

Congress of the United States

Washington, DC 20515

April 14, 2004

President George W. Bush
The White House
Washington, DC 20500

Dear Mr. President,

We have often been at odds over social policy, but your commendable trip to Africa last summer and stated concern for poor women there has sparked an idea that could resolve one of our more difficult points of contention. In the best tradition of compromise, it would change the terms of discussion from perpetual disagreement to a perpetual victory for the women of the world.

The issue concerns the United Nations Population Fund, UNFPA. Though Secretary Powell has praised the work of UNFPA as "invaluable," and your 3-person fact-finding team recommended that the Congressionally appropriated funds should be released to the Agency, you have decided to defund UNFPA and instead, divert its appropriation to the U.S. Agency for International Development (USAID). While we understand the good work USAID does to help many women around the world, they have not made combating the incidence of fistula a priority. On the other hand, UNFPA has launched a global campaign to end fistula which is one of the reasons we have consistently fought for funding for UNFPA. As you may know, fistula afflicts at least 100,000 women every year, most of them in Africa.

The problem of obstetric fistula is too important to allow bureaucratic and political concerns to let it go unanswered.

In an effort to address this horrific condition, we have introduced HR 3810, a bill that authorizes \$34 million to UNFPA *strictly* for the prevention, treatment, and repair of obstetric fistula. We sincerely believe that this is an honest effort to address each of our concerns regarding international family planning and successfully help millions of women around the world. We write to request your support for this initiative which will demonstrate your commitment to Africa's poor and in particular to saving the lives of African women. It would show immediate results in the form of thousands of grateful women whose lives could resume. It would lead to broad world attention to the neglected condition of obstetric fistula and would likely result in similar initiatives from other countries. Finally, it would resolve the contentious issue of UNFPA funding that has repeatedly stalled the passage of urgent State Department initiatives and international aid programs worldwide.

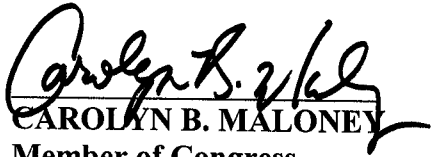
Some two million women worldwide are living in shame and suffering with this devastating condition, which results from obstructed labor during childbirth. In the United States and the rest of the developed world, fistula was once as common as it is now in Africa. Fortunately, Caesarean section changed history in the wealthier countries, effectively eliminating the incidence of obstetric fistula. In poor areas of Africa and elsewhere, however, where health care is scarce and where undernourished and stunted young girls may be required, or are often forced, to marry before their bodies have matured, a pregnant woman (usually a young girl) may be in futile, agonizing labor for days. In nearly every case, the baby dies, and if the woman survives, her birth canal may be damaged, creating an opening between her vagina and her bladder or her rectum, sometimes both. The result is an uncontrollable leakage of urine or feces or both. The woman is constantly wet and unpleasant; she suffers recurrent infections and shame, and is usually abandoned and ostracized by her community. This, in addition to the emotional and psychological trauma of losing her child. No one knows the true extent of this problem, for the women tend to hide, not knowing that help is available-from programs supported by UNFPA.

UNFPA runs programs in Africa and elsewhere specifically to prevent fistula. This is achieved through education and by having a trained medical attendant present during labor and childbirth. Moreover, prevention in the form of a Caesarean section can cost as little as \$60 dollars. UNFPA is also teaching how to repair fistula and how to train doctors in the delicate surgery required to do so. The surgery costs between \$100 - \$400, including a ten-day bed rest, and is successful in repairing 90 percent of cases. Wherever the process is made available, physicians are overwhelmed with demand. The need is urgent for physicians' training, for emergency obstetric care facilities that can perform Caesarean sections, and for fistula repair hospitals and recovery centers.


UNFPA has joined the International Federation of Obstetrics and Gynecology and Columbia University's Averting Maternal Death and Disability programme (AMDD) in a working group to support survivors of fistulas and to prevent further cases through family planning and education. The working group members have each pledged \$750,000 over a three-year period to mobilize the international community for urgent action, and to create a Fistula Fund to support repair, treatment and prevention. A baseline study is underway in eight African nations to determine where support would be most effective. But far more is needed.


We are happy to answer any questions you may have and am eager to discuss this matter further with members of your staff at your earliest convenience. We sincerely believe that by working together on this we could not only resolve a longstanding political headache but achieve great progress in areas that interest us all, as well as helping to save women's lives.

Sincerely,



CAROLYN B. MALONEY
Member of Congress


EDOLPHUS TOWNS
Member of Congress


BARBARA LEE
Member of Congress

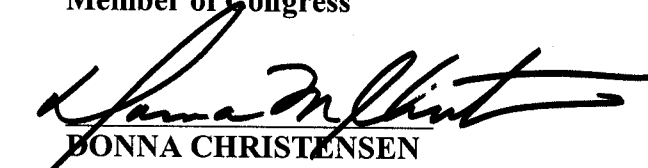

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Member of Congress



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Member of Congress



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Member of Congress


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Member of Congress


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Member of Congress


RAUL M. GRIJALVA
Member of Congress


LOUISE SLAUGHTER
Member of Congress