

115TH CONGRESS
2D SESSION

H. R. 7301

To authorize assistance to train and retain obstetrician-gynecologists and sub-specialists in urogynecology and to help improve the quality of care to meet the health care needs of women in least developed countries, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 13, 2018

Ms. DELAURO (for herself, Ms. NORTON, Mr. GRIJALVA, Ms. JACKSON LEE, Mr. MCGOVERN, Ms. MCCOLLUM, and Ms. LOFGREN) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To authorize assistance to train and retain obstetrician-gynecologists and sub-specialists in urogynecology and to help improve the quality of care to meet the health care needs of women in least developed countries, and for other purposes.

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 “Physician Education
5 for Fistula Treatment Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Historically, obstetric fistulas affected
2 women in the United States and around the world.
3 Advances in obstetric care and access to improved
4 surgical techniques resulted in a drastic reduction in
5 obstetric fistula by the early 20th century in the
6 United States.

7 (2) Each year between 50,000 to 100,000
8 women worldwide are affected by obstetric fistulas,
9 an abnormal opening between a woman's genital
10 tract and her urinary tract or rectum.

11 (3) Women who experience an obstetric fistula
12 suffer constant incontinence, shame, and social seg-
13regation and health problems. It is estimated that 2
14 to 3 million women live with untreated obstetric fis-
15tulas, a scourge of epidemic proportions.

16 (4) A lack of available resources and training
17 programs to develop expertise in comprehensive ad-
18vanced pelvic reconstructive surgery continues to
19pose a challenge for the health care workforce in
20least developed countries.

21 (5) Retention rates of OB-GYNs and sub-spe-
22cialists in urogynecology have seen improvement
23with fellowships, residencies, and programs that pro-
24vide resources and training.

1 (6) Today, obstetric fistula primarily affects the
2 poorest women in the poorest parts of the world. Ob-
3 stetric fistulas typically occur because women do not
4 have timely access to emergency obstetric care dur-
5 ing obstructed labor, and continue to have fistulas
6 due to lack of access to adequate surgical services
7 once they sustain the injury.

8 (7) Left untreated, an obstetric fistula afflicts
9 a woman with devastating physical conditions: incon-
10 tinence, painful ulcers, and constant and uncontrol-
11 lable emission of offensive odors. These symptoms
12 leave a woman indelibly and perpetually stigmatized
13 by her condition.

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

22 (9) Obstetric fistula can be prevented when
23 women and their families are educated about the
24 birthing process and are provided timely access to
25 emergency obstetric care. Basic interventions to

1 identify and repair obstetric fistula have achieved
2 meaningful and cost-effective results. The impact of
3 an obstetric fistula-repair surgery is immediate and
4 women can be reintegrated into society. However,
5 access to prevention, effective midwifery services,
6 and OB–GYN care can significantly decrease child-
7 birth-related injuries.

8 **SEC. 3. INTERNATIONAL OB/GYN AND UROGYNECOLOGY**
9 **PROMOTION PROGRAM.**

10 (a) PURPOSE.—The purpose of assistance under this
11 section is to train and retain obstetrician-gynecologists
12 (OB–GYNs) and sub-specialists in urogynecology and to
13 help improve the quality of care to meet the health care
14 needs of women in least developed countries.

15 (b) AUTHORIZATION.—

16 (1) IN GENERAL.—To carry out the purpose of
17 subsection (a), the President, acting through the Di-
18 rector of the John E. Fogarty International Center
19 for Advanced Study in the Health Sciences, is au-
20 thorized to provide assistance for least developed
21 countries to support the activities described in sub-
22 section (c).

23 (2) REFERENCE.—Assistance authorized under
24 this section may be referred to as the “International
25 OB/GYN and Urogynecology Promotion Program”.

1 (c) ACTIVITIES SUPPORTED.—Activities that may be
2 supported by assistance under subsection (b) include the
3 following:

4 (1) FELLOWSHIP AND RESIDENCY PRO-
5 GRAMS.—Establishment of fellowship and residency
6 programs to be carried out in coordination with in-
7 stitutions of higher education (as such term is de-
8 fined in section 101 of the Higher Education Act of
9 1965 (20 U.S.C. 1001)), institutions of higher learn-
10 ing, midwifery programs, and existing clinical cen-
11 ters in least developed countries—

12 (A) to support existing academic curricula
13 for education training for midwifery students;

14 (B) to develop and help sustain existing
15 specialized curriculum training for medical stu-
16 dents and residents to become knowledgeable
17 and proficient in women’s health care; and

18 (C) to allow medical students, residents,
19 and midwifery students to practice and develop
20 expertise in geographical areas in which child-
21 birth-related injuries are most prevalent.

