**Interview with Reverend Holt**

[00:00:00]**Ellie:** [00:00:00] Hello, and welcome to another episode of Politics Under the Microscope. We are joined today by Reverend Diann Holt, the executive director and founder of Durham's Maternal Stress Free Zone, a nonprofit organization centered around providing maternal support with their birth plans. Reverend Holt was appointed a member of the COVID-19 vaccine distribution taskforce by New York Governor, Andrew Cuomo, and is here to give us key insights into the distribution of the vaccine, which will hopefully put an end to the pandemic.

[00:00:26] Reverend Holt. It's lovely to have you on our podcast today. Could you tell us a little bit about yourself? Like your background and expertise?

[00:00:33]**Reverend Holt:** [00:00:33] Yep. Oh, let's see. Where do I start? Well, I'm a 72 year old black woman born in a small town named Manchester, Georgia. I was born at a time when African American women were not allowed to give birth in a hospital.

[00:00:53] Therefore I was born at home by a granny midwife. I was [00:01:00] born breech, therefore I'm told by my 98 year old father who just recently passed that I was a miracle baby because the physician would not have anything to do with my birth and the midwife who by today's standard would be a doula, had to turn me around in the womb so that I could be delivered.

[00:01:19] **Naira:** [00:01:20] A doula is a trained companion who isn't a healthcare professional but supports another individual through a significant health-related experience such as pregnancy or childbirth.

[00:01:34] **Reverend Holt:** [00:01:34] I was raised in Buffalo, New York, educated in Buffalo, New York, but my roots still remained in Georgia until I was about 12 years old. So I know absolutely everything there is about maternal racism, Jim Crow laws, black and white fountains and bathrooms and sit-ins and civil rights. I didn't [00:02:00] read about it. I lived it. So after coming here to Buffalo, I crossed over a lot of disciplines. So I started off as a nurse, then I went to social work. Then I decided I wanted to do something at a lower level, which was community health worker. Then I decided I wanted to go into chaplaincy and work on the other end of the life spectrum. So I went back to school for ministry, and I didn't realize at that time that all of that was building up for what I'm doing at this very moment.

[00:02:40] I'm told that, I work with those from the wound to the tomb. That I work with individuals who are birthing and individuals who were dying, so I have a broad spectrum of gifts that people have given [00:03:00] to me by listening to their stories at the time of them giving birth or at the time of them transitioning to wherever it is that they believe that they are going. So that's a little bit about who I am and expertise. Well, I dibble and dabble in everything.

[00:03:20]**Ellie:** [00:03:20] I love that. As we know, you're a member of the vaccine distribution task force. And so I'd love to hear the role you play and the purpose of the task force actually serves.

[00:03:30] **Reverend Holt:** [00:03:30] Okay. Well so far, I'm really being a listener. I am not scientific. I tell everyone that I do not have that type of background, although in a way I sort of do. But if you're looking for me to have the degrees there, no, I don't have, I am not a researcher. Some of my friends are health sciences librarians, and I always called them up for any information that I need.

[00:03:58] So [00:04:00] I dibble and dabble and hang out with individuals who are smarter than me. That helps me learn the things that I do not quite understand in the field of science. My role is, because I don't like the word "leader." I liked the word "advocate" because I am a community advocate, because I have been working, in the field with mothers and babies at birth and maternal support and breastfeeding and death and dying.

[00:04:34] I've developed a trust within my community where people understand that I'm not going to tell you anything that's not true. If I don't have an answer, I'll tell you, let me get back to you. I have some friends who do have the answer and I need to make a call to them. I have my fingers on the pulse of my community and as individuals on the [00:05:00] task force tell me I have big boots on the ground.

[00:05:02] **Ellie:** [00:05:02] And do you find that your specific community that you represent has a distrust in the vaccine?

[00:05:08]**Reverend Holt:** [00:05:08] Does it have a distrust? Oh my God. It has absolutely no trust. I'll be honest with you all the way up until maybe three months ago, my mind was made up that I was not going to take the vaccine. And then I came to my senses.

