

113TH CONGRESS
2D SESSION

H. R. 4997

To provide assistance to sub-Saharan Africa to combat obstetric fistula.

IN THE HOUSE OF REPRESENTATIVES

JUNE 26, 2014

Ms. DELAURO (for herself, Ms. MCCOLLUM, and Ms. LEE of California) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To provide assistance to sub-Saharan Africa to combat
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 AND TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “United States Leadership to Eradicate Obstetric Fistula
6 Act of 2014”.

7 (b) TABLE OF CONTENTS.—The table of contents for
8 this Act is as follows:

Sec. 1. Short title and table of contents.

Sec. 2. Findings.

Sec. 3. Definitions.

Sec. 4. Comprehensive, integrated, 10-year strategy to combat obstetric fistula
in sub-Saharan Africa.

Sec. 5. Prevention, treatment, and monitoring of obstetric fistula in sub-Saharan African countries.

Sec. 6. United States Advisory Committee for the Eradication of Obstetric Fistula.

Sec. 7. Report.

Sec. 8. Authorization of appropriations.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Obstetric fistula is a catastrophic childbirth
4 injury which arises as a complication of obstructed
5 labor.

6 (2) An estimated 2 to 3 million women cur-
7 rently are afflicted by the devastating physical and
8 social effects of obstetric fistula—a scourge of epi-
9 demic proportions. As many as 130,000 new cases
10 occur each year.

11 (3) Historically, obstetric fistula affected
12 women in the United States and around the world.
13 Advances in obstetric care and access to improved
14 surgical techniques resulted in a drastic reduction in
15 obstetric fistula by the early 20th century in the
16 United States.

17 (4) Today, obstetric fistula primarily affects the
18 poorest women in the poorest parts of the world. It
19 disproportionately affects women in sub-Saharan Af-
20 rica and girls—some as young as 13 years old—who
21 are subjected to child marriage and whose bodies are
22 not fully capable of handling the demands of child-

1 birth. Many of these young girls and women have
2 been subjected to female genital mutilation, which
3 can increase the risk for and be a direct cause of ob-
4 stetric fistula.

5 (5) Obstetric fistula, which usually results in
6 fetal death by asphyxia, occurs when the tissues that
7 normally separate a woman's vagina from her blad-
8 der or rectum are destroyed by prolonged pressure
9 from the fetal head trapped in the birth canal.

10 (6) Obstetric fistula typically occurs because a
11 woman does not have access to emergency obstetric
12 care or because she does not have the financial
13 means, transportation, or access to surgical repair.

14 (7) Left untreated, an obstetric fistula afflicts
15 a woman with devastating physical conditions: incon-
16 tinence, painful ulcers, and constant and uncontrol-
17 lable emission of offensive odors. These symptoms
18 leave a woman indelibly and perpetually stigmatized
19 by her condition.

20 (8) Because obstetric fistula does not heal on
21 its own, women affected by this condition are
22 marginalized for the remainder of their lives. Ex-
23 pelled from their communities and denied education
24 and health care, obstetric fistula victims are left in
25 desperate economic circumstances.

1 (9) Victims also suffer social ostracism that re-
2 sults in involuntary divorce, exclusion from religious
3 activities, deepening poverty, malnutrition, deterio-
4 rating physical health, depression, and despair. As a
5 result, victims are left defenseless and vulnerable.

6 (10) This social isolation compounds already ex-
7 isting problems such as illiteracy and lack of eco-
8 nomic opportunities.

9 (11) Because obstetric fistula are not them-
10 selves fatal, millions of women live with this horrific
11 condition and have been overlooked by the inter-
12 national medical community. At present, humani-
13 tarian aid and nongovernmental programs treat fis-
14 tula cases on a small scale and are not equipped to
15 systematically prevent, treat, and eradicate obstetric
16 fistula.

17 (12) Obstetric fistula can be prevented when
18 women and their families are educated about the
19 birthing process and are provided access to emer-
20 gency obstetric care.

21 (13) Today, doctors can surgically repair ob-
22 stetric fistula with a low-cost, low-technology sur-
23 gery.

24 (14) The impact of an obstetric fistula-repair
25 surgery is immediate and consequential. Women can

1 be re-integrated into society and are afforded basic
2 human necessities such as familial relationships,
3 health care, and the opportunity to earn a living.

4 (15) The prevention, treatment, and ultimately
5 the eradication of obstetric fistula will advance the
6 emancipation and empowerment of women, strength-
7 en families and communities, and improve the over-
8 all economic, educational, and social well-being of af-
9 fected societies.

