

109TH CONGRESS
1ST SESSION

H. R. 2811

To provide a United States voluntary contribution to the United Nations Population Fund only for the prevention and repair of obstetric fistula.

IN THE HOUSE OF REPRESENTATIVES

JUNE 8, 2005

Mrs. MALONEY (for herself, Mr. CROWLEY, Mr. RUSH, Mr. LANTOS, Ms. JACKSON-LEE of Texas, Ms. LEE, Mr. McDERMOTT, Mr. OWENS, Mr. McNULTY, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. SMITH of Washington, Mr. GRIJALVA, and Mr. HONDA) introduced the following bill; which was referred to the Committee on International Relations

A BILL

To provide a United States voluntary contribution to the United Nations Population Fund only for the prevention and repair of obstetric fistula.

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 the “Repairing Young
5 Women’s Lives Around the World Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Every minute, one woman dies from preg-
2 nancy-related complications. Ninety-five percent of
3 these women live in Africa and Asia.

4 (2) For every woman who dies from pregnancy-
5 related complications, 15 to 30 women survive but
6 experience chronic disabilities. The worst is obstetric
7 fistula which is caused when a woman who needs
8 trained medical assistance for a safe delivery, includ-
9 ing Caesarian section, cannot get it. The con-
10 sequences are life-shattering. The baby usually dies,
11 and the woman is left with chronic incontinence.

12 (3) Obstetric fistula is a hole that is formed be-
13 tween the bladder and the vagina, or the rectum and
14 the vagina, after a woman suffers from prolonged
15 obstructed labor. In the struggle to pass through the
16 birth canal, the fetus puts constant pressure, some-
17 times for several days, on the bladder and vaginal or
18 rectal wall, destroying the tissue and leaving a
19 wound.

20 (4) According to the Department of State:
21 “Pregnancy at an early age often leads to obstetric
22 fistulae and permanent incontinence. In Ethiopia,
23 treatment is available at only 1 hospital in Addis
24 Ababa that performs over 1,000 fistula operations a
25 year. It estimates that for every successful operation

1 performed, 10 other young women need the treat-
2 ment. The maternal mortality rate is extremely high
3 due, in part, to food taboos for pregnant women,
4 poverty, early marriage, and birth complications re-
5 lated to FGM [Female Genital Mutilation], espe-
6 cially infibulation.”.

7 (5) Obstetric fistula affects women who survive
8 obstructed labor. In nearly every case of obstetric
9 fistula, the baby will be stillborn and the mother will
10 have physical pain as well as social and emotional
11 trauma from the loss of her child.

12 (6) The physical symptoms of obstetric fistula
13 include incontinence or constant uncontrollable leak-
14 ing of urine or feces, frequent bladder infections, in-
15 fertility, and foul odor. The smell often drives hus-
16 bands and loving family members away. In many
17 communities, women with fistula are considered
18 “unclean” and stigmatized.

19 (7) Fistula is a relatively hidden problem, large-
20 ly because it affects the most marginalized members
21 of society: young, poor, illiterate women in remote
22 areas. Many of these women never seek treatment.
23 Because they often suffer alone, their injuries may
24 be ignored or misunderstood.

1 (8) Adolescents are at greater risk of complica-
2 tions during childbirth that can lead to fistula be-
3 cause they have less access to health care and are
4 subject to other significant risk factors. Young girls
5 suddenly find themselves marginalized, alone, and
6 are often blamed for their condition.

7 (9) Although data on obstetric fistula are
8 scarce, the World Health Organization (WHO) esti-
9 mates there are more than 2,000,000 women living
10 with fistula and 50,000 to 100,000 new cases each
11 year. These figures are based on the number of
12 women who seek medical care. Many more suffer in
13 silence, unaware that treatment is available.

14 (10) Obstetric fistula was once common
15 throughout the world, but over the last century has
16 been eradicated in Europe, North America, and
17 other developed regions through improved medical
18 care.