[00:05:24] But nonetheless, what happened was that I actually was given information on one of the scientists and her name is Dr. Colbert. SHe works for the National Institute of Health. And I started doing research on her. Everybody started sending me information on her. Any video that this woman made, came in my direction. Information on when they actually started working on the virus, because I had a problem with that term, "warp speed". How are you going to do something "warp speed" that takes years to develop? That made no [00:06:00] sense to me and it made absolutely no sense to anyone in my community. So we're like, "yeah, they can give that to somebody else or we're not taking it." But after I realized that. They've been working on this project for, Oh my God. Almost 12 years. And that the process itself sorta came into existence during times of MERS and SARS.

[00:06:23] And all of that is interrelated. There was no warp speed to this. What they did was just not wait on the long-term or the longitudinal studies as my friend tells me to happen first. So with that being understood, now I'm willing to take the vaccine myself and I did take it. I had an opportunity to take the vaccine, which everybody was surprised because I have what they call needle fear.

[00:06:52]**Naira:** [00:06:52] The scientist that Reverend Holt was referring to is Dr. Kizzmekia Corbette and African-American viral [00:07:00] immunologist working for the National Institute of allergy and infectious diseases. Her research is focused on developing coronavirus vaccines and preparation for pandemics, just like the one we're currently dealing with and her team developed the Moderna vaccine.

[00:07:16] **Ellie:** [00:07:16] That's amazing. Could you tell me a little bit about how you were demystifying the process of the vaccine production for your community? Was it being just an advocate for it?

[00:07:26] **Reverend Holt:** [00:07:27] My job is not to convince anybody into taking anything. My job is to get information out to you - research-based information . My job is to watch me do it and then make up your mind for yourself. I made the front page of our Buffalo evening news with this horrible face that I probably make every time I receive a shot and I got an opportunity to see my face and I called my physician up and apologize for making those faces. But [00:08:00] nonetheless people started calling me and say you took the vaccine. And I said, yes ma'am, yes sir. Or you're absolutely correct, I did. And how are you feeling? So they're checking on me.

[00:08:12] I use my personal Facebook page as a platform to share with individuals. Okay. This is day two. This is day three. This is day four. Whatever. Look I'm doing fine. The soreness is God. I haven't grown a horn out of the tip of my head. So I'm doing absolutely well.

[00:08:29] And I also became very transparent with people when I run them into the market. And I hear someone talking about the vaccine, I'll say," can I share something with you? And they go, yes. I said, so you're fearing taking the vaccine. Well, you know what was done? I said, I know exactly what was done". I lived in the South when it basically took place.

[00:08:51] **Naira:** [00:08:51] What Reverend Holt is referring to here when she says I know exactly what was done, is the Tuskegee experiment. [00:09:00] Started in 1932, the intent of the Tuskegee experiment was to record the natural history of syphilis. In African-American men over six months. This study occurred without informed consent on behalf of those enrolled in the study.

[00:09:18] As researchers simply told them that they would be treated for bad blood. Bad blood is a catchall term for several conditions, including anemia, fatigue, and syphilis. And despite penicillin being accepted as the treatment of choice for syphilis in 1945, those enrolled in the study were not administered this treatment.

[00:09:40] And the study continued until 1972. At that point, Jean Heller of the Associated Press broke the story of the study. This incident marks one of the many medical and scientific cases of misconduct that occurred to the detriment of [00:10:00] the African-American community and it's also a demonstration of a breach of ethics.

[00:10:05]Breaches of ethics like this have led to mistrust within segments of the African-American community. And they've also led to the lack of medical and scientific professionals that have the appropriate knowledge and lived experience to bring science to the African-American community in a way that promotes trust but luckily Reverend Holt is someone that has both of those things.

[00:10:35] **Reverend Holt:** [00:10:35] My dad was of that generation and my father just passed in November. So a lot of people know that he was in his right mind. He constantly talked about everything. He never took any medicine to the day he died. That was the reason he did die. He got a UI infection and refused to take antibiotics for it because he just said, well, it must be my time to go. If it's going to kill me and it did. He was just was [00:11:00] not going to take it.