10 (16) Basic interventions to identify and repair
11 obstetric fistula have achieved meaningful and cost-
12 effective results.

13 (17) The best available data suggests that ex-
14 isting programs can only repair 10 percent of new
15 obstetric fistula cases each year, and less than 1
16 percent of existing obstetric fistula cases are re-
17 paired each year.

18 (18) The challenge is to expand existing pilot
19 programs into a scalable, comprehensive, and sus-
20 tainable campaign to eradicate obstetric fistula.

21 (19) Nongovernmental organizations with expe-
22 rience in obstetric care, surgery, and women's rights
23 have proven effective in making progress towards
24 eliminating the scourge of obstetric fistula and can
25 be a resource in assisting indigenous organizations

1 in severely afflicted countries in their efforts to treat
2 and care for women with obstetric fistula.

3 (20) The nature of obstetric fistula—and the
4 fact that it affects vulnerable women in poor and
5 isolated communities which offer little or no access
6 to obstetric care—demands a comprehensive, coordi-
7 nated, long-term, international response focused on
8 the prevention and treatment of obstetric fistula, in-
9 cluding—

10 (A) safe-childbirth education and obstetric
11 fistula prevention, care, and treatment; post-op-
12 erative care, including rehabilitation, social re-
13 integration, and post-surgical follow-up; basic
14 and applied research and clinical work; and
15 training of health care workers and educators,
16 particularly local, grassroots educators and
17 medical workers;

18 (B) designation of a university-based med-
19 ical center in the United States, designated as
20 the International Obstetric Fistula Institute for
21 Sub-Saharan Africa established under section
22 5(d), responsible for marshaling surgical and
23 other necessary health resources to effectuate
24 the campaign against obstetric fistula; for
25 building prevention and treatment capacity in

1 sub-Saharan Africa, including coordinating
2 partnerships with sub-Saharan African institu-
3 tions and governments; and for developing and
4 managing community education and mobiliza-
5 tion programs at home and abroad;

6 (C) development of health care infrastruc-
7 ture and delivery systems through Centers of
8 Clinical Excellence for Obstetric Fistula Care
9 for Sub-Saharan Africa as well as through co-
10 operative and coordinated public efforts and
11 public-private partnerships;

12 (D) strengthening universities, research
13 centers, and training programs for health pro-
14 fessionals through institutional capacity-build-
15 ing partnerships;

16 (E) development and implementation of a
17 United States Obstetric Fistula Treatment and
18 Prevention Corps which recruits and trains doc-
19 tors—especially obstetricians, gynecologists,
20 urologists, general surgeons, and anesthesiol-
21 ogists—nurses, and other community-develop-
22 ment and public-health personnel to serve re-
23 gions affected by obstetric fistula and which
24 partners United States medical professionals
25 with sub-Saharan African professionals, pro-

1 moting a joint effort to eradicate this dev-
2 astating condition;

3 (F) coordination of efforts to make the
4 treatment of obstetric fistula a higher priority
5 in sub-Saharan African hospitals, specifically
6 aimed at ameliorating the paucity of training
7 related to obstetric fistula treatment; and

8 (G) coordination of efforts between the
9 medical community, nongovernmental organiza-
10 tions, national governments, and private sector
11 organizations, including faith-based organiza-
12 tions.

13 (21) The United States has the capacity to lead
14 and enhance the effectiveness of the international
15 community's response by—

16 (A) providing substantial resources, med-
17 ical expertise, and training, particularly of
18 health care personnel and community workers
19 and leaders;

20 (B) making United States surgeons and
21 health care professionals available to serve,
22 train, and build workforce capacity in afflicted
23 countries through a United States Obstetric
24 Fistula Treatment and Prevention Corps;

1 (C) encouraging governments and faith-
2 based and community organizations to adopt
3 policies that treat obstetric fistula and its
4 causes as a multi-sector, public-health problem
5 that profoundly affects women's health, wom-
6 en's empowerment, education, the economy, and
7 promotion of strong and successful families;

8 (D) encouraging education about healthy
9 practices, including education about the health
10 risks associated with child marriage and female
11 genital mutilation;

12 (E) building successful communities by
13 preventing obstetric fistula and the ensuing so-
14 cial stigma which often separates an obstetric
15 fistula victim from her family;

16 (F) contributing to public health and
17 health-care delivery system research to improve
18 obstetric fistula prevention, treatment, and re-
19 integration;

20 (G) encouraging active involvement and co-
21 operation across sectors, including the medical
22 and scientific communities, charitable founda-
23 tions, private and voluntary organizations and
24 nongovernmental organizations, faith-based or-

1 ganizations, community-based organizations,
2 and other not-for-profit entities; and

3 (H) engaging in medical diplomacy, with a
4 particular focus on the further empowerment
5 and emancipation of women.

