



# MATERNAL HEALTH INNOVATION *Podcast*



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## Dr. Kimarie Bugg, To-Wen Tseng & Stevie Merino

**Dr. Kimarie Bugg:** Welcome to Maternal Health Innovation, a podcast from Maternal Health Learning and Innovation Center at UNC Chapel Hill, where we connect around culture, measures, and best practices in maternal health. The purpose of these conversations is to authentically explore what's working well and think together about ways to strengthen care for birthing parents, families, and those seeking to serve them. At the MHLIC we're thrilled for the opportunity to speak with experts on ways we can better serve families and advance maternal health equity.

I'm Dr. Kimarie Bugg, President and CEO of Reaching our Sisters Everywhere, a nonprofit working to eliminate breastfeeding disparities in the African American community. Today, I'm speaking with Stevie Merino, mother, anthropologist, doula, and founder of Sol and Roots. Stevie studies birth disparities and traditions of Pacific Islanders and Chamorro people. We're also joined by To-wen Tseng, mother, journalists, covering education and maternal health, activist for workplace justice and lactation rights.

Today, we'll be talking about lactation practices within Asian and Pacific Islander communities. Thanks for joining me Stevie and To-wen. At this time, I would absolutely love for each of you just to introduce yourselves to us. Tell us what brought you to this work? can we start with you Stevie?

**Stevie Merino:** Yes. I love talking about myself. I'm just kidding. So, my name's Stevie Merino and I was brought to this work really by extension of having my own child six years ago. I was in school or I had just finished school to essentially become a professor, eventually. I was not interested in birth or pregnancy or breastfeeding. I know how sexual education works, but I was one of those people that was like, if you talk about it, it's going to happen to me, and I don't want this in my life right now.

And, you know, I ended up having a, now six-year-old, and it was like, it sounds cheesy but my life sort of started in that moment and not necessarily because of the child, which yes, it did start because of him

also, but because of my career and life path, it was like a fast-moving train into birth work.

Not just in being a doula, but also in being a lactation professional in doing trainings, I have a collective called the Birth Workers of Color Collective, that's nationwide, and our goal and mission is to provide accessible services, culturally relevant services to communities of color.

And it also helps and guided my educational path. So, a lot of my research as a graduate student, as a leader in anthropology is on Pacific Islander and Chamorro breastfeeding, chest feeding and birth traditions and disparities, which are so not really researched or there's very little data for, but it's so necessary because they're so high when we do see breakdowns of this, you know, different health outcomes.

**Dr. Kimarie Bugg:** Absolutely, absolutely. I understand. And To-wen, please tell us about you.

**To-wen Tseng:** Yes. So, I have been a hailstone reporter for a long time, but what really brought me into the lactation rights field is really when I returned to my newsrooms eight years ago, after giving birth to my first child. And my right to pump at work was denied and the company refused to provide either a space or a break time for me to pump. So, I eventually went through a lawsuit just to get a reasonable space to pump and in a reasonable time, and it is very ironic because that was a Chinese language newspaper, and I was at a health reporter there, writing about a maternal health there.

And yet my right to pump at that very place was denied, and during the process of going through this lawsuit and everything, I learned that I was not alone. Many Asian women, especially the first-generation immigrants, they face lots of barriers and they often don't know their right. And for example, when I was fighting for my rights to pump at work, I talk to my supervisor and try to persuade him that how important it is.

And he was like, oh, we are Chinese. We don't do the American thing, and then when I tried to invite to some Chinese speaking, like patient consultant and or professional to my company and it will talk to my supervisor, I could not find one Chinese speaking professional, who can speak to my supervisor, and unfortunately my supervisors doesn't speak English. And that was in Los Angeles, the largest home to Chinese people outside of China.



So, it's just a rude awakening, and making me realize how my community is underserved, and that is what brought me into this field.

**Dr. Kimarie Bugg:** Wow, that is amazing. So many times, what we experience, our lived experience, really sets a path for us to, to move forward in so many ways. And you know, a lot of times the trauma in birth, or just not knowing, like you say, not having the resources to understand what's happening and why definitely sets us on a path to not want other women and mothers to have to experience what it was that, we got to build those bridges, right. So, I would like to know next what are some qualities of Asian lactation practices?

