

# Returning to Work: Three policy steps to strengthen family life during the pandemic recovery

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## Executive Summary

Family members have been a crucial source of care and resilience during the COVID-19 pandemic, sometimes at the cost of their own jobs and health. The truth that strong families lie at the heart of a strong society was underscored in 2020. Families have exhausted savings, deferred bills, taken on debt, and borrowed from retirement funds to remain financially afloat during the pandemic. Many Americans are eager to return to work to re-establish family economic stability. When they do, family income-earners should be able to return to work on terms that are safe and family-supportive.

This brief highlights several policies that will strengthen family life during the remainder of the pandemic and after its end by making family-supportive, 'family-friendly' working conditions more widely available. Policy-makers should guarantee emergency paid sick and family leave for the duration of the COVID-19 pandemic

**“The truth that strong families lie at the heart of a strong society was underscored in 2020.”**

and develop a plan for establishing permanent paid time off for illness, recovery and caregiving, as well as parental leave and elder care.

Additionally, the COVID-19 pandemic has illuminated and potentially exacerbated the health risks facing pregnant women and children

in utero. It is time to reduce workplace risks for pregnant women and invest in the data collection and research that could address racial disparities in maternal and child health.

## Introduction: A Pandemic Places Unprecedented Pressure on Families

Raising a family in the United States is an expensive undertaking. Over the course of a child's life (through age 17), a household can expect to spend \$233,610 or approximately \$12,980 per year, not including the cost of a college education.<sup>1</sup> Families are working more to keep up. The average middle-class married couple with children works more than 600 hours per year - or 2.5 additional months —

than a similar family in 1975.<sup>2</sup> Even as paid work consumes more adults' time, the time investment in family care is rising. Parents know that giving attention to their children's learning and their physical and mental health is their investment in the next generation's flourishing and success and have increased their parenting time accordingly.<sup>3</sup>

Demographic shifts are changing family life, too. As the U.S. population ages, more Americans will be called on to provide unpaid family care.<sup>4</sup> Six out of every 10 of these family caregivers will likely maintain paid work while they are also responsible for care of a loved one, creating another kind of time squeeze.<sup>5</sup>

The vulnerable beginning stages of family life — pregnancy, childbirth and infancy -

**“40 percent of parents living with a child under the age of six experienced job loss or decreased work income during the first six months of the COVID-19 pandemic.”**

involve, in the United States, more risk than they should. The United States experiences more infant deaths than do in other industrialized countries.<sup>6</sup> There is evidence of deep racial disparities around pregnancy and childbirth. Maternal mortality for Black women in America is more than twice the rate of maternal mortality for non-Hispanic white women and Latina women.<sup>7</sup>

During the COVID-19 pandemic, families have been a source of crucial care and resilience. At the same time, the pressures on families have intensified. With school, childcare, and other community organizations closed, parents and extended family members have served as round-the-clock caregivers, teachers, and coaches. Keeping vulnerable and elderly family members safe has required families to share caregiving and decision-making duties. Thousands of families have grieved loved ones who have died during the pandemic.

Pandemic-related demands have taken their toll on family health and finances. An increasing number of American adults say that the pandemic has negatively affected their mental health. Pregnant women and parents of young children report anxiety and depression at three- to five-times the rate experienced before the pandemic.<sup>8</sup> Forty percent of parents living with a child under the age of six experienced job loss or decreased work income during the first six months of the pandemic.<sup>9</sup> Heightened caregiving responsibilities drove a significant portion of this job loss. In an October 2020 survey, nearly 20 percent of adults said they left the workforce during the pandemic because of heightened caregiving responsibilities for a child or other family member.<sup>10</sup>

The pandemic also poses potential new risks to pregnant women and threatens to exacerbate existing maternal and child health disparities. During the COVID-19 pandemic, pregnant Black and Latina women have been infected with the virus at higher rates than white women, an experience linked, in part, to exposure through work in essential and public-facing jobs.<sup>11</sup>

The American ethos is one in which hard work sustains family life, and one in which families, in turn, sustain our society. Having exhausted savings, deferred bills, taken on debt, and borrowed from retirement funds to remain financially afloat during the pandemic, many Americans are eager to return to work. For the virtuous cycle of mutual support between work, families, and the larger society to continue, Americans jobs must be safe and family-supportive. Employers need to anticipate and enable periods of caregiving, recovery and rest. Pregnant workers should have access to reasonable accommodations that enable them to work and protect their health and pregnancy.