22 (2) TRAINING CENTERS.—Establishment of
23 training centers—

1 (A) to address the shortage of OB–GYNs
2 and sub-specialists in the urogynecology profes-
3 sion; and

4 (B) to carry out specialized programs that
5 are located at health care institutions that pro-
6 vide exceptionally high concentrations of exper-
7 tise and related resources related to these med-
8 ical professions and are delivered in a com-
9 prehensive and interdisciplinary fashion.

10 **SEC. 4. COMPREHENSIVE 10-YEAR STRATEGY TO ADDRESS**
11 **THE SHORTAGE OF PHYSICIANS IN LEAST DE-**
12 **VELOPED COUNTRIES.**

13 (a) IN GENERAL.—The President, acting through the
14 Director of the John E. Fogarty International Center for
15 Advanced Study in the Health Sciences, shall establish a
16 comprehensive, integrated, 10-year strategy to address the
17 shortage of physicians in least developed countries.

18 (b) ELEMENTS.—Such strategy shall maintain suffi-
19 cient flexibility and remain responsive to the needs of
20 women afflicted with childbirth-related injuries and shall
21 include the following:

22 (1) A plan for implementation and coordination
23 of programs and activities under this Act, including
24 grants and contracts for prevention, treatment, and
25 monitoring of childbirth-related injuries.

1 (2) Specific objectives, multi-sector approaches,
2 and specific strategies to treat women who suffer
3 from childbirth-related injuries and to prevent fur-
4 ther occurrences of childbirth-related injuries.

5 (3) Assignment of priorities for relevant execu-
6 tive branch agencies.

7 (4) Public health and health care delivery sys-
8 tem research on the prevention, repair, and rehabili-
9 tation of childbirth-related injuries.

10 (5) Social science research in fields such as an-
11 thropology, sociology, and related fields to monitor
12 and evaluate the underlying social and economic fac-
13 tors that contribute to childbirth-related injuries.

14 (6) Development, implementation, and evalua-
15 tion of evidence-based systems of care connecting
16 maternity care facilities with local care delivery and
17 community education programs. Such systems of
18 care should promote rapid and long-term prevention
19 of childbirth-related injuries, including—

20 (A) culturally appropriate childbirth edu-
21 cation, preparation, and planning; and

22 (B) access to obstetrician-gynecologists
23 (OB–GYNs), urogynecology care, or midwifery
24 care.

1 (7) Expansion of training centers and partner-
2 ships with institutions of higher learning for medical
3 students and residents.

4 (8) Priorities for the distribution of resources
5 based on factors such as the size and demographics
6 of the population suffering from childbirth-related
7 injuries, the needs of that population, and the exist-
8 ing infrastructure or funding levels that may exist to
9 treat and prevent childbirth-related injuries, includ-
10 ing obstetric fistula.

11 (9) A plan for institutional capacity-building of
12 partnerships to strengthen universities, research cen-
13 ters, health-profession training programs, and gov-
14 ernment institutes to build the in-country capacity
15 needed to eradicate childbirth-related injuries in
16 least developed countries.

17 (c) REPORT.—Not later than 2 years after the date
18 of the enactment of this Act, the President shall submit
19 to Congress a report that contains the strategy required
20 under this section.

21 **SEC. 5. REPORT.**

22 (a) IN GENERAL.—The President, acting through the
23 Director of the John E. Fogarty International Center for
24 Advanced Study in the Health Sciences, shall submit to

1 Congress, on an annual basis, a report on the implementa-
2 tion of this Act for the preceding year.

3 (b) MATTERS TO BE INCLUDED.—The report re-
4 quired under subsection (a) shall include an evaluation of
5 the effectiveness and performance of the International
6 OB/GYN and Urogynecology Promotion Program estab-
7 lished under section 3 and all related community outreach
8 and medical programs.

9 **SEC. 6. DEFINITIONS.**

10 In this Act:

11 (1) CHILDBIRTH-RELATED INJURIES.—The
12 term “childbirth-related injuries” means injuries as-
13 sociated with obstructed labor, including—

14 (A) pelvic organ prolapse;

15 (B) a displacement of pelvic organs such
16 as the uterus, bladder, or bowel; and

17 (C) obstetric fistula.

18 (2) LOW-INCOME COUNTRY.—The term “low-in-
19 come country” means a country with a per capita
20 gross national income of \$1,035 or less.

21 (3) LEAST DEVELOPED COUNTRY.—The term
22 “least developed country” means a country that—

23 (A) is a low-income country; and

24 (B) according to the United Nations Eco-
25 nomic Analysis and Policy Division, is con-

1 fronting severe structural impediments to sus-
2 tainable development.

3 (4) RELEVANT EXECUTIVE BRANCH AGEN-
4 CIES.—The term “relevant executive branch agen-
5 cies” means the Department of State, the United
6 States Agency for International Development, and
7 any other department or agency of the United States
8 that participates in international health and humani-
9 tarian activities pursuant to the authorities of such
10 department or agency or the Foreign Assistance Act
11 of 1961.

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