[00:11:01] So I come from individuals who do not believe in pharmaceutical medicines and sadly, I lost my dad because he would not take something simple, like an antibiotic, but the bottom line is this. It was his choice. He was not demented. he knew exactly what he was doing and this world is a matter of choices and who am I to infringe upon his choice? Wasn't suicidal. It was just that he did not want it. So therefore he did not take it. So now I say to individuals, you have a couple of choices. You can take the vaccine and then if something long-term comes up, it comes up. Nobody knew anything about it. It wasn't around long enough for us to figure it out. Or you could run the risk of getting this virus where it's already been proven to us that if you're one of those extreme cases, you're going to die.

[00:11:58]**Ellie:** [00:11:58] Wow. That's [00:12:00] very powerful. Thank you so much for sharing that with us and our audience today. So it sounds like when you're in your community, you are at the forefront, you're a pillar . And so I wanted to ask you, who does the task force really work with to accelerate the distribution efforts? Are there existing partnerships with different communities that perhaps are able to coordinate the vaccine distribution efforts or communities that the task force regularly communicates with and how do they do that?

[00:12:27] **Reverend Holt:** [00:12:27] Now, you know, the task force is government. So, you know, it's going to be complicated! Come on now!

[00:12:35] There are actually three hubs. There's the state hub. I actually sit on the States task force. There is the County hub, which means depending on how many counties there are in New York State there are those hubs within those counties. And then there are local hubs. So I sit on the state hub and the local hub. Nonetheless, the communications between the state, I truly get, I truly [00:13:00] understand. And the communications within the local, I get it. I understand, where there seems to be a backup in clock in Erie County. Can't speak for the other counties, okay? There seems to be a slow down or a backup, no clear pipeline for communications. Give you an example. When the popups come up, they pop up and we know absolutely nothing about them. And we're the local hub. We're working on that though. So I'll know by tomorrow, If anyone actually really listened, but I think they did. But I think somebody needed to break that jam that we had going because we can't work in silos.

[00:13:41] If we're going to be a task force, that's working in collaboration with one another, we need to be talking to each other and making sure that everyone understands. Because keep in mind your local counties are the ones who run the local health [00:14:00] departments. So if anything's going to come through, it's going to come through your local health department.

[00:14:05] And if we're not aware of what they're doing, then we're sort of left out in the dark. And that's when I get those phone calls from the seniors, "I tried to apply to get yada yada, yada, and I couldn't get through the line, or I attempted to go to this place that was a distribution site and they told me I couldn't get a vaccination here". And then you're feeling really bad because you're the one that convinced them into taking vaccine by sharing your story and sharing information. And now they feel like they've been short cheated or shortchanged and they can't get it. And that's not a good look.

[00:14:43] **Ellie:** [00:14:43] That's very interesting. Thank you so much. So, one thing that is a really big challenge with the vaccine distribution is ensuring equitable access to the vaccine for underrepresented minorities and for underrepresented communities as well. So how has the task force specifically ensured that the vaccine is [00:15:00] distributed widely and equitably?

[00:15:02]**Reverend Holt:** [00:15:02] The one beautiful thing I love about our local hub or a local task force is it represents just so many people. And we all talk to one another because we all live in the same town, we've done different things together with all these different individuals on the task force, it works out because there's a voice. You can hear the voice of that community ringing across the webinars that we're having.

[00:15:29] And people hearing what's being said, "no, you've got to keep in mind. My community is rural and our people do not have massive transportation to get from point A to point B. Well, my community does not trust anything that comes out of Washington, therefore how are we going to convince them that everything's okay when we're not convinced that everything is okay". So you get a chance to hear all the different voices and to [00:16:00] share.

[00:16:00] Now, with that being said, We get an opportunity to sit down and plan together ways of addressing one another's questions. We have a physician in our community where he has a mobile unit and he's willing to travel to those counties in those places and to those individuals who do not have transportation and the mobile clinic that he has also has the refrigeration to keep the vaccine at the temperature that it needs to be stored at.

[00:16:36] So you don't know that if you're working in a silo, but you know it when you're working together and you can collaborate with one another. So to you, that's what I hear taking place in the local hubs. Is it working? Yes. I believe it is working because I see people who probably would not have connected with one [00:17:00] another connecting because they see that they can meet a need in a community that's not theirs.

