

Planned Parenthood of Southern New England Testimony to the Public Health Committee
by Susan L. Yolen, Vice President, Public Policy & Advocacy
on House Bill 5142, An Act Prohibiting Female Genital Mutilation
February 4, 2019

Chairs and members of the Public Health Committee, thank you for this opportunity to offer testimony on House Bill 5142. Planned Parenthood of Southern New England is the largest provider of family planning and reproductive care in Connecticut, with 17 health centers across the state. Each year we serve more than 65,000 CT residents at Planned Parenthood including about 12% who are men, with basic reproductive and primary health care and family planning services.

Female genital mutilation and cutting are serious human rights abuses, widely recognized worldwide as such. FGM/C is a topic that is harder to study than most public health issues. A 2016 article in *Public Health Reports* / March–April 2016 / Volume 131 titled: Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk, 2012 attempts to examine to what degree FGM/C may be prevalent in the United States. The study posits that any estimated increase is wholly a result of the rapid growth in the number of immigrants from FGM/C-practicing countries living in the United States and not from increases in FGM/C prevalence in those countries.

The study also points to a strong possibility that first-generation immigrant girls are much more likely to undergo FGM/C than second-generation girls, because the latter tend to come from more acculturated families. Unfortunately, however, data do not exist in the United States to test this hypothesis. A systematic review of FGM/C studies in Europe concluded that children born to an immigrant family (second generation) run relatively little risk of undergoing FGM/C. If that is true, then the increase in women and girls theoretically at risk may not translate to an increase in girls actually undergoing FGM/C in the US.

In practice, FGM/C has been the subject of multiple sustained global reduction efforts including harm reduction interventions (introduction of antiseptics and antibiotics), as well as culturally appropriate approaches that are beginning to succeed in substituting safe, celebratory coming-of-age rituals for genital cutting. Our family planning provider colleagues in many African countries have been key players in these important public health outreach efforts to protect young women and girls from this practice.

It is hard to know if FGM is being practiced at all in Connecticut. However, we do know that, very rarely, reproductive medical professionals, most often midwives or obstetricians, are faced with a patient in labor who has undergone this practice, perhaps performed before she arrived in the US, and her labor and delivery have become complicated by the extreme pain and scarring of FGM/C.

If HB5142 were to pass and such a patient was identified in the course of seeking necessary and perhaps urgent reproductive health care, she might be asked to identify when and where she underwent the cutting...and who was responsible. Being the person expected to identify any adult member of your community for the purposes of criminal punishment is a difficult if not impossible burden for a young girl to bear, particularly now. In reality, creation of this penalty will likely further stigmatize and alienate young women from marginalized immigrant communities and keep them from receiving the necessary reproductive and sexual health services that are already stigmatized in our culture.

Planned Parenthood would like to propose a different approach to this issue: enlisting public health students or professionals to conduct as careful a study as is possible, of the estimated prevalence FGM/C in Connecticut, and to include identifying public health interventions that might result in the mitigation or elimination of the procedure, examining what has been effective elsewhere, and how public health services might be improved to marginalized communities, so that vulnerable women would voluntarily seek services like prenatal care, without shame or fear that, by doing so, they will be exposing their community and family to public criticism, outrage or even harm.

Planned Parenthood opposes FGM/C just as we oppose the countless ways that women are harmed, violated, objectified and exploited globally. We also recognize the unique challenges faced by immigrant women and believe that criminalization of this ritual may only further isolate those who, now that they are in the US, can and should become more fully integrated into our way of life. Before we devise punishment for the crime of FGM, we should better understand its configuration in our state.