The Center for Public Justice and many other faith institutions and people of faith believe that public policy should reflect several core principles: the centrality of family

**“Public policy should reflect core principles: the centrality of family life to human flourishing and the dignity of all forms of work.”**

life to human flourishing and the dignity of all forms of work. Progress toward pro-family work can and should be made in a way that meets several standards: valuing the importance of all kinds of work, supporting work inside and outside of the home, providing practical support to families, addressing historic injustices and preserving fiscal stewardship and economic vitality.<sup>12</sup>

Government’s role is neither to handle functions of the family nor to control families’ cultural and religious decisions; but the government can and should establish broad standards, incentivize pro-family workplace models, and implement policies that protect and enable activities central to a healthy society. These activities include passing safely through pregnancy and childbirth, caring for a loved one or oneself,

This brief describes three public policy steps that will help make pro-family work the standard for all households:

- Guarantee emergency paid sick and family leave for all workers for the duration of the COVID-19 pandemic and develop a plan for ensuring access to paid time off for illness, recovery, and family caregiving to support families after the pandemic.
- Reduce workplace risks and health disparities for pregnant women by enacting the Pregnant Workers Fairness Act and improving maternal and child health research.
- Develop a system of paid parental and family leave to support pregnant women, new parents, and family caregivers after the pandemic.

# 1. Guarantee emergency paid sick leave for all workers for the duration of the COVID-19 pandemic and develop a plan for ensuring paid time off for illness, recovery and family caregiving to support families after the pandemic.

- Employee access to paid sick days is correlated with reduced spread and incidence of contagious illnesses.
- Access to paid sick days varies widely across occupations, with those in professional occupations more likely than workers in production and service occupations to be guaranteed paid leave.
- Approximately 41 million Americans provide unpaid elder care. Family caregivers who are also employed need a range of accommodations to meet work and family responsibilities including paid time off for medical visits and caregiving events.

Despite the family responsibilities that are woven into Americans' lives, many people report not taking time off from work when they need it for family care, childcare or their own medical care. Heavy workloads, fear of negative consequences and inability to afford loss of income are among the most common reasons for not taking time off from work.<sup>13</sup>

A lack of access to paid time off may drive this reluctance to take time for family and medical care. On average, American workers have access to 11 paid vacation days and eight paid sick days annually.<sup>14</sup> Workers well into their careers and those who

**“Investing in families is a moral commitment which contributes to the prosperity of our nation.”**

**- National Latino Evangelical Coalition, “Familias Florecientes” (Flourishing Families)**

have long occupied well-paid positions are more likely to have accrued more time off. New parents with young children, entrepreneurs and self-employed workers juggling work and family are less likely to have ample paid time off. Likewise, workers outside professional or white collar occupations are also less likely to be guaranteed paid leave.<sup>15</sup> Data from March 2019 show that just under half of workers in

the lowest-wage occupations have no access to paid sick leave.<sup>16</sup> Only 40 percent of part-time workers have paid sick leave.<sup>17</sup> As a result, a great many households must scramble and scrape together the time needed for family and personal care, sometimes forgoing needed rest or preventative care to save their paid sick days for a future crisis.

