

SB907_Myles-CORRECTED version.pdf

Uploaded by: Aleisa Myles

Position: FAV

note: this is the corrected version of the two uploaded files, please use this one

Testimony to the Maryland Senate Finance Committee
In support of SB907: Public Health - Female Genital Mutilation Legislation
Date: March 10, 2026
Submitted by: Aleisa Myles, PsyD

Dear Chair Beidle, Vice-Chair Hayes, and esteemed members of the Senate Finance Committee,

I am a licensed clinical psychologist. I was born in the United States. I grew up in Maryland. I am a survivor of female genital mutilation / cutting (FGM/C) that took place when I was a child and that was done on a brief trip out of the country. My name is Aleisa Myles, and I have lived with the consequences and repercussions of what happened for the rest of my life.

I was once a child who did not know that there is any such thing as FGM/C. I was born to parents who participate in a Muslim sect known as the Dawoodi Bohras - a group known for carrying out FGM/C. But it was never spoken about, not at home and not when I was taken to gatherings of the religious group. I did not know that adults kept this practice secret and hidden.

While I was going to kindergarten and 1st grade, I did not know yet that my family members were looking for somewhere to take me to have this done to me. There was no law prohibiting it at the time. First, the licensed pediatrician who was my doctor at the time was asked. He said that he did not offer this procedure but did not say anything to deter the search. Then another Maryland doctor was asked, through a family connection, and it was conveyed that although he may have performed FGM/C in the past he did not still offer this to parents seeking to have it done to their child. None of this was ever mentioned to me as a child. I have learned it only recently, well into my adulthood, through direct conversation with family.

After I had just finished 1st grade, I was taken on a trip to Pakistan. That summer, something horrible happened that made me never want to go back there. It was something I did not understand and for which I did not have any words. It was something I did not ask for and that was not explained to me even during or after it happened - something I would never allow to be done to me or any human being if I had any choice in the matter. But I was 6 years old.

I was then brought back home to Maryland, my body altered without my permission. Through the rest of my years in elementary and middle school, and even while I attended one of the largest public high schools in Maryland I never learned about what happened to me. When I went to college, out of state, I found out about FGM/C in a psychology book I picked up at a bookstore. Then I remembered being 6 years old and being in Pakistan. I insistently asked questions and a family member who was there at the scene where it took place confirmed that it really did happen to me.

I remembered being far away from home. When it happened I did not know where I was or how to find my way to any place I knew for safety. I have not been able to talk about this openly until well into adulthood.

I experienced many of the typical symptoms of post-traumatic stress and began seeking out therapy in my teenage years. Many therapists themselves were uninformed and unprepared to address FGM/C. During college when I went to see the only clinical psychologist on campus, he told me that he was not trained to help with this issue and that perhaps when I went to graduate school I could find someone to

help me. He never spoke with me about it again. After decades of therapy, much of which I paid for out of pocket, I finally found some help with this trauma around the age of 40. I live now in Pennsylvania and in my work as a psychologist I often work with survivors of severe trauma.

The legislation you now have the potential to pass can make a difference by advancing protections and supports for Maryland's children and for some of the survivors who have already endured this violation of their human rights. If this legislation had existed when I was a child, and if the public education and awareness and access to support had been available to me when I was younger, my entire life could have been different and full of much less suffering.

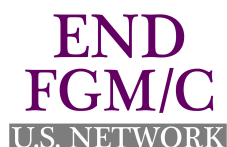
Thank you for the work that you do and for your consideration of my testimony.

Respectfully,
Aleisa Myles, PsyD

SB 907_US End FGMC Network_Written Testimony_Caitl

Uploaded by: Caitlin LeMay

Position: FAV



March 6, 2026

Maryland Senate
Finance Committee
3 East Miller Senate Office Building
11 Bladen St, Annapolis, MD 21401

Re: Support for SB 907 - 2025-26

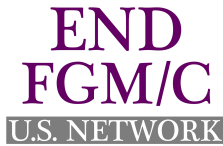
Dear Finance Committee,

I am writing to express [The U.S. End FGM/C Network](#)'s strong support for SB 907, to expand the definition of female genital mutilation/cutting (FGM/C), prohibit vacation cutting, mandate community education and outreach, and provide the right to civil action in Maryland. As members of the Finance Committee, The U.S. End FGM/C Network requests that you vote the bill favorably out of committee and urge House and Senate Leadership to bring the bills to their respective chambers for a vote.

Although there is a state law prohibiting FGM/C in Maryland, SB 907 is a necessary and urgent addition to the current law as it will ensure the state has comprehensive, holistic legislation that addresses FGM/C and responds to the needs of survivors and impacted communities. SB 907 will build on the 1998 law by:

- **Updating the definition of FGM/C** to align with the World Health Organization and explicitly classify it as a form of abuse.
- **Including a vacation cutting provision** to prohibit transporting girls out of state for FGM/C.
- **Implementing community education and outreach programs** to raise awareness about FGM/C and available survivor services.
- **Establishing a civil action mechanism**, allowing survivors to seek damages and protective remedies to support their healing and recovery.

The DMV Area was ranked as having the second-highest metro area ([Washington-Arlington-Alexandria](#)) in the United States with over 40,000 women and girls who are at risk or have undergone FGM/C. In Maryland alone, there are 25,736 women and girls who are at risk or have undergone FGM/C. In the United States, more than half a million women and girls are at risk or have undergone FGM/C, though this number is severely underreported and is anticipated to be much higher. Additionally, not only is FGM/C internationally recognized as a human rights violation and a form of child abuse, it is also a severe form of sexual violence. Therefore, Maryland law should explicitly recognize FGM/C as a form of abuse to ensure mandatory reporting and provide survivors with the same services and protections available to survivors of other



forms of abuse. SB 907 will help ensure this occurs.

