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**COMPASSION IN ACTION: AN INTERVIEW WITH JENNIFER BRAUN,
MIDWIFE AND HUMANITARIAN BY PAMELA WHITE**

Compassion in action

An interview with Jennifer Braun — midwife, mother, humanitarian and Boulder Weekly's Person of the Year 2008
by Pamela White

As described by the late, great Joseph Campbell, the hero's journey begins in the Ordinary World, where the hero goes about her daily business, unaware of her true potential. Then she receives the Call to Adventure, the call that will change her life, even if she doesn't realize it yet. According to Campbell's model, the hero often refuses at first to heed this call or is reluctant to respond. And this is where Jennifer Braun's story arc differs from that of Campbell's monomythical hero.



Braun, 46, is a Boulder County midwife who has been catching babies since she was 19. She'd been considering leaving midwifery to become a vet when she got a call from a client who'd recently heard horror stories about the deplorable conditions that pregnant and birthing women face in Afghanistan as a result of decades of war and oppression. By the time she got off the phone, Braun had decided not to go to vet school after all.

"I thought, 'I guess this is the call I've been waiting for,'" she says.

Rather than being reluctant to take on the challenge of helping women in a land-mined landscape halfway around the world, she immediately went into action, calling other local midwives and asking one important question: "What can we do?"

The answer to that question is embodied in International Midwife Assistance (IMA), a secular, apolitical, nonprofit organization that Braun helped to found in order to bring skilled midwifery care and education to parts of the world where pregnancy is often a death sentence.

Thus began an odyssey that took Braun first from her Longmont home to the frigid mountains of Bamiyan, Afghanistan, and then to the sweltering fields of Soroti, Uganda, where Braun, IMA's program director and board president, has worked year after year to do one thing: ease suffering and save the lives of women and babies.

Saving women's lives

In some parts of the world, it's radical to say that women's lives are worth protecting. Sadly, Afghanistan is one of those places. Torn apart by decades of war, Afghanistan also endured years of brutal rule by the Taliban, an organization of Muslim extremists whose harsh treatment of women defies comprehension. Prior to the Taliban, Afghan women in urban parts of the country went to college, held jobs and lived independent lives. Though Muslim, many chose not to wear cover.

During the Taliban occupation, however, women and girls were forced from jobs and classrooms back into their burkas and homes, where they were sequestered. Those who left home without male escort or sufficient cover were beaten. Hospitals, stripped of female doctors, largely quit taking women as patients. And women died.

They continue to die. Denied education and contact with the outside world for so long, many Afghan

women are illiterate. Few know anything about human anatomy, much less women's health care during pregnancy and birth, and in rural areas few have any access to medical care.

The mortality rates of both women and babies reflect this fact. In Afghanistan, where about 93 percent of women give birth at home without the help of trained birth attendants, roughly 16 out of every 100 new babies die — a shocking infant death rate. But babies aren't the only victims. Afghan women, many of whom bear their first child at the age of 12 or 13, have a 1-in-8 chance during their lifetimes of dying while in labor. The highest maternal mortality rate ever recorded — 6,500 maternal deaths per 100,000 births — was reported in Badakhshan, Afghanistan.

Braun first visited Afghanistan in April 2004, when she, Carmela Weber and Jan Lapetino, another Boulder County midwife, went on a fact-finding mission to determine what Afghan women needed most and how they could help meet that need. Although they hadn't planned on delivering babies or helping to educate women on that trip, both found themselves extremely busy. Part of the trip was spent commuting from Kabul to Paghman, where women had no medical care at the time and where Braun and Lapetino taught classes on everything from basic reproduction to how to do a sterile umbilical cord tie. The remainder of the trip involved two weeks of volunteering half-days at two maternity hospitals in Kabul, during which time Braun delivered 250 babies, and a trip to Bamiyan

Province, an area best known for the giant stone Buddhas that the Taliban destroyed and one of the poorest regions of Afghanistan.