When COVID-19 arrived in the United States, this patchwork approach to paid time off left families and communities more vulnerable than they should have been. In March

2020, Congress stepped in and created an emergency paid leave program for those affected by the virus as a component of the Families First Coronavirus Response Act.<sup>18</sup>

Emergency paid leave is a vital component of our public health response, and it should be extended for the duration of the pandemic. But policymakers should also

**“For family caregivers, as well as for parents of young children, paid sick days are not only a public health benefit but a pro-family benefit.”**

begin to plan for a future in which paid time off for all workers is a workplace standard.

Recent polls indicate a growing interest in paid leave, including time off for both medical and caregiving purposes.<sup>19</sup> A permanent paid leave measure would support families, strengthen public health and safeguard American workplaces. Evaluating pre-COVID 19 data, economists found a correlation between employee access to paid sick days and

reduced spread of the flu: workers without access to paid sick days have been found to be less likely to receive flu vaccinations.<sup>20</sup> Other studies show that workers with paid sick days are more likely to seek preventative care, and that they visit the emergency room less, than those without paid sick days.<sup>21</sup> Reducing absenteeism by preventing or mitigating illness could have saved American employers between \$0.63 billion and \$1.88 billion in 2007.<sup>22</sup>

Approximately 41 million Americans provide unpaid elder care.<sup>23</sup> Such family caregivers who are also employed report needing accommodation - including paid time off of work.<sup>24</sup> For family caregivers, as well as for parents of young children, paid sick days are not only a public health benefit but a pro-family benefit.

Securing paid sick days will require administrative innovation. Pro-family benefits need to be available to workers in traditional employment as well as those who are self-employed or participating in the gig economy. Public systems designed to provide worker benefits, such as the various unemployment insurance systems, need examination and updates to outdated practices and technology. Policymakers should begin now to develop a plan to tackle these challenges and make paid time off a standard benefit.

**Of the lowest quarter of wage earners, only about half have access to :**



*Source: Bureau of Labor Statistics, Employee Benefits in the United States, March 2019. <https://www.bls.gov/ncs/ebs/benefits/2019/ownership/private/table31a.pdf>*

### **Policy Priorities**

- Guarantee emergency paid sick leave for all workers for the duration of the COVID-19 pandemic.
- Establish a bipartisan commission to study best practices and investments necessary to ensure universal access to paid time off for illness, recovery and caregiving for workers across occupation and employment types.

## 2. Reduce workplace risks and health disparities for pregnant women

- The United States has 5.8 infant deaths for every 1,000 children born, a rate that is 71% higher than the average rate of comparable countries.
- The United States has a higher rate of maternal mortality than comparable countries, and maternal mortality has been on the rise in the U.S. since 2000.
- The COVID-19 pandemic exacerbates stresses on pregnant women and reveals persistent health disparities. Research indicates significant racial disparities in COVID-19 infection rates.

In the United States, the vulnerable beginning stages of family life – pregnancy, childbirth and infancy – involve more risk than they should. Rates of child and maternal mortality are higher in the United States than they are in countries of similar population size and wealth.<sup>25</sup> Black mothers face higher risks and higher rates of maternal mortality than mothers in any other racial group. Black women in the United States are at least three times more likely to die due to circumstances connected to childbearing and birth than white women.<sup>26</sup>

Maternal health and child health are inextricably connected throughout pregnancy and after a child’s birth. Among the greatest contributors to infant mortality are preterm delivery and low birth weight, both of which can be affected by a mother’s mental and physical health.<sup>27</sup>

**“Our Black and Latina sisters are dying at alarming rates during childbearing. Race should not be a deciding factor in childbirth and receiving quality postpartum care.”**

— Sharifa Stevens, Vice President of the Board, Abide Women’s Health, Dallas, TX

For some pregnant women, the workplace unnecessarily presents health risks.

Ceedria Walker is one of many women who tragically lost a child to a miscarriage associated with working conditions.

