



Jesus Hacked: Storytelling Faith

a weekly podcast from the Episcopal Diocese of Missouri
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Episode 033: Midwifery with the Yazidi

Our guest is Jane Drichta, co-founder of the Global Motherhood Initiative. She's a midwife and public health advocate who has recently been working with Yazidi women and has developed a woman centered model for traumatized populations, including the Yazidi, as they face pregnancy and delivery in difficult areas such as refugee camps and in war torn regions.

Even though she is mostly on the road or based out of Seattle, she still considers Emmanuel Church in Webster Groves "home." Jane was here over the holidays and stopped in to talk with host Barbi Click about midwifery, the Yazidi women, and upcoming opportunities around the globe.

Barbi Click: Welcome to Jesus Hacked Storytelling Faith. I'm Barbi Click your host and today we have Jane Drichta, co-founder of Global Motherhood Initiative. She's going to speak about the work of GMI and the work among the Yazidi women of northern Iraq. Welcome Jane.

Jane Drichta: Thank you very much.

Barbi Click: I wonder if you could just sort of give us an overview of what it is that Global Motherhood Initiative is and what you do.

Jane Drichta: Sure. Global Motherhood Initiative was started, I started it about six months ago. I have worked in the global sphere in women's reproductive health for about 10 years in various capacities. I'm a midwife by training and I also hold a Master's in global public health and I also have a postgraduate diploma in tropical nursing. I have a background both in the clinical side and then on the more theoretical side. Over the years I was looking for ways to blend that. I've worked as a volunteer in different refugee camps around the world. I've worked in Greece, I've worked in the Philippines, I've worked in Uganda for eight years, more in a development capacity in Uganda. I found myself doing some consulting in Kurdistan in northern Iraq in February of this year for another organization. It just kind of went from there.

Barbi Click: Wow. I am working from a sort of ignorant state about what all's been going on in northern Iraq and with the Yazidi women. Could you explain that a little bit?

Jane Drichta: Certainly. In 2014, August of 2014, Daesh, ISIS, basically took over most of the Yazidi villages. This was in a region called Sinjar outside of Mosul. The Yazidi have always been a very, very marginalized population in Iraq and around the world there's also Yazidi in Iran. There's Yazidi in Turkey, there's some in Syria.

Barbi Click: Is it a tribe?

Jane Drichta: It's an ethnic group.

Barbi Click: Ethnic group.

Jane Drichta: Yes, it's an ethnic group. They are very, very insular. They always stick together. In fact if you marry outside of the Yazidi you're considered to be longer Yazidi. Their religion is old and fascinating and beautiful and exciting. It's monotheistic and it's kind of a model of God as watchmaker, if you remember back in elementary school where God sets the world in motion and then kind of backs off and has a cup of coffee or something and kind of lets things go. In the Yazidi point of view, He lets things go under the watch of the peacock angel.

Barbi Click: Peacock angel.

Jane Drichta: It's beautiful, right?

Barbi Click: It is beautiful.

Jane Drichta: It's beautiful. So the peacock angel is the one who interacts with people on a human level and provides guidance and solace and all the things that we look for from the Almighty. Unfortunately, this is just bad luck, the word for the Yazidi angel in their language corresponds very, very closely to the word for devil in Arabic. Yeah, so that's bad. Over the past 4,000 years that has been kind of confused and so many people have an image in their head of the Yazidi as devil worshipers which they're not. It's a beautiful religion. They really like Noah and in their holy city of Lalish there are mosaics of Noah and the ark all over the place, it's really fascinating.

Daesh took that very personally and decided to wipe them off the face of the earth. This is the 14th genocide in their oral history since the beginning of Yazidi, that a group has tried wipe them out. But unfortunately this time there is technology and guns and lots of things that make it a lot easier than it was 4,000 years ago. Daesh came rolling into these villages and they basically shot all the old men, they took the young boys for child soldiers and they basically took the young girls as brides which is a euphemism for sex slavery. They took many of these girls to Mosul. The rest of the population of the Yazidi fled into the mountains where many of them died. Many of the children died there. Their bodies are still there.