6 (22) Unaddressed obstetric emergencies and
7 untreated obstetric fistula result in the needless, sys-
8 tematic degradation and marginalization of women.
9 It should be the policy of the United States to help
10 eradicate this preventable and curable condition.

11 (23) Strong coordination must exist among the
12 implementing agencies of the United States to en-
13 sure effective and efficient use of financial, medical,
14 and technical resources within the United States
15 Government with respect to international obstetric
16 fistula eradication.

17 (24) Obstetric fistula is a medical condition
18 which historically affected women around the globe.
19 The United States long ago eliminated this need-
20 lessly oppressive condition because of access to
21 skilled medical professionals and medical care. Ob-
22 stetric fistula can be prevented and repaired. No
23 woman should suffer a lifetime of debilitating phys-
24 ical and social consequences—as obstetric fistula vic-

1 tims do—simply because she lacks access to basic
2 obstetric care.

3 **SEC. 3. DEFINITIONS.**

4 In this Act:

5 (1) **ADVISORY COMMITTEE.**—The term “Advi-
6 sory Committee” means the United States Advisory
7 Committee for the Eradication of Obstetric Fistula
8 established under section 6.

9 (2) **CLINICAL CENTER OF EXCELLENCE.**—The
10 term “Center of Clinical Excellence” means a Center
11 of Clinical Excellence for Obstetric Fistula Care in
12 sub-Saharan Africa established under section
13 5(d)(5).

14 (3) **CORPS.**—The term “Corps” means the
15 United States Obstetric Fistula Treatment and Pre-
16 vention Corps established under section 5(d)(6).

17 (4) **INSTITUTE.**—The term “Institute” means
18 the International Obstetric Fistula Institute for Sub-
19 Saharan Africa established under section 5(d)(1).

20 (5) **RELEVANT EXECUTIVE BRANCH AGEN-**
21 **CIES.**—The term “relevant executive branch agen-
22 cies” means the Department of State, the United
23 States Agency for International Development, and
24 any other department or agency of the United States
25 that participates in international health and humani-

1 tarian activities pursuant to the authorities of such
2 department or agency or the Foreign Assistance Act
3 of 1961.

4 (6) SECRETARY.—The term “Secretary” means
5 the Secretary of State.

6 (7) SUB-SAHARAN AFRICA.—The terms “sub-
7 Saharan Africa”, “sub-Saharan African”, and “sub-
8 Saharan African country” shall have the meanings
9 given to such terms for purposes of this Act by the
10 Secretary.

11 **SEC. 4. COMPREHENSIVE, INTEGRATED, 10-YEAR STRATEGY**
12 **TO COMBAT OBSTETRIC FISTULA IN SUB-SA-**
13 **HARAN AFRICA.**

14 (a) IN GENERAL.—The President, acting through the
15 Administrator of the United States Agency for Inter-
16 national Development, shall establish a comprehensive, in-
17 tegrated, 10-year strategy to combat obstetric fistula in
18 sub-Saharan Africa that strengthens the capacity of the
19 United States to be an effective leader in the movement
20 for international women’s health and empowerment.

21 (b) ELEMENTS.—Such strategy shall maintain suffi-
22 cient flexibility and remain responsive to the needs of
23 women afflicted with obstetric fistula or who stand at risk
24 of suffering from obstetric fistula and shall include the
25 following:

1 (1) A plan for implementation and coordination
2 of programs and activities under this Act, including
3 grants and contracts for prevention, treatment, and
4 monitoring of obstetric fistula under section 5.

5 (2) Specific objectives, multi-sector approaches,
6 and specific strategies to treat women who suffer
7 from obstetric fistula and to prevent further occur-
8 rences of obstetric fistula.

9 (3) Assignment of priorities for relevant execu-
10 tive branch agencies.

11 (4) Public health and health care delivery sys-
12 tem research on the prevention, repair, and rehabili-
13 tation of obstetric fistula.

14 (5) Development, implementation, and evalua-
15 tion of evidence-based systems of care connecting
16 maternity and obstetric fistula care facilities with
17 local care delivery and community education pro-
18 grams. Such systems of care should promote rapid
19 and long-term prevention of obstetric fistula, includ-
20 ing—

21 (A) referral to prenatal care to identify
22 and mitigate risk factors for obstetric fistula;

23 (B) culturally appropriate childbirth edu-
24 cation, preparation, and planning;

25 (C) access to skilled obstetric care; and

1 (D) promoting prompt detection of pro-
2 longed labor and appropriate action to address
3 it.