The U.S. End FGM/C Network's mission is to eliminate FGM/C by connecting, supporting, elevating, and advocating on behalf of and with diverse US stakeholders engaged in prevention, education, and care. We are a collaborative group of over 200 members including FGM/C survivors, civil society organizations, foundations, activists, policy makers, researchers, healthcare providers, and others committed to promoting the abandonment of FGM/C in the U.S. and globally.

The U.S. End FGM/C Network fully supports this bill and respectfully urges you to immediately take the necessary steps to pass SB 907. Maryland lawmakers have an important opportunity to protect girls, support survivors, and close critical gaps in the state's response to FGM/C.

You can reach The U.S. End FGM/C Network by contacting Caitlin LeMay at caitlin@endfgmnetwork.org if you have any questions or would like additional information on FGM/C.

Sincerely,

Caitlin LeMay
Executive Director
The U.S. End FGM/C Network

SB0907 Public Health - Female Genital Mutilation M

Uploaded by: Cecilia Plante

Position: FAV



TESTIMONY FOR SB0907 – Public Health – Female Genital Mutilation – FAVORABLE

Bill Sponsor: Senator Sara Love

Committee: Finance

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Jessica Gorski, Executive Committee

Position: FAVORABLE

Chair, Vice Chair, and Members of the Committee,

My name is Jessica Gorski, and I am submitting this testimony in strong support of SB0907 on behalf of the Maryland Legislative Coalition. We are a statewide coalition of grassroots organizations representing more than 30,000 Marylanders across every legislative district. Our mission is to ensure that state policy protects people’s lives, health, and dignity, especially the safety and well-being of children who rely on trusted adults and institutions for protection.

SB0907 strengthens that commitment by establishing clear, consistent, and enforceable statewide standards to prevent, identify, and respond to female genital mutilation (FGM), a severe and deeply harmful form of child abuse.

This bill makes several critical updates to Maryland law. It alters the definition of “abuse” to explicitly include FGM for mandatory reporting requirements, ensuring that healthcare providers, educators, and other mandated reporters clearly understand their obligation to report suspected cases. It expands and clarifies the actions related to FGM that are prohibited, and increases penalties for violations, reflecting the seriousness of the harm inflicted on children. SB0907 also requires a health occupations licensing board to revoke the license of any individual who commits a violation under the bill, ensuring accountability for professionals who abuse their authority.

Importantly, the bill authorizes individuals subjected to FGM to bring a civil action for damages, including attorney’s fees, creating a pathway for survivors to seek justice and long-term support. It further requires the Maryland Department of Health, in collaboration with public and private partners, to develop and distribute educational materials on FGM to support prevention and community awareness efforts statewide.

These protections are urgently needed.

FGM is a human rights violation that inflicts lifelong physical, psychological, and reproductive harm. Children subjected to FGM face increased risks of infection, chronic pain, complications in childbirth, trauma, and long-term health consequences. Maryland’s

current statutory language does not fully capture the scope of this harm or provide the clarity needed for consistent reporting and enforcement. SB0907 closes those gaps by ensuring that:

- FGM is clearly recognized as child abuse under Maryland law.
- Mandatory reporters understand their obligation to report suspected cases.
- Prohibited actions related to FGM are clearly defined and strengthened.
- Penalties and professional consequences reflect the severity of the harm.
- Survivors have access to civil remedies and long-term support.
- State agencies engage in proactive education and prevention efforts.

These measures create a uniform, evidence-based framework for prevention, reporting, and accountability.

SB0907 also has significant implications for children’s health and access to care. Survivors of FGM often require specialized medical treatment, trauma-informed behavioral health services, and long-term reproductive healthcare. By ensuring earlier identification and mandatory reporting, this bill helps connect children to critical medical and mental health services that can mitigate long-term harm. Strengthening prohibitions also prevents future cases, protecting children from avoidable and lifelong health consequences.

SB0907 aligns squarely with the mission of the Maryland Legislative Coalition. It strengthens child protection, promotes transparency, and ensures that Maryland’s laws uphold the highest standards of safety and dignity. No child should ever be subjected to female genital mutilation, nor should any case go unreported, unaddressed, or unaccounted for.

We respectfully urge a FAVORABLE report on SB0907.

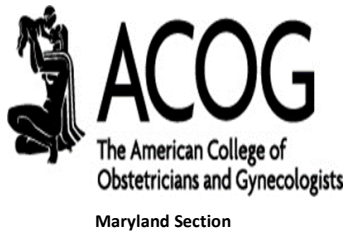
Thank you for your time and consideration.

Jessica Gorski
Executive Committee
Maryland Legislative Coalition

SB0907_FAV_MDACOG, MDAAP_PH - Female Genital Mutil

Uploaded by: Christine Krone

Position: FAV



Senate Finance Committee
March 10, 2026
Senate Bill 907 – *Public Health – Female Genital Mutilation*
POSITION: SUPPORT

On behalf of the Maryland Section of the American College of Obstetricians and Gynecologists (MD ACOG) and the Maryland Chapter of the American Academy of Pediatrics (MDAAP), we submit this letter of **support** for Senate Bill 907. The bill would expand the statutory definition of child “abuse” to include female genital mutilation (FGM), strengthen prohibitions against engaging in the practice, increase related penalties, and require the development of educational materials on FGM.