Walker’s supervisor sent her, a warehouse worker several months pregnant, to work the conveyor belt, – an activity that required frequent lifting – denying her requests to be assigned less strenuous tasks.<sup>28</sup> Thousands of pregnant women

have testified to adverse employment events, such as losing their jobs or being forced into unpaid leave, resulting in severe financial stress.<sup>29</sup>

In Walker’s case, as in many others, the anti-discrimination protections currently provided by the Pregnancy Discrimination Act (PDA) only require comparable

treatment for pregnant and non-pregnant employees. When an employer regularly denies its whole workforce access to breaks or light duty, it is difficult for a pregnant worker to secure these accommodations - no matter how reasonable the accommodation or significant a burden denying the accommodation poses to a mother and child.

Thirty states have passed laws that build on the PDA to protect the health of pregnant women.<sup>30</sup> The U.S. House of Representatives passed the Pregnant Workers Fairness Act (PWFA) in September of 2020, on a broadly bipartisan basis. The PWFA would require employers with more than 15 employees to provide reasonable accommodations that are appropriate to known limitations related to pregnancy.<sup>31</sup> In other words, the PWFA clarifies for workers and employers' alike, the necessity of accommodating pregnant workers.

The PWFA also advances pro-life aims. Enabling pregnant women who are wage-earners for their households to remain employed reduces the economic pressures that could lead women to terminate a pregnancy.

The COVID-19 pandemic exacerbates stresses on pregnant women and reveals persistent health disparities across race. The latest information from the Centers for Disease Control and Prevention indicates that pregnant women are more likely to be hospitalized due to COVID-19 than are women who are not pregnant. Early research indicates that Black and Hispanic pregnant women are more likely to be infected with COVID-19 than are pregnant white women.<sup>32</sup>

The full impact of COVID-19 on vulnerable populations, including pregnant women, young children and children in utero remains unknown. The U.S. has a system for monitoring emergent public health threats that should be deployed now. In 2015, when the Zika virus spread internationally, public officials developed a system to research and observe unique threats that emerging diseases pose to pregnant women.<sup>33</sup> The national response to the COVID-19 pandemic could build on this system. It should invest in long-term research and data collection that will help us to understand the impact of this pandemic on health and boost and understanding of the preventable circumstances that have kept U.S. child and maternal mortality high and uniquely dangerous to women and children of color.

#### **Policy Priorities**

Congress should prioritize improving work conditions for pregnant women and making an initial investment in research and data collection about maternal health disparity:

- Pass the bipartisan Pregnant Workers Fairness Act (H.R. 2694).
- Increase investments in research and data collection on maternal and child health, including monitoring the impact of COVID-19 and monitoring factors that contribute to racial disparities in maternal and child health.

### 3. Guarantee paid parental and family leave for pregnant women, new parents and family caregivers

- Twenty percent of new mothers return to work within a few weeks after giving birth to a child, often forgoing time needed for nursing and bonding with a new child, as well as their own recovery.
- Paid, job-protected maternity leave has been associated with reductions in neonatal, infant and young child deaths.
- Family care is a crucial component of quality and dignified care for those at the end of life. More than one million Medicare beneficiaries receive hospice care each year.

All children and vulnerable individuals should be able to receive care from family and loved ones when they most need it. Those who are called to care must be able to do so without economic hardship or job loss. The United States is the only industrialized nation without guaranteed paid parental leave. It is long past time for all Americans to have access to paid parental and family leave.

In the absence of paid leave benefits, some households use savings or family wealth to cover seasons of unpaid care. But many households lack this financial buffer, particularly early in life. Only 35 percent of married couples with children have at least three months of liquid savings – the amount needed to cover a short parental leave.<sup>34</sup> Less than 20 percent of the workforce has access to paid family and medical leave through their workplace.<sup>35</sup> Other benefits – paid sick and vacation days – only cover a fraction of the time new parents and family caregivers need after a birth or a major health event. As a result, American workers take less leave for family care than they need. Twenty percent of new mothers return to work within a few weeks after giving birth to a child, often forgoing time needed for their own recovery, nursing, and bonding with a new child.<sup>36</sup> According to Pew Research Center, of those parents who took parental leave, over half reported that they took less time than they needed. Nearly 70 percent of those who took less time than they needed said they cut family leave short because they could not afford to lose more income.<sup>37</sup>