In late August of 2014, the Coalition forces-- which consisted at that time of the US, the UK, Australia, France--did airdrops of food and created kind of a way of safety. They made a run for it out of the mountains and they ended up in Kurdistan about 40 miles north and that's how they got there.

Barbi Click: Are they in a refugee camp.

Jane Drichta: They are in refugee camps now, yes. A lot of the population that we work with are girls that have either escaped from Daesh themselves or their families have enough means that they could pay a smuggler to in and get them out. There's still at this point about 300 Yazidi girls that are missing. We don't know where they are and they've probably have been trafficked across the border into Syria and then around the world.

Barbi Click: Wow.

Jane Drichta: We keep hoping. We keep hoping.

Barbi Click: And so the work that GMI does is you're actually in the camps?

Jane Drichta:

Yes. So we went there, as I said, I was consulting with another organization but it wasn't around maternity care. And of course I see everything through the lens of maternity care because I'm a midwife. We got into these camps and I'd worked with refugees before especially in Greece. I got in there and I noticed that while there was maternity care available through various organizations and through the department of health that just in Duhok (Duhok is the name of the city where I live) there was nobody who was putting together the fact that these women were not only pregnant but they were clinically traumatized. Even if they weren't escaped sex slaves from Daesh, they had been through so much. Everybody. Everybody in this camp is clinically traumatized. Nobody was putting that together and there was also a really, really large stigma in this population around seeking mental healthcare. There is in practically every population. There is here, right?

I thought to myself, what if we put that together? When is the best time to get young women into care? Well when they're pregnant because everyone expects you to go for maternity care. It's expected, it's encouraged, it's funded. So I thought, let's put this together. Let's have a team of midwives and a team of mental health professional working together, completely integrated care. Every patient contact you see a therapist and a midwife. And let's just normalize it. Let's completely normalize it. And it's worked. It's worked really well. We have great feedback. In the beginning we were going tent to tent. We were just like, "Hey, do you know any pregnant women?" And we would just walk up with our things. And that worked well. But again, like everything else we were just growing so quickly it was hard to go tent to tent to tent because you talk to somebody and then of course their sister's pregnant and their auntie is pregnant and everybody's pregnant.

In fact that's a good statistic to give--usually within refugee populations, between 25 and 28% of women are either lactating or pregnant. So it's huge, huge number. The camp in which I work has 30,000 residents, official residents and then there's about 20,000 more that are outside the camp that are just hanging out because the camp is at capacity. And the problem with that is that they're not accessing the services that are inside the camp. So we just thought we would be inclusive and we worked with them as well. So yeah, that integration was just key. Absolutely key.

Barbi Click:

And of those, of all those women who are either lactating or pregnant, are you able to reach all of them?

Jane Drichta:

No not at all. I wish. I wish I could clone all of the volunteers and of myself but we are limited by the professionals that we have. And all of our professionals that come and work with us are volunteer.

Barbi Click: Is there a waiting list or is there, is it first come first see?

Jane Drichta: It's basically first come first serve. However, as we were deciding that we were growing too fast, we partnered with another organization there called the Free Yazidi Foundation. They are a fantastic organization that is run by a fantastic woman called Pari Ibrahim. They basically run a psychosocial support community center. They have some therapy there, they also have English lessons, music lessons, just all the things that you lose when you run away from home, basically. We were chatting and Pari and I were having a conversation and I said to her, "What we really need is a clinic." And she says, "Well, we have extra land in our compound." And I said, "Well. Do I have an idea for us." So we got started chatting and our lawyers got together and did their magic and we partnered with them and now we're building a clinic inside their compound.

However, there's always a plot twist, right? Here's the plot twist. On September the 28th, Kurdistan held an independence referendum and right now Kurdistan is a semi-autonomous state, if you will. They have their own border control, they have their own president, their own prime minister. They held an independence referendum, as people tend to do, and of course the central Iraqi government was not thrilled about this. The UN wasn't thrilled about it. The US wasn't thrilled about it. Everybody said, "Look, just hold on 'til we've got this Daesh thing under control and then we'll see." And they said, "You know what? We're just going to do it anyway." So they did it anyway and of course it was overwhelmingly passed. It wasn't binding. It was just more of just kind of a bonding thing is you will.

