 hours in a 12-month period. Those working for employers with 50 or fewer employees are excluded from the law completely. According to research from Brandeis University’s Heller School, only 54% of black workers have access to FMLA.ⁱⁱⁱ

Even when an employee does have job-protected leave, access to FMLA is a non-starter for most black women because an overwhelming majority (84%) are primary, sole or co-breadwinner for their families.^{iv} When faced with a serious caregiving event, they are in the untenable position of having to choose between time to care and earning wages that put food on the table and a roof over their heads.

Paid family and medical leave can promote healthier outcomes for black women and their families.

The U.S. is the only developed country where the maternal mortality rate has increased over the past two decades.^v This rise is at a devastating level for black communities, which experience maternal mortality rates four times higher than that of white women. The problem spans economic and social status levels and is especially high in New York City, where the rate is twelve times that of white women as twice that of infants born to non-Hispanic white women.^{vi}

The black maternal and infant mortality crises are seen across all income levels. Professionally trained, high-income black women have the same maternal mortality rates as white women with less than an eighth-grade education.^{vii}

Looking at black women specifically, the maternal mortality rate is comparable to that of women in Sub-Saharan Africa, which is composed of countries with significantly lower GDP levels. Because the health of pregnant moms often determines the health of their babies, pregnancy-related complications are closely tied to infant deaths. Health disparities resulting in pre-term births drive higher black infant mortality rates.^{viii}

Racism and racial bias drive health disparities and play a role in access and proximity to care, post-delivery support and mental health care, and time off from work with pay.

Comprehensive paid family and medical leave is a critical component of the systemic solution to combating these particular health disparities and ensuring that all women, particularly black women and their babies, not only survive childbirth and but are set on a path of health and wellbeing^{ix}.

The path to well-being after childbirth is determined by the ability to attend follow-up doctor appointments for mom and infant; to rest and fully recover from the mental and physical event of childbirth; to breastfeed the new baby, care for oneself, and be cared for by loved ones.

Research also shows that new moms with paid leave are more likely to take the doctor-recommended 6 weeks to recover from childbirth. Similarly, those who take 12 weeks of paid leave are more likely to breastfeed, attend recommended new baby check-ups and get immunizations. All of these activities contribute to improved outcomes for mothers and children, especially women and children of color.^x

Years after a child is born, the long term effects of breastfeeding are seen in the child's overall health and well-being. Reduced risk of chronic diseases, cancer, asthma and obesity are some well documented benefits.^{xi} Today only 64.3 percent of black women breastfeed, compared with 81.5% of white women and 81.9% of Latinas^{xii} (According to a report by the National Institutes of Health, employed women with 12 weeks of paid maternity leave are more likely to initiate breastfeeding and continue through a six-month period than those who lack paid leave.^{xiii}

As a nation, we can do better. Absent a federal law for paid leave, several states have stepped up to address this urgent need. Comprehensive paid leave laws in CA, NJ, RI, and NY are currently in effect. WA, MA, CT, OR and the District of Columbia have also passed such laws and are all in the process of implementing them. These programs increase the likelihood that workers will remain attached to the labor force, returning to work after an illness or caregiving event with their health and finances intact. Access to paid leave means new parents can spend more time bonding and breastfeeding; others can care for an older relative or recover from their own illness. The evidence from the states with such programs show workers are more likely to take the time they need to care, and fathers show a significant increase in time off after a new baby comes.

While many policymakers think parental leave is the type of leave most people need, a Department of Labor¹⁰ study of FMLA use found that 75% of caregivers used FMLA to care for themselves or a seriously ill family member. For these reasons, we need a national program that values all care and covers every family. When I think of my caregiving experience and Tameka's, I know that our ability to be there for a loved one was impossible without paid leave.

Black women have a painful connection to work and family caregiving in the U.S. Historically, we were more likely to be caregivers for other children while our children were left alone. There has never been a program that protects black women while they care for their loved ones; when they do take time to care, it's often with grave sacrifices and consequences. For Black families, paid leave provides the economic stability needed when a child arrives or a family member is sick, guaranteeing income while the caregiver's attention turns toward doctor's visits, breastfeeding, healing and family time. But how that paid leave program is structured can make all the difference in whether black families will benefit. To be truly inclusive and sustainable, a paid family and medical leave plan must:

- Cover all workers, regardless of their gender, age, employment type wage-earning potential, or employer size using a system with shared contributions;
- Be comprehensive regarding the many reasons workers need leave, including personal medical leave, family caregiving, or caring for a new child;
- Offer a meaningful duration of time to allow people to meet their care and health needs;
- Be inclusive, reflecting the diversity of families and their caregiving needs;
- Guarantee job protection - it's hard to take leave if there's no job to come back to;
- Include adequate and progressive wage replacement and a benefit level that makes taking leave financially possible for everyone; and
- Be sustainably funded and cost-effective for the government, workers, and employers.