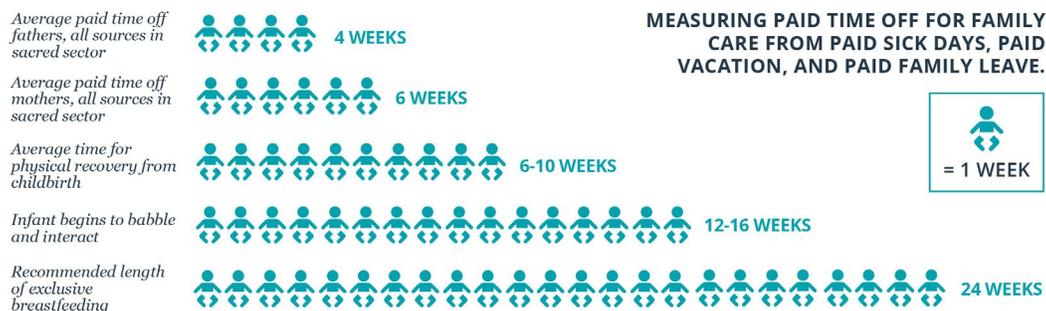
The ability to take leave from work varies by race, potentially compounding other sources of racial disparity around pregnancy, birth, and infant health. Black and Hispanic workers are more likely than white workers to say there was a time when they needed to take leave but did not do so.<sup>38</sup> Families of color are less likely to have access to savings and wealth that could fund an unpaid leave from work. In 2016, the median wealth of white households was ten times that of Black households and eight times that of Hispanic households.<sup>39</sup>

Eight states and the District of Columbia have established paid family and medical leave programs. The longer-running state programs have achieved financial sustainability by dedicating a portion of collected payroll tax income to the program. So, there is evidence that cost-effective means to provide paid family leave do exist.

For small businesses and nonprofit employers, including faith-based organizations, such policies can help to level the playing field between themselves and large companies that can already afford to provide generous benefits. Consulting companies' surveys have found that offering paid leave positively affects employee recruitment while improving morale, productivity and retention.<sup>40</sup> Research from the Center for Public Justice indicates that faith-based organizations (what CPJ terms "the sacred sector") have been unable to provide paid time off benefits that align with the developmental needs of a new family. A well-designed federally funded paid leave program can help all employers offer these benefits without having to cover all of the costs.

Pro-family benefits are also important to mission-oriented and faith-based employers, which often rely on employees with deep institutional knowledge and relational ties. Those in pastoral, counseling, educational and other ministry roles can better advance their organizations' missions well when they can serve in those roles over a longer duration of time.

Paid, job-protected maternity leave has been associated with reductions in neonatal, infant and young child deaths.<sup>41</sup> For those at the end of life, family care is a crucial component of quality and dignified care. Paid family leave could facilitate this caregiving for those affected by a major illness, such as the approximately 1.43 million Americans receiving hospice care each year.<sup>42</sup> A federal paid parental and family leave policy would underscore the deep value of caregiving in a culture and support workers with caregiving responsibilities in a wide range of work settings.



Sources: Center for Public Justice, *Family-Supportive Practices in the Sacred Sector*, January 2019; American Academy of Pediatricians, *Caring for Your Baby and Young Child: Birth to Age 5* (6th Edition): <http://www.healthychildren.org>

### **Policy Priorities**

Paid family leave has received growing bipartisan interest. It is time to build on and deepen that consensus. We urge members of Congress to advance bipartisan legislation with the following elements:

- Enable enough time for caregiving to be of practical support to families: at least 18 weeks of paid parental caregiving covered in relation to the birth or adoption of a child, either through a worker benefit or a per child benefit to be allocated flexibly between parents.<sup>43</sup>
- Ensure access to paid leave for pregnant women, as well as new parents.
- Strengthen job protection afforded by the Family Medical Leave Act, extending the period of job protection to 18 weeks and applying job protection to a wider range of workers.
- Provide full wage replacement for workers earning two-thirds of median income or less. Provide partial wage replacement for other workers.
- Administer benefits publicly rather than through an employer mandate.
- Establish a fair and sustainable funding mechanism that shares costs between workers, employers and taxpayers.

