

## Testimony Before the Maryland House Judiciary Committee

### Regarding HB1389: Public Health - Female Genital Mutilation Legislation

**Date:** March 6, 2026

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

Dear Chair Delegate Bartlett, Vice-Chair Delegate Davis, and esteemed members of the House Judiciary 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 [HB1389](#), a critical piece of legislation that updates and strengthens Maryland's existing law to address a severe human rights violation and crime against minors 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. We urge you, as the Judiciary Committee, to consider this bill as a crucial tool for justice, legal clarity, and the protection of children in the State of Maryland.

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 HB1389 ensures that the law remains effective and aligned with best practices nationwide, closing potential legal loopholes. This is a practical, necessary modernization for the enforcement of child protection laws. Specifically, HB1389 is vital because it:
  - Alters the definition of "abuse" to explicitly include female genital mutilation/cutting for the purposes of mandated reporting, ensuring that medical professionals, social workers, and educators are legally required to report suspected cases to child protective services.

- Alters the actions regarding FGM/C in which a person is prohibited from engaging, broadening the scope of the criminal prohibition.
- Increases the penalties for a violation of certain provisions related to female genital