

## Re: Bill H.83 An Act Relating to Female Genital Mutilation

Thank you for the opportunity to give public testimony on Bill H.83.

My name is Dr. Andrea Green and I am a general pediatrician and Professor of Pediatrics at the University of Vermont's Larner College of Medicine. My practice and area of expertise is in the care of children in immigrant families and specifically pediatric refugee health care. For the past 15 years, I have provided pediatric health care to refugee and immigrant children and adolescents in Chittenden county. I am a founding member of the North American Society of Refugee Health Care Providers. I am the co-author of the American Academy of Pediatrics Policy Statement on the Care of Immigrant Children and a reviewer of the AAP's soon to be published Policy Statement on Female Genital Mutilation/Cutting (FGM/C). I have been an advisor for the Department of Justice's Office of Juvenile Justice and Delinquency Prevention concerning FGM/C.

The testimony I offer today is based on academic publications about FGM/C, UNICEF's report on Female Genital Mutilation/Cutting and on my own experience working with children who have been cut prior to immigrating to VT as well as families living in VT considering FGM/C for their daughters.

As you are aware, the World Health Organization defines FGM/C as "Any procedure that involves partial or total removal of external female genitalia or other injury to female genital organs whether for cultural or non-therapeutic reasons." The practice occurs in 29 African countries. It also occurs in the Middle East, in countries like Egypt, Iraq, Yemen, Indonesia and India. FGM/C is not a religious practice but rather a cultural practice.

WHO estimates approx. 200 million girls and women worldwide have been subjected to FGM/C. CDC estimates over 500,000 women and girls have either undergone or are at risk of FGM/C in the US. In Vermont, some but not all of our refugee women and girls arriving from Somalia have been cut prior to coming to the US. However, community education overseas has helped raise awareness and decrease the number of girls cut prior to arrival.

In 1996, Congress passed a law criminalizing the performance of FGM/C in the U.S. However, there was a gap in the law because girls from FGM/C practicing countries could be taken home on vacation for the performance of FGM/C in their country of origin. This practice became known as "vacation cutting." In 2013, Congress closed that gap with the passage of an amendment banning vacation cutting. In addition to the federal laws, over 31 states have FGM statutes. In July 2016, the UN publicly affirmed that FGM/C is child abuse. All 50 states have child abuse laws.

There is no medical benefit to FGM/C. In fact, there are potential medical complications and psychological trauma as a result of the practice. Many Vermont women who have been cut prior to coming to the US have shared with me that being cut has caused them to have serious pain or difficulty with intercourse and complications with delivery of their babies. However,

some immigrant families in Vermont believe that female genital cutting is necessary to ensure the chastity and marriageability of their daughters. Mothers have shared that the practice of removing the labia and clitoris is no longer practiced by their community overseas. They argue that now only a ritual nick is made in the clitoris and therefore the practice is not harmful. Teens who have returned to the refugee camps in Africa to see relatives share that they are pressured overseas by community women to be circumcised.

In our practice we document female circumcision in the past medical history for any child or teen upon arrival in the US. We educate families that that male circumcision is permitted but female circumcision is against federal law. We explain the health dangers of FGM/C and then work to address the chastity concerns by supporting parenting in a new country. The Travel clinic at UVMMC has added education about the prohibition of “vacation cutting”. Periodically, (between 2004 and 2008 with the wave of African immigrants to VT) we have participated in larger community conversations about the dangers of and illegality of FGM/C.

Your bill is valuable as it ensures that a Vermont state law bans FGM/C. This is especially important in light of the dismissal of charges in 2018 against the Michigan doctor accused of performing ritual nick/female genital mutilation on at least 9 underage girls. The court ruled the federal law banning FGM/C unconstitutional. Michigan did not have a state law banning FGM/C at the time but has since passed one. By passing a Vermont State law explicitly banning all forms of FGM/C including ritual nicking that occur within or outside the boundaries of Vermont (including while overseas post migration to Vermont), you are protecting children from a psychologically and physically harmful custom.

Thank you for the opportunity to address you this morning.

Andrea Green, MD  
Professor of Pediatrics  
Larner College of Medicine, UVM  
[Andrea.green@uvmhealth.org](mailto:Andrea.green@uvmhealth.org)  
(802) 847-4696