**Stevie Merino:** Yeah. When I think about Asian Pacific Islander, and I want to be very clear and intentional about speaking about these two different groups of people, because we are very different, though we are grouped together.

You know, this was sort of an arbitrary grouping that governments and the census have put together. But we do have different needs different identities and even within our umbrellas, right? For Pacific Islanders, there's many, many islands. For Asian folks, there's many, many countries and all was varying needs, representation, and diversity, right, and disparities. And so, I think for me, you know, as a lactation professional, one of the things that I saw was that most of the spaces that I was in you know, not just on an educational level in lactation, but also on a professional level, so like conferences, seminars, was predominantly white, in a city, you know, I'm based in Los Angeles, California, I'm in a city that is extremely diverse.

And so, the representation spoke volumes essentially, right. It also spoke to the need. And so one of the things that I think that you know, we, and I have tried to be very intentional about is that representation piece is like making sure that I'm present in spaces so that people know and see that there are lactation professionals doing this work and that it doesn't need to look like a specific person because I think even when like talking to elders, when I go into homes of Asian and Pacific Islander folks, most of them are multi-generational homes or they have family supporting, right.

And I can't tell you how many times at first. You know, the families are very judgmental that someone is from the outside is coming in to support them and then after they're like, oh my gosh, you know so many of our traditions and our practices, like taking off your shoes when you, before you walk into



the home, greeting everyone that's in the room. Simple cultural things that could totally be missed by someone who was not a part of these communities or didn't make the effort to learn about these communities before serving them.

So, these are just a few things, but I think it goes back to that like cultural relevancy and humility piece, right. Of like, yes, I'm supporting the lactating person, but I also understand that their family unit or whoever their support system is it going, is going to impact. How the care is received and how the education is received.

**Dr. Kimarie Bugg:** Amazing. To-wen?

**To-wen Tseng:** So, I just want to thank Stevie and I want to echo her about this diverse part. Asian and Pacific Islander, we trace our route to more than 20 different countries, and each has a very unique culture and a context. And even between the, under this umbrella, say Chinese American or Korean American, even under the same country or region, the first generation and the second generation are very different. I'm not a health provider, but I, I'm a health reporter, and they're really think health providers should be aware of that. And also, Stevie talking about knowing the culture and engaging a family. I want to emphasize that it's very important in Asian cultures, is very important to engage with the families.

For example, in Korean or Chinese or Japanese families, the mother-in-law is very powerful. And even though the young and educated, a young mother wants to breastfeed and by the older generation are often, they still have this impression that formula is even better. So, if even, if a young mother wants to breast feed, but the mother-in-law doesn't support then breastfeeding's not going to happen.

So, when the lactician comes out and work with an Asian family, I mean, particularly the Korean people and the Chinese people, Vietnamese people, they really need it needed to engage with a whole family, the husband, the mother-in-law. The mother-in-law is often a decision maker and the husband can change what the mother-in-law think, but the mother cannot. So, this is just an example, how are, here in America, we are, we are very, individualism, so we feel that we can make our own decision, but in Asian American families, it's often not that case.

**Dr. Kimarie Bugg:** Wow. I'm learning so much and this is phenomenal. So, what I'd like to ask next is of Pacific Islander lactation practices. What, what



are some sort of specific practices of your culture and as it relates to lactation?

**Stevie Merino:** Yeah, I think for me, you know, one of the things that I've seen in the research that I do pertaining to Pacific Islander traditions, but also in speaking to elders and community members and being very engaged in the Pacific Islander communities that I'm in is that, you know, we try to, especially because we live in diaspora, right, so I think that that's also important to know that the experience of living in diaspora is very different, but because island populations are so small already and then with COVID and everything else, our populations are unfortunately even more, you know, becoming smaller.