Barbi Click: The people speaking up.

Jane Drichta: Exactly and wanting to be heard or acknowledged at least. So the Iraqi central government wasn't too pleased with that so they've now taken back control of all of the borders. They've closed the international airport and my clinic is sitting in boxes and I can't get in. So yeah, plot twist.

Barbi Click: Yeah, big plot twist.

Jane Drichta: So right now it's all sitting there waiting for airport to open and hopefully that will be soon but it's been shut since September and we don't really know.

Barbi Click: Wow.

Jane Drichta: However, as I get bored easily and can't really sit around and wait we have also been asked to come and do site visits in Bangladesh with the Rohingya refugees and in northern Uganda with the south Sudanese refugees to see if there's a spot while we're waiting for the borders to open in Kurdistan we can go somewhere else because we never wanted to do just this. The global in Global Motherhood is serious. We are seriously global.

Barbi Click: It's just because you're in one country.

Jane Drichta: Right. This model can work anywhere. This model can work in refugee camps. It can work in IDP camps, internally displaced persons camps, it could work in homeless camps here in the US. It can work anywhere that people are pregnant and traumatized which is pretty much everywhere.

Barbi Click: Which would be several different neighborhood in the city of St. Louis.

Jane Drichta: Exactly, exactly. We're going to try and expand while we're waiting. While my clinic is in boxes we will go somewhere else.

Barbi Click: That's wonderful. That's amazing. I want to hop back the beginning and then we'll come back to this again. You said you were a midwife.

Jane Drichta: I am.

Barbi Click: And so how long have you been a midwife?

Jane Drichta: I've been a midwife for six years.

Barbi Click: And what does that entail? What does that mean?

Jane Drichta: Yeah, people always say to me, "Do we still have midwives? Are they even still around?" We're here, we're alive, we're happy, we're happy to serve. Midwife is a maternity professional which has a skillset which is similar to an OB/GYN. Everywhere else in the world nobody really uses OB/GYNs unless they're having a complicated pregnancy. Midwives we like normal, we like happy. We're specially trained in normal. In the US there are nurse midwives that work in hospitals and then there's professional midwives that also work out of hospital. Everywhere else around the world there's just one kind of midwife but we make things complicated here.

Barbi Click: When we were speaking before the podcast began, I was talking about a class that I had taken as an undergrad, and about women, our gender, and women's health and you just said one of the words that really struck me in that class. Normal. The use of the word normal is one of the determining factors to have a baby by a natural birth without means of operation or any of those type of things or epidurals or any medical help is to have a normal birth. To have a vaginal birth is to have a normal birth. To have a Cesarean section is it makes one think that it's an abnormal birth.

Jane Drichta: Yes, that's such an interesting point. And one thing that I really want to make clear is midwives are not anti-medicine, anti-western medicine at all.

Barbi Click: That's sort of where I was going.

Jane Drichta: Right. We embrace technology when we need it. But the midwifery model of care says that pregnancy and women's health, it's not an illness. Nobody is sick.

Barbi Click: Because that is another way that women's bodies are politicized.

Jane Drichta: Absolutely. And pathologized.

Barbi Click: Very definitely yes.

Jane Drichta: Everywhere. Yes anybody. And a lot of that, I don't know how much you want to get into that but ...

Barbi Click: It's a big issue.

Jane Drichta: Feminism 101 isn't it?

Barbi Click: Yes it is.

Jane Drichta: It's just old school feminism. It is very difficult and it's funny because I was trained here in the US with all of these things in the back of my head, everything you learned in your gender studies and then trying to lose all that when you go somewhere else and when you go into another cultural context. That's always an interesting journey.

Barbi Click: And I don't suppose that we do have enough time for all of that but I would encourage anyone to delve into it because it really is an important thing from we talking about just the way that women are demoralized by even having to strip, to disrobe to have a medical.

Jane Drichta: Everything is about a power balance, definitely. And midwifery care tries to erase that power imbalance.

Barbi Click: That is the really attractive thing. One of them.

Jane Drichta: We're just there to help.

Barbi Click: Really attractive things.

