

Article by Nicholas Kristof, N.Y. Times February 27, 2007

President Bush's budget request this month proposes that the U.S. cut spending on global maternal and child health programs to \$346 million, or just \$1.15 per person in the U.S.

To understand what the cuts mean, meet Simeesh Segaye.

Ms. Simeesh, a warm 21-year-old Ethiopian peasant with a radiant smile, married at 19 and quickly became pregnant. After she had endured two days of obstructed labor, her neighbors carried her to a road and packed her into a bus, but it took another two days to get to the nearest hospital.

By then the baby was dead. And Ms. Simeesh awakened to another horror: She began leaking urine and feces from her vagina, a result of a childbirth injury called obstetric fistula.

Ms. Simeesh's family paid \$10 for a public bus to take her to a hospital that could repair her fistula. But the other passengers took one whiff of her and complained vociferously that they shouldn't have to share the vehicle with someone who stinks. The bus driver ordered her off.

Mortified, Ms. Simeesh was crushed again when her husband left her. Her parents built a separate hut for her because of her smell, but they nursed her and brought her food and water.

In that hut, she stayed — alone, ashamed, helpless, bewildered. She barely ate, because the more she ate or drank, the more wastes trickled down her legs.

"I just curled up," she said. "For two years."

Ms. Simeesh was, in a sense, lucky. She wasn't one of the 530,000 women who die each year in pregnancy and childbirth — a number that hasn't declined in 30 years. Here in Ethiopia, a woman has one chance in 14 of dying in childbirth at some point in her life.

For every woman who dies in childbirth worldwide, another 20 are injured. But because the victims are born with three strikes against them — they are poor, rural and female — they are invisible and voiceless, receiving almost no help either from poor countries or from the developed world.

So Ms. Simeesh huddled in a fetal position on the floor of her hut for two years, thinking about killing herself. Finally, last month, Ms. Simeesh's parents sold all their farm animals and paid a driver to take her to the hospital in a vehicle with no other passengers present to complain.

So now Ms. Simeesh is lying in a bed here in the Addis Ababa Fistula Hospital (www.fistulafoundation.org). The hospital is run by an Australian gynecologist, Dr. Catherine Hamlin, whom I've written about before. Dr. Hamlin is the Mother Teresa of our age.

The doctors here will try to repair the fistula, but first they must strengthen Ms. Simeesh, who is skeletal. Her legs have withered and are permanently bent into a fetal position, so that she can't straighten them or move them.

In the U.S., neither Democrats nor Republicans have ever shown great interest in maternal health. But it's an issue that deserves far more support, partly because we know exactly what to do to bring down maternal mortality and morbidity: Sri Lanka and Honduras have both shown how poor countries can drastically cut rates of death and injury.

And in the breakaway Somaliland region of Somalia, an extraordinary woman named Edna Adan Ismail runs her own obstetric hospital and trains midwives, underscoring how women's lives can be saved even in the most difficult environments. Ms. Edna struggles one moment to deliver a breech baby, and the next to round up surgical masks. She is helped by a group of Americans, Friends of Edna Hospital (www.ednahospital.netfirms.com), who raise funds and scavenge supplies. (To see Ms. Edna, Ms. Simeesh and others in this column, you can watch my video, [How Many Mothers for a Mercedes?](#))

Dr. Hamlin and Ms. Edna deserve the Nobel Peace Prize for showing the world how to turn the tide of maternal mortality and morbidity, and for offering comfort to some of the most forlorn people in the world. At a time when we're proposing further cuts in our negligible budget for maternal and child health, I was deeply moved by the sight of Ruth Kennedy, a British midwife at the fistula hospital, comforting Ms. Simeesh and bringing a lovely smile to her lips.

"They think they've been cursed by God," Ms. Kennedy explained. "And we tell them that they haven't been cursed by God and that they're

beautiful and that the only reason that they got a fistula is because we failed them as health professionals."

You are invited to comment on this column at Mr. Kristof's blog, www.nytimes.com/ontheground. [The video](#) is also a bit longer than normal, so it's also available as [a download](#).

FEBRUARY 25, 2007, 9:39 PM

In Answer To Your Questions

By NICHOLAS D. KRISTOF

A couple of people asked me about the numbers in [my maternal mortality column](#) and [multi-media piece](#), so let me explain. But the first point to note is that nobody has much idea what the numbers are. For example, the "official" figure in Ethiopia for maternal mortality is roughly 800 deaths for women for every 100,000 live births. But that figure is based on hospital data, and the Fistula Hospital estimates that the real figure is probably more like 2,000 out of every 100,000 live births. In addition, the causes can be multiple: For example, malaria is particularly lethal to pregnant women, so the cause of death may be malaria but it is also a consequence of her pregnancy and should be considered a case of maternal mortality.

In [the column](#) and [video](#), I cited the lifetime risks of dying in pregnancy or childbirth. UNICEF calculates that that is 1 in 14 in Ethiopia, and that is based in part on high fertility and on the high risk of dying in each pregnancy.

Somebody wondered how there could be 20-odd injuries for each case of woman who dies in pregnancy. The answer is simply that while a woman can only die once, she can be injured more than once. She can be injured (typically a tear, for example) in her first, fourth and seventh births).

Finally, several people have asked about organizations active in this area. I've already mentioned [Fistula Foundation](#) and [Friends of Edna Adan Hospital](#), which support those particular efforts in Ethiopia and Somaliland. A broader organization that works on maternal mortality worldwide is [AMDD, or Averting Maternal Death and Disability](#). AMDD is based here in New York and is a result of the pioneering work of Dr. Allan Rosenfield,

dean of Columbia University's Mailman School of Public Health. It is largely because of Allan's pioneering work that maternal mortality is on the agenda at all.

For those interested in more information on the subject, the Council on Foreign Relations did an excellent [symposium on the issue](#), and a transcript is available. The council also has a [fact sheet on maternal mortality](#) that is a useful starting point.