There is still a very strong connection to like ancestral traditional practices and ties, or at least that revitalization and relearning and reclaiming of it. And so very simple things, you know, that I've noticed in terms of like, you know, as To-wen had had sort of alluded to with Asian populations and communities is that elders and, you know, whether it be a mother-in-law, if the person is married or, and you know, the person is still living or just family members and elders in general, like a lot of lactation practices do come from them, right. So, I have a lot of people who maybe their elders say, oh, well, you know, at this many months, this is what we give the babies, because breast milk isn't enough.

You know, whether that's accurate research-based information or not, most people are going to follow what their elders are saying just as you know, that's a very cultural thing, maybe not to listen about going out late or like those sorts of things, but when it comes to like, you know, health-based practices, many do follow what their elders say.

And especially if they're living in the same homes, right. There are power dynamics that exists. And even sometimes if they don't live in the same home. So, I think that that's one of the things that I see. And so that's also one of the reasons that I make sure to communicate and build relationships with the family as well.

Um, so that they're like, oh, well, remember Stevie said, and then they're like, oh yeah, And it's also this healing practice, right? Of like for instance, my family comes from Guam. Guam during World War Two, which is very recent history was taken over by Japan. It's a very, it was a very war torn in the middle of, you know, everything that was happening.



And so there's a lot of war trauma that exists. So, a lot of people, you know, when it comes to breastfeeding and lactation and all of these sorts of things obviously have a lot of historical trauma and body trauma, right? And so being able to have clients who, you know, are also Chamorro and their moms and their aunts and other family members are seeing them being able to breastfeed and have a postpartum that looks very different than their experiences.

It's multi-generational healing, right and I've had so many elders tell me like, wow, I really wish I had this support. I really wish I had this knowledge. You know, when we think about lactation, we think about traditions and practices we also have to think of the ways that, like, we are healing generational things and how that's going to impact what's the future of breastfeeding and lactation looks like.

Um, and just from like a, a little like side, you know, tradition that a lot of people use is coconut oil, coconut oil. I love to talk about it. I know it's like all the fad now, and it's very popular, but people on islands have been using coconut oil since forever. And so, you know, coconut oil as like a massage tool for your lymph nodes for your breast, for even consumption for the nutritional benefits or perceived benefits.

Those are things that a lot of people use and that are recommended for breastfeeding. And, you know, I never liked to talk about things as like everyone in the culture does and, but that's something that I've definitely noticed and that I recommend for my clients because I think, you know, we, we love to buy things in this culture. All the different, like breastfeeding tools and things that people tell us that we need when, like we can really go back to basics for a lot of things.

**Dr. Kimarie Bugg:** Wow. I feel like, look in the Black tradition, you know, when something really strikes home with you, you say, say it again. I feel like saying, say it again. Excellent. I understand, you know, we want to buy so many devices and gadgets and pillows and all those things when, you know, there are so many wonderful things that just come naturally. And To-wen, can you tell us about some practices, traditions?

**To-wen Tseng:** So, I am a co-founder of Asia and Pacific Islander Breastfeeding Task Force, and then when we founded this task force in 2017, people often ask me, why did you do this?



Asian people have great breastfeeding rates, everybody asks, at least you ask it today. Well, that's true, but there is a, if you, but if you break down these numbers, you will see there's a big gap between the first and the second generation. Why is that? Because of the first generation they are facing even more barriers, language, culturally and everything.

And here, I want to say that immigrants, immigrants, they came to our country from over the world and many of them have experienced things, and it's hard for us to imagine. And these experiences can affect their health choices. And the, for example, breastfed or not in this case, we're talking about and the Stevie talking about her friends, about their trauma experiences they have in Guam and the, which, just the reminding about my grandmother. Stevie heard this, about her story before.

My grandmother escaped from China during the 1949 civil war and with her two young children, three and the one-year-old who were my father, then three-year-old, and my uncle, one year old. And then my grandmother continually breastfeed them on the refugee boat to keep them alive, not just to provide an, an, a food, but because of the kids were so scared, they were crying and other refugees, they were afraid of that the communist is searching for the runaways on the sea would capture them. So they were going to throw the kids into the, into the ocean. And my grandmother had to constantly put them on her breasts for forty-eight hours to keeping alive. And then my grandmother, she did a such a brave thing, but was she proud?