[00:17:06] So I think it's absolutely beautiful. To give an example, I went to the West side, I got on the wait list. I was there for almost seven weeks before they got to my name to receive the vaccination.

[00:17:20] I wanted to make sure that when the pictures were taken, that the pictures of the center that I was in was there, which shows that ethnic groups, regardless to where you are, if you get on that wait list and you're willing to do the wait that you're going to receive the vaccine, when your name is reached. I got to tell people all the time, I didn't skip anyone.

[00:17:41]**Naira:** [00:17:41] Reverend Holt makes a critical statement about the power of people who come together to address the unique needs of their communities with differences aside. She shows us that equitable access to the vaccine requires [00:18:00] communities to come together, assess each other's individual needs, and collaborate in compatible synergistic ways. Incredible!

[00:18:12]**Reverend Holt:** [00:18:12] First of all, I'm 72, I'm African, I mean, every criteria that was set by the state I have comorbidities. You name it all. I got it. But I wanted someone who knew me personally. Who knew my background knew my condition and had the equipment, the oxygen, the epi pins, the medical background.

[00:18:36] So if anything happened to me personally, that person would be able to respond to my need. That will not happen in a drug store.

[00:18:43] **Ellie:** [00:18:43] Yeah, for sure. And just to follow up on the example that you gave with the physician actually going in a mobile clinic to reach more rural communities, that seems to be a very individual action. Are there any programs or initiatives that perhaps execute that idea on a grander scale and involve more [00:19:00] people into that kind of plan?

[00:19:01] Because I think that's a great way to reach more rural communities who are not able to transport themselves to clinics that are handing out the vaccine.

[00:19:10]**Reverend Holt:** [00:19:10] Absolutely. The governor's setting up mobile units. The bottom line is that the trust is growing within the communities that distrust. Don't expect it to be quick or Swift because it's just not going to happen. We've got to chop through too many different layers for that to happen. And I mean generation by generation, the younger people have their reason for not trusting. And the older generation definitely has their reason for not trusting.

[00:19:37]**Ellie:** [00:19:37] Absolutely. I'm going to transition it now over to Nina, who will be asking you very specific questions about, about your background and questions about the distribution of the vaccine.

[00:19:47]**Reverend Holt:** [00:19:47] Thank you.

[00:19:48]**Nina:** [00:19:49] Reverend Holt, thank you so much. That was absolutely brilliant. You're an ordained elder in the AME church, as well as a nurse, a doula, a health educator, and a community health worker. Just [00:20:00] naming a few of your specialties because you have many things that you're particularly adept at. And you worked for the New York state office of children and family services for over two decades. You have an extensive range of experiences personally and professionally, and this gives you an intimate understanding of the community that you're serving. Given your background in maternal and family planning as well as your faith what factors did you think about when distributing the vaccine to the community that you serve

[00:20:23] **Reverend Holt:** [00:20:23] real easy. That question is not difficult at all. First of all, you have to trust and believe in yourself. Trust them believe in your God or whoever it is that you give credit to. Thirdly, have faith or trust whoever it is that has developed, whatever it is that you're taking. And then once you put all of that together, Then you have to trust the science. You have to do your own homework and trust the [00:21:00] science, because if all those things don't fall, don't line up then what are you trusting? So that's what I do. I take all those things into consideration when working with my mothers and with the children and well with the families, because we don't isolate them from their families. If you follow our old webpage, you'll see where we bring the entire family into our programs.

[00:21:24]**Nina:** [00:21:24] Thank you so much. And that's such a wonderful and succinct way to approach it. It's February and we're going on nearly a year since our communities began to address the COVID crisis. And I can imagine that for members of the taskforce, you all want to create an impactful and effective distribution plan. Because we're not members of a taskforce, we often don't think about the creation and the implementation of community strategies. And we don't think about the challenges that may arise from that. What are the challenges that the taskforce has faced in developing a vaccine distribution plan? Were there previous distribution strategies as the blueprint or is this kind of a very [00:22:00] singular situation?

