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Testimony in opposition to SB 1069 An Act Concerning Female Genital Mutilation March 24, 2021

Senator Winfield, Rep. Stafstrom, and members of the Judiciary Committee:

SB 1069 is a cop-out, yet another attempt to kick the can down the road and evade what most of us clearly know needs to be done to stop female genital mutilation (FGM). We should be working to pass comprehensive legislation with strong criminal penalties for FGM, including provisions holding parents and guardians liable and prohibiting transport of girls out of state or to a foreign country for the procedure, as well as a culturally sensitive educational, prevention, and outreach campaign aimed at immigrant communities that practice FGM.

39 states now have laws imposing criminal penalties for FGM. Three months ago, Massachusetts passed one of the more comprehensive bills in the nation, with a strong educational, prevention, and outreach campaign along with 10 year criminal penalties. The Massachusetts bill had a wide range of endorsers, including not just feminist, children's rights, and medical organizations, but also the Jewish Community Relations Council of Greater Boston, the Islamic Society of Boston Cultural Center, the Somali Development Center, the Ethiopian Community Mutual Assistance Association, the Inter African Community USA, and Congresswoman Ayanna Presley. The feminist organizations listed as endorsers include the Women's Bar Association of Massachusetts, Massachusetts NOW, and Planned Parenthood League of Massachusetts. Nearly every East Coast state from New Hampshire down to Florida has strong legislation criminalizing FGM. Connecticut is now an unfortunate outlier on this issue, and SB 1069 ensures we will remain so for at least the next year. Thousands of girls from both Connecticut as well as from other states that have passed strong anti-FGM legislation will continue to be at risk because of our state's inaction, making Connecticut a leading destination state for FGM.

Unfortunately, one organization in particular has repeatedly blocked all attempts at passing comprehensive legislation prohibiting FGM, and by its testimony and actions is serving to defend the practice: Planned Parenthood of Southern New England. PPSNE is taking a rogue position on this issue and is out of line with Planned Parenthood chapters in other states (e.g. Massachusetts). The justifications for inaction being raised—from abortion and transgender rights to respect for cultural diversity—are red herrings. Clearly other progressive states in our region have recently acted to pass and strengthen laws to criminalize FGM. There is no reason why Connecticut should tarry.

We need a robust bill drafted dealing with all elements of this issue. Previous legislation proposed in Connecticut has been weak and should be strengthened in several ways. The criminal penalty should be a Class C felony, in line with the law in neighboring Massachusetts.

Forgive me for having to be explicit, but we are, regarding the more severe forms of FGM such as infibulation, dealing with the cutting off of a girl's clitoris and labia minora, and then stitching together her labia majora to prevent her from having relations without another surgical operation, which ought to be comparable to aggravated sexual assault of a minor. In addition to suppressing female sexuality, there are long-term health consequences of FGM. As noted by the AHA Foundation:

The World Health Organization reports that FGM has no health benefits and can cause a number of health problems. Immediately following the procedure, girls are at risk of severe pain, shock, bleeding, bacterial infection, and injury to nearby tissue. In the long term, girls and women who have suffered this procedure are at risk of recurrent bladder and urinary tract infections, cysts, infertility, and complications during intercourse and childbirth. Psychological issues resulting from the trauma of the procedure are also possible.

Legislation should include provision for holding parents and guardians who knowingly consent to FGM equally liable, as well as a provision against what is known as “vacation cutting,” or the transport of a girl out of state—or more commonly, to a foreign country—to be subjected to FGM. Both of these provisions are in the AHA Foundation’s model legislation along with laws in Massachusetts and Michigan, two of the strongest in the nation.

Perhaps most importantly, the focus on criminal penalties needs to be balanced by a culturally sensitive educational, prevention, and outreach campaign aimed at immigrant communities that practice FGM. That is the only way we can deal with this issue at its root, preventing abuse **before** it happens. Therefore I would recommend an additional section with something along the lines of the following language, again based on the AHA Foundation’s model legislation (this provision is further embellished in Massachusetts’ law):

The Department of Public Health shall, within available appropriations:

1. develop and administer a program of education, prevention and outreach activities, focusing on new immigrant populations that commonly practice female genital mutilation, to inform members of those communities of the health risks and emotional trauma inflicted by the practice of female genital mutilation and informing those communities and the medical community of the criminal penalties for committing female genital mutilation.
2. develop and disseminate information regarding female genital mutilation and the criminal penalties for committing female genital mutilation to health care providers, teachers, and law enforcement personnel

I would reluctantly accept replacing “shall” with “may” if necessary to avoid putting a fiscal note on legislation I support and thereby jeopardizing its passage.

In terms of the larger issue, I would like to raise two additional points. First, we need to dispel the myth that legislation criminalizing FGM may be motivated by prejudice against certain immigrant communities or against Muslims. FGM is hardly a uniquely Muslim problem, and plenty of Muslim-majority countries do not practice it. Muslim and African immigrant organizations in other states like Massachusetts have supported comprehensive legislation as I have described.

It is also very important to distinguish FGM from male circumcision. According to the American Academy of Pediatrics, infant male circumcision has health benefits that outweigh the risks of surgery, and this decision should be left to parents. It is also a core mitzvah in Judaism (*brit milah*), and also has religious significance for Muslims. From Antiochus and Hadrian two millennia ago, to Foreskin Man and the attempt to ban circumcision of male minors in San Francisco, the movement to criminalize male circumcision has long had a good deal of antisemitism associated with it. We must not allow discussion of an important issue like FGM to be hijacked by a fringe movement seeking to join the political mainstream.

We ought to scrap the study in SB 1069 and replace it with comprehensive legislation that actually addresses the issue at hand. Let us stop passing the buck. Now is the time for action to stop FGM.

Sources:

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