For older Americans or those suffering major medical events, physical and cognitive decline and isolation are common barriers to flourishing. Family care during vulnerable stages of life has all but disappeared from mainstream awareness. Yet, there are millions of invisible caregivers in our families, congregations and communities. As America's population ages, the need for family care for aging loved ones will grow, and family members will be among the first to provide that care.

A paid family leave package should also cover paid caregiving leave for individuals caring for a family member diagnosed with a serious medical condition or enrolled in hospice care. We urge members of Congress to include the following family care elements in bipartisan legislation:

- Enable enough caregiving time to be of practical support to families following a major medical event or at the end of life. State paid family leave laws cover between four to twelve weeks for family caregiving.<sup>44</sup>
- Provide full wage replacement for low-wage workers and partial wage replacement for other workers.
- Administer benefits publicly rather than through an employer mandate.

- Establish a fair and sustainable funding mechanism that shares costs between workers, employers and taxpayers.
- Cover a wide range of family relationships including care by those who are parents, spouses, siblings, aunts and uncles, adult children of those who need care and those who stand in family-like relationships with those needing care.

## Conclusion

Families have been core to our nation's resilience during the COVID-19 pandemic and will be crucial to the national recovery. Congress' efforts to support family life should reflect core, widely held principles: affirming the value and dignity of work, valuing caregivers, providing practical support to families, addressing historic injustices and preserving fiscal stewardship and economic vitality. Legislation at the end of 2020 provided short-term pandemic relief. As American families rekindle neighborhood ties and return to work, there is an opportunity to strengthen families. Ensuring that workplaces are safe and family-supportive could help families heal, flourish, and contribute to a healthy post-pandemic society.

## Who We Are

The Center for Public Justice is a Christian public policy and civic engagement organization. CPJ's Families Valued initiative promotes good work that enables all families to flourish. This work is grounded in and motivated by two core principles: The promotion of healthy families and affirmation of the dignity of work. We believe that, as the Psalmist says, "God puts the lonely in families," and that humanity's capacity to cultivate family and to work are both expressions of the image of God in each person.

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## Endnotes:

- <sup>1</sup> U.S. Department of Agriculture Center for Nutrition Policy and Promotion, Expenditures on Children by Families, Mark Lino, et al, Miscellaneous Report No. 1528-2015, Washington, D.C.: GPO, 2017.
- <sup>2</sup> Isabel Sawhill and Katherine Guyot, *The Middle Class Time Squeeze*, Washington, D.C.: Brookings Institution, August 2020.
- <sup>3</sup> Claire Cain Miller, *The Relentlessness of Modern Parenting*, *New York Times* (New York, NY), Dec. 25, 2018
- <sup>4</sup> U.S. Census Bureau, “Projected Age Groups and Sex Composition of the Population: Main Projections Series for the United States, 2017-2060,” Release Date, September 2018.
- <sup>5</sup> The National Alliance for Caregiving and the AARP Public Policy Institute, *Caregiving in the U.S.*, 2015.
- <sup>6</sup> Rabah Kamal, Julie Hudman, Daniel McDermott, “What do we know about infant mortality in the U.S. and comparable countries?,” Peterson-Kaiser Health System Tracker, The Kaiser Family Foundation, October 18, 2019.
- <sup>7</sup> U.S. Department of Health and Human Services National Center for Health Statistics, *The Impact of the Pregnancy Checkbox and Misclassification on Maternal Mortality Trends in the United States, 1999–2017*, L.N. Rossen, et al, Washington, D.C.: GPO, 2020
- <sup>8</sup> Leslie E. Roos and Lianne Tomfohr-Madsen, “Family Mental Health Crisis: Parental Depression, Anxiety during COVID-19 will affect kids too.” *The Conversation*, August 16, 2020; KFF, “The Implications of COVID-10 for Mental Health and Substance Use,” August 21, 2020.
- <sup>9</sup> Elaine Waxman, Poonam Gupta, Dulce Gonzalez, “Six Months into the Pandemic, 40 Percent of Parents of Young Children Have Experienced Economic Fallout,” *Urban Institute*, December 2020.
- <sup>10</sup> Morning Consult, “The Impact of COVID-19 on the Workforce,” October 2020.
- <sup>11</sup> Katherine J. Wu, “Study of Coronavirus in Pregnant Women Finds Striking Racial Differences,” *New York Times* (New York, NY), July 10, 2020.
- <sup>12</sup> Center for Public Justice, *Principles for Family-Supportive Policies*.
- <sup>13</sup> U.S. Department of Labor, Bureau of Labor Statistics, “Access to and Use of Leave - 2017-2018 - Data From the American Time Use Survey,” U.S. Department of Labor Women’s Bureau, August 29, 2019.
- <sup>14</sup> U.S. Department of Labor, Bureau of Labor Statistics, “Who Receives Paid Vacations?,” Table 1, Updated August 3, 2020.
- <sup>15</sup> U.S. Department of Labor, Bureau of Labor Statistics, National Compensation Survey: Employee Benefits in the United States, Table 31, Bulletin 2791, Washington, D.C.: GPO, March 2019.
- <sup>16</sup> Gary Claxton and Larry Levitt, “Paid Leave is Much Less Common for Lower-Wage Workers,” Kaiser Family Foundation, March 10, 2020.
- <sup>17</sup> U.S. Department of Labor, Bureau of Labor Statistics, “Employee Benefits in the United States News Release – March 2020.”
- <sup>18</sup> U.S. Congress, House of Representatives, Families First Coronavirus Response Act, [Public Law No: 115-127] H.R. 6201, 116th Congress, introduced in the House of Representatives on March 11, 2020.
- <sup>19</sup> University of Maryland, “Large and Growing Majority Favors Permanent Paid Medical and Family Leave,” Program for Public Consultation, April 2020.
- <sup>20</sup> Stephan Pichler, Katherine Wen, and Nicolas R. Ziebarth, “ISA DP No. 13530: Positive Health Externalities of Mandating Paid Sick Leave,” IZA Institute of Labor Economics, July 2020.
- <sup>21</sup> Yusheng Zhai, Tammy A. Santibanez, Katherine E. Kahn, Carla L. Black, and Marie A. de Perio, “Paid sick leave benefits, influenza vaccination, and taking sick days due to influenza-like illness among U.S. workers,” National Center for Biotechnology Information, November 19, 2019.
- <sup>22</sup> Abay Asfaw, Roger Rosa, and Regina Pana-Cryan, “Potential Economic Benefits of Paid Sick Leave in Reducing Absenteeism Related to the Spread of Influenza-Like Illness,” National Center for Biotechnology Information, Sept. 1, 2018.
