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TESTIMONY IN SUPPORT OF SB211/HB375

**Labor and Employment - Family and Medical Leave Insurance Program - Establishment
(Time to Care Act of 2021)**

TO: Chair Kelley, Vice Chair Feldman, and the members of the Finance Committee

FROM: Debra Band

My name is Debra Band. I live in Potomac, in District 15. I am submitting this testimony in support of SB211/HB375, the Time to Care Act.

Paid family leave is essential to enable family members to maintain their careers, earning ability and psychological health in the case of family illnesses that require their constant availability. The ability to be constantly available for the needs of a sick loved one, which is generally denied to employed persons in Maryland has been very important in my own life.

I am a self-employed artist and writer, with a regular schedule of commissions with many months lead-time and publishing deadlines; I have the ability to accept and schedule my work largely at will, and always have the flexibility to shape the extent and hours of my work activities around family needs. This flexibility had already proven valuable during our children's typical childhood illnesses, but took on far greater importance from the date of my forty-fifth birthday. That evening, a few months after my family moved to Maryland in 2001, my late first husband, David Band, an astrophysicist employed by UMBC for work at Goddard Space Flight Center, who had had several months of strange back-aches, was diagnosed with what turned out to be a unique spinal cord cancer. His diagnosis initiated a 7.5 year train of intensive medical treatment that included the following: day-long visits for consultations at the NIH Clinical Center, many surgeries and hospitalizations, often for weeks at a time (and each hospitalization required my frequent presence to advocate for him) followed by weeks of recuperation at home, trips out of town for additional treatments, and regular periods when he was medically fragile from complex, sometimes experimental chemotherapy and needed careful monitoring, and finally, a demanding two-week home-hospice period prior to his passing in March 2009.

As David's wife it was my responsibility to coordinate much of his care out of the home, and often provide full-time care for him in our home. Managing my work during his periods of greatest need became increasingly complicated (including even setting up an impromptu art studio in some of his hospital rooms at the NIH, and writing whole sections of books waiting for consultations with doctors) and I was able to cancel or reschedule out-of-town speaking engagements as necessary. I realized exactly how fortunate – being self-employed provided the flexibility to take the time off, or reorganize my work to mesh with family and caregiving responsibilities.

A far lesser period of such family demands would have been devastating had I been employed in a more traditional way. At several points early in David's illness I seriously considered re-training for other more conventional (and remunerative) employment, but no sooner did I take a step in any of those directions, than he suffered yet another medical crisis, and it became clear that I needed to maintain my flexibility. Few people are fortunate enough to have the kind of flexibility to balance the expectations of their job with their absolute responsibilities within their families. Family illnesses far less lengthy than my husband's could well result in firing, or lengthy periods without income, which would cripple a caregiver's ability to continue supporting themselves and their families—just because they are struggling to meet fundamental human responsibilities thrust unhappily upon them, often with no time to plan at all. Paid family and medical leave would enable caregivers to strike a reasonable balance between work and the health and wellbeing of their families, maintaining their income as well as their psychological health as they struggle to meet their obligations to those they love and to their employers.

I respectfully urge a favorable report on SB211.