Jane Drichta: The women are the ones that are doing the work. We're just there in case they need a little bit of assistance. And to give compassion and love and glory. I mean who doesn't need encouragement when they're doing a really hard thing. I needed encouragement sometimes brewing a cup of coffee in the morning.

Barbi Click: Yes. Bringing a baby into the world, one really does.

Jane Drichta: Absolutely.

Barbi Click: I read a little blurb about one in every five women among refugee and internally displaced persons populations experience sexual or reproductive violence.

Jane Drichta: Absolutely and it's probably much higher.

Barbi Click: I know what sexual, what is reproductive violence? What exactly does that mean?

Jane Drichta: Reproductive violence.

Barbi Click: I can imagine but ...

Jane Drichta: It's probably exactly what you imagine. But reproductive violence from our point of view is not only physical violence upon the person but giving birth unsupported, giving birth within the context of violence, giving birth where you are unsafe, trying to give birth, can you imagine trying to give birth quietly? Some people do and that's fantastic but not having the choice, that you have to be quiet because there's somebody who's hunting you or even not even that dramatic. If you're in a refugee camp or an IDP camp, you've got these internally displaced persons camp.

Barbi Click: Okay, thank you.

Jane Drichta: The tents, you've seen pictures on the news I'm sure. There are tents and they're given by the UN and they're white and they're about nine by nine, sometimes nine by 12, they're not big and

they're smashed up against each other. And let's say that you have a crying baby. Is this going to make your neighbor love you if you have a crying baby.

Barbi Click: No. We don't even like it when one cries on the airplane with us.

Jane Drichta: No. In fact we get really cranky and people film it and put it on YouTube and say bad things about you.

Barbi Click: Right.

Jane Drichta: It's that kind of social dyshesion that occurs when you're pushed into these abnormal situations 'cause no one is meant to live like this. Even people in rural areas, in undeveloped areas. I worked in Africa for years and years and years. This is not the way humans are meant to be. And so all of those things-- because it is a feminist issue and because it is about women, it is very, very easy for men in the camps to become very angry. Then that goes into more violence. It's easy for and I hate to say this, but I will, even the people that are meant to be looking after these people, the people that are running the camps, there's violence. Women are afraid to go get water because they might be raped on the way to go get water. It's incredible.

I was working in Greece and the things I saw in Greece were just absolutely horrific. In the refugee camps. And also amongst the medical trainees where women went for help. The trainees, the doctors, the amount of obstetrical violence is huge. It's huge. Try do what we can and that's where little tiny GMI comes in and we are small. Like I said, we work in teams with a midwife and a therapist and there's usually maybe two, three teams if we're lucky trying to cover all of this. And we our model is care is gentle, loving, compassionate, accepting--feminine. I'll just say that, it's feminine. And we try to meet people where they are and everything that we do with them, every patient contact is mother centered. We ask them before we touch them. We ask them if we can listen to their baby's heartbeat.

Barbi Click: Seek permission.

Jane Drichta: Absolutely. Everything we do, they've had everything ripped away. Everything we can do to return control helps them not only with their pregnancy but also in their mental health and that kind of slides into the therapy part of it then.

Barbi Click: That's beautiful. That softens the horror just a little bit.

Jane Drichta: And it happens here too. Obstetric violence is alive and well in the United States. It's unfortunate.

Barbi Click: What do you need from us? I see that while you're a registered nonprofit, has that status changed anything yet? Do you have your nonprofit status yet?

Jane Drichta: We're in the process of becoming 501C3, sometimes the wheels of the IRS turn a little bit more slowly than we might like. We are a registered nonprofit in the state of Washington. We are registered but as far as our tax status we are still in limbo. However if anybody would like to make a donation they can go our website at www.globalmotherhoodinitiative.org.

Barbi Click: All spelled out?

Jane Drichta: All spelled out. We tried to get GMI 'cause it was easier to spell but the domain was taken.

Barbi Click: I bet.

Jane Drichta: We tried really hard 'cause I misspell it constantly. And we are able to give retroactive tax receipts so if someone were to make a sizable donation we can give them a retroactive receipt and when we do come through with the 501C3 status then they can use that in their taxes.

