

SUBJECT: Outlawing female genital mutilation

COMMITTEE: Public Health — favorable, without amendment

VOTE: 8 ayes — Gray, Coleman, Capelo, Glaze, Hilderbran, Maxey, McClendon, Uresti

0 nays

1 absent — Delisi

WITNESSES: For — Lynn Cooper, Zonta Club of Austin, Zonta International District 10; Peter Kuhl, M.D.

Against — None

DIGEST: HB 91 would make it an offense knowingly to circumcise, excise, or infibulate any part of the labia majora or labia minora or clitoris of another person who was younger than 18 years of age. The offense would be a state jail felony, punishable by 180 days to two years in a state jail and an optional fine of up to \$10,000.

It would be a defense to prosecution if the act were performed for medical purposes and the person performing the act were a physician or other licensed health-care professional and the act fell within the scope of the person's license.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house.

SUPPORTERS SAY: HB 91 is needed to protect girls and young women from painful acts of ritual mutilation that can result in severe medical and psychological consequences and even death. This type of mutilation, which involves partial or total removal of the external female genitalia and may include stitching together of the vulva (infibulation), is a tradition in some cultures that has been transported to Texas through immigration. Usually it is performed on girls aged four through ten, but it also can be performed at infancy or on a young woman before marriage. Female genital mutilation has no medical necessity

and usually is performed by a nonmedical practitioner in a home or other nonclinical setting.

No ethical defense can be made for preserving a cultural practice that so damages a woman's health. Female genital mutilation can cause many physical problems, including severe pain, hemorrhaging, infections, and abscesses, and can create long-term complications resulting from the blocked drainage of urine and menstrual blood, including chronic pelvic infections, sterility, and kidney damage. Every time a mutilated woman gives birth, the trauma of the mutilation is re-experienced, and other complications may ensue.

Federal lawmakers, having determined that such cultural practices should be outlawed in the United States, enacted the Prohibition of Female Genital Mutilation Act in 1996. However, a state law needs to be enacted for Texas to prosecute individuals who commit mutilations.

The World Health Organization has estimated that about 168,000 girls and women in the U.S. have experienced or are potentially at risk of female genital mutilation, and that 44 percent of them live in eleven metropolitan areas, including Dallas and Houston. The actual number of girls and young women who are mutilated is unknown, but the number probably is growing because of the state's growing immigrant population.

Women and girls who have been mutilated often are too afraid to go to the police and report their parents or cultural authorities, and health-care practitioners are not required to report incidences of genital mutilation. Many women believe that genital mutilation is necessary for acceptance in their communities and do not know that it is not a commonly accepted practice worldwide.

Enactment of HB 91 not only would provide a mechanism to prosecute offenders but could give affected parents the backing they need to reject this painful cultural tradition for their children. Education campaigns alone will not be able to eradicate a practice that has such deep cultural traditions.

This bill would not interfere with cultural beliefs and traditions. It simply would protect girls under 18 from an act that could result in severe medical

and psychological consequences. These girls will be able to choose this practice for themselves when they become adults.

OPPONENTS
SAY:

This bill is a classic example of government interference with parental responsibilities and religious and cultural practices. If genital mutilation, also called female circumcision, were so horrific, mothers who have undergone the procedure would not insist that their daughters follow the practice. The incidence of female circumcision is not high enough to warrant such a privacy intrusion.

Female circumcision is practiced in at least 26 African countries and among groups in North and South America, Australia, Europe, and Asia. This custom has existed for centuries and is supported by numerous beliefs, including those based on religious tenets, on protecting a woman's virginity, and on aesthetic reasons.

OTHER
OPPONENTS
SAY:

Enforcing laws against female genital mutilation might force the practice to go underground. Women might not seek medical care later in life because their parents might be charged, and if the procedures were botched, parents might be afraid to seek medical care for their child. Education campaigns, targeting specific groups or areas in Texas where the risk is high, might be a more effective means of preventing this practice.