4 (6) Provision that the reduction of health and
5 social risks which increase the likelihood of obstetric
6 fistula shall be a priority of all prevention efforts in
7 terms of funding, educational messages, and activi-
8 ties promoting a decrease in child marriage and the
9 adolescent pregnancy rate, prompt detection of pro-
10 longed labor, and immediate intervention in cases of
11 obstructed labor through improved access to emer-
12 gency obstetric services provided by partner hos-
13 pitals.

14 (7) Improvement of coordination and reduce
15 duplication among relevant executive branch agen-
16 cies, foreign governments, and international organi-
17 zations.

18 (8) Projection of general levels of resources
19 needed to achieve the stated objectives.

20 (9) Expansion of public-private partnerships
21 and the leveraging of resources.

22 (10) Maximization of United States capabilities
23 in the areas of medical training and research and
24 application of those capabilities in sub-Saharan Afri-
25 ca. Such efforts may include the provision of grants

1 by relevant executive branch agencies for institu-
2 tional capacity-building partnerships between United
3 States and foreign institutions, as well as between
4 in-country institutions, for the purpose of mobilizing
5 in-country capacity, resources, and expertise to pre-
6 vent and repair cases of obstetric fistula.

7 (11) Priorities for the distribution of resources
8 based on factors such as the size and demographics
9 of the population suffering from obstetric fistula, the
10 needs of that population, and the existing infrastruc-
11 ture or funding levels that may exist to treat and
12 prevent obstetric fistula.

13 (12) A long-term commitment to the eradi-
14 cation of obstetric fistula by expanding health sys-
15 tem capacity and training opportunities for doctors
16 and other health service providers in sub-Saharan
17 Africa.

18 (13) A plan to maximize United States efforts
19 in workforce training, capacity-building, and reten-
20 tion relating to obstetric fistula prevention, treat-
21 ment, rehabilitation, and research. Such plan shall
22 be coordinated with existing United States and in-
23 country workforce capacity-building plans and ef-
24 forts. Such plan may include training of foreign

1 health workers at United States institutions and
2 “train-the-trainer” programs.

3 (14) A plan for institutional capacity-building
4 partnerships to strengthen universities, research cen-
5 ters, health-profession training programs, and gov-
6 ernment institutes to build the in-country capacity
7 needed to eradicate obstetric fistula.

8 (c) REPORT.—Not later than 1 year after the date
9 of the enactment of this Act, the President shall submit
10 to Congress a report that contains the strategy required
11 under this section.

12 **SEC. 5. PREVENTION, TREATMENT, AND MONITORING OF**
13 **OBSTETRIC FISTULA IN SUB-SAHARAN AFRI-**
14 **CAN COUNTRIES.**

15 (a) IN GENERAL.—The President, acting through the
16 Administrator of the United States Agency for Inter-
17 national Development, is authorized to provide grants to
18 or enter into contracts with an eligible entity described
19 in subsection (b) to carry out activities to prevent, treat,
20 and monitor obstetric fistula in sub-Saharan African coun-
21 tries in accordance with this section.

22 (b) ELIGIBLE ENTITY DESCRIBED.—In this section,
23 the term “eligible entity” means a major, university-based
24 medical center in the United States.

25 (c) APPLICATION AND SELECTION.—

1 (1) APPLICATION.—The President shall provide
2 for eligible entities to submit applications to the
3 President for grants or contracts under this section
4 in such form and manner as the President may re-
5 quire to carry out the purposes of this section.

6 (2) SELECTION.—

7 (A) IN GENERAL.—From among the appli-
8 cations submitted under paragraph (1), the
9 President shall select an eligible entity to re-
10 ceive grants or contracts under this section pur-
11 suant to a competitive selection process.

12 (B) CRITERIA.—The competitive selection
13 process referred to in subparagraph (A) shall be
14 based upon selection criteria, which shall in-
15 clude—

16 (i) the breadth and depth of medical
17 faculty, particularly with experience in ob-
18 stetrics and reconstructive pelvic surgery;

19 (ii) breadth and depth of public health
20 and international health faculty;

21 (iii) experience in and capacity to con-
22 duct training of the global health work-
23 force and to strengthen capacity-building
24 and health systems;

1 (iv) experience in building institu-
2 tional capacity in sub-Saharan Africa, in-
3 cluding through institutional partnerships;

4 (v) willingness to supplement amounts
5 received under grants or contracts under
6 subsection (a) by engaging in community
7 partnerships; and

8 (vi) whether the applicant, for pur-
9 poses of this Act, has entered into a coop-
10 erative agreement with one or more major,
11 university-based medical centers in sub-Sa-
12 haran Africa.