No, she feels ashamed, and til the day she passed away, she still associates breastfeeding with war, depression, violence, and all this negative experience. And once the family arrived in Taiwan my grandmother had got herself, a fulltime desk job. It was, it was very rare for women of her era, and she was very proud of that. She used all the money to buy formula and she was very proud of it. All my youngest, the four uncles and aunts were formula fed. And when we moved to America, she cannot understand why I decided to breastfeed when we can buy all the best of formula, American formula, in the world.

And you know what I can tell you for very long period of time, I think it's a unique experience of my family, but not until that I became a health worker from a health journalist and walking into my kind of community, I realized it's a collective experience in many Chinese families or any Asian families that experienced the World War. So, when we work with them, think about it.



I know many clinical people have lots of knowledge and they have lots of theories, that's all very good. But what do we need to do to, is we need to show up in the community and be empathetic, be supportive, ready to support instead of educating the community later while going to work? Sorry. I'm getting a little bit emotional, but that's what I'm trying to say here.

**Dr. Kimarie Bugg:** Wow. So, am I, I'm getting emotional too? I'm just, I'm writing down a lot of this stuff. And what I'm hearing is about the generational trauma again, which is definitely something, you know, that's hit many non-white communities in so many different ways and that people who work with communities need to be good listeners.

That's so true.

And we are, we, we, we learn how to talk. We learn how to write beautifully to produce all the research and the information, but we don't, they don't listen well to actually hear about the lived experience of the communities and communities know that and they're not taking it anymore. And I'm just so excited that, that you all are, you know, and I know you've always been here and your, you're the folks you work with and, you know, the wonderful community, it's just that, you know, we're all working so much in our little silos, trying to save our communities that we have to share like this more often, so we can see that, you know, this trauma that we're going through and all these things we can work on together to make it better for all of our communities, which leads to our next question.

How do we advocate and support the community and the specific, you know, mothers and birthing people and families, how do we advocate for that to make this better? We want to reach lactopia, where everyone has the choice to decide themselves after we provide resources and information, that they can inform themselves of what's best for me in, in my space, and then we want them, you know, to choose what they want and for us to be able to support them to be successful at that. But what do we need to get there in your communities?

**Stevie Merino:** I think that we need to look at things from a global context, right? One of the things that is most important, I mean, besides everyone having resources and the right to clean water and all of those sorts of things, which is a big thing. But its predatory formula sort of, you know, approaches globally.



Right, I remember when I breastfed, everyone was like, Hey Stevie, that's something we do on the islands like, are you financially struggling? Do you need money? And I was like, sure, I need money. But also, that's not why I'm doing this, right. And so, this idea that we breastfed because poverty, right?

Because this is what formula companies, if you've ever seen a formula ad or commercial in another country, it talks about how they could be like these amazing, like violinists, you know, just all of these such predatory, like ways of targeting other, you know, communities that maybe don't have the same laws or abilities that you know, here in the United States, which even in the United States, Let's be very real. Formula companies do have a grasp and hold on so many care providers and just in our communities as a whole.

Right. but I think that that's really one of the strong pieces that I would say needs to change. because when people come from other countries and or even our families, you know, back home, their ideas, is that the United States, formula is what all of the, you know, celebrities and people that we quote unquote want to be like are doing.

And so why would we breastfeed there? It just doesn't make sense that our bodies where we've historically been told aren't enough, aren't good enough, you know, aren't all of these things put, provide what our babies need to be smart, to be successful, to be all of the things that, you know, especially countries that have been, you know, sort of pillaged and now have like all of the poverty issues, et cetera, et cetera, don't necessarily believe that they can provide for their children, right. And so I really think that we need to be involved in these efforts, that people here with privilege and with money need to be involved in these efforts.

And then I think just like cultural reflection is so important. And so there needs to be more financial efforts and resources geared towards people in the communities who are already doing this work, who already have their boots on the ground, so to speak, and who have ties to the community because we need more representation and more people doing this work.

