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Testimony for public hearing on SB-318

8:00 am Wednesday March 6, 2019

I. Credentials / Private citizen statement

My name is Dr. Suzanne Zane. I am the senior maternal and child health epidemiologist for the Oregon Health Authority, and have been a public health scientist in that field for 2 decades within a major federal agency. My work focuses on how to support the health and wellbeing of children and families throughout Oregon. However, today I am here to testify against this bill as a private citizen.

II. Ideal world vs. actuality of families' lives

I do recognize that the proponents of this bill are putting it forward out of best intentions. And I would like to live in a world in which all parents could share parenting 50/50 and maintain a conflict-free, stable, nurturing environment for their children after divorce, communicating well and collaborating effectively for the sake of the child. Unfortunately, this is not the typical reality, and children can be deeply harmed, both short-term and long-term, by the common real-life situations they face.

III. ACEs—divorce is one of them

Many of you have heard of “ACEs”—adverse childhood experiences, forms of trauma which are shown to influence psychological and health effects through childhood and long term into adulthood. Divorce is one of the ACEs. But damage to a child from the effects of divorce is deeply variable. A good outcome for the child depends upon:

****Lack of conflict****

****Consistency for child****

Good inter-parent communication

Ability of parents to collaborate on child's behalf and create a nurturing, emotionally stable environment

Any age child is affected if these requirements are not met. If there is conflict and inconsistency, the effects on children of all ages are profound.

I need to also highlight the specific situation of the infant and very young child—the key developmental time period to develop stable attachments with their parents and caregivers, forming patterns of secure—or insecure—attachment that affect their ability to form healthy relationships their entire lives. For infants, spending time entirely split between 2 households breaks what ob/gyns and pediatricians refer to as the mother/child dyad—one in which breastfeeding, a key component of health from childhood through adulthood, takes place. However, regardless of whether an infant is cared for by a mother, father, or other caregiver, there must be a primary

caregiver or caregivers who are consistently in place most of the time and know the child's 24-hour needs around food, sleep, and comforting and have the level of constant familiarity to recognize when there is a physical or emotional problem. Consistency and stability—rootedness within a primary home within which they feel secure—are key to the ability to form secure attachments to all those who care for and love them—including the parent who does not have the majority of the time with them. Changing households and not having a stable primary way of living and person who cares for them puts the psychological and emotional development of the child at risk. Being in a different environment half the time is not something that young children can conceptualize or truly understand. Scientific understanding of infant and child developmental needs says this is the wrong approach for infants and younger children.

IV. Damage to Oregon's children via the presumption in this bill

We cannot have a one-size-fits-all presumption and legislate what must be individualized. This bill states that a 50/50 parenting time split is subject to rebuttal—however, the burden of proof, stated as “clear and convincing evidence...”, is far too high. It is untenable for most parents for some key reasons including lack of knowledge of the legal process, resultant fears, and especially cost—for lawyers, for parenting evaluations, and in the need to miss work.

Judges must be able to apply the statutory factors to determine what parenting time split really is in "the best interests of the child." How can the legislature presume to make a choice for all children that will take an extraordinary amount of evidence and cost for a parent to rebut? The current system is imperfect, but it relies on a number of factors that allow each individual case to be adjudicated individually, rather than making a crude and heavy-handed presumption that, in practice, will be almost impossible for many primary caregivers to rebut.

V. Personal story

Had this proposed presumption been in place a few years ago, my now 15-year-old son would likely not be functional or potentially even alive today. He had severe mental health issues for a period of years. Although I had legal custody and could make decisions about his needed psychiatric care and special education needs, his father would not allow him to attend any therapy appointments during his parenting time and would not communicate with his psychiatrist, therapists, teachers or schools about his condition and needs, and transfers each week between households stirred conflict and aggression on his father's part. It took all of my resources, financially and emotionally, and 2 years of legal action to ensure that this child is with me as his primary parent Monday through Friday so that he could get the treatment and environment he needed to recover. I am using this personal example to illustrate that even I-- a highly-educated middle class professional in the health field, with access to financial credit, a job with banked paid leave time, a supportive and understanding work environment that tolerated frequent absences, and a diagnosed major illness in a child --only *barely* managed to get this child what he needed even without the increased standard of evidence for rebuttal that would be the law if this bill passed. My son would likely have had a life-altering long-term psychiatric disability or even have ended his own life had I not been able to obtain this change in parenting time. The legislature risks creating many unintended tragedies if it passes this bill.

VI. Closing

The presumption stated in this bill regarding the wellbeing of children is not factually accurate. I urge this Committee to leave the family courts of this state the autonomy and judgement to work with individual case situations to determine parenting time as currently stipulated by law. We must strive to serve the needs of children as best we can based upon scientific evidence, and not mandate a boilerplate standard that is near-impossible to refute and which may result in damage to child health and wellbeing statewide.