

HHC

April 5, 2018

In Support of Bill Number H709: Prohibiting Female Genital Mutilation

Thank you Chairman Lippert and members of the Committee for the opportunity to testify this morning in support of Bill H709 prohibiting female genital mutilation of minors in Vermont. My name is Samantha Deans and I am a 3rd year OB/GYN resident physician at the University of Vermont Medical Center.

Female genital mutilation, also known as FGM, includes any procedure that intentionally alters or causes injury to female genital organs for non-medical reasons. It is most commonly performed on girls from infancy to age 15 (1). Other terms are used to describe this practice, including female genital cutting or female circumcision. The World Health Organization stresses the importance of using the term "female genital mutilation" in health policy to emphasize the degree of physical and psychological damage caused by this practice. It is estimated that more than 200 million women and girls around the world have undergone female genital mutilation. FGM has no health benefits, only harms, subjecting its victims to serious immediate and long-term complications. Immediately following the procedure, these girls experience severe pain and bleeding, and are at risk for shock, hemorrhage, infection, and injury to nearby tissue. In the long term, girls and women who have suffered this procedure are at risk for recurrent urinary tract and genital infections, cysts, infertility, pain and bleeding with intercourse, fistula formation, and serious, life-threatening risks during childbirth. Birth complications put both the woman and her infant at undue risk. A landmark study published in the Lancet in 2006 found that of women who had FGM, 22% of perinatal deaths could be attributed to the FGM (3). As a women's health expert, I have seen these complications and tragic consequences in my patients firsthand.

FGM has many variations and is practiced within communities for a variety of social and cultural reasons that are all deeply rooted in gender inequality and societal control over women, their bodies, and their normal sexual function. FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of violence and discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death (1).

The World Health Organization urges Member States to enact and enforce legislation to protect girls and women from all forms of violence, particularly female genital mutilation, and ensure implementation of laws prohibiting female genital mutilation by any person, including medical professionals (2).

FGM has been a crime under Federal law in the United States since 1996 and is punishable by up to 5 years in prison. In 2013, this law was amended to include the Transport for Female Genital Mutilation Act, prohibiting the practice of taking a girl overseas to have the procedure performed.

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Despite this, the number of girls under the age of 18 at risk of FGM in the United States has more than quadrupled since 1996. Vermont is one of 24 states that do not have state-level legislation that bans the practice of female genital mutilation or the transport of minors for the purpose of having this procedure performed. While we are a small state, we have a notable immigrant and refugee population that includes a growing number of people from communities where FGM is common practice. This means that there are many women and girls in our state at risk of being subjected to this act of violence. State legislation would have a significant deterrent effect and would send a strong message that this conduct is not acceptable in our state.

It is of importance, however, to highlight that this legislation is not intended to target, shame, or further stigmatize the women and girls who have been victims of this violence. As a women's health expert, I approach my patients with FGM with the utmost cultural sensitivity and respect for their bodies and beliefs. It is our responsibility as physicians to educate our patients on the immediate and long-term consequences of this practice and, through this, we play a crucial role in eradicating the harmful and unnecessary practice. It is my hope that the current bill provides a launching point for promoting awareness and education regarding female genital mutilation.

I appreciate this committee's commitment to preserving the rights of women to be in control of their sexual and reproductive lives and to protect their personal health and wellbeing. Thank you, Representative Till and the co-sponsors of this bill for being champions of this important protection for women and girls in the state of Vermont and taking action towards preventing this harmful practice from continuing.

Sincerely,



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References:

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2. Sixty First World Health Assembly. "Resolution WHA61.16: Female Genital Mutilation." 24 May 2008. Retrieved 4/1/2018 from <http://www.who.int/reproductivehealth/topics/fgm/en/>
3. WHO study group on female genital mutilation and obstetric outcome. Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries. Lancet 2006; 367:1835-41 (doi:10.1016/S0140-6736(06)68805-3).