

109TH CONGRESS
1ST SESSION

H. R. 1011

To provide financial assistance to the United Nations Population Fund to provide urgent medical and health care to tsunami victims in Indonesia, the Maldives, and Sri Lanka.

IN THE HOUSE OF REPRESENTATIVES

MARCH 1, 2005

Mrs. MALONEY (for herself, Mr. CROWLEY, Mrs. LOWEY, Ms. JACKSON-LEE of Texas, Mr. ISRAEL, and Ms. LINDA T. SÁNCHEZ of California) introduced the following bill; which was referred to the Committee on International Relations

A BILL

To provide financial assistance to the United Nations Population Fund to provide urgent medical and health care to tsunami victims in Indonesia, the Maldives, and Sri Lanka.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as “Women, Children, and In-

5 fant Tsunami Victim Relief Act of 2005”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) More than 150,000 people were killed as a
2 result of the December 26, 2004, tsunami in South-
3 east Asia and more than 5,000,000 have been di-
4 rectly affected.

5 (2) Approximately 150,000 women in the three
6 most affected countries in the region are pregnant,
7 and many are facing complications related to their
8 pregnancies, including trauma-induced miscarriage
9 and the need for urgent medical and nutritional sup-
10 port.

11 (3) The Indonesian Midwife's Association esti-
12 mates that 30 percent of its 5,500 members died in
13 the tsunami. Under normal conditions, approxi-
14 mately 15 percent of pregnancies in Indonesia re-
15 quire urgent assistance from midwives or doctors to
16 ensure the health and survival of the babies and
17 mothers.

18 (4) In disaster situations, health care systems
19 crumble when they are most needed, especially by
20 pregnant women. Emergency relief tends to focus on
21 providing food and shelter, clearing roads, and main-
22 taining security, to the exclusion of helping women
23 in labor find a safe, clean place to deliver their ba-
24 bies, or on meeting the special nutrition and care
25 needs of such women.

1 (5) Maternity hospitals, women’s health clinics,
2 and other infrastructure for providing health serv-
3 ices to women, including infrastructure related to
4 providing maternal health assistance, ensuring safe
5 delivery of babies, providing contraceptives and
6 emergency obstetric care, and preventing sexually
7 transmitted diseases, have been destroyed by the
8 tsunami. In Sri Lanka, four of eight maternity clin-
9 ics on the east coast were destroyed and the other
10 four were greatly damaged. The Galle Teaching
11 Hospital in Galle, Sri Lanka, relocated its 379 pa-
12 tients to another facility on higher ground. Although
13 the hospital lost only one infant in the transition,
14 the new facility has only 70 beds compared with the
15 415 beds the hospital had.

16 (6) Even before the tsunami, one woman died
17 every minute somewhere in the world from complica-
18 tions related to pregnancy. Too often during disaster
19 situations safe blood supplies, equipment for anes-
20 thesia, transfusions and caesarean sections, and
21 trained personnel to save those women’s lives are
22 unavailable. In disaster situations, the death toll
23 rises steadily until such supplies and personnel can
24 be located and brought in to the affected area.

1 (7) Violence against women, including rape,
2 gang rape, molestation and physical abuse during
3 rescue operations and in temporary shelters has
4 been reported.

5 (8) The Women and Media Collective Group in
6 Sri Lanka has issued a written appeal for public at-
7 tention to “serious issues concerning the safety and
8 well-being of women which have not been addressed
9 so far in relief efforts”.

10 (9) The United Nations Population Fund
11 (UNFPA) has extensive experience and existing pro-
12 grams dedicated to delivering maternal and child
13 health care, ensuring safe delivery of babies, ensur-
14 ing adequate reproductive health, providing contra-
15 ceptive supplies and services, and providing other
16 critically needed types of assistance in Indonesia, the
17 Maldives, and Sri Lanka.

18 (10) The UNFPA has extensive experience and
19 the requisite capacity to address the needs and al-
20 leviate the suffering of victims of natural and man-
21 made disasters.

22 (11) In 2001, the Bush Administration pro-
23 vided \$600,000 in additional humanitarian relief
24 support to the UNFPA to address the immediate
25 need for emergency reproductive health needs of Af-

1 ghan women refugees who were fleeing Afghanistan.
2 This support was used to improve maternal and
3 child health services, including providing hygiene
4 kits, safe delivery kits, and cribs for newborns.

5 (12) The UNFPA has a long and proven track
6 record in responding quickly and effectively in pro-
7 viding the necessary supplies and technical support
8 to address reproductive health needs in humani-
9 tarian crises including in Sudan, Eritrea, Kosovo,
10 and Sierra Leone.

11 (13) The UNFPA has made an urgent appeal
12 to donor countries to raise \$28,000,000 to provide
13 relief to women in Indonesia, the Maldives, and Sri
14 Lanka.

15 **SEC. 3. ASSISTANCE TO TSUNAMI VICTIMS.**

16 (a) **AUTHORIZATION OF ASSISTANCE.**—Pursuant to
17 the authorization of appropriations under subsection (b),
18 the Secretary of State shall make available funding to the
19 United Nations Population Fund (UNFPA) to provide as-
20 sistance to tsunami victims in Indonesia, the Maldives,
21 and Sri Lanka. Funding provided to the UNFPA shall
22 be used to—

23 (1) provide and distribute equipment, including
24 safe delivery kits and hygiene kits, medicines, and
25 supplies, including soap and sanitary napkins, to en-

1 sure safe childbirth and emergency obstetric care
2 and to prevent the transmission of HIV/AIDS;

3 (2) reestablish maternal health services in areas
4 where medical infrastructure and such services have
5 been destroyed by the tsunami;

6 (3) prevent and treat cases of violence against
7 women and youth;

8 (4) offer psychological support and counseling
9 to women and youth; and

10 (5) promote the access of unaccompanied
11 women and other vulnerable people to vital services,
12 including access to water, sanitation facilities, food,
13 and health care.

14 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to the Secretary of State
16 \$3,000,000 to provide the assistance described in sub-
17 section (a).

○