It was an eye-opening trip for Braun, who witnessed firsthand the need for supplies, facilities and training. In hospitals, sterile latex gloves are rare, so once gloves are used they're simply washed and hung to dry. There are no labor rooms; women labor outside the hospital with the support of their mothers or mothers-in-law, coming inside when it's time to push. And although the number of babies born in those two weeks was very high, it represents a tiny fraction of the 7 percent of babies born in hospitals or clinics each year.

It became very clear to Braun and the other founders of IMA that what Afghanistan needed was an influx of supplies and a lot more trained birth attendants. So rather than simply showing up to help laboring women, IMA committed itself to providing a more lasting solution to the problem by training young Afghan women to be skilled midwives.

But they wanted to do this in a way that complemented the efforts of the Afghan government.

"To just show up and say, 'Hi, we're here to train midwives,' seemed a bit presumptuous," Braun says.

In collaboration with the Afghan health ministry, IMA arranged to send midwives in teams of two for three months at a time to Bamiyan to teach student midwives and conduct deliveries at a midwifery school and clinic funded by Aga Khan Health Services.

Braun spent several months there herself, wearing modest Muslim attire and teaching everything from prenatal care to IUD insertion.



She found the people of Bamiyan to be very open to her and very grateful. Under the watchful eye of guards armed with AK-47s, Braun traversed a landscape laced with landmines and poppy fields to reach out to women who knew nothing about their own bodies and who were thirsty for knowledge.

By March 2006, Braun and IMA midwives had delivered countless babies, held dozens of reproductive health workshops and helped to train 22 new midwives, preparing them to practice alone in

the rural communities of Bamiyan where there had previously been no midwives at all.

“Perhaps 22 doesn’t sound like a big number, but compared to the nothing that was there before, it is a big change,” Braun said at the time. “Not only will they inevitably safely deliver babies into the world, these midwives will create a vision of career and work for all the little girls who see them.”

Braun had planned to return to Bamiyan in the fall of 2006, but the resurgence of the Taliban put a halt to those plans.

“There was a round of shooting in the head of women from the Western world who were teaching things, and the board decided, ‘How about we not go get shot?’” Braun says. “They decided it exceeded our risk profile.”

Events since then indicate the board might have made the right decision.

In August, Taliban insurgents kidnapped a midwife from Nuristan Province. She was eventually released. Then two months later, militants shot and killed a midwife in the rural part of Kandahar Province because they thought she was handing out condoms and contraception.

But for Braun, who studied Farsi so that she could speak to Afghan women and who had become deeply attached to the people of Bamiyan, it was a blow.

“My personal grief over leaving Afghanistan is still incredibly intense,” she says. “I miss the people so much and the need there is unlike any other on our planet. Yet there are... many people who need our help very much.”

Victims of violence

Surrounding the eastern Ugandan city of Soroti, tens of thousands of internally displaced persons (IDPs) live in thatched huts made of mud brick, survivors of decades of war and violence at the hands of the Lord’s Resistance Army (LRA) and the Karamojong Cattle Warriors. Lacking running water or a reliable source of food, IDP camps present the government of Uganda with an almost insurmountable health-care nightmare.

Malaria is the most common illness, killing thousands each year. Cholera, tuberculosis and HIV/AIDS are also prevalent. Because the LRA has used sexual violence as a weapon, raping women and enslaving girls as young as 4 for sex, sexually transmitted illnesses and unwanted pregnancies complicate the health-care situation.

In Uganda, a woman’s chance of dying in labor is 1 in 13, and the infant death rate is 88 deaths per 1,000 births — not as abysmal as in Afghanistan but still horrifying.

Lacking access to modern contraceptives, about 70 percent of all Ugandan mothers give birth for the first time by age 19, most of them without the help of a skilled birth attendant. That’s outside the IDP camps.

Inside the camps, the situation is even worse, in part because of disease and lack of prenatal care. Most women give birth on the mud floor of their huts attended by women who know little about safe birth.

The opportunity for IMA to help in Uganda arose at about the same time as the door to Afghanistan closed. IMA found a small first-aid clinic in Soroti and did its due diligence, hoping to dovetail with the clinic to provide prenatal care and education for women in the camps. The result has been more successful than they could have imagined.