[00:22:01]**Reverend Holt:** [00:22:01] We're in a very unique situation. Something like this and of this magnitude has probably only happened with the Spanish flu and they did not have all the technology and information that we have today. The development of the implementation plan is as diverse as all the communities that we're dealing with. You can't just develop a plan in Erie County, take it to Monroe County, take it to Westchester County and then go all the way up to the city. It's just not going to work. That's why it becomes so important to have individuals who are from all of those different counties working on their own individual strategies and their own individual plans to meet the needs of their communities at large and on a simple one-on-one basis. If you do not have that going on, [00:23:00] you're setting yourself up for disaster.

[00:23:04]**Nina:** [00:23:04] Yeah, certainly. And I'm really glad you mentioned that because I'd actually like to get a bit more into that concept. A couple of days ago, I was speaking with one of my friends and we were chatting and she was talking about the fact that her mother-in-law as a child, there was a community vaccine distribution effort where members of the community would have a set time and place where say, children, for instance, could be vaccinated against something like measles and rubella. And this was able to happen because of communities and local officials coordinating closely together to ensure that the maximum number of citizens were vaccinated as soon as possible. So thinking about our current system, we know that there are a multitude of factors which can impact the speed of vaccine distribution and how communities distribute their vaccines. So why are some States or communities able to vaccinate more people than others? What are the factors involved in the speed of vaccine distribution and what policy changes do you believe can accelerate the vaccine distribution process

[00:23:58] **Reverend Holt:** [00:23:58] well, [00:24:00] if I speak for New York state, our greatest and largest challenge is lack in vaccines. So the biggest challenge we have at this point in time is that we don't have enough doses of the vaccine to do anything in an expedited way. The other thing that I look very closely at is that the amount of vaccines that we have received has gone to the communities and to the individuals who have been outlined by the governor with regard to first in line for their one, a one B or whatever, and Those individuals are the ones who are receiving the vaccinations in Erie County. The biggest, biggest problem is that we just don't have the vaccine. It's just not available. [00:25:00] Now we are working on plans so that when the vaccine becomes available, We can have many ways of making sure that the vaccine is distributed. Some of the ways have actually come out of the governor's office and some of the other ways have come to us because locally we know what we need to do in our own communities to make sure that the individuals who should receive the vaccines do receive it.

[00:25:28] **Nina:** [00:25:29] For our audience, as a quick question can you tell us how the supply of vaccines is determined for each state? So you all on the task force can say figure out what the distribution strategy is for new york state.

[00:25:40] **Reverend Holt:** [00:25:40] The governor said he has received an allotment of vaccines and that it has been increased. That amount is, I'm not sure by how much. So New York state is going to be receiving its fair share real soon, but it's the federal government who actually comes up with the amount that each state [00:26:00] receives.

[00:26:02]**Nina:** [00:26:02] That's very helpful. Thank you so much. I want to circle back to something that you mentioned earlier, you mentioned your father's experience. You talked about the fact that you couldn't be born at a hospital. You had to be born by a midwife because of segregation and the sort of legacy that ended up having. Context is everything Reverend Holt. And I think we so often completely forget that. Having someone who can meet the moment and the needs of a community on a collective and individual level, as you've pointed out does matter. recently Pew research did a survey and they found that 42% of African-Americans would take the vaccine. Without proper historical context of scientific and medical racial abuse in this country, distribution efforts may not look quite as effective as they should be. Because again, it doesn't take that into account. Can you talk a bit more about the importance of understanding specific communities when distributing vaccines why is it necessary for the task force to have members who work closely with varying communities and what [00:27:00] impact do you hope this has?