This is a moment when we have an opportunity to move forward demonstrating that this nation values its workforce and families, which have always been the engine for our prosperity. We can make sure that women and men who work hard and follow the rules, and who live in economically challenged households aren't pushed into poverty because they missed work for a few weeks while recovering from an illness.

Once again, we see paid family and medical leave as an essential way to ensure gender equity and achieve greater racial and economic equality for black women and their families. Lack of leave is a structural barrier driving down Black women's income and economic stability, their ability to retain employment and advance in the workforce, get and stay out of poverty and build wealth. Only an inclusive and effective paid leave policy can bring about systemic change. We believe that all people deserve time to give and receive care and paid family leave will do just that.

Thank you again for the opportunity to testify today. I look forward to answering your questions.

ⁱ Frye, J. (2018). *Valuing black women's work*. Washington, DC: Center for American Progress.

<https://www.americanprogress.org/issues/women/news/2018/08/07/454508/valuing-black-womens-work/>

ⁱⁱ Ibid

ⁱⁱⁱ Diversitydatakids.org. *Inequities in eligibility for FMLA leave*. Waltham, MA: The Heller School for Social Policy and Management.

<http://www.diversitydatakids.org/files/Policy/FMLA/Capacity/Inequities%20in%20FMLA%20eligibility.pdf>.

^{iv} Glynn, S.J. (2019). *Breadwinning mothers continue to be the U.S. norm*. Washington, DC: Center for American Progress <https://www.americanprogress.org/issues/women/reports/2019/05/10/469739/breadwinning-mothers-continue-u-s-norm/>

^v Blount, L.G. (2019). *Tackling black maternal mortality*. In A. Jones-DeWeever (ed.). *State of black women in the U.S. and key states in 2019: Centering black women and girls' leadership and public policy agenda in a*

polarized political era. Washington, DC: Black Women’s Roundtable
<https://www.ncbcp.org/assets/2019BWRReportBlackWomenintheU.S.2019FINAL3.22.19.pdf>).

vi Ibid

vii Taylor, J., Novoa, C., Hamm, K., Phadke, S. (2019). *Eliminating racial disparities in maternal and infant mortality: A comprehensive policy blueprint*. Washington, DC: Center for American Progress.
<https://cdn.americanprogress.org/content/uploads/2019/04/30133000/Maternal-Infant-Mortality-report.pdf>).

viii Blount, L.G. (2019). *Tackling black maternal mortality*. In A. Jones-DeWeever (ed.). *State of black women in the U.S. and key states in 2019: Centering black women and girls’ leadership and public policy agenda in a polarized political era*. Washington, DC: Black Women’s Roundtable
<https://www.ncbcp.org/assets/2019BWRReportBlackWomenintheU.S.2019FINAL3.22.19.pdf>

ix Ruhm, C. J. (2000). *Parental leave and child health*. *Journal of Health Economics*. 9(6). PP. 931-960.
<https://www.sciencedirect.com/science/article/abs/pii/S0167629600000473>

x Women’s Health Care Physicians (2018). *Committee opinion*. Washington, DC: The American College of Obstetricians and Gynecologists. <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care>

xi Taylor, J., Novoa, C., Hamm, K., Phadke, S. (2019). *Eliminating racial disparities in maternal and infant mortality: A comprehensive policy blueprint*. Washington, DC: Center for American Progress.
<https://cdn.americanprogress.org/content/uploads/2019/04/30133000/Maternal-Infant-Mortality-report.pdf>

xii Robinson, C. (2017). *Chocolate milk mommies encourage black women to breastfeed*.
[\(https://successfulblackparenting.com/chocolate-milk-mommies-encourages-black-women-to-breastfeed/](https://successfulblackparenting.com/chocolate-milk-mommies-encourages-black-women-to-breastfeed/)

xiii Mirkovis, K.R., Perrine, C., Scanlon, K.G. (2016). *Paid maternity leave and breastfeeding outcomes*. Bethesda, MD., U.S. Library of Medicine, National Institute of Health. <https://www.ncbi.nlm.nih.gov/pubmed/26991788>