

108TH CONGRESS
2D SESSION

H. R. 3810

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

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 11, 2004

Mrs. MALONEY (for herself, Mr. TOWNS, Mr. CROWLEY, Mr. JACKSON of Illinois, Mrs. CHRISTENSEN, Mrs. JONES of Ohio, Mr. SCOTT of Georgia, Mr. STARK, Mr. KENNEDY of Rhode Island, Ms. MCCOLLUM, Mr. ISRAEL, Mr. WAXMAN, Mr. DOGGETT, Mr. NADLER, Mr. EVANS, Mr. GRIJALVA, Mr. LANTOS, Ms. NORTON, Ms. JACKSON-LEE of Texas, Ms. SCHAKOWSKY, Ms. LEE, Mr. OWENS, Ms. MILLENDER-McDONALD, Mrs. LOWEY, Ms. SLAUGHTER, and Ms. ROYBAL-ALLARD) 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, remedy, 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”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Every minute, 1 woman dies from preg-
4 nancy-related complications. 95 percent of these
5 women live in Africa and Asia.

6 (2) For every woman who dies from pregnancy-
7 related complications, 15 to 30 women survive but
8 experience chronic disabilities. The worst is obstetric
9 fistula which is caused when a woman who needs
10 trained medical assistance for a safe delivery, includ-
11 ing Caesarian section, cannot get it.

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
26 performed, 10 other young women need the treat-

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

6 (5) Obstetric fistula affects women who survive
7 obstructed labor.

8 (6) In nearly every case of obstetric fistula, the
9 baby will be stillborn and the mother will have phys-
10 ical pain as well as social and emotional trauma
11 from the loss of her child.

12 (7) 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.

16 (8) The social consequences for women with ob-
17 stetric fistula include isolation and lack of oppor-
18 tunity, divorce or abandonment, ridicule and shame,
19 inability to start a family, illness, and risk of vio-
20 lence.

21 (9) Although data on obstetric fistula are
22 scarce, the World Health Organization (WHO) esti-
23 mates there are more than 2,000,000 women living
24 with fistula and 50,000 to 100,000 new cases each
25 year.

1 (10) Obstetric fistula was once common
2 throughout the world, but over the last century has
3 been eradicated in Europe, North America, and
4 other developed regions through improved medical
5 care.

6 (11) Obstetric fistula is fully preventable by
7 having a trained medical attendant present during
8 labor and childbirth, delaying early marriage and
9 childbirth, and gaining access to family planning.

10 (12) Obstetric fistula can also be surgically re-
11 paired. Surgery requires a specially trained surgeon
12 and support staff, access to an operating theater
13 and to attentive post-operative care. Success rates
14 for surgical repair of fistula are close to 90 percent
15 and cost between \$100 and \$400.

16 (13) In 2003, the United Nations Population
17 Fund (UNFPA) launched a global campaign to iden-
18 tify and address the incidence of obstetric fistula in
19 Africa and Asia in an effort to develop a means to
20 repair those who are suffering and provide the nec-
21 essary health services to prevent further cases. The
22 campaign currently supports 20 countries in Africa
23 and Asia and provides surgery to women, trains doc-
24 tors and nurses, equips hospitals, and undertakes
25 community outreach to prevent further cases.

1 (14) The United States Government provided a
2 voluntary contribution of \$21,500,000 to UNFPA
3 for fiscal year 2001 and the Administration's budget
4 request for fiscal year 2002 allocated \$25,000,000
5 for UNFPA.

6 (15) The UNFPA is working in 89 countries to
7 reduce maternal death and disability, including ob-
8 stetric fistula, through preventive, curative, and re-
9 habilitative methods.

10 (16) In the winter of 2001, the Secretary of
11 State submitted written testimony to the Committee
12 on Foreign Relations of the Senate expressing sup-
13 port for the invaluable work of the UNFPA and for
14 securing funding for the organization.

15 (17) The United States Government, as part of
16 its efforts to improve the dire health conditions of
17 Afghan women, pledged in October 2001 an addi-
18 tional \$600,000 to the UNFPA to address the re-
19 productive health care needs of Afghan refugees in
20 surrounding nations and of internally displaced per-
21 sons within Afghanistan.

22 (18) Congress demonstrated its strong bipar-
23 tisan support for a voluntary United States con-
24 tribution to the UNFPA of up to \$34,000,000 in the
25 Foreign Operations, Export Financing, and Related

1 Programs Appropriations Act, 2002, which was
2 passed by the House of Representatives on a vote of
3 357 to 66 and by the Senate by unanimous consent
4 and signed into law (Public Law 107–115) by the
5 President on January 10, 2002. However, the Presi-
6 dent decided not to obligate the funds.

7 (19) In May 2002, the President sent a 3-per-
8 son delegation to investigate UNFPA programs in
9 China and allegations that the agency was involved
10 in coercive abortion practices.

11 (20) This independent delegation concluded
12 that such allegations were untrue.

13 (21) On May 29, 2002, the delegation sent a
14 letter to the Secretary of State stating the following:
15 “First Finding: We find no evidence that UNFPA
16 has knowingly supported or participated in the man-
17 agement of a program of coercive abortion or invol-
18 untary sterilization in the PRC. First Recommenda-
19 tion: We therefore recommend that not more than
20 \$34,000,000 which has already been appropriated be
21 released to UNFPA.”.

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

1 **SEC. 3. UNITED STATES VOLUNTARY CONTRIBUTION TO**
2 **THE UNITED NATIONS POPULATION FUND.**

3 Notwithstanding any other provision of law, in addi-
4 tion to amounts otherwise available to carry out the pur-
5 poses of chapter 3 of part 1 of the Foreign Assistance
6 Act of 1961, there are authorized to be appropriated
7 \$34,000,000 for fiscal year 2004 and each subsequent fis-
8 cal year to be available only for United States voluntary
9 contributions to the United Nations Population Fund
10 (UNFPA) only for prevention, remedy, and repair of ob-
11 stetric fistula.

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