- <sup>23</sup> U.S. Department of Labor, Bureau of Labor Statistics, “Unpaid Elder Care in the United States – 2015-16 Summary,” September 20, 2017.
- <sup>24</sup> The National Alliance for Caregiving and the AARP Public Policy Institute, *Caregiving in the U.S.*, June 2015.
- <sup>25</sup> Rabah Kamal, Julie Hudman, Daniel McDermott, “What do we know about infant mortality in the U.S. and comparable countries?”
- <sup>26</sup> U.S. Department of Health and Human Services, *The Impact of the Pregnancy Checkbox and Misclassification on Maternal Mortality Trends in the United States, 1999–2017*
- <sup>27</sup> Rabah Kammal, Julie Hudman, and Daniel McDermott, “What do we know about infant mortality in the U.S. and comparable countries?,” Peterson Kaiser Health System Tracker, The Kaiser Family Foundation, Oct. 18, 2019.
- <sup>28</sup> Jessica Silver-Greenberg and Natalie Kitroeff, “Miscarrying at Work: The Physical Toll of Pregnancy Discrimination,” *New York Times* (New York, NY), Oct. 21, 2018.
- <sup>29</sup> Dina Bakst, Elizabeth Gedmark, and Sarah Brafman, *Long Overdue: It is Time for the Federal Pregnant Workers Fairness Act*, New York: A Better Balance, May 2019.
- <sup>30</sup> “Pregnant, and Working during COVID-19 and beyond” A Better Balance, October 29, 2020.
- <sup>31</sup> U.S. Congress, House, Pregnant Workers Fairness Act, HR 2694, 116th Congress, 2nd sess., introduced in the House of Representatives on May 14, 2019. 32 The University of Pennsylvania, “Pregnant Black and Hispanic Women Five Times More Likely to Be Exposed to Coronavirus,” *Penn Medicine News*, July 29, 2020.
- <sup>32</sup> The University of Pennsylvania, “Pregnant Black and Hispanic Women Five Times More Likely to Be Exposed to Coronavirus,” *Penn Medicine News*, July 29, 2020.
- <sup>33</sup> U.S. Department of Health and Human Services National Center on Birth Defects and Developmental Disabilities, “Surveillance for Emerging Threats to Mothers and Babies,” Centers for Disease Control and Prevention, November 5, 2020.
- <sup>34</sup> Neil Bhutta and Lisa Dettling, “Money in the Bank? Assessing Families’ Liquid Savings Using the Survey of Consumer Finances,” Board of Governors of the Federal Reserve System, November 19, 2018.
- <sup>35</sup> U.S. Bureau of Labor Statistics, “Employee Benefits in the United States News Release – March 2020,” Table 6, Updated September 24, 2020.
- <sup>36</sup> Alyssa Pozniak, et al, “Family and Medical Leave in 2012: Detailed Results Appendix,” ABT Associates, April 2014.
- <sup>37</sup> Juliana Menasce Horowitz, Kim Parker, Nikki Graf, and Gretchen Livingston, “Americans Widely Support Paid Family and Medical Leave, But Differ Over Specific Policies,” *Pew Research Center*, March 23, 2017.
- <sup>38</sup> Juliana Menasce Horowitz, Kim Parker, Nikki Graf, and Gretchen Livingston, “Americans Widely Support Paid Family and Medical Leave, But Differ Over Specific Policies.”
- <sup>39</sup> Lisa J. Dettling, et al, “Recent Trends in Wealth-Holding by Race and Ethnicity: Evidence from the Survey of Consumer Finances,” Board of Governors of the Federal Reserve System, September 27, 2017.
- <sup>40</sup> Trish Stroman, et al, *Why Paid Family Leave is Good Business*, Boston: The Boston Consulting Group, February 2017.
- <sup>41</sup> Alison Earle, Zitha Mokomane, and Jody Heymann, “International Perspectives on Work-Family Policies: Lessons from the World’s Most Competitive Economies,” *The Future of Children* 21, no. 2 (2011): 191-210
- <sup>42</sup> NHPCO Facts and Figures, Alexandria: National Hospice and Palliative Care Organization, Revised July 2019.
- <sup>43</sup> Rachel Anderson and Lyman Stone, “A Child-Focused Paid Parental Leave Policy,” *Institute for Family Studies*, May 21, 2020.
- <sup>44</sup> National Partnership for Women and Families, “State Paid Family and Medical Leave Laws,” August 2019.