13 (d) USE OF FUNDS.—

14 (1) INTERNATIONAL OBSTETRIC FISTULA INSTI-
15 TUTE FOR SUB-SAHARAN AFRICA.—Amounts re-
16 ceived under grants or contracts under subsection
17 (a) shall be used to establish and operate at the eli-
18 gible entity's medical center in the United States an
19 institute to carry out paragraphs (2) through (7), to
20 be known as the International Obstetric Fistula In-
21 stitute for Sub-Saharan Africa. The purpose of the
22 Institute shall be to prevent, treat, and monitor ob-
23 stetric fistula in sub-Saharan African countries.

24 (2) ADMINISTRATION AND TRAINING.—The In-
25 stitute shall—

1 (A) serve as the primary administrative
2 and medical-training hub for the campaign to
3 prevent, treat, and monitor obstetric fistula in
4 sub-Saharan African countries;

5 (B) ensure the campaign described in sub-
6 paragraph (A) is carried out on both a scientific
7 and humanitarian basis;

8 (C) initiate and oversee the training and
9 clinical activities of physicians, other health
10 professionals, and educators serving at Centers
11 of Clinical Excellence; and

12 (D) ensure a progressive increase in health
13 system and workforce capacity to prevent, treat,
14 and monitor obstetric fistula in each country in
15 which a Center of Clinical Excellence is located.

16 (3) ENFORCE CLINICAL STANDARDS AND AC-
17 COUNTABILITY.—The Institute shall—

18 (A) promote the utilization of standard
19 clinical protocols, facilitate data collection, co-
20 ordinate research efforts, and oversee and par-
21 ticipate in multi-center randomized surgical
22 trials; and

23 (B) enforce the highest standards of clin-
24 ical practice and ethical behavior as described

1 in the published code of medical ethics for ob-
2 stetric fistula surgeons.

3 (4) DEVELOP EVIDENCE-BASED PROGRAMS FOR
4 PREVENTION AND ACCESS TO EMERGENCY OBSTET-
5 RIC CARE.—The Institute shall—

6 (A) develop and implement comprehensive
7 and culturally appropriate protocols to prevent
8 the formation of obstetric fistula, including the
9 development and implementation of evidence-
10 based systems of care, which identify, track,
11 and evaluate obstetric fistula prevention pro-
12 grams;

13 (B) develop and implement prevention pro-
14 grams that—

15 (i) teach women and family members,
16 in a culturally appropriate manner, how to
17 identify prolonged labor;

18 (ii) inform women and family mem-
19 bers of the risks of not seeking appropriate
20 medical care;

21 (iii) refer women and family members
22 to prenatal, perinatal, and postnatal care;

23 (iv) teach women and family members
24 how to mobilize community resources to

1 assist in seeking emergency obstetric care;
2 and

3 (v) teach women and family members
4 to identify symptoms of obstetric fistula
5 and refer women to treatment;

6 (C) assist Centers of Clinical Excellence in
7 developing localized programs for childbirth
8 education, preparation and planning, prolonged-
9 labor detection, labor monitoring, and transpor-
10 tation from villages to local hospitals for obstet-
11 ric care and to Centers of Clinical Excellence
12 for obstetric fistula care, accounting for factors
13 such as transportation, geography, and
14 scalability of such solutions; and

15 (D) seek to partner with United States
16 medical personnel and volunteers to train and
17 employ local men and women as community-
18 based labor monitors who can educate and as-
19 sist other women at risk of suffering from ob-
20 stetric fistula, thereby empowering an entire
21 sector of women in sub-Saharan Africa with in-
22 formation and employment.

23 (5) CENTERS OF CLINICAL EXCELLENCE FOR
24 OBSTETRIC FISTULA CARE IN SUB-SAHARAN AFRI-
25 CA.—

1 (A) IN GENERAL.—The Institute, in co-
2 operation with each medical center in sub-Saha-
3 ran African described in subsection (b), shall
4 establish not less than 8 centers in sub-Saharan
5 Africa to treat and prevent obstetric fistula in
6 countries and areas in which obstetric fistula is
7 widespread, as determined by the Institute in
8 consultation with the Advisory Committee. Such
9 centers shall be known as Centers of Clinical
10 Excellence for Obstetric Fistula Care in sub-Sa-
11 haran Africa.

12 (B) GENERAL DUTIES.—Each Center of
13 Clinical Excellence shall establish programs to
14 treat and prevent obstetric fistula at hospitals
15 and to expand the networks of such hospitals.
16 the Centers of Excellence shall be co-located or
17 located within reasonable proximity to hospitals
18 capable of providing emergency and routine ob-
19 stetric care, in order to fulfill its duties and to
20 ensure hospitals meet emergency obstetric
21 needs.

