

Testimony before the Senate Law and Justice Committee – January 26, 2023

Presented by the Washington Coalition to End FGM/C

Senator Dhingra, Senator Trudeau, ranking & other distinguished members of the Law and Justice Committee:

We are a newly formed Coalition working to end the practice of Female Genital Mutilation/Cutting (FGM/C) in the State of Washington. We comprise a broad group of survivors, stakeholders and advocates. Brief descriptions of our members are attached. 40 US States have laws banning the practice of FGM/C. Washington has yet to address this important human rights issue in any manner. This proposed legislation SB 5453 under review today is a good first step towards ending the practice and supporting survivors in Washington State.

FGM/C is a practice that impacts Washington state residents. The Population Reference Bureau estimates 25,000 women and girls in the state are at risk of or have undergone FGM/C - <https://www.prb.org/wp-content/uploads/2016/02/us-fgmc-all-states-table.pdf>.

FGM/C is the cutting, partial or total removal of the external female genitalia for non-medical reasons to control a girl's sexuality and make her acceptable for marriage and to the community in which she lives. It is an extreme form of gender-based violence that the World Health Organization has recognized as a human rights violation. It is a universal practice, not prescribed by any religious teachings, typically performed on girls from infancy through puberty. In 2019, a survivor in Kentucky whose family are members of a white Christian religious sect stepped forward to help Kentucky pass its legislation to ban this practice - <https://www.theguardian.com/global-development/2020/mar/17/true-numbers-of-fgm-victims-could-be-far-higher-as-countries-fail-to-record-cases>.

FGM/C poses serious reproductive health consequences, including excessive bleeding, damage to adjacent organs, infection and death and may result in long-term effects such as chronic reproductive and urinary tract infections, infertility, sexual dysfunction and obstructed labor and hemorrhage during childbirth that may lead to maternal and/or fetal death. In addition to the medical harm, FGM/C is often the cause of psychological harm as a consequence of the trauma and as a result of the short- and long-term effects. FGM/C is a major cause of later experiences of fear of sexual penetration, post-traumatic stress disorder, anxiety, depression, and suicide. The practice denies girls agency over their sexual and reproductive health for a lifetime.

In December 2012, the UN passed a unanimous resolution calling on member states to enact better laws and increase law enforcement to end the practice by 2030. At that time, only 19 US states had laws outlawing FGM/C. A 1996 Federal Law was struck down by a District Court in Michigan in November 2018, on the basis that Congress lacked the authority to enact the law under the commerce and the necessary and proper clauses of the US Constitution, finding that FGM/C is a criminal assault that could be subject to state criminal laws

- <https://content-static.detroitnews.com/pdf/2018/US-v-Nagarwala-dismissal-order-11-20-18.pdf>.

United States v. Nagarwala 350 F Supp 3rd 613 (E.D. Mich. 2018). Following this decision, numerous additional states passed laws to outlaw the practice and, in some cases, like Massachusetts, to provide services through the Department of Public Health to assist survivors and educate first responders and

healthcare providers. Recently Congress unanimously enacted a new and expanded law intended to address the holding in the Nagarwala case the STOP FGM Act of 2020 - <https://www.congress.gov/bill/116th-congress/house-bill/6100/text>. This law has yet to be challenged. Notwithstanding this new law, federal law is no substitute for state laws when it comes to local issues of abuse and assault of children. Such a law must specifically prohibit FGM/C because existing state assault laws require proof of intent to harm, arguably a missing element cases involving social norms such as FGM/C. The state must be clear about its values.

Girls subjected to FGM/C are told never to speak of it. According to Sanctuary for Families, an advocacy group based in NY, and dedicated to ending gender-based violence including FGM/C “Due to the secretive nature of FGM and the lack of resources allocated to research of this practice, it is impossible to say for sure how many girls in the U.S. are at risk of female genital mutilation. Nonetheless, we know from experience that FGM is taking place in our own backyard, at alarming rates. According to the [Center for Disease Control \(CDC\)](#), more than 513,000 women and girls in the U.S. have experienced or are currently at risk of undergoing this practice. This is more than three times higher than an earlier estimate based on 1990 data. Based on survivors’ testimony and [research](#) conducted by Sanctuary and other anti-FGM advocates, we believe that the incidence of FGM for women and girls in the United States may be even higher. Our data shows that FGM is being practiced in New York, New Jersey, Pennsylvania, Texas, Colorado, Washington, California, Georgia, Michigan, Minnesota, Kentucky, Kansas, and Washington, D.C.”

