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Title: Testimony on the Bill on FGM

Vermont must take position against Female Genital Mutilation by protecting young women through legislation. In addition to calling for my support for a law, I recommend that the State of Vermont direct funds and resources to raise awareness and advocacy programs with the purpose of changing attitudes around the practice of Female Genital Mutilation. Provide trauma informed counseling services for individuals who have been subjected to the practice, free access to reconstruction and an access to a safe and inclusive health service delivery.

Female Genital Mutilation is a cultural practice that violates the rights of Women and Girls all over the world. The procedure includes cutting the female genitalia for a non-medical purpose. The World Health Organisation defines the practice as any ‘cutting and other procedures that injures the female genital organs for non-medical purpose’. It is often done on girls 15 and under.

In 2012, the United Nations passed resolution banning the practice of FGM and calling on countries and governments all over the world to put an end to Female Genital Mutilation. It called the practice a human right violation.

Context or Scope of Problem

A 2016 UNICEF report showed more than 200 million women and girls in 30 countries have undergone the practice of FGM, including in the United States of America (Unicef, 2016).

According to the United Nations Population Fund (UNFP), FGM is projected to increase from 4.1 million girl victims in 2019 to 4.6 million by 2030,

The U.S. is one of 193 countries who have agreed to eliminate FGM by 2030 as part of the Sustainable Development Goals. In January 2016, Equality Now, Center for Disease Control and

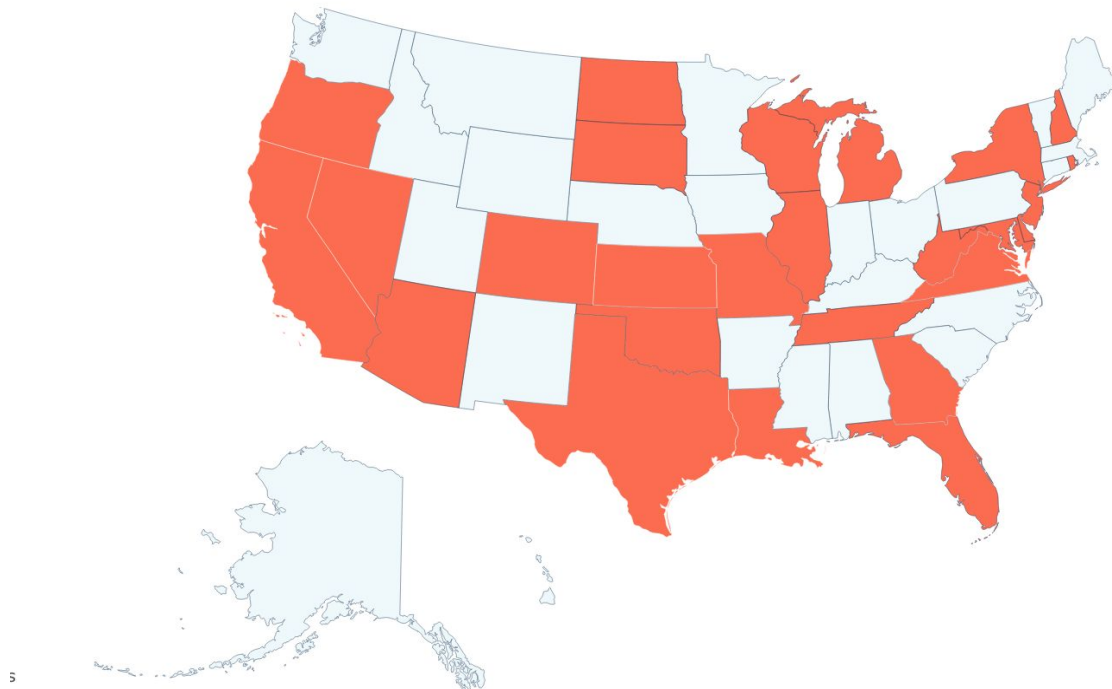
Prevention and Safe Hands for Girls released a study (Goldberg et al, 2016) assessing the health implications of the practice on Women and Girls and the number of people who have undergone or at risk of undergoing the practice. The study showed that about 513,000, a three times more increase from data in the 1990, women and girls have either undergone the practice or are at risk of undergoing the practice in the United States. According to Equality Now, the practice of FGM puts women and girls at an increased risk of ‘chronic infection, hemorrhage, complications during childbirth, increased risk of newborn deaths, psychological trauma, severe pain during urination, menstruations, and sexual intercourse’(Equality Now, 2018). The practice is associated with the notions of being “feminine,” “modest,” “clean” and/or “beautiful. However, it is a patriarchal cultural tradition carried out with the intent of subjugating women and controlling their bodies.

