



**Testimony Before the House Workforce Development Finance and Policy Committee
In Support of Paid Family & Medical Leave (HF2)**

Submitted by Paurvi Bhatt

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My name is Paurvi Bhatt. I live in Plymouth, Minnesota, and was raised in Minnesota. I am here to share my experience as a second-generation Indian American immigrant, who cared for her ailing mother in her final days of life. My experience in caregiving for my elder parents, and ultimately, providing care at home, as a healthcare executive, and as an only child family caregiver gave me a front row seat to the issues we face as immigrants, as working daughters, and as Minnesotans who work hard to take care of our families. As someone who grew up in Minnesota, I urge you to pass the Paid Family and Medical Leave Act.

My parents – Harshad and Rekha Bhatt - came to the US in the early 1960s – pre-Civil Rights Act, pre-Immigration Act. They were deeply invested in the economic and social progress for Minnesotans – as elders in the Indian community, as well as leaders in the private sector and healthcare. Unfortunately, both of my parents required at home and institutional long-term care because they were impacted by health conditions that began when they were in their prime, and I was a young adult. Many first-generation immigrants of my parents’ generation did not witness their own parents age, and therefore, we were all flat footed in knowing what to do. As an only child, I had to figure out how to help my parents who were facing the health system with English as a second language. Our Indian American community in Minnesota was not well versed in elder care, let alone, dementia, advanced cancer and lung issues.

You see, my caregiving journey began when I was 28, just as my healthcare career was picking up speed and I was planning my own life. In 1998, I quickly became an “out of town” caregiver, when we were surprised by my father’s early onset dementia

diagnosis when he was 58. Within a few years, our situation became complex when my mother's cardiac and lung conditions and her cancer re-emerged. Before I knew it, I had become my parents' caregivers, and they became my dependents. My life, my career opportunities, and earning potential were limited by what they needed, how the health system supported them, and the flexibility I could achieve as a working daughter in healthcare. I had no siblings, no partner and needed to ensure I had my own income, health insurance, and savings to secure my future while I was trying to secure our current situation.

Many of my employers, while compassionate, were not well-versed in how to support me through the myriad of social and health issues. I had to quickly pivot to balance keeping up with my career while also translating doctor calls, family confusion, and financial decisions. I would take time off, thread travel plans to ensure there was care or visits to check on their progress. When she could work, my mother would gather vacation days and be given time off gifted to her by colleagues to use for her own care or to take care of my dad. For years we managed our situation across a rubrics cube of benefit plans, time off policies, and diverse culture and language. When we solved one issue, another would arise. And there were plenty of times I had to remind my employers that FMLA protected my ability to care for my parents. It saved my job in the early phases of my career, times when managers can pressure early career professionals to rebalance their priorities. For our family, the care system was very new to us – ironically, even though I was a healthcare executive. There was no way for us to stay together as a family and ensure quality care, without ensuring well translated and consistent care at home. None of this would be possible if I wasn't able to take paid family leave.

Once my father died, my mother and I lived together for 13 years, as her condition progressed dramatically, requiring greater assistance to understand health instructions and coordinate care. Her healthcare needs were progressive, which eventually meant placing her on oxygen and then requiring that she be entirely cared for at home. Given

the pandemic and the severity of her conditions, we sheltered in place for two years, only receiving assistance when appropriately vaccinated and masked paid workers were available. While I did my best to work remotely throughout her care, eventually, I had no choice but to take a year's leave of absence from an executive role to ensure appropriate care – not only during her earlier stages of her care but also during her palliative, hospice phase, as well as my own bereavement. I was thankful to have a company that supported my leave. But, as a healthcare executive, I'm very aware that this is not a given for most workers who need to take time off to care for loved ones.

Caregiving may sound like a new term or issue – though each of our family stories are rich in the selfless effort of so many who cared for loved ones over generations. Women, particularly women of color, assume this care responsibility so quickly, and so often, without support. As our population ages, supporting the interests and needs of various cultures who strive to care for their elders at home is critical. Across cultures, populations, and communities, family caregivers are the backbone of the long-term care system we rely upon.

Family caregivers are part of the healthcare and long-term care system that is lost in the shadow of the large formal system. We are the ones you need to translate what can work at home, connect the dots on what different providers recommend, care for and comfort our loved ones when nurses and doctors are gone, who cook, clean and provide comfort for our loves with the specific cultural and religious approaches each family depends on – from special foods, music and scripture.

Minnesota leads the way in healthcare, including world-class health systems, incredible innovators, global companies, and the largest healthcare payers in the world. We cannot continue to lead the way worldwide and welcome the world to join us at home until we join the world in how we value time with our families, with job and pay protection. It's crucial to join the world in providing paid family and medical leave.

Unfortunately, there likely is some version of my story in your family – because we all believe family just magically does this for each other. I'm here to say that we cannot be complacent and accept this as just what families do. Because family cannot continue on its own. Our systems cannot handle the informal weight of each family figuring this out for themselves. FMLA alone is not enough for the challenges we face today.

Our future depends on it. Our diverse tapestry of Minnesotans who care for their loved ones are counting on you.

I urge you to pass Paid Family and Medical Leave.