The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) strongly support efforts to protect children and women from harmful practices that pose serious physical and psychological risks. FGM is internationally recognized as a violation of human rights and a form of abuse with lifelong health consequences. ACOG’s policy unequivocally condemns all forms of medically unnecessary surgical modification of the female genitalia and supports education, awareness, and efforts to eliminate FGM both in the United States and globally [Female Genital Mutilation | ACOG](#).

Similarly, the AAP emphasizes the importance of early recognition, appropriate management, and comprehensive care for children affected by FGM or at risk for the practice [Diagnosis, Management, and Treatment of Female Genital Mutilation or Cutting in Girls | Pediatrics | American Academy of Pediatrics](#).

By clarifying legal protections, enhancing penalties, and supporting providers and community education, Senate Bill 907 aligns with the professional commitment of MDACOG and MDAAP to safeguard the health, safety, and rights of minors and vulnerable populations. We strongly urge a favorable vote.

For more information:

Christine K. Krone
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
(410) 244-7000

SB0907 CPMC FAV FIN.pdf

Uploaded by: Diana Philip

Position: FAV

THE COALITION TO PROTECT MARYLAND'S CHILDREN

Our Mission: To combine and amplify the power of organizations and citizens working together to keep children safe from abuse and neglect. We strive to secure budgetary and public policy resources to make meaningful and measurable improvements in safety, permanence, and wellbeing.



SB0907 – Public Health - Female Genital Mutilation Senate Finance Committee

Position: SUPPORT

The Coalition to Protect Maryland's Children is a consortium of organizations and individuals formed in 1992 who are concerned about the care of Maryland's most vulnerable children and work together to educate and promote meaningful child welfare reform. **CPMC urges a favorable report on SB0907 - Public Health - Female Genital Mutilation.**

Our coalition supports this straight forward, pro-active bill which seeks to include in Maryland's state law the definition of child abuse to include female genital mutilation. SB0907 sets out criminal penalties and civil actions against those who knowingly perform, attempt to perform, or conspire to perform the act on a minor, including transporting the child across state lines for the act to transpire.

We believe that such an act is violation of a child's right to safety, bodily integrity, health, and wellbeing. We appreciate the attention given to the importance of data collection of the criminal offenses as well as educational materials to be produced to increase public awareness of the signs of victimization, the physical and mental health risks caused by such an act, and associated criminal penalties for violations of the law.

It is for these reasons that the Coalition to Protect Maryland's Children **urges a favorable report on SB0907 - Public Health - Female Genital Mutilation.**¹

¹ Members of CPMC represented by this written testimony include – Child Justice, Center for Hope, Citizen's Review Board for Children, Court Appointed Special Advocates (CASA - Baltimore County), Maryland Association of Resources for Families and Youth (MARFY), Maryland Network Against Domestic Violence, National Association of Social Workers – MD (NASW), the State Council on Child Abuse & Neglect (SCCAN), TurnAround, Inc., and individual members of the coalition.

SB907_DjessouKouyate_FAV

Uploaded by: Djessou KOUYATE

Position: FAV

Djessou Kouyate Testimony

Testimony in Support of Strengthening Protections Against Female Genital Mutilation/Cutting (FGM/C) in Maryland

My name is Djessou Kouyate, and I am the Executive Director of the Inter-African Committee USA, an organization established in 2006 to raise awareness and educate American and diaspora communities about harmful traditional practices, particularly Female Genital Mutilation/Cutting (FGM/C), which severely impacts the lives of women and children.

I would like to share a brief but heartbreaking story about what is often called “vacation cutting,” which highlights the urgent need for stronger protections.

A mother living in Maryland traveled with her two daughters to visit family in her home country. While she briefly left the girls with relatives to visit her elderly grandparents in a rural town, family members forced FGM on one of the children because she had not undergone the procedure. The young girl suffered severe bleeding and tragically lost her life.

This story reminds us that girls are especially vulnerable during school breaks, when many families travel abroad.

Why Summer Camps?

Evidence shows that many harmful practices, including FGM/C, occur during summer school breaks. Summer camps can provide a safe space to educate children, parents, and community leaders about cultural traditions while also teaching strategies to prevent FGM/C. These camps can also help identify the challenges families face and develop recommendations for stronger protection measures.

Now is the time to strengthen Maryland's laws and send a clear message that we will protect our women and girls and prevent tragedies like this from happening again. Passing this bill will help save lives.

Thank you.

SB 907 Favorable Written Testimony 6 March 2026.pd

Uploaded by: Karen McDonnell

Position: FAV

March 6, 2026

Maryland Senate
Finance Committee
3 East Miller Senate Office Building
11 Bladen St, Annapolis, MD 21401

Re: Support for SB 907 - 2025-26

Dear Maryland Senate Finance Committee Members,

I am writing today to express my strong support for **SB 907: Public Health -Female Genital Mutilation**. I urge you to **vote favorably** on this crucial piece of legislation.

I am writing as a Maryland resident and advocate who has spent the past decade working with survivors of Female Genital Mutilation and Cutting and the providers who treat these survivors in the state of Maryland. In my capacity as a public health researcher, I worked on the Federal Legislation, the STOP FGM ACT of 2020 and know the power that is instilled when a state decides to stand up and serve in the role of protector for its citizens.

Female Genital Mutilation/Cutting (FGM/C) is a severe form of child abuse and gender-based violence that results in devastating, lifelong physical and psychological consequences for survivors. These consequences can include chronic pain, recurrent infections, complications in childbirth, and severe psychological trauma.

