

Dear Members of Labor and Public Employees Committee of the Connecticut General Assembly:

My name is Robin Gilmartin and I live in West Hartford, Connecticut. I support S.B. 1: An Act Concerning Paid Family and Medical Leave and H.B. 5003: An Act Implementing a Paid Family and Medical Leave Program.

My testimony centers on the issue of living organ donation. Importantly, S.B. 1 includes paid leave for those who choose to be living organ donors and bone marrow donors. In 2017, I donated my left kidney at Yale-New Haven Hospital to someone I didn't know. My donation started an 18-person "kidney chain," that is, 9 organ donors donating to strangers thereby guaranteeing loved ones with advanced kidney disease a life-saving organ. In 2015, my wife (Diane Mack) donated a kidney to someone she never met who had been on dialysis for seven years.

What distinguishes my wife and me as living kidney donors is that we were able to afford to donate without financial worries while recovering from the surgeries. (My wife is retired and receives a monthly pension while I am self-employed and was able to return to a sedentary job in just one week). Many living organ donors are not so lucky and suffer significant financial hardship as a result of saving another person's life. For donors whose jobs are physically demanding, the post-surgery recovery period is a minimum of six weeks, typically necessitating unpaid leave. While the cost of surgery itself for organ donors is covered by the recipients' insurance, the loss of income by donors has been identified as one of the barriers to living organ donation.¹ Tragically, willing potential organ donors are sometimes unable to donate due to loss of income.

The issue of paid leave for organ donation may seem uncommon or esoteric. To illustrate the importance of Paid Family and Medical Leave Program to living organ donation, I want to share some facts. First, kidney disease itself is a public health crisis. 30 million people or 15% of US adults are estimated to have chronic kidney disease.² There are about 114,000 Americans (over 1,250 in CT) currently on the national organ transplant list; 83% are waiting for a kidney. Most of those waiting will either be removed from the list because they become too sick for surgery or will be among the 22 people who die each day waiting for an organ. Meanwhile, every 10 minutes another American is newly added to the waitlist, many here in CT. Finally, this is a racial equity issue. Those awaiting organs are disproportionately people of color. While people of color make up 36% of the U.S. population, they represent 58% of the national organ transplant list.³

Even if the number of licensed drivers registered as organ donors doubled, there would still not be enough cadaver organs for those in need because of the challenges of successfully harvesting organs upon death. Living organ donors are desperately needed and public policy should reflect that need and have the backs of every living organ donor by ensuring lost wage replacement. Paid Family and Medical Leave will save lives by helping to facilitate living organ donation.

I thank the Committee for considering my testimony.

Footnotes:

1. Reducing Systemic Barriers to Living Donation, Tushla et al. Clinical Journal of the American Society of Nephrology 10: 1696–1702, September, 2015
2. Centers for Disease Control and Prevention. National Chronic Kidney Disease Fact Sheet, 2017. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2017
3. Organ Procurement & Transplantation Network, U.S. Department of Health and Human Services. [Http://open.transplant.hrsa.gov](http://open.transplant.hrsa.gov)