

## coverstory

### Woman to Woman

Boulder County midwives bring their healing touch to the displaced mothers of Uganda  
By Pamela White ([editorial@boulderweekly.com](mailto:editorial@boulderweekly.com))

Clustered around Soroti, Uganda, four camps hold tens of thousands of people driven from their homes by two decades of a war famous for its massacres, rapes and mutilations. Fleeing civilians arrive at the camps traumatized, hungry, sick—victims of brutality, rape and disease. Because most of the adult men have been killed or drawn into the conflict, the majority of these internally displaced persons (IDP), as they're officially called, are



mothers with children. And many of the women are pregnant. The United Nations calls the situation in Uganda one of the world's most neglected humanitarian crises. But Boulder County residents working through two separate organizations have stepped up to help meet the need.

Local midwives from International Midwife Assistance (IMA), displaced from their original work training midwives and delivering babies in Afghanistan, are taking lifesaving skills into the camps in hopes of providing desperately needed prenatal care, childbirth assistance and education. They'll be working with Learning Empowers Uganda Medical Clinic (LEU), a nonprofit facility that traces its origins in part back to Boulder registered nurse Beverly Lyne.

In partnership with LEU, IMA plans eventually to build a birthing clinic and to offer training to traditional birth attendants in hopes of decreasing maternal and infant deaths associated with pregnancy and birth.

"We feel so honored to be included in that circle and to be in this part of Uganda and to ease the pain a little bit," says Lyne.

¥ ¥ ¥

To say that parts of Uganda are hell on earth is to employ an overused phrase to describe a situation that is almost inconceivable. For two decades, the Lord's Resistance Army, a

cult-like organization led by Joseph Kony, who thinks he's a spirit medium, has been at war with the Ugandan government, with civilians paying a terrible price. LRA leaders have terrorized the northern part of the country, massacring villages, raping women and girls, cutting off people's lips—their special calling card—as well as using children as soldiers and sex slaves.

Lyne recalls meeting a young boy who described how LRA troops entered his village and separated all children of a certain age from everyone else. The boys were forced to fight, while the girls from his village were forced to provide sex to soldiers. Eventually the boy was reunited with his parents, who had sought shelter in one of the camps.

Lyne became involved with the situation in Uganda after Dr. Charles Steinberg, a former Boulder physician currently caring for AIDS patients in Kampala, Uganda, contacted her and asked her if she'd be willing to do a feasibility study about starting a permanent clinic to serve the IDP camps outside Soroti

"This is my area of expertise," says Lyne, who has a master's degree in community health nursing. "It was a dream come true for me. I've always wanted to use my skills in Africa."

Together with a trio of Canadian nurses, Lyne performed that study, and the group of four had a clinic up and running by March 2005.

It hasn't necessarily been easy. Conditions in the camps, which at times crowd together as many as 30,000 people, can't be compared with any U.S. city. Camp hygiene itself presents one of the biggest challenges health-care workers face, spreading infectious diseases like cholera. Drinking water is contaminated, and electricity is unreliable.

As a result, clinic staff have had to improvise. Water is piped or carried to the clinic and then boiled. Precious medications and vaccines that require refrigeration are brought to LEU each morning by bicycle courier and are held overnight at a nearby facility that has a generator so that they won't spoil in case the power goes out. And yet LEU, which runs entirely on donations, is thriving.

"It's beyond my dreams how successful it's been," she says. "All of our staff are Ugandans. No North Americans receive any money."

The clinic offers vaccinations and treatment for a host of illnesses that are a part of life in an IDP camp, where people live together in clay huts with thatched roofs and there is little or no protection from the area's most dangerous predator—the mosquito.

"The number one problem is malaria," Lyne says. "Almost everyone has malaria, and it's recurrent because of the nature of the disease, because of the mosquitoes. There's not much protection."

But one thing the clinic wasn't able to offer was prenatal care.

By coincidence, one of Lyne's friends had been working with IMA in Afghanistan, where midwives from Boulder County had set up a midwifery-training program to help Afghans meet the crushing need for women's health care.

IMA had recently been forced to leave Afghanistan due to the deteriorating security situation, and Jennifer Braun, a midwife and IMA's program director, was looking for another country in need of the organization's expertise. Lyne and Braun met and traveled to Soroti together, and a partnership was born.

¥ ¥ ¥

IMA consists of four midwives, two labor and delivery RNs and one obstetrician/gynecologist, as well as other volunteers. The organization earned its stripes in international medical relief work the direct way—through experience on the ground. Midwives traveled to Afghanistan, which has the highest maternal mortality rate in the world, to set up a midwifery-training program in Bamiyan, best known for the great stone Buddha destroyed by the Taliban.

When they arrived, they encountered communities completely lacking in health-care options for women. Most doctors and educated women had fled the country. After a generation under the Taliban, which forbade women to leave home and prevented girls from being educated, many women Braun and other IMA midwives met had no understanding of their own anatomy or how to safely deliver babies.