Did you know that the DMV region has the second-highest prevalence in the United States and more than 25,000 women and girls in Maryland have experienced or are at risk of FGM/C? Globally, over 230 million women and girls have been subjected to FGM/C—which is defined as the *partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons*. This is a human rights violation and a severe form of gender-based violence—one Maryland led the efforts and first addressed in 1998.

But Maryland's law is now outdated. This bill strengthens prevention and response measures and would explicitly recognize FGM/C as a form of abuse to ensure mandatory reporting and provide survivors with the same services and protections available to survivors of other forms of abuse. SB 907 will help ensure this occurs.

SB 907 will expand the definition of female genital mutilation/cutting (FGM/C), prohibit vacation cutting, mandate community education and outreach, and provide the right to civil action in Maryland. As members of the Senate Finance Committee, I am requesting that you vote the bill favorably out of committee and urge House and Senate Leadership to bring the bills to their respective chambers for a vote.

Although there is a state law prohibiting FGM/C in Maryland, SB 907 is a necessary and urgent addition to the current law as it will ensure the state has comprehensive, holistic legislation that addresses FGM/C and responds to the needs of survivors and impacted communities. SB 907 will build on the 1998 law by:

- Updating the **definition of FGM/C** to align with the World Health Organization and explicitly classify it as a form of abuse.
- Including a **vacation cutting** provision to prohibit transporting girls out of state for FGM/C.
- Implementing **community education** and outreach programs to raise awareness about FGM/C and available survivor services.
- Establishing a **civil action mechanism**, allowing survivors to seek damages and protective remedies to support their healing and recovery.

I fully support this bill and respectfully urge you to immediately take the necessary steps to pass SB 907. Maryland lawmakers have an important opportunity to protect girls, support survivors, and close critical gaps in the state's response to FGM/C.

Thank you for your consideration of this critical public health and human rights issue.

Sincerely,

A handwritten signature in black ink, appearing to read "K. McDonnell", with a long horizontal flourish extending to the right.

Karen A McDonnell, PhD
Associate Professor-Tenured

FGM - testimony -2026 - SB907 FAV.pdf

Uploaded by: Lisae C Jordan

Position: FAV



Working to end sexual violence in Maryland

P.O. Box 8782
Silver Spring, MD 20907
Phone: 301-565-2277
mcasa.org

For more information contact:
Lisae C. Jordan, Esquire
443-995-5544

Testimony Supporting Senate Bill 907
Lisae C. Jordan, Executive Director & Counsel
March 10, 2026

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence. We urge the Finance Committee to report favorably on Senate Bill 907.

Senate Bill 907 – Female Genital Mutilation

This bill provides needed clarification to Maryland's law prohibiting female genital mutilation (FGM). This includes adding FGM to the definition of abuse, which will create mandatory reporting obligations and permit child protective services to investigate. Transporting a minor out of state for purposes of FGM will be added to current criminal provisions, and a health care provider violating these provisions will be stripped of their license even if they plea nolo contendere or receive probation before judgment. Critically, this bill will also provide for civil remedies for the victims of this despicable procedure.

Female genital mutilation is a profound sexual assault, permanently injuring the woman or girl who is assaulted and causing lifelong repercussions. The World Health Organization reports that: Female genital mutilation (FGM) has no health benefits, and it harms girls and women in many ways. The practice involves removing and injuring healthy and normal female genital tissue, interfering with the natural functions of girls' and women's bodies. It can lead to immediate health risks, as well as a variety of long-term complications affecting women's physical, mental and sexual health and well-being throughout the life-course. All forms of FGM are associated with increased health risk in the short- and long-term. FGM is a harmful practice and is unacceptable from a human rights as well as a public health perspective, regardless of who performs it.

Maryland was at the forefront of prohibiting this abhorrent practice, SB907 is a needed update to the law and provides survivors with more rights and imposes stronger penalties and deterrence.

**The Maryland Coalition Against Sexual Assault urges the
Finance Committee to
report favorably on Senate Bill 907**

SB0907 3:10:26 Fem Mutilation.pdf

Uploaded by: Lynn Mortoro

Position: FAV



TESTIMONY IN SUPPORT OF SB0907
Public Health - Female Genital Mutilation
FAVORABLE

TO: Chair Senator Pamela Beidle, Senator Antonio Hayes and members of the Senate Finance Committee

FROM: Lynn Mortoro, member of the Maryland Episcopal Public Policy Network (MEPPN)

DATE: March 10, 2026

Dear Chair Senator Beidle, Vice Chair Senator Hayes and all members of the Senate Finance Committee

I am a retired Registered nurse and a mother and grandmother. There is not many things that are as horrific as the thought of a young girl undergoing this torture who has no chance to say no.

I am also a member of the Episcopal Church. The Church has long advocated for health care and prevention of abuse in children. The Church states that we are to: “Affirm and uplift ongoing efforts to educate and empower advocacy addressing violence against women and girls.”

Please pass this bill and help to protect our female children.

Thank you

The Maryland Episcopal Public Policy Network (MEPPN) requests a

FAVORABLE report

The Maryland Episcopal Public Policy Network (MEPPN) is a ministry of The Episcopal Diocese of Maryland, The Episcopal Diocese of Washington, and The Delaware-Maryland Synod ELCA

SB907_Sahiyo_Mariya Taher (1).pdf

Uploaded by: Mariya Taher

Position: FAV

Testimony Before the Maryland Senate Finance Committee

Regarding SB907: Public Health - Female Genital Mutilation Legislation

Date: March 6, 2026

Submitted by: Mariya Taher, Co-Founder and Executive Director, Sahiyo

Dear Chair Senator Beidle, Vice-Chair Senator Hayes, and esteemed members of the Senate Finance Committee,

My name is Mariya Taher, and I am the Co-Founder and Executive Director of [Sahiyo](#), an organization dedicated to empowering survivors and advocates to end female genital mutilation/cutting (FGM/C). I also helped form the [DMV Coalition to End FGM/C](#), a coalition who has been advocating for stronger policy solutions to address FGM/C for years. And I am a survivor of FGM/C who is writing to express Sahiyo's and my unwavering support for [SB907](#), a critical piece of legislation that updates and strengthens Maryland's existing law to address a severe public health crisis and human rights violation within our communities.