And that's not to say that representation is the fix. It it's really a band-aid, but it is important for more people to be involved who are already doing the very important community work because that really is going to shift a lot of the mindsets. And also the ways that people, I know a lot of people who are like, oh, you know, we don't go to the hospital.



That's just not a brown thing to do you know, unless you're dying or you're having a baby, which are both like, why are those the only reason? Why are those? They're the go-to reasons. Right. And so, I think that having more representation, having language access, all of these things can make it feel like a more represented and more just, you know, maybe more willingness to seek out support when needed.

And then the last thing I think is, you know, for Asian and Pacific Islanders, most of our data is aggregated together. So very few places do you see it broken down by Pacific Islanders, by different Asian communities, populations, and so desegregated. So important medical, professional hospitals, researchers, they need to do the work to start making sure that they're getting this data separated so that we can put the resources where the needs actually are.

**Dr. Kimarie Bugg:** Wow. That's drop your mic, just drop the mic, Stevie. To-wen what can, how can we advocate in your community to reach that the level of, of breastfeeding that we, we need our communities to have?

**To-wen Tseng:** Yes. Right. Thank you. Thank you, Stevie, and thank you Dr. Bugg. I just want to say that I think we needed to think outside of the box. When we talk about a maternal health, we often think about, oh we take care of a woman so that she is healthy during the pregnancy and they give a childbirth and then breastfeed and that's it. But do you know what, I think maternal health is more than that. It's about how we can, make sure a woman and her baby to reach her full potential of overall wellbeing and here in the first-generation Asian immigrant community.

And I like to emphasize first generation because this is a group that I work a lot with, and for them. If they are, they often have lots of like language barriers, like Stevie talk about, and if they are facing such a great language barrier that would hinder their chance to have a successful birthing experience or to hinder the mother's ability to breastfeed, then she's facing lots of other hardships in other aspects of her life and all these hardships will impact her health or wellbeing in a negative way. So, when I work with my community, I often think about how can we fix all these problems together. And now that just to make sure, hey, you breastfed. I think our job is more than to help mothers to breastfeed.

For example, I am a health reporter, but I also hold our certificate in Chinese English interpretation. And I often provide pro-bono interpretation services in my community. And I see it from firsthand how important it is to



have language appropriate material and services for my people. And also, I also think there is an urgent need of the access to adult literacy education in my community.

I'm not saying that, oh, it's the immigrant's fault because they don't speak English, so that's why they have bad health outcomes. No, it's the society's responsibility, we have this responsibility to give, give them the access to equip them, to empower them. They need more. I heard lots of clinical people say, oh, well just provide them translation and interpretation and they will be fine.

Let is good, but not enough. Providing immigrants with multilingual services and the materials is to give them a fish, but we also have the responsibility to teach them how to fish. We don't say, Hey, here's a fish. Bye-bye no, that's not good. that's not enough. We also needed to show them how to fish and with a very culturally sensitive approach to help them to equip them.

And I want to say that I just the only reason that I can be sitting here and have this conversation with you and to be a voice for my community is because I speak English, although with a very strong accent. And I just hope that everybody in my community can have this ability. This would really improve the overall wellbeing of my company.

**Dr. Kimarie Bugg:** Oh, wow. You said, I'm not going to get emotional either. It's just so much, it's so much that was in both of those. And Dr. Alison Stuby, who was also at UNC Chapel Hill, one of the things that she's always said is that, you know, you have, you know, the mother is the wrapper, and the baby is the candy. And once the candy comes out of the wrapper, we just tossed the wrapper away. So, we just tossed the mom away and everything's focused on baby, and that just hasn't worked. And you've also talked, both kind of talking about what we call the allostatic load, the stress and the stress that just pushes down on shoulders of, of nonwhite communities continuously due to the inequities and the discrimination and the white supremacy and all of those things that also lends to a lot of the disparities and inequities, of course, that we face.

I love the information about the data being broken up to specifics so we can definitely see, you know, we, none of us are monolith. You know, when you say the Black community, there's so much in there, and we really need to break those down so that we have more information and I am so happy to see that as the years go on, the CDC has done much better at breaking



down that information because there's so much there that was not there four years ago. So, they are definitely working on that. And that is phenomenal, but we got a long way to go, of course.