In the United States, Vermont is one of few states without laws against FGM. New Hampshire passed legislation earlier 2019 which took effect this year to ban FGM, and a similar bill has failed Maine. While there are no studies to show the prevalence rate or people at risk of undergoing the practice of FGM in the state, Vermont is home to many immigrants from countries where women and girls are at high risk of undergoing the FGM. As of 2017, Immigrants made up to 4.5% of Vermont’s population, a total of 28,247 people, 2,092 of which are children (American Immigration Council, 2017). In the same fact sheet, immigrant led households contributed ‘\$134.4 million in federal taxes and \$57.9 million in state and local taxes in 2014.’ Immigrants contribute meaning to the socioeconomic advancement of the state, it is therefore, important for the state to make priority issues that affect those communities and direct resources to their wellbeing and development. A law against FGM is one such issue and would offer protection to girls, promotes their development through the exploration of their full potential and to becoming meaningful contributors to the socio-economic, political and psychological development of the Vermont Society.

A 2014, Seven Days reported the record number of immigrants resettled in Vermont since 1989 to date. A good number of those are from Somalia and Sudan, where according to the study by

Equality Now, Center for Disease Control and Prevention and Safe Hands for Girls, the FGM prevalence rate among women and girls is 98% and 89% respectively. In addition, the type of FGM practiced in these countries is often the most invasive, which the WHO calls FGM type 3, Infibulation (which involves the cutting of the clitoris, labia minora and majora and stitching of the valves together). There are many other countries around the world where FGM is practiced, in addition to Somalis and Sudanese, other immigrants from countries where FGM is practice may have settled in Vermont.

Below is a summary map of what FGM in the US looks like and states with and without laws against the practice as of 2018.



States with laws against FGM highlighted in orange.

Source: (Equality Now, 2018)

In 1996, 18 U.S. Code § 116 ‘Female Genital Mutilation’ was enacted into federal law addressing FGM. This law made it illegal to have the procedure done on anyone below the age of

18 and a fine or imprisonment for not more than 5 years, or both for anyone found in violation of the said law. The law addresses the practice in the US, as well as “vacation cutting”, which means knowingly transporting a child out of the US to have the procedure done to them. In addition to the federal law, 27 states have state laws against FGM with some states putting stricter punishment than the federal law. Among the states with laws against the practice, Arizona, Florida, Georgia, Kansas, Louisiana, Nevada, and New Jersey have a “vacation provision” as part of their state laws prohibiting FGM.

While the federal law provides a groundbreaking move towards ending the practice and made significant changes in bringing the conversation to light and help reduce the practice, it has allowed for states like Vermont to direct little to no resources to this work and made it appear as a non-issue.

More interestingly, in 2018, a Federal Judge in Detroit, Michigan dismissed charges involving a Michigan doctor and others who have subjected girls to the practice and declared the federal law against FGM as unconstitutional. According to a CNN news report, the Judge argued that, ‘the enactment of a law criminalizing female genital mutilation was not a permissible use of congressional power...’ calling the crime a "local criminal activity". Arguing further that, ‘the Supreme Court has said that individual states, not the federal government, have the authority to police local criminal activity.’

This case in Michigan has put Vermont in an interesting position; to address the issue by enacting a state law against FGM to prevent its occurrence or be prepared should a case arise in the state as uncertainty continues to cloud the future of the federal law. A state law will not allow perpetrators, like those involved in the case in Michigan, to go free in validation of their action. It would rather allow the state to take ownership and hold people accountable for their actions based on the law.

Recommendations

1. Vermont should ban the practice of Female Genital Cutting/Mutilation.
2. The VT senate should reconsider the terms of punishment stipulated in the bill passed by the VT House. While I believe FGM is a horrible practice, that it is a form gender-based violence and violence against women that must be eradicated, I DO NOT believe people should be sent to prison for their involvement in the practice. I recommend the Committee considers alternate forms of punishment that are more meaningful to individuals and families, such as, cash payments, two or more years of community service and a year mandatory education on the harmful effects of FGM/C, history of women's inequality, oppression, women's rights and patriarchy.
3. Decision making around FGM is complex, and often involves many family members beyond the parents. It is therefore important to educate individuals especially those in at-risk communities who will bear the burden of responsibility for violating the law.
4. The State should also make it clear that while the bill proposes a ban on the practice of FGM/C, it recognises the significant role, the education often accompanying the practice has in the lives of communities and encourages communities to consider alternate forms of practices that allows for education and initiation but without cutting.
5. The State should also make sure that survivors of FGM/C have access to free and safe health care for FGM/C related complications including vaginal reconstruction, counselling, trauma informed therapy and an inclusive healthcare delivery free from discrimination, stigma and one that respects the dignity of victims and survivors.
6. Invest in girls' education: research shows that in communities where FGM/C is prevalent, child marriages and low education of girls is common. And the higher the level of education of a community, the lower the prevalence of FGM. It is therefore important to invest in education for girls in marginalized and underrepresented communities to promote independence.

Consulted or Recommended Sources

Case Example 1: The following is a video of Jaha Dukureh, a Survivor of FGM and an Anti FGM Campaigner living in the US. <https://www.youtube.com/watch?v=WYg-OcfhXk>

Case Example 2: Another survivor story. [Underground in America: Female Genital Mutilation | ABC News](#)

Here is a short video explaining with visual aid what FGM is, types and impact on women and girls:

<https://www.bing.com/videos/search?q=the+guardian+fgm&view=detail&mid=4D6462733761CE023AEC4D6462733761CE023AEC&FORM=VIRE>

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