FGM/C is a form of gender-based violence that inflicts lifelong harm on girls and women. It is a profound public health issue, resulting in a host of physical and psychological complications, including chronic pain, recurrent infections, childbirth complications, PTSD, and severe emotional trauma. While this bill directly addresses public health and human rights, we urge you, as the Finance Committee, to also consider the long-term financial implications. The recurrent and chronic health issues resulting from FGM/C create an unnecessary, preventable burden on Maryland's healthcare and social services budgets.

A common misconception is that FGM/C only affects communities in other countries. My own story, and the stories collected from over 80 survivors for Sahiyo's [Voices to End FGM/C](#) project, dispel this myth. I was born in the U.S. and underwent FGM/C on a family trip to India. In the years following, family and friends of mine underwent the procedure here on U.S. soil. The 2017 Federal Michigan case is another clear example of FGM/C occurring domestically. It is important to recognize that FGM/C is not a new occurrence in the U.S. Up until the 1960s, a form of FGM/C called clitoridectomy was even recommended in medical books to treat women for "hysteria" or "mental illness." FGM/C does not discriminate; it affects girls across all backgrounds. The CDC has estimated that half a million women and girls in the U.S. have undergone or are at risk of undergoing FGM/C.

This legislation is essential for several key reasons:

- **Strengthening Legal Protection for Minors:** Maryland was an early leader in criminalizing FGM/C, and SB907 ensures that the law remains effective and aligned with best practices nationwide. This is not a symbolic revision; it is a practical, necessary modernization.
- **Support for Survivors and Fiscal Responsibility:** It opens the door to creating necessary resources for survivors, including specialized healthcare, counseling services, and

community-based support. Investing in prevention and support services now is a fiscally responsible measure that reduces the higher, recurring costs of emergency care and chronic health management later. Legislation is a crucial first step in acknowledging the harm and providing a pathway to healing.

- **Empowering Enforcement and Prevention:** A clear, modern state law is vital to ensure that medical professionals, social workers, educators, and law enforcement agencies are equipped with the legal framework to identify, prevent, and respond to FGM/C cases effectively. Prevention depends on early identification, culturally informed education and outreach, and a coordinated response.

Passing **SB907** is a decisive step toward preventing this violence and ensuring that all young girls in Maryland are protected from this form of gender-based violence.

Thank you again for considering my testimony in your decision regarding the passage of SB907, Public Health Female Genital Mutilation. If you need additional follow-up information, please do not hesitate to reach me at mariya@sahiyo.org or by phone at 661-496-6976.

Sincerely,

Mariya Taher, MSW, MFA

2026 SB0907 FAV.pdf

Uploaded by: Mathew Goldstein

Position: FAV



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March 10 2026

SB 0907- FAV

Public Health - Female Genital Mutilation

Dear Chair [Senator Pamela Beidle](#), Vice Chair [Antonio Hayes](#), and Members of the Finance Committee,

More than 230 million girls and women alive today have undergone female circumcision, also known as female genital mutilation (FGM) in 30 countries in Africa, the Middle East and Asia. FGM/C, which should not be conflated with male circumcision, is mostly carried out on young girls between infancy and age 15. Treatment of the health complications of FGM/C is estimated to cost health systems US\$ 1.4 billion per year, a number expected to rise unless urgent action is taken towards its abandonment. Federal law makes it a crime to perform FGM/C on a girl younger than 18 or to take or attempt to take a girl out of the United States for FGM/C.

FGM/C has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and it interferes with the natural functions of girls' and women's bodies. Although all forms of FGM/C are associated with increased risk of health complications, the risk is greater with more severe forms of FGM/C. According to WHO, immediate complications of FGM/C can include: Severe pain, excessive bleeding (haemorrhage), genital tissue swelling, fever, infections e.g., tetanus, urinary problems, wound healing problems, injury to surrounding genital tissue, shock, death. Long-term complications can include: Urinary problems (painful urination, urinary tract infections), vaginal problems (discharge,

itching, bacterial vaginosis and other infections), menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.), scar tissue and keloid, sexual problems (pain during intercourse, decreased satisfaction, etc.), increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths, need for later surgeries: women with Type 3 might require deinfibulation (opening the infibulated scar to allow for sexual intercourse and childbirth, psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.).

It is not a defense of female genital mutilation that the conduct described in this bill is required as a matter of religion, custom, ritual or standard practice, or that the individual on whom it is performed or the individual's parent or guardian consented to the procedure. Given the ongoing misguided efforts to automatically grant top priority to any claims that are rooted to some extent in religious beliefs, regardless of the negative impact on the health and welfare of individuals and society, it would better if this bill included a statement that there is to be no religious belief veto over the application of this law.