So what can others do for example, if you know, folks came to you and said, I have a billion dollars what can I invest in to make these disparities, these inequities go away. What, what ideas can we give?

**To-wen Tseng:** A billion dollars, wow.

**Stevie Merino:** I mean, there's so many things. I think that basic resources is always where I'm going to start, you know, with the billion dollars, you know, clean water, I think is so important. Not relevant, but also relevant is when there are disasters, a lot of people send formula, powdered formula.

And it's just like, if there's a disaster and there's no running water, no clean running water, you know, a lot of babies are going to be ingesting formula that's not very sanitary, right? Not sterilized. And so clean water is so important, I think, but also just, you know, access to safe schools, housing, right?

Like we as lactation professionals, oftentimes are like, oh, these are the new pumps, the new electric pumps, all of these sorts of things. And it's like, what if people are housed? What if they don't have secure housing or stable housing or safe housing, do you really think they have, you know, the capacity to use a pump that needs to be plugged into and then also put into a freezer refrigerator, right.

And so, you know, we often don't think about these things and then I also think just like work. We think that there's this, this stay-at-home mom troupe which isn't really accurate for most families of color, because of the financial necessity of a 2, 3, 4, 5 income home to be able to just survive in the United States.

Right. And so, I think that, you know, having access to paid family leave, whatever that looks like is super important and super vital for people to be able to, you know, have a relatively, just surface level positive postpartum experience, right. Or at least put people at, you know, the, the starting point of the race, because I think that so many of us are so far from the start of the race that there's, it just is like, you know, sort of dark cloud for so many newly postpartum people.



And so, you know, I always go back to the basics, housing, you know, water, food, job security, like those sorts of things. I think with the billion dollars, there's so many things that we could do. And you know, the sad part is, is that when we have to envision these things, we're never really thinking about our government, right. Like, I think most of us are like, there's no way the government would ever put a billion dollars towards anything related to these things. And I think that it's also the people's responsibility to start shifting that and demanding better.

You know, you mentioned the census. The only reason the CDC started to separate the groups was that Pacific Islander advocates and activists have been fighting for so long to be separated from this umbrella, right. So, it wasn't because the CDC was like, oh, I'm feeling gracious today. No, it was because of the efforts by so many community folks. And so, yeah, those are the things that I would say with the billion dollars.

**Dr. Kimarie Bugg:** Absolutely. And I mean, you know, COVID has showed us a lot of that with what you said about how it affects what they call essential workers who are, again, those Black and Brown bodies that have died disproportionately, because they're out there serving While those obstacles that you're talking about have been in the way, I have this picture of this woman in another and a guy getting ready to race, and she has, you know, pitfalls and walls and all these things and he has a straight row that, you know, and he's like, well, you know, it's the same distance, but she has all these barriers to go through. And To-wen, what are you going to do? How are we going to advocate that billion dollars so that we can eliminate disciplinary?

**To-wen Tseng:** Yes. I totally agree with Stevie that we should go back to the basics. They say the three pillars of American dream are housing, health, and college. And yes, I think we should first, I am a big advocate for our universal healthcare. I believe that we needed that, and the last time I checked America is one of very few countries, developed countries, in the world led does not have a universal health care.

We can do better, and also, housing. I don't have to say more. Stevie said a lot. And also, education. I cannot emphasize more because I, I cover early education and the maternal infant health, and I feel these two things are very related. And I have also wrote six books, about early education.

I cannot emphasize this more, and you know, in the immigrant community, AAP American Association of Pediatrics has been teaming now with RIF,



Reading is Fundamental, which is a literacy promoting organization. They have been working together improve the literacy skills for immigrants' children, and the why don't we do the same thing for adults, for run the parents and the moms. We should do that, and why don't we?

And I recently have been talking to some clinical people and I say, oh, I think what they are doing for the kids are great, and we should be doing this for the mom too. And they say no, that it will be, there will make us look like blaming the patients. I would say, no, we're not forcing to, to learn, but we are going to give them an access to this resource.