22 (C) SPECIFIC DUTIES.—Each Center of
23 Clinical Excellence shall function as localized
24 epicenters of training and clinical excellence for
25 obstetric fistula care, and shall—

1 (i) be a major locus of medical and
2 surgical care for obstetric fistula patients;

3 (ii) be centers for the training of ob-
4 stetric fistula surgeons, nurses, and other
5 medical personnel;

6 (iii) coordinate and implement com-
7 munity outreach and prevention programs;

8 (iv) partner with the national ministry
9 of health or equivalent government body
10 and medical educators in the country in
11 which the Center of Clinical Excellence is
12 located to develop country-specific training
13 programs for surgeons and other health
14 care personnel involved in obstetric fistula
15 care;

16 (v) be a vehicle for expanding access
17 to emergency obstetric services in affiliated
18 communities;

19 (vi) establish a consulting and referral
20 relationship with a hospital in its geo-
21 graphic vicinity, assist the hospital by com-
22 pleting an initial, comprehensive assess-
23 ment of what resources the hospital would
24 need to improve delivery of emergency ob-
25 stetric services, and based on the needs as-

1 sessments and subject to the approval of
 2 the Institute approve funding for each hos-
 3 pital to undergo appropriate physical ren-
 4 ovation and reimburse the hospital for
 5 emergency obstetric care and cesarean de-
 6 liveries; and

7 (vii) coordinate a system of village
 8 “labor monitors” to help prevent obstetric
 9 fistula by identifying pregnant women in
 10 their communities, monitoring their labors,
 11 and activating an organized emergency-
 12 transport system to move high-risk women
 13 to local hospitals with adequate obstetric
 14 care.

15 (6) UNITED STATES OBSTETRIC FISTULA
 16 TREATMENT AND PREVENTION CORPS.—

17 (A) IN GENERAL.—The Institute, in co-
 18 operation with each medical center in sub-Saha-
 19 ran African described in subsection (b), shall
 20 establish and operate a United States Obstetric
 21 Fistula Treatment and Prevention Corps.

22 (B) DUTIES.—The Corps shall—

23 (i) provide volunteer medical services
 24 at Centers of Clinical Excellence and train
 25 local surgeons and other health profes-

1 sionals in techniques of obstetric fistula re-
2 pair and in other aspects of the care of
3 women with obstetric fistula;

4 (ii) seek to establish an enabling envi-
5 ronment in which patient care can be pro-
6 vided effectively, consistently, humanely,
7 and ethically to women with obstetric fis-
8 tula; and

9 (iii) develop evidence-based systems of
10 care for the prevention of obstetric fistula.

11 (C) MEMBERSHIP.—The Corps shall con-
12 sist of—

13 (i) graduates of United States or Afri-
14 can residency programs in such fields as
15 obstetrics and gynecology, general surgery,
16 urology, and anesthesiology; and

17 (ii) other doctors, nurses, community-
18 health professionals, public-health profes-
19 sionals, and other expert personnel as
20 needed to further the duties of the Insti-
21 tute to prevent, treat, and monitor obstet-
22 ric fistula in sub-Saharan African coun-
23 tries.

1 (D) DURATION OF SERVICE.—Members of
2 the Corps shall commit to a duration of service
3 of not less than 28 months.

4 (E) COMPENSATION, OTHER BENEFITS.—
5 The Institute may provide compensation, other
6 employment benefits, and loan guarantees to in-
7 dividuals who agree to serve as members of the
8 Corps.

9 (F) ALUMNI CORPS.—The Institute is au-
10 thorized to establish an Alumni Corps, com-
11 prised of former members of the Corps who
12 have completed successfully at least one period
13 of service described in subparagraph (D) in
14 order to augment medical personnel at Centers
15 for Clinical Excellence.

16 (7) ANNUAL REPORT.—The Institute shall sub-
17 mit to Congress and make available to the public an
18 annual report on the implementation of this sub-
19 section, including a description of—

20 (A) the recruitment for and implementa-
21 tion of the Corps; and

22 (B) the activities of each Center of Clinical
23 Excellence, including—

24 (i) the number of women served at the
25 Center;

- 1 (ii) the success rate of obstetric fis-
2 tula-repair surgeries, prevention efforts,
3 and other programs used by the Center
4 and surrounding communities; and
5 (iii) other delivery system and quality
6 measures as appropriate.