19 (11) Obstetric fistula is fully preventable by
20 having a trained medical attendant present during
21 labor and childbirth, access to emergency obstetric
22 care in the event of complications, delaying early
23 marriage and childbirth, and gaining access to edu-
24 cation and family planning.

1 (12) Obstetric fistula can also be surgically re-
2 paired. Surgery requires a specially trained surgeon
3 and support staff, access to an operating theater
4 and to attentive post-operative care. Success rates
5 for surgical repair of fistula can be as high as 90
6 percent and cost an average of \$300.

7 (13) In 2003, the United Nations Population
8 Fund (UNFPA) launched the first-ever global Cam-
9 paign to End Fistula. This campaign includes inter-
10 ventions to prevent fistula from occurring, treat
11 women who are affected and support women after
12 surgery.

13 (14) The Campaign to End Fistula currently
14 supports projects in more than 30 countries in sub-
15 Saharan Africa, South Asia, and the Middle East. In
16 each country the Campaign identifies the extent of
17 the problem and the resources available to treat fis-
18 tula, develops a national strategy and builds partner-
19 ships to address the problem, and implements activi-
20 ties to prevent and treat fistula, including efforts to
21 reintegrate women into their communities once they
22 are healed.

23 (15) The United States Government provided a
24 voluntary contribution of \$21,500,000 to UNFPA
25 for fiscal year 2001 and the Administration's budget

1 request for fiscal year 2006 allocates \$25,000,000
2 for UNFPA.

3 (16) UNFPA is working in more than 79 coun-
4 tries to reduce maternal death and disability, such
5 as obstetric fistula, and to save women's lives.

6 (17) In the winter of 2001, the Secretary of
7 State submitted written testimony to the Committee
8 on Foreign Relations of the Senate expressing sup-
9 port for the invaluable work of UNFPA and for se-
10 curing funding for the organization.

11 (18) The United States Government, as part of
12 its efforts to improve the dire health conditions of
13 Afghan women, pledged in October 2001 an addi-
14 tional \$600,000 to UNFPA to address the reproduc-
15 tive health care needs of Afghan refugees in sur-
16 rounding nations and of internally displaced persons
17 within Afghanistan.

18 (19) Congress demonstrated its strong bipar-
19 tisan support for a voluntary United States con-
20 tribution to UNFPA of up to \$34,000,000 in the
21 Foreign Operations, Export Financing, and Related
22 Programs Appropriations Act, 2002, which was
23 passed by the House of Representatives on a vote of
24 357 to 66 and by the Senate by unanimous consent
25 and signed into law (Public Law 107-115) by the

1 President on January 10, 2002. However, the Presi-
2 dent decided not to obligate the funds.

3 (20) In May 2002, the President sent a three-
4 person delegation to investigate UNFPA programs
5 in China and allegations that the agency was in-
6 volved in coercive abortion practices.

7 (21) This independent delegation concluded
8 that such allegations were untrue.

9 (22) On May 29, 2002, the delegation sent a
10 letter to the Secretary of State stating the following:
11 “First Finding: We find no evidence that UNFPA
12 has knowingly supported or participated in the man-
13 agement of a program of coercive abortion or invol-
14 untary sterilization in the PRC. First Recommenda-
15 tion: We therefore recommend that not more than
16 \$34,000,000 which has already been appropriated be
17 released to UNFPA.”.

18 (23) Regrettably, the Administration overruled
19 the recommendation of its own delegation and in-
20 voked an overly broad interpretation of the law in
21 order to eliminate funding for UNFPA.

22 **SEC. 3. UNITED STATES VOLUNTARY CONTRIBUTION TO**
23 **THE UNITED NATIONS POPULATION FUND.**

24 Notwithstanding any other provision of law, in addi-
25 tion to amounts otherwise available to carry out the pur-

1 poses of chapter 3 of part 1 of the Foreign Assistance
2 Act of 1961, there are authorized to be appropriated
3 \$34,000,000 for fiscal year 2006 and each subsequent fis-
4 cal year to be available only for United States voluntary
5 contributions to the United Nations Population Fund
6 (UNFPA) only for prevention and repair of obstetric fis-
7 tula.

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