The two clinics are now a single entity, housed in a 2,000-square-foot cinderblock building, half of which

serves as a general health clinic and half of which offers maternity care. Employing Ugandan doctors, nurses and midwives, IMA offers through its Teso Safe Motherhood Project not only hundreds of prenatal exams each month, but also a safe place to give birth. Midwives teach family planning and sex education. They also give vaccinations, hand out mosquito netting and help provide general medical care to women, children and men from the IDP camps and poor communities around Soroti.

In addition, Braun and other IMA midwives venture out into the countryside together with Ugandan health-care providers to bring modern medical care to people who have none. Such visits result in literally hundreds of Ugandans with a range of ailments lining up and waiting for hours to be screened, tested and treated.

“It’s incredible,” Braun says, sharing photos of hundreds of men, women and children waiting patiently beneath trees for their chance to see a practitioner.

Recently, IMA, with Ugandan health officials, undertook an effort with partner organization Pilgrim to eradicate malaria in the area of Katakwi. Along the way, they treated people for malaria. Children were de-wormed, and all kids under 5 were vaccinated. Women of childbearing age were vaccinated for tetanus. They’d hoped to vaccinate about 15,000 children and more than 21,000 women, but statistics from Pilgrim indicate numbers are significantly higher than that.

But offering health care in Soroti comes with its challenges, as well. Oftentimes, the clinic must go without electricity for weeks on end, relying on backup generators to keep the refrigerator, with its precious vaccines and medicines, running.

Also, the population of the IDP camps can be difficult to reach. Women, who risk rape if they venture outside the camps, especially at night, are reluctant to leave the perceived safety of their huts for a night trek to the clinic. Further, some of the older children are former child soldiers or sex slaves. Reaching them means helping them to trust.

“They are a vulnerable population,” Braun says.

And, as in Afghanistan, the clinic is guarded by men carrying AKs.

Called to help

Braun’s work as a midwife and her work through IMA start with a quiet but steadfast spirituality. A practicing Episcopalian, Braun says she was called by God to do both. When she left her regular midwifery practice to start up IMA, she made a deal with God: she would do this work, and God would never let a mother she cared for die.

Once a mother came close to dying, but Braun was able to save her, so the deal remains intact, she says. Sadly, she has seen her share of stillbirths, the result of abysmal maternal health and lack of prenatal care.

While one might think Braun finds her work rewarding — and she does — Braun says that most of the time she feels frustrated because she wants to do more. She’s always looking for ways to expand and improve IMA’s work and to stabilize its funding so that the work can continue.

“I feel very strongly that you have to do something,” she says. “I feel very strongly for myself, but also for humanity, that you have to do something. But I feel dissatisfied much of the time.”

As for the sacrifices she makes to do this work, Braun is quick to say that she didn’t go to Afghanistan or Uganda to go through her own “emotional process.” She’s there to help them, and that means focusing on their needs and not her own.

She does admit that she doesn't like having to keep armed guards on site. She tells of bathing in buckets of river water in below-zero temps in Afghanistan and weeks of no electricity in Uganda, where it's hot and humid. And she does speak briefly of seeing landmines and rusted Soviet-era tanks in Afghanistan. But what's hardest for her is witnessing the results of human cruelty.

Akello Frances, once a member of Uganda's parliament, took her to a place outside Soroti where baboons used to live.

"She told me that when the soldiers quit shooting people, they came out here and shot the baboons," Braun says. "There's a lot of bad behavior out there."

But Braun knows without a doubt that she has saved lives, and that is gratifying. She also enjoys working collaboratively.

"I love it that there's no turf [between aid organizations]," she says. "There's such a degree of cooperation. We can just organize around getting the work done. Everyone's just there to work."

Braun is quick to credit IMA volunteers for IMA's accomplishments, but for those who've followed IMA from the beginning, it's clear that Braun's passion and drive are the beating heart of the organization.

As for being Boulder Weekly's 2008 Person of the Year, Braun's response is typically modest: "Wow! I don't even know what to say. Didn't last year's recipient win a Nobel Prize or something?"

To make a tax-deductable donation to International Midwife Assistance, to view their wish list of needed items or for more information, go to www.midwifeassist.org.