And I have been providing pro bono interpretation services in my community for such a long time. I know there are many mothers, they want to, they want to improve their language skills so maybe they can be helpful to their kids and to get a better job. Stevie talked about it works let's oh, very important. Is financial security, right? or economics security, I don't know which one is the correct term, but you know what I mean here. And we, we needed to give them.

**Dr. Kimarie Bugg:** Absolutely. Well, one of the things I did want to bring up too, as you talked about those language barriers, which definitely has touched me also deeply as a nurse practitioner, I've worked with families for years and had to call a line or, you know, have someone come in, you know, when it's Spanish, a lot of times there are people in the hospital who speak Spanish, but you know, then you have this line and you got to pick up the telephone and put them on, you know, speaker to speak with a mom and that's painful for me, because I care deeply about this, is more than just a job, you know? And, and so it's very problematic when I cannot make sure that what is being said to the mom is what I'm trying to get to her so that you know, she can do as well as possible when she leaves with that beautiful baby, you know, and it's always been my perspective that all babies are mine until they go home with their moms.

So, you know, those are all my babies, so I definitely understand how difficult that is that, that language line. And we definitely need, representation matters. It really does, and I mean, you, you break down a lot of that problems of trust when I walk into a room and I look like, and I speak like, and I, you know, have information and, and things like the people who I'm serving that are there, you have a little bit of trust already. And so that really helps tremendously.



Stevie also mentioned that the government, and, you know, you don't think about the government. I just want to say right now today of all times, and that just struck me when you said that they're really trying to pass that what \$3 trillion bill that actually includes a lot of those things that we're talking about.

And again, you know, we don't know what's going to happen, but it's really, you know, phenomenal that we're at least hearing that I just truly hope that it doesn't take 30 years for us to get to that, but they have the college in there. The child care, the family leave, all of those things, but we know where it is right now. So, go ahead, To-wen please. You're going to say...

**To-wen Tseng:** Yes. thank you, Dr. Bugg. First, I want to echo what you said. Right now, were also working very hard to pass the Pump Act, and the representative is going to vote this week, I believe. And I w we have been activists across this country has been lobbying very hard in that yesterday we saw President Biden has released a statement and saying that he supported this bill, even though it's still being in the voting process in the house. That is very encouraging. I feel that they heard us. So even though yeah, Stevie was right. We often think, oh, there's no way the government is going to go into listen to us, but it's worth trying.

And we just have to keep trying and back to the one more thing that I wanted to say that I feel that I hope that all the health workers can show up in a community is more often, no try to bring communities to. You go out of your office and walk to the community and to look at, and those people and get to know them.

**Dr. Kimarie Bugg:** Absolutely. Thank you. And Stevie?

**Stevie Merino:** Yes. Yeah. I want to echo the sentiments that you both expressed about, you know, the government, I think, we've seen throughout the decades that like people power and activism is really what gets things moving. And so I'm a strong proponent for that. You know, that's where a lot of my advocacy and activism is very much rooted in.

And, and so I think that, especially during COVID as so many of us are so separated and isolated from community and from other people I know the world, or at least this country is opening up a little bit. it's easy to be disheartened or, you know, feel like there's just no hope for so many things. And I really just want to encourage folks to look at history and look at the



ways that like people have resisted and have made things possible, and how we've won so many things right, and that we still can win.

And the last thing that I want to say is just that our communities do not need more saviors or perceived saviors. We need people who are actually interested in collaborating and in supporting and in, you know, being collaborative community-oriented partners, on this path to collective liberation, whatever that means for all of us. And so I think that, you know, we need to really move away from saviorism, and you know, these are people that I really want to help and all of these things and educate because you are going to reach people that are not interested or trusting because we've heard all of those things before.

**Dr. Kimarie Bugg:** I am so thankful for both of you. Thank you for listening everyone. For podcasts, videos, blogs, and maternal health content visit the maternal health learning and innovation center website at [maternalhealthlearning.org](https://maternalhealthlearning.org). I am Dr. Kimarie Bugg, and we'll see you soon on Maternal Health Innovation. Have a great day.

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