Mathew Goldstein

3838 Early Glow Ln

Bowie, MD

Testimony in support of SB0907 - Public Health - F

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0907_RichardKaplowitz_FAV
03/10/2026

Richard Keith Kaplowitz
Frederick, MD 21703-7134

TESTIMONY ON SB#0907 - POSITION: FAVORABLE

Public Health - Female Genital Mutilation

TO: Chair Beidle, Vice Chair Hayes and members of the Finance Committee

FROM: Richard Keith Kaplowitz

My name is Richard Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of/ SB#/0907, Public Health - Female Genital Mutilation

UNICEF for Every Child defines *What is female genital mutilation? - Everything you need to know about FGM and what UNICEF is doing to stop it*¹

Female genital mutilation (FGM) refers to all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. It is most often carried out on young girls between infancy and age 15. In every form in which it is practiced, FGM is a violation of girls' and women's fundamental human rights, including their rights to health, security and dignity.

FGM has no health benefits and can lead to serious, long-term complications and even death. Immediate health risks include hemorrhage, shock, infection, HIV transmission, urine retention and severe pain. Psychological impacts can range from a girl losing trust in her caregivers, to longer-term feelings of anxiety and depression. In adulthood, girls subjected to FGM are more likely to suffer infertility or complications during childbirth, including postpartum hemorrhage, stillbirth and early neonatal death.

The intent of this bill is to classify FGM as abuse and add reporting requirements if it is detected as well as increasing penalties when it is performed.

The bill will alter the definition of "abuse" to include female genital mutilation for the purposes of a provision of law requiring certain persons to provide notice of suspected abuse or neglect of a child or make a written report of suspected abuse or neglect of a child; alter the actions regarding female genital mutilation in which a person is prohibited from engaging; increasing the penalties for a violation of certain provisions related to female genital mutilation; etc.

I respectfully urge this committee to return a favorable report on SB0907.

¹ <https://www.unicef.org/stories/female-genital-mutilation>

2026 ACNM SB 907 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill: Senate Bill 907 – Public Health – Female Genital Mutilation

Hearing Date: March 10, 2026

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports *Senate Bill 907 – Public Health – Female Genital Mutilation*. This bill protects women and girls in Maryland by establishing criminal prohibitions against female genital mutilation (FGM) and ensuring that those who perform or facilitate this practice are held accountable.

The D.C. metropolitan area ranks second in the United States for the number of women and girls at risk for FGM.¹ This procedure has no health benefits and causes severe, lasting harm. The World Health Organization recognizes this as a violation of human rights of girls and women. Complications can include severe pain, excessive bleeding, infections, obstetric complications, and lasting psychological trauma including PTSD.²

ACNM members are dedicated to protecting women and girls from harm. The need for this legislation is clear; Maryland statute must ensure the state can investigate and prosecute cases of FGM independently. Beyond legal accountability, it is essential for health care providers to have adequate training on for FGM survivors. The Journal of Global Health notes that many providers lack this training, which can result in re-traumatization and inadequate care.³ This bill creates the legal foundation upon which provider education and survivor support initiatives can be built.

We ask for a favorable report on this legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

¹ <https://endfgmnetwork.org/blog/third-times-a-charm-washington-d-c-passes-bill-to-ban-fgm-c/#:~:text=The%20DC%20Metropolitan%20area%20ranks,C%2C%20with%20estimates%20over%2051%2C000.>

² <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

³ <https://jogh.org/2022/jogh-12-03059>

SB 907 - Public Health - Female Genital Mutilation

Uploaded by: Sara Love

Position: FAV



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

SB 907 – Public Health – Female Genital Mutilation

Chair Beidle, Vice Chair Hayes, Members of the Finance Committee:

Female Genital Mutilation or Cutting (FGM/C), is a violent and a disturbing violation of bodily autonomy and human rights. This inhumane procedure involves the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. According to the World Health Organization, FGM/C “violates a person's right to health, security and physical integrity [and] the right to be free from torture and cruel, inhuman or degrading treatment”.¹

Maryland was a leader when we banned FCM/C in 1998; however we now are far behind. SB 907 is necessary to close the loopholes that exist in the current law, strengthen protections for victims of FGM/C, and require education.

In Maryland, over 30,000 individuals are, or are at risk of becoming, victims of FGM/C², and women and girls from infancy to age fifteen are at the highest risk.³ The impacts are severe, lasting, and detrimental, leading to horrific physical and psychological health outcomes.

Physically, in the short term, victims face severe pain, excessive bleeding, shock, genital tissue swelling, infections, urinary problems, impaired wound healing, and even death. In the long term, the list only grows. Victims are at risk of pain from trapped and damaged nerve endings, chronic infections including genital, reproductive tract, and urinary tract infections, vaginal problems (discharge, itching, bacterial vaginosis and other infections), menstrual problems, excessive scar tissue (keloids), sexual health problems, childbirth complications, and perinatal risks.⁴

Beyond the physical repercussions, victims also face numerous mental health impacts. Victims of FGM/C are at risk of PTSD, anxiety, depression, somatization, sleep disorders, and persisting feelings of isolation, anger, loneliness, guilt, or shame. They are almost three times more likely to develop a depressive or an anxiety disorder than the average woman, and over four times more likely to experience PTSD. The impacts of FGM/C on an individual are severe, inescapable, and often irreparable.⁵

¹ <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

² <https://equalitynow.org/what-we-do/womens-rights-around-the-world/womens-rights-in-north-america/us-laws-against-fgm-state-by-state/>

³ <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

⁴ [https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation)

⁵ <https://www.who.int/news/item/14-04-2025-new-study-highlights-multiple-long-term-health-complications-from-female-genital-mutilation>

Current legislation addressing FGM/C is outdated and the protections it provides are insufficient, causing easily exploitable legal loopholes. As the law stands, individuals can avoid all legal consequences of FGM/C by merely taking the victim out of state to perform the mutilation. They are able to do this and return to the state of Maryland with no repercussions and thus continue their abuse of girls and women. This loophole is called “vacation cutting,” and SB 907 would close it, banning the practice. Twenty-six other states including neighboring Virginia, Pennsylvania, and New York, plus the District of Columbia, have closed this ‘vacation’ loophole.⁶

SB 907 strengthens our law in several other ways. First, it allows for victims to pursue civil actions against their abusers. Victims need to be able to sue their abusers, in the event the criminal system does not provide the justice needed. Second, it increases the maximum penalties for FGM/C from 5 years imprisonment and a \$5,000 fine to 10 years imprisonment and a \$10,000 fine the penalties for FGM/C, thus properly reflecting the harm that it causes on victims. Third it would ensure that medical providers who are convicted of FGM/C lose their medical license.