At the time of the Nagarwala case, Michigan did not have a law prohibiting FGM/C. The Department of Justice estimates that more than 100 girls were cut by Dr. Nagarwala, some of whom were trafficked to Michigan from other states including Minnesota, California, Illinois, and New York over a period of years. Dr. Nagarwala, a Detroit emergency doctor, was charged with performing FGM on 10 minor girls out of a medical office in Livonia, Michigan. According to the complaint, some of the minor victims allegedly traveled interstate to have Nagarwala perform the procedure. The complaint alleges that Nagarwala performed FGM/C on girls who were approximately six to eight years old, including some who cried, bled, and screamed during the procedure. When news of the case in Detroit broke, few people had any idea that FGM/C was occurring in Michigan. In the wake of the federal case, Michigan passed an anti-FGM/C law with penalties stiffer than those under the federal law, but it was too late to help the girls who had already been cut. Once the judge struck down the federal law, all charges against Dr. Nagarwala were dropped. Washington – surrounded by states that have already banned the practice – should not allow itself to become the new destination for FGM/C. Our laws must be amended to make clear that FGM/C is a punishable offense like any other abuse or assault of children. Let us not wait for law enforcement to tell us that 10 girls have just been cut in Washington, but that prosecutors are unable to bring charges in light of the inadequate state laws. Let us act now to protect girls living in Washington from this painful, harmful, and unnecessary practice.

There is extensive community support for legislation to ban FGM/C in Washington. In a few short months, our survivor led Coalition has secured the support of many stakeholder organizations for proposed legislation. These groups include:

And the list is growing.

Children’s Alliance (Washington)  
Mother Africa

Washington State Coalition of African Community Leaders  
Sahiyo  
Pacific Northwest Seattle Gambian Association  
Washington West African Center

Perhaps more importantly, members of communities that practice FGM/C have expressed a strong desire for this bill to be passed into law. Such communities state that if FGM/C were illegal, it would provide them with the justification to act in contravention to the strong cultural and traditional forces urging the continuation of the practice.

Sahiyo: United to End Female Genital Cutting, a survivor-led organization and member of the US End FGM/C Network, which worked with Congress to pass the STOP FGM Act, and a supporter of the proposed legislation in Washington, has produced a series of survivor stories that highlight the various trauma of living with FGM/C. Many of these women grew up in the US and were cut as children and speak directly to the harm of the practice, their pain, shame, the family distrust it has engendered <https://youtube.com/playlist?list=PLp9wwcT0XXTRwLLNCqKEznWijm1FC4Rkz>.

Maryum Saifee and brother, Abid Saifee started a [Change.org](https://www.change.org/p/female-genital-mutilation-is-an-american-issue-states-need-to-protect-girls-and-ban-fgm-banfgm) petition to call on the legislators to enact legislation banning FGM/C in Washington. This petition has been signed by more than 172,000 people including a large number of Washington residents - <https://www.change.org/p/female-genital-mutilation-is-an-american-issue-states-need-to-protect-girls-and-ban-fgm-banfgm>.

As the largest global program addressing FGM/C, the UNFPA-UNICEF Joint Program on Female Genital Mutilation/Cutting plays a critical global role in achieving the UN goal of elimination of all harmful practices by 2030. UNFPA-UNICEF identifies FGM/C as a “social norm” which persists in spite of the physical and emotional scars it exacts on girls and women. Even in many countries where FGM is widespread, individuals report increasing opposition to the practice. In fact, the majority of people in countries with available data think FGM/C should end. While these findings suggest a readiness to abandon the practice, social norms often favor the status quo. Individuals are often reluctant to act on their beliefs if there is a perceived social price to pay. According to UNFPA-UNICEF, “to change a harmful social norm given the hierarchical nature of society, it is imperative that even as change is welling up from the grass roots, and spreading across communities laterally, it needs to be codified by laws, policies, sanctions and resolutions that come from the top. Legal frameworks that criminalize FGM send a clear signal that the practice will no longer be tolerated. Where FGM is socially contested, legislation serves to encourage those who wish to abandon it and deter those who fear prosecution.” According to UNICEF, these laws are a crucial step. Laws can help shift attitudes, changing attitudes in turn support stronger enforcement <https://www.unfpa.org/publications/how-transform-social-norm>.