7 (e) PERSONNEL.—The Institute shall be adminis-
8 tered by qualified, essential personnel including—

9 (1) a director, who reports directly to the head
10 of the medical center in the United States referred
11 to in subsection (b);

12 (2) expert leadership to oversee key aspects of
13 the duties of the Institute, including—

14 (A) medical and surgical activities;

15 (B) prevention, education, and outreach;

16 (C) partnerships and capacity building;

17 (D) emergency obstetric services; and

18 (E) program management;

19 (3) professional and administrative staff re-
20 sponsible for administration, coordination, and cam-
21 paign performance;

22 (4) dedicated, full-time, experienced surgeons
23 responsible for the medical supervision and training
24 of United States and sub-Saharan African surgeons
25 assigned to Centers of Clinical Excellence, and for

1 medical research, data collection, and successful im-
2 plementation of medical programs in sub-Saharan
3 Africa;

4 (5) full-time prevention, education, and out-
5 reach coordinators, responsible for the Institute's
6 outreach, education, prevention, and social reintegra-
7 tion programs as well as for the supervision and
8 training of outreach and education staff assigned to
9 the Centers of Clinical Excellence;

10 (6) an advisory panel for surgical outcomes and
11 quality comprised of no fewer than 15 senior prac-
12 ticing surgeons from the United States and other
13 countries—

14 (A) to ensure a high, uniform level of sur-
15 gical care;

16 (B) to engage in clinical practice with Cen-
17 ters of Clinical Excellence for Sub-Saharan Af-
18 rica to share their surgical experience and to
19 provide clinical oversight; and

20 (C) to liaise with Centers of Clinical Excel-
21 lence for Sub-Saharan Africa and the Institute
22 to ensure the Centers of Clinical Excellence are
23 accountable for providing a consistent and high
24 level of surgical care; and

1 (7) an internal oversight and steering com-
2 mittee comprised of individuals who are medical pro-
3 fessionals, public health professionals, international
4 social welfare advisors, economists specializing in
5 international development, or professors of law or
6 political science.

7 (f) **ADDITIONAL PERSONNEL.**—The Institute may
8 appoint and fix the pay of additional personnel as the In-
9 stitute considers appropriate.

10 **SEC. 6. UNITED STATES ADVISORY COMMITTEE FOR THE**
11 **ERADICATION OF OBSTETRIC FISTULA.**

12 (a) **ESTABLISHMENT.**—There is established an advi-
13 sory committee to be known as the United States Advisory
14 Committee for the Eradication of Obstetric Fistula.

15 (b) **MEMBERSHIP.**—

16 (1) **SELECTION; QUALIFICATIONS.**—The Advi-
17 sory Committee shall be composed of 14 members
18 selected by the Secretary (through a competitive
19 process) from among individuals who are distin-
20 guished scholars, clinicians, scientists, advocates,
21 and philanthropists and who, collectively—

22 (A) have knowledge and experience in
23 health care and global health policy, including
24 international health, obstetrics, women’s em-

1 powerment, human rights, and international
2 law; and

3 (B) have direct experience abroad espe-
4 cially in sub-Saharan Africa.

5 (2) SELECTION.—The Advisory Committee
6 shall be composed of 14 members selected by the
7 Secretary through a competitive process.

8 (3) DISQUALIFICATION.—An individual shall
9 not be appointed as a member of the Advisory Com-
10 mittee if such individual possesses any personal or
11 financial interest in the discharge of any duties of
12 the Advisory Committee.

13 (4) TERMS.—The term of office of each mem-
14 ber of the Advisory Committee shall be 5 years.
15 Members of the Advisory Committee shall be eligible
16 for reappointment for up to 2 terms.

17 (c) MEETINGS.—

18 (1) INITIAL MEETING.—The Advisory Com-
19 mittee shall hold its initial meeting on the date that
20 is no later than 120 days after the date of the enact-
21 ment of this Act.

22 (2) MEETINGS.—The Advisory Committee shall
23 meet at the call of the Chairman or a majority of
24 its members. The Advisory Committee shall meet no
25 less than twice per calendar year.

1 (3) QUORUM.—Six members of the Advisory
2 Committee shall constitute a quorum for purposes of
3 conducting business, except that 2 members of the
4 Advisory Committee shall constitute a quorum for
5 purposes of receiving testimony.

6 (4) VACANCIES.—Any vacancy of the Advisory
7 Committee shall not affect its powers, but shall be
8 filled promptly in the manner in which the original
9 appointment was made.