Finally, research has shown that legislation alone is insufficient to change the social norms surrounding FGM/C: education about the practice is key in preventing it from happening in the first place, and effectively and quickly addressing it when it does happen. SB 907 works to fill the education gap surrounding FGM/C, and requires the Maryland Department of Health to produce, publish, and distribute educational materials regarding FGM/C to health care providers, law enforcement agencies, schools, the public, and any other professional or community-based organizations that may work or interact with individuals who are at risk of female genital mutilation. Fifteen other states as well as DC have passed laws mandating provisions for community education and outreach with great success.⁷

FGM/C is a human rights violation, and a violent abuse on girls and women. SB 907 will strengthen our law against FGM/C and protect girls and women.

For the foregoing reasons, I respectfully request a favorable report on SB 907.

⁶ https://equalitynow.org/what-we-do/womens-rights-around-the-world/womens-rights-in-north-america/us_laws_against_fgm_state_by_state/

⁷ https://equalitynow.org/what-we-do/womens-rights-around-the-world/womens-rights-in-north-america/us_laws_against_fgm_state_by_state/

Rubel Testimony SB907 and HB 1389.pdf

Uploaded by: Susan Rubel

Position: FAV

Testimony in Support of SB907 and HB 1389

My name is Susan Masling Rubel. I have lived in Bethesda, Maryland for 30 years. I recently retired from the U.S. Department of Justice (DOJ), where I served in the Human Rights and Special Prosecutions Section, the component charged with enforcing the federal law banning female genital mutilation/cutting (FGM/C), codified at 18 U.S.C. § 116.

In that role, I investigated allegations of FGM/C occurring in the United States and, where appropriate, pursued federal criminal charges against perpetrators. I chaired the federal interagency working group on FGM/C and was responsible for drafting the annual reports to Congress required by statute, documenting the actions taken by the U.S. Government to prevent and prosecute FGM/C domestically. That work required engagement with medical professionals, child protection personnel, educators, survivors, and law enforcement at the federal, state, and local levels.

My testimony today is informed by that experience and by my ongoing work as a member of the DMV Coalition Against FGM/C. I am speaking in my personal capacity.

Internationally, the United Nations recognizes FGM/C as a violation of human rights and an extreme form of discrimination against women and girls that can amount to torture. In the U.S., FGM/C has been a federal crime since 1996 and is recognized by the U.S. government as a form of child abuse. In 1998, Maryland became one of the first states in the country to enact its own criminal prohibition. Today, 41 states — including the District of Columbia and Virginia — have enacted laws banning FGM/C.

The question before you is whether Maryland’s statute, written nearly three decades ago, remains sufficient given developments in law and practice. In my opinion, it does not.

The federal statute has been strengthened twice and is again under review in Congress.

In 2013, Congress amended the federal law after it became clear that families were transporting girls abroad during school vacations to have FGM/C performed in other countries — a practice known as “vacation cutting.” The amendment criminalized the act of transporting a minor out of the United States for purposes of FGM/C. **Most states with FGM/C laws now include provisions addressing transportation and facilitation. Maryland’s statute does not.**

There are documented examples of parents crossing state lines in United States for purposes of FGM/C. In 2017, the DOJ brought charges in Michigan against a physician and others accused of performing FGM/C on nine minor girls who had traveled from other states for the procedure. The District Court ultimately dismissed those charges on the grounds that Congress lacked the Constitutional authority to regulate what the court characterized as conduct more appropriately addressed under state police powers.

In 2020, Congress unanimously passed, and President Trump signed into law, the STOP FGM Act. That legislation strengthened the federal framework by aligning the statutory definition of FGM/C with the definition used by the World Health Organization. **This Bill does the same, to cover all the types of cutting known to occur.**

The STOP FGM Act also strengthened the criminal penalties for performing FGM, increasing the maximum penalty from 5 to 10 years. **This bill does the same.**

We are now in a period of legal uncertainty regarding the future of the federal law. Congress is considering additional amendments to the federal statute that would expand the definition of FGM/C to include gender-affirming medical interventions. The “Protect Children’s Innocence Act” passed the House in December and is awaiting action in the Senate. Because the proposal raises novel constitutional questions, it is likely to be challenged in courts, possibly preventing DOJ from enforcing the law. **If that happens, strong state statutes will be essential to ensure that prosecutions for FGM/C can proceed without disruption.**

Additionally, the Bill’s education and reporting provisions are central to effective prevention.

