

110TH CONGRESS  
1ST SESSION

# H. R. 2114

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

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## IN THE HOUSE OF REPRESENTATIVES

MAY 2, 2007

Mrs. MALONEY of New York (for herself, Mr. SHAYS, Ms. LEE, Mr. CROWLEY, Mr. HONDA, Ms. MCCOLLUM of Minnesota, Mr. CASTLE, Mr. MICHAUD, Mr. JACKSON of Illinois, Mr. MEEKS of New York, Mr. LANTOS, Mr. ALLEN, Mr. GRIJALVA, Mr. McNULTY, Ms. WOOLSEY, Mr. CARNAHAN, Ms. SCHAKOWSKY, and Ms. WATSON) introduced the following bill; which was referred to the Committee on Foreign Affairs

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## A BILL

To provide a United States voluntary contribution to the United Nations Population Fund only for the prevention, treatment, 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, 20 women survive but experi-  
6 ence long or short term illnesses or disabilities. One  
7 of the most devastating is obstetric fistula which is  
8 caused when a woman who needs trained medical as-  
9 sistance for a safe delivery, including Caesarian sec-  
10 tion, cannot get it. The consequences are life-shat-  
11 tering. The baby usually dies, and the woman is left  
12 with chronic incontinence.

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

21           (4) Country specific obstetric fistula prevention  
22 and treatment needs assessments undertaken by the  
23 United Nations Population Fund (UNFPA) across  
24 Africa and Asia found services for fistula treatment  
25 to be largely unavailable in most countries where fis-

1 tula occurs. For example, Kenya estimates that  
2 3,000 cases occur per year, but only 7.5 percent of  
3 those women receive treatment. In Burkina Faso,  
4 women reported waiting as long as five years before  
5 they were able to receive treatment.

6 (5) According to the Department of State 2006  
7 Human Rights Report for Ethiopia: “The combina-  
8 tion of pregnancy at an early age, chronic maternal  
9 malnutrition, and a lack of skilled care at delivery  
10 often led to obstetric fistulae and permanent inconti-  
11 nence. Approximately 8,700 women developed ob-  
12 stetric fistulae annually, and 27,000 women with un-  
13 treated fistulae were estimated to be living in rural  
14 areas. Treatment for fistulae was available at only  
15 one hospital, the Addis Ababa Fistula Hospital,  
16 which annually performed over 1,000 fistula oper-  
17 ations. It estimated that for every successful oper-  
18 ation performed, 10 other young women needed the  
19 treatment but did not receive it. The maternal mor-  
20 tality rate was extremely high, partly due to food ta-  
21 boos for pregnant women, poverty, early marriage,  
22 and birth complications related to FGM [Female  
23 Genital Mutilation], particularly infibulation.”

24 (6) Obstetric fistula affects women who survive  
25 obstructed labor. In nearly every case of obstetric

1 fistula, the baby will be stillborn and the mother will  
2 have physical pain as well as social and emotional  
3 trauma from the loss of her child.

4 (7) The physical symptoms of obstetric fistula  
5 include incontinence or constant uncontrollable leak-  
6 ing of urine or feces, frequent bladder infections, in-  
7 fertility, and foul odor. The social consequences may  
8 be even more severe. The smell often drives hus-  
9 bands and loving family members away. In many  
10 communities, women with fistula are considered  
11 “unclean” and stigmatized. Women may also isolate  
12 themselves due to the shame they feel about their  
13 condition.

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

20 (9) Adolescents are at greater risk of complica-  
21 tions during childbirth that can lead to fistula be-  
22 cause they have less access to health care and are  
23 subject to other significant risk factors. Young girls  
24 suddenly find themselves marginalized, alone, and  
25 are often blamed for their condition.

1           (10) Although data on obstetric fistula are  
2 scarce, it is generally accepted that there are more  
3 than 2,000,000 women living with fistula and  
4 50,000 to 100,000 new cases each year. These fig-  
5 ures are based on the number of women who seek  
6 medical care. Many more suffer in silence, unaware  
7 that treatment is available.