Working with a receptive Afghan health ministry and escorted at times by men carrying AK-47s, IMA educated women about the physiology of childbirth, while setting up the midwifery-training program. Their goal was to work with Afghan health authorities to teach young women a lifesaving skill that they could in turn teach to others and which would provide them with a livelihood—unthinkable for women under the Taliban. Last March, the 18-month program graduated its first class of 22 young women.

"The fact that there are now 22 more midwives in Bamiyan, Afghanistan, is an amazing thing," Braun writes. "Perhaps 22 doesn't sound like a big number, but compared to the nothing that was there before it is a big change. 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."

Unfortunately, IMA had to leave Bamiyan due to increased threats of violence against foreign health-care workers. It was heartbreaking for Braun and others who had come to know the community of Bamiyan and put their hearts into helping Afghanistan recover.

"My personal grief over leaving Afghanistan is still incredibly intense," writes Braun. "I miss the people so much, and the need there is unlike any other on our planet. Yet there are other terrible crises and many people who need our help very much."

And the need in Uganda is extreme. A woman's chance of dying in childbirth is one in 13, a shockingly high maternal mortality rate. Of every 1,000 babies born, 88.1 will be stillborn—nowhere near Afghanistan's 165 out of 1,000, but still tragically high. That's outside the camps; inside the IDP camps, the situation is even grimmer, in part because of limited prenatal care.

"We're helping LEU establish a prenatal program," says Jeni Harger, program support officer for IMA. "Jennifer Braun is working with a staff member that they've hired that IMA is paying for, trying to find out what the needs are, what the scope of the situation is as far as the internally displaced persons we're working with and helping the clinic get this prenatal program to where it should be."

News of the prenatal program is slowly making its way through the camps, and Harger says the clinic is seeing more women each day. But the needs of the women, some of whom are pregnant by rape, many of whom are traumatized and sick, means that a prenatal clinic is more like prenatal triage, with practitioners having to address a range of health concerns in addition to pregnancy. Malaria, tuberculosis, typhoid, cholera and malnutrition make up the short list.

"Malaria is such a problem in Uganda that they treat every pregnant woman for malaria because they assume she has it," Harger says. "They're sending them home with mosquito nets to prevent their children from getting it. We have also decided to send each woman home with beans and rice after every visit so that they can have the food and nutrition they need to have a healthy pregnancy."

In addition, pregnant women are referred to a nearby clinic that does testing for HIV/AIDS so that those who are positive can receive drugs to prevent transmission of the deadly virus from mother to baby.

Harger says IMA is working to expand the prenatal program to meet demands for condoms, as well as other forms of contraception and information about family planning.

"Jennifer took more than 2,000 condoms with her to Uganda," Harger says. "We're able to put out baskets in the lobby so people can just grab them anonymously. They'll be keeping track of how many are going out. And they're looking at ways of bringing more condoms in."

¥¥¥

Responding to the requests, such as that for condoms and other contraceptives, is an example of the way both Lyne and Braun like to operate—by listening.

"The characteristic of how Jennifer and I both approach this kind of work is that we are just one of the partners," Lyne says. "We aren't coming with the answers. We go and listen to the community. I have my expertise, and she has her expertise, but the community has the wisdom. That's what is so important about what we're doing."

Their goal is to create infrastructure and to provide self-sustaining opportunities for education that enable people, whether in Afghanistan or Uganda, to meet their own needs eventually.

"We're not there just to give shots," Lyne says. "I could do that until the end of time and the conditions wouldn't get any better. We're giving them what they need to solve their own problems."

With that long-term vision in mind, IMA's ultimate goal in Uganda is to provide LEU with a birthing center, Harger says.

"We would have to help build the center itself and staff it, as well as get the equipment," she says. "We want to build them a birth clinic so that the women we see at the prenatal program are able to have their children under the same care they're receiving at the clinic."

It's a major commitment of time and money in the form of donations. But IMA's success in Bamiyan has demonstrated that it's a commitment Braun, Harger and the other midwives, nurses and volunteers that make up IMA are more than capable of meeting.

As IMA's efforts get off the ground in Uganda, its board is monitoring the situation in Afghanistan to determine when it will be safe for midwives to return to Bamiyan.

"We are looking at the potential of a couple of midwives to be able to go back late this spring and early this summer," Harger says. "We want to talk to the women they're treating and hear directly from the patients what they think of the care they're receiving. We want to see what kind of impact they're having."

Before leaving Afghanistan, IMA had hosted workshops to teach midwives proper techniques for the insertion of IUDs, or intrauterine devices, a long-term form of birth control. The workshops were considered highly successful. As a result, IMA hopes to teach more IUD insertion workshops later this year.

"We're not done with Afghanistan," Harger says. "It's something that had to be on hold."

In the meantime, IMA and LEU will bring something to the displaced women of Soroti that they haven't had for a long time: hope.

Donations to International Midwife Assistance can be sent to: International Midwife Assistance, PO Box 916, Boulder, CO 80306. For more information, go to [www.midwifeassist.org](http://www.midwifeassist.org).

Respond: [letters@boulderweekly.com](mailto:letters@boulderweekly.com)