Barbi Click: What you need mostly is funds, donations.

Jane Drichta: We need funds but we also need volunteers. If you are a midwife out there or a mental health professional out there who would like to maybe get in touch with us and have some free time. We have people that come for as little as two weeks. But we have people who are interested in staying for months. As I was saying before, chances are very good that we're going to be expanding into northern Uganda and into Bangladesh so there's many, couple of sites to choose from as we wait and pray for the borders to open.

Barbi Click: What you're asking is for someone to just pull up stakes and go to a foreign country, one that's not probably in the best of ...

Jane Drichta: Well everyone needs a holiday, don't they?

Barbi Click: Why don't you tell us how you did that.

Jane Drichta: Oh wow. I always wish that I had a really good story for this. I'll need to work on one. I've always been a traveler, my parents took

me traveling when I was younger. I always knew that I wanted to work overseas. So when I started doing my midwifery training, I started doing some work in the Philippines. Loved the Philippines. It was fantastic. We were on the island of Mindanao which is where the Taliban kind of hang out apparently terrorists and I just, I didn't tell my mother about that 'til later.

Barbi Click: Probably a good thing.

Jane Drichta: Yeah, she was appreciative. I did some work there, that was fantastic. Filipino people are amazing. When I got home I just thought, well that's what I need to do. I did work in Washington state as a midwife for a while. Washington state is amazing, it has fantastic midwives and fantastic midwifery laws and I kind of felt that they didn't need me. They kind of have it covered. Of course everything can always be better but compared to some states, Washington is a very, very midwifery friendly place. And I thought, right, well maybe we'll just go somewhere else. So that's when I started working in Uganda and I was in Uganda on and off in various capacities for about eight years. I actually started going there before I was a midwife. And that's wonderful. If we do expand into Uganda, that's kind of a homecoming for me and I'm very much looking forward to that.

And yeah, so I worked in Uganda, I worked in Greece and then I went to school for my Master's and like I said I have a Master's in global public health from Queen Mary University of London. Shout out. Which was amazing. I do spend quite a lot of time out in the field every year, probably six or seven, sometimes eight months. I have a very long suffering husband that's all I can say.

Barbi Click: I was wondering about that.

Jane Drichta: Yes.

Barbi Click: Does he travel with you.

Jane Drichta: No, no. He doesn't. He does like to travel and he has said that he would like to come to Kurdistan. He never wanted to go to Africa, it wasn't his jam. But he has said that he would like to go to Kurdistan. Iraqi Kurdistan is one of the most beautiful, most friendly, it's just amazing. I encourage everybody when it settles down to take a visit because it is absolutely insane. I was in Mosul while it was still quite militarily active. Actually we were doing some training, some breast feeding training for some OB/GYNs and some midwives in Mosul. And even though the city in shambles and completely bombed out and rubble, you can see

underneath it the beauty that is there. You can. Even through all of the bullet holes and all of the bombs. And it will come back. The people there, it will. I was actually feeling a bit depressed about it one day and I was talking to my mother and she was like, "Jane, look at London, look at Berlin, it's going to be fine."

Barbi Click: Good point.

Jane Drichta: Yeah, yeah, you're right, it will. It will be fine. Mosul had one of the best, best medical schools in the Middle East. And now ...

Barbi Click: It's gone.

Jane Drichta: It's gone.

Barbi Click: It'll come back.

Jane Drichta: It absolutely will. It absolutely will. I have no doubt about that.

Barbi Click: When do you go back?

Jane Drichta: Well, who knows? As soon as the borders open I'm in.

Barbi Click: All right.

Jane Drichta: I will be on the first plane in. Absolutely.

Barbi Click: When I was talking through email with Beth about this interview I got that little tingly feeling.

Jane Drichta: I love that feeling.

Barbi Click: I do to.

Jane Drichta: So great.

Barbi Click: It means something big is about to happen and this sounds like a really big thing.

Jane Drichta: I hope so.

Barbi Click: It seems like a life changing thing. And so surely there is someone out there.

Shaping here with you here tonight.

Jane Drichta: Thank you so much.

Barbi Click: **Thank you.**