[00:27:01] **Reverend Holt:** [00:27:01] I usually tell people it has very little to do with leadership. It has to do with trust. I can't say I speak for everyone in my community, but I can say that anyone who has come through one of our programs, they will tell you that Maternal Stress Free Zone, whatever they tell you, there's truth in it. Trust Reverend Holt, trust mama Di, trust aunt Di. You hear me? You hear them? I'll say aunt Di, mama Di. I'm, everybody's relative. And I'll say to them, thank you my babies. You know, I'm not going to lie to you, you know I'm going to tell you the truth. You know, I'm gonna have the information researched if I don't have the answers. So if I err, I will come back and tell you that a mistake was made. What I told you was not truth, because what I received was not true. Therefore it's very important to have [00:28:00] several, many, as many as you can, trusted voices in a community. You can't just be one voice, can't just be two voices. You need to find someone who can speak to the situation or a situation or situations at any given time within the community. One voice can't be it. I tell people, yeah, my background is health , and I came out of that because what I realized was that when African-American and women of color go into the hospital to give birth, they die at a three to four times greater rate than our Caucasian sisters do. And I'm like, what the heck is causing this? And then I thought about it for a minute. Bias is this truly there? So I actually sit on a task force now with the state and we're looking at medical bias. We're giving the mothers [00:29:00] a voice to tell them what they experienced when they went into the hospital and gave birth to their children. We're giving the mothers an opportunity to vent.

[00:29:10]**Naira:** [00:29:10] Well, Reverend holds here is referencing is a persistent and often understated issue: maternal mortality in the United States. Per the Common Wealth Fund, the us has the worst rates of maternal mortality at 17.4 deaths per 100,000 births than any other nation considered high income. Racial disparities play a factor in outcomes as well.

[00:29:38] In New York State alone, the maternal mortality rate for black women was 51.6 deaths per 100,000 live births compared to 15.9 deaths per 100,000 live births for white women between 2014 to 2016. Stark [00:30:00] figures like this led to Governor Cuomo's creation of the Task Force on Maternal Mortality and Disparate Racial Outcomes.

[00:30:09] **Reverend Holt:** [00:30:09] We had a forum with Albright Knox, which is a art museum and they gave the mothers a voice over their webinar to cheer their experience with giving birth and problems that they encounter. So I see my role in the community as a way of giving women that voice, that nobody else will give them and encouraging them to be that voice. I can't be your voice. You need to be your voice. I can speak sometimes for you, but they need to hear directly out of your mouth.

[00:30:41]**Nina:** [00:30:41] Thank you so much, Reverend Holt. That's absolutely spot on. And we really applaud you for not only being an advocate for so many, but for trying to help others learn to become their own advocate as well. Advocacy is such a powerful skill to have. Anybody can advocate for you any day of the week, but you need to know how [00:31:00] to be an advocate for yourself when there isn't somebody who can be there to kind of bully the other people who may be bullying you. And it's important because not everybody feels empowered enough to speak up on their own behalf, or they don't know that they're being mistreated without having the right guidance as a frame of reference. To have somebody in the room, an elder who's well experienced who has seen the good, the bad, the ugly-- someone well versed in everything guiding you? It's just so powerful and it makes so much sense that you're not just a community figure and that you've transcended to be Aunt Di, to be mom, and so many of these other wonderful honorific titles that we could only be so lucky as to have in this life.

[00:31:38] **Reverend Holt:** [00:31:38] I would like to add one more thing. You made me think of it, the bully piece. I am sort of a bully when it comes to New York State. That's how I managed to get on all those different task force, because I truly believe that we should have legislation that's passed or executive orders. [00:32:00] That's how the doulas got back into the hospitals during COVID. Everyone was saying, "Oh no, they're afraid of COVID." and we managed to work with our mothers and they allowed us to take pictures and videos. And we were able to show the Secretary to the State that no, it was not COVID. That it was moms afraid of giving birth alone in the hospitals that was done, making them stay home last minute. But the governor came up with his Executive Order, "no woman in New York State will ever fear giving birth alone. So doulas are allowed in with them."

[00:32:40]**Nina:** [00:32:40] That is absolutely incredible, and such a good example of advocacy at work! Reverend Holt, I believe I speak for the rest of the PUTM team in stating that it has been a pleasure speaking with you. You've given us so many pearls of wisdom that not only we can employ, but that we hope our listeners are able to as well. And we hope that we here at PUTM and our listeners too are able [00:33:00] to take everything that you've talked about, and that we're able to use that influence some way to help brighten the world as you do. Thank you so much for being our guest today! For those of you at home are listening, please go to politics under the microscope.com. Check out our "resources" page, learn a bit more about what you can do to become more engaged in your community, and improve the world around you. This is Nina signing off; thank you so much for listening and we hope you enjoyed this episode!