FGM/C is a secretive and deeply rooted practice with longstanding cultural origins across multiple regions of the world. Criminal prosecution alone cannot eradicate it. **Prevention depends on early identification, culturally informed education and outreach, and coordinated response.**

Clarifying that FGM/C constitutes “abuse” for purposes of Maryland law will ensure that suspected cases are reported and documented. Training mandated reporters — including teachers, health care providers, and CPS workers — equips them to recognize risk indicators, understand cultural dynamics, and respond appropriately. When service providers are trained to identify risk, intervention can happen before irreversible harm is done. **Requiring the development of training for service providers strengthens the protective net around vulnerable girls.**

Finally, providing FGM/C survivors with a clear right to civil action is essential because it empowers them to seek justice, hold perpetrators accountable, and obtain financial compensation and other remedies to support their healing and recovery.

Maryland was an early leader in criminalizing FGM/C. Updating this law will ensure that it remains effective and aligned with best practices nationwide. This is not a symbolic revision. It is a practical, necessary modernization designed to protect girls at risk and to ensure that those who facilitate or perform FGM/C can be held accountable under Maryland law. Please vote yes.

SB 907_HB 1389_ Public Health - Female Genital Mu

Uploaded by: Trudy Tibbals

Position: FAV

SB 907/HB 1389: Public Health - Female Genital Mutilation: Please vote to **SUPPORT** this bill.

Dear Finance Committee and Judiciary Committee:

I am writing to strongly urge you to **SUPPORT SB 907/HB 1389** during committee consideration or floor votes.

These bills strengthen Maryland's laws against female genital mutilation (FGM) by:

- Expanding the definition of prohibited acts to clearly include knowingly taking a minor out of state for the purpose of FGM ("vacation cutting").
- Increasing penalties for violators, including felony classification in certain cases.
- Requiring health care providers to report suspected FGM cases involving minors.
- Mandating additional training for health professionals, law enforcement, and child welfare workers on recognizing and responding to FGM.
- Directing the Maryland Department of Health to develop public awareness and prevention materials.

Female genital mutilation is a form of child abuse and gender-based violence that causes lifelong physical and psychological harm. It has no medical benefit and is internationally recognized as a human rights violation. Maryland already criminalizes performing FGM, but gaps remain—especially regarding taking children out of state for the procedure and ensuring professionals are trained to identify and report cases. These bills close those gaps, strengthen protections for vulnerable girls, and align Maryland with stronger federal and international standards.

No cultural, religious, or personal belief justifies mutilating a child's body. We must send a clear message that Maryland will not tolerate FGM in any form and will protect girls from this harmful practice.

For these reasons, I respectfully ask you to **vote in favor of SB 907/HB 1389** and help strengthen protections against female genital mutilation in Maryland.

Thank you for your time and thoughtful consideration of this critical child protection and public health issue.

Sincerely,

Trudy Tibbals

SB 0907 - FIN - MDH- LOSWA.docx (1).pdf

Uploaded by: Meghan Lynch

Position: FWA



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

March 10, 2026

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 907 – Public Health - Female Genital Mutilation – Letter of Support with Amendments

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support with amendments for senate bill (SB) 907 – Public Health - Female Genital Mutilation. SB 907 would alter the definition of female genital mutilation (FGM); prohibit the transfer of children out of state for FGM; increase and establish penalties for violations of certain FGM provisions; allow victims of FGM to seek civil action; require the Department to report information about FGM cases in the state; and require the Department to develop and publish educational materials regarding FGM.

The Department supports this bill that strengthens protections against FGM, safeguards bodily autonomy, and advances reproductive justice for individuals in Maryland. This bill aligns with the state’s Women’s Health Action Plan goal of protecting reproductive rights. Female genital mutilation is the removal of or injury to the external female genitalia for non-medical reasons.¹ FGM has no health benefits and carries a high risk of health complications and, in some cases, death.¹ FGM is almost always carried out on minors, violating their bodily autonomy and human rights before they are able to provide meaningful consent.

In Maryland, an estimated 25,000 individuals have experienced FGM, and more than 1,000 children are estimated to be at risk of FGM.² In some cases, “vacation cutting” occurs when children are taken out of the country to have FGM performed.³ FGM and transporting individuals

¹ Female genital mutilation (2025). WHO.

<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

² AHA Foundation Study Findings on Female Genital Mutilation in the U.S.: Maryland (2023). AHA Foundation.

https://www.theahafoundation.org/wp-content/uploads/2023/10/State-Pages_MD.pdf

³ Global efforts to end female genital mutilation undermined by ‘vacation cutting’ (2024). United Nations News.

<https://news.un.org/en/story/2024/06/1151056>

out of the country to perform FGM are both illegal in the United States.⁴ This bill strengthens protections and penalties in Maryland, joining seven other states and D.C. who have similarly strengthened their anti-FGM legislation.⁵

The Department proposes that an agency or administration, rather than the Department, should be responsible for the annual report. The required reporting consists of law enforcement data, which would be more efficiently collected and reported by an entity with access to and familiarity with that information.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at meghan.lynch@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Meena Seshamani', written over a horizontal line.

Meena Seshamani, M.D., Ph.D.
Secretary of Health

⁴ H.R.6100 - STOP FGM Act of 2020 (2021). United States Congress.

<https://www.congress.gov/bill/116th-congress/house-bill/6100>

⁵ FGM legislation by State. AHA Foundation.

<https://www.theahafoundation.org/female-genital-mutilation-fgm-in-the-us/fgm-legislation-by-state/>

AMENDMENT TO SENATE BILL 907
(First Reading File Bill)

AMENDMENT NO. 1

On page 6, in line 14, strike beginning after “**2027,**” down through “**ADMINISTRATION,**” in line 15 and substitute, “**THE SOCIAL SERVICES ADMINISTRATION, IN CONSULTATION WITH**”.

Rationale:

The Department does not receive this data, so the amendment is suggesting the Department to be removed from this process.