### **Members of the Washington Coalition Against FGM/C:**

**MARYUM SAIFEE** is a U.S. diplomat participating in her personal capacity as a survivor of Female Genital Mutilation. In 2016, Maryum led an interagency taskforce on the U.S. government response to FGM alongside the Department of Justice. After the federal FGM ban was overturned in 2018, Maryum launched a [petition](#) reaching close to 200,000 signatures calling for a standalone FGM ban in Washington

state. Prior to joining the foreign service, she served as an AmeriCorps volunteer in Seattle working with Chaya on post 9-11 anti-immigrant backlash and service provision for domestic violence survivors from South Asian communities. Maryum is a graduate of Columbia University and a Council on Foreign Relations life member. She is on the board of Too Young to Wed and Muslim Americans in Public Service.

**MARIYA TAHER** is a writer and a social worker who has worked on gender-based violence (sexual assault, domestic violence, trafficking, FGC) for nearly fifteen years. Having grown up in a community that practices FGC and a survivor herself, Mariya co-founded [Sahiyo](#), an organization dedicated to working with communities to end FGM/C, and sits on the steering committee of the [US End FGM/C Network](#), a coalition of 60+ organizations. In Massachusetts, Mariya worked with the Women's Bar Association to successfully pass state legislation to protect girls from FGC, and is currently supporting the [Connecticut Coalition to End FGM/C](#) to do the same. She has been named one of the six experts on FGC to watch by NewsDeeply.com.

**DEBORAH BENSON** is an advocate for gender equality. A retired Boston attorney who also has a home in Litchfield County, Deborah is a Massachusetts Access to Justice Fellow who led the effort on behalf of the Women's Bar Association to pass the legislation to address FGM in the Commonwealth.

**ABSA SAMBA** a survivor and an activist against FGM/C. As a survivor, Absa aspires to see a world free of female genital mutilation so girls like herself can grow to their full potential. Absa is a second year Master of Public Administration and Master of Social Work student at the University of Washington.

**FARAH ALI** is an attorney acting in her personal capacity as an advocate against FGM/C. Growing up in a community where FGM/C is prevalent, Farah understands the impact of this practice and volunteers with Sahiyo end it. Farah is a graduate of UW Law and currently resides in Seattle.

**BETTINA SHELL-DUNCAN** is a professor at the University of Washington. She has conducted research on FGM/C over the past 25 years, and has been an academic consultant for UNICEF and WHO.

**MUNA OSMAN** is a Doctoral prepared Nurse Practitioner, a 2 time survivor, and an advocate for Health equity. She worked with the Somali community for the past 9 years, and developed teaching modules to help improve health literacy. On her Capstone, she worked with the healthcare clinicians in the Seattle area providing education about the procedure, affected communities, and short and long term physical and psychological effects; focusing on changing the idea that FGC is a global not local issue.

**STEPHAN BLANFORD** is the Executive Director of [Children's Alliance](#) in Washington State.

**CAITLIN LeMAY, LCSW** is the Director of the U.S. End FGM/C Network. Caitlin has been working in the gender-based violence movement for over a decade. Caitlin's experience has included providing direct service counseling to survivors of trauma, though her true passion remains in gender-based violence prevention. She enjoys thinking creatively on ways to engage communities in prevention work and identifying out-of-the-box strategies to broaden the conversation on gender-based violence prevention. Through this reputation, she has become a nationally-recognized expert on gender-based prevention and systems change. As a Licensed Certified Social Worker (LCSW), she is uniquely able to bridge the gap between direct clinical services and systems change, ensuring that the voices of those most impacted by violence are always centered in intervention and prevention services.

**AMIE KUJABI** is an advocate for women and child rights. As a survivor of Female Genital Mutilation or

Cutting - FGM/C, she has worked with other women-led organizations in championing and raising awareness on issues relating to violence against women and girls (FGM, early and forced marriages) and women empowerment in various capacities. Amie is the co-founder of Think Young Women, and a Moremi Initiative for Women's Leadership in Africa MILEAD program fellow. She currently resides in the Seattle area and is pursuing a bachelor's degree in Global Development and French, as a final year student at the Seattle Pacific University.