

My name is Dr Gerald Calnen. I live in Enfield, where I practiced pediatrics before my retirement in 2014.

I am asking you to support SB 1 and HB 5003 establishing a paid family leave policy in CT.

If I could, I'd like to tell you about the experience of one of the families I cared for shortly before my retirement. The mother delivered twins 2 months prematurely. The twins were in the hospital for many weeks and suffered a number of significant complications while in the NICU, including respiratory distress syndrome requiring mechanical ventilation, apnea of prematurity whereby a baby stops breathing for variable periods of time, and jaundice requiring phototherapy. One of the infants suffered an intracranial bleed resulting in seizures. There were many other less salient medical issues which I won't go into here.

At the time of discharge both infants had multiple ongoing issues, including anemia, fluid and electrolyte concerns, nutritional challenges, and eye problems related to prematurity and its treatment. Developmental issues had to be addressed by Birth to Three, particularly for the infant with the intracranial bleed and seizures. This infant also had a heart problem called patent ductus arteriosus that required cardiological follow up. Shortly after discharge the mother contracted influenza, putting the infants at very high risk of overwhelming infection. They required prophylactic antiviral medications, which at the time were in very short supply, creating yet another serious challenge for the family. The infant with the seizure disorder and the intracranial bleed required occupational therapy because of oromotor concerns resulting in feeding difficulties. And of course there were all the usual well child issues the family had to deal with.

You can imagine how many appointments the family had to make to address the multiple highly complex needs of twins born so prematurely. To provide for such care while both parents are trying to hold down a job requires nothing less than a heroic effort, particularly without paid leave. What's important to remember is that the case I just presented isn't at all unusual. We're victims of our own success. At the beginning of my career most likely I wouldn't have had to provide care for these infants, because they wouldn't have survived. Children with a history of prematurity, cystic fibrosis, cancer, congenital heart disease, sickle cell anemia, hemophilia, inborn errors of metabolism, and so many others are now surviving into adulthood, but they carry with them a multitude of very complex challenges which require careful attention. It's estimated that close to 1 in 5 kids fit into the category of "children with special health care needs." That's a lot of children.

As a pediatrician I'm asking you to offer these families the support they so desperately need. Ask yourselves if you would be able to provide the kind of care the family I just presented had to provide without paid leave. Could you do it?

Thank you so much for giving me the opportunity to speak about such an urgent issue. Supporting a paid leave policy is simply the right thing to do.