8           (11) Obstetric fistula was once common  
9 throughout the world, but over the last century has  
10 been eliminated in Europe, North America, and  
11 other developed regions through improved medical  
12 care.

13           (12) Obstetric fistula is fully preventable by  
14 having a trained medical attendant present during  
15 labor and childbirth, access to emergency obstetric  
16 care in the event of complications, delaying early  
17 marriage and childbirth, and gaining access to edu-  
18 cation and family planning.

19           (13) Obstetric fistula can also be surgically re-  
20 paired. Surgery requires a specially trained surgeon  
21 and support staff, access to an operating theater  
22 and to attentive post-operative care. Success rates  
23 for surgical repair of fistula can be as high as 90  
24 percent and cost an average of \$300.

1           (14) In 2003, UNFPA launched the first-ever  
2           global Campaign to End Fistula. It is working with  
3           partners all over the world to support interventions  
4           to prevent fistula from occurring, treat women who  
5           are affected, and support women after surgery.

6           (15) The Campaign to End Fistula currently  
7           supports projects in over 40 countries in sub-Saha-  
8           ran Africa, South Asia, and the Middle East. In  
9           each country the Campaign identifies the extent of  
10          the problem and the resources available to treat fis-  
11          tula, develops a national strategy and builds partner-  
12          ships to address the problem, and implements activi-  
13          ties to prevent and treat fistula, including efforts to  
14          reintegrate women into their communities once they  
15          are healed.

16          (16) The United States Government provided a  
17          voluntary contribution of \$21,500,000 to UNFPA  
18          for fiscal year 2001 and the Administration's budget  
19          request for fiscal year 2008 allocates \$25,000,000  
20          for UNFPA.

21          (17) UNFPA is working in more than 140  
22          countries to reduce maternal death and disability,  
23          such as obstetric fistula, and to save women's lives.

24          (18) In the winter of 2001, the Secretary of  
25          State submitted written testimony to the Committee

1 on Foreign Relations of the Senate expressing sup-  
2 port for the invaluable work of UNFPA and for se-  
3 curing funding for the organization.

4 (19) The United States Government, as part of  
5 its efforts to improve the dire health conditions of  
6 Afghan women, pledged in October 2001 an addi-  
7 tional \$600,000 to UNFPA to address the reproduc-  
8 tive health care needs of Afghan refugees in sur-  
9 rounding nations and of internally displaced persons  
10 within Afghanistan.

11 (20) Congress demonstrated its strong bipar-  
12 tisan support for a voluntary United States con-  
13 tribution to UNFPA of up to \$34,000,000 in the  
14 Foreign Operations, Export Financing, and Related  
15 Programs Appropriations Act, 2002, which was  
16 passed by the House of Representatives on a vote of  
17 357 to 66 and by the Senate by unanimous consent  
18 and signed into law (Public Law 107–115) by the  
19 President on January 10, 2002. However, the Presi-  
20 dent decided not to obligate the funds.

21 (21) In May 2002, the President sent a three-  
22 person delegation to investigate UNFPA programs  
23 in China and allegations that the agency was in-  
24 volved in coercive abortion practices.

1           (22) This independent delegation concluded  
2 that such allegations were untrue.

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

12           (24) Regrettably, the Administration overruled  
13 the recommendation of its own delegation and in-  
14 voked an overly broad interpretation of the law in  
15 order to eliminate funding for UNFPA.

16 **SEC. 3. UNITED STATES VOLUNTARY CONTRIBUTION TO**  
17 **THE UNITED NATIONS POPULATION FUND.**

18           Notwithstanding any other provision of law, in addi-  
19 tion to amounts otherwise available to carry out the pur-  
20 poses of chapter 3 of part 1 of the Foreign Assistance  
21 Act of 1961, there are authorized to be appropriated  
22 \$34,000,000 for fiscal year 2008 and each subsequent fis-  
23 cal year to be available only for United States voluntary  
24 contributions to the United Nations Population Fund



- 1 (UNFPA) only for prevention, treatment, and repair of
- 2 obstetric fistula.