10 (d) ADMINISTRATION.—

11 (1) TRAVEL EXPENSES.—Members of the Advi-
12 sory Committee shall be allowed travel expenses, in-
13 cluding per diem in lieu of subsistence, at rates au-
14 thorized for employees of agencies under subchapter
15 I of chapter 57 of title 5, United States Code, while
16 away from their homes or regular places of business
17 in performance of services for the Advisory Com-
18 mittee.

19 (2) ADMINISTRATIVE SUPPORT.—The Secretary
20 shall assist the Advisory Committee by providing to
21 the Advisory Committee such staff and administra-
22 tive services as may be necessary and appropriate
23 for the Advisory Committee to perform its functions.
24 Upon request of the Advisory Committee, the head
25 of any Federal department or agency may detail any

1 of the personnel of that department or agency to the
2 Advisory Committee without reimbursement to the
3 department or agency of that employee and such de-
4 tail shall be without interruption or loss of civil serv-
5 ice status or privilege.

6 (3) EXPERTS AND CONSULTANTS.—The Advi-
7 sory Committee may procure temporary and inter-
8 mittent services under section 3109(b) of title 5,
9 United States Code.

10 (4) OTHER RESOURCES.—The Advisory Com-
11 mittee shall have reasonable access to materials, re-
12 sources, statistical data, and other information the
13 Advisory Committee determines to be necessary to
14 carry out its duties from the Library of Congress,
15 the Department of State, the National Library of
16 Medicine, and other departments and agencies of the
17 executive and legislative branches of the Federal
18 Government. The Chairman of the Advisory Com-
19 mittee shall make requests for such access in writing
20 when necessary.

21 (5) OBTAINING OFFICIAL DATA.—The Advisory
22 Committee may secure directly from any department
23 or agency of the United States information nec-
24 essary to enable it to carry out this section. Upon
25 the request of the Chairman of the Advisory Com-

1 mittee, the head of that department or agency shall
2 furnish that information to the Advisory Committee.

3 (e) DUTIES.—The primary duties of the Advisory
4 Committee shall include—

5 (1) advising the Institute on an ongoing basis
6 in carrying out the duties of the Institute;

7 (2) evaluating programs and activities to eradi-
8 cate obstetric fistula and making recommendations
9 regarding the programs of the Institute;

10 (3) advising the Department of State and the
11 United States Agency for International Development
12 on an ongoing basis in carrying out programs and
13 activities to eradicate obstetric fistula;

14 (4) monitoring funds available for programs
15 and activities to eradicate obstetric fistula to ensure
16 such funds are used efficiently and are accounted for
17 properly, including through the conduct of periodic
18 audits; and

19 (5) advising the Administrator of the United
20 States Agency for International Development in an
21 annual written report of the Institute's performance
22 and success in carrying out its duties.

23 (f) ACTIONS AGAINST GOVERNMENTS FAILING TO
24 MEET MINIMUM STANDARDS.—

1 (1) BY ADVISORY COMMITTEE.—The Advisory
2 Committee—

3 (A) shall advise the Administrator of the
4 United States Agency for International Development,
5 based on information provided to the
6 Advisory Committee by the Institute or based
7 on independent sources of information, of each
8 county that by reason of corruption, indifference,
9 or ineffectiveness, significantly impedes
10 the Institute’s ability to provide services to victims
11 of obstetric fistula and women who are
12 vulnerable to obstetric fistula; and

13 (B) may request the Administrator to recommend
14 suspension of the provision of United
15 States nonhumanitarian, nontrade-related foreign
16 assistance to each country described in
17 subparagraph (A).

18 (2) BY USAID.—Based on the advice of the Advisory
19 Committee under paragraph (1), the Administrator
20 may accept the advice and, in consultation
21 with the Secretary, recommend to the President the
22 suspension of United States nonhumanitarian,
23 nontrade-related foreign assistance to a county described
24 in paragraph (1)(A).

1 **SEC. 7. REPORT.**

2 The President, acting through the Administrator of
3 the United States Agency for International Development,
4 shall submit to Congress on an annual basis a report on
5 the implementation of this Act for the preceding year, in-
6 cluding an evaluation of the effectiveness and performance
7 of the Institute, the Centers of Clinical Excellence, the
8 Corps, and all related community outreach and medical
9 programs.

10 **SEC. 8. AUTHORIZATION OF APPROPRIATIONS.**

11 (a) IN GENERAL.—There are authorized to be appro-
12 priated to the President to carry out this Act—

13 (1) \$10,000,000 for fiscal year 2015; and

14 (2) \$180,000,000 for the period of fiscal years
15 2016 through 2024.

16 (b) AVAILABILITY.—Amounts appropriated pursuant
17 to the authorization of appropriations under subsection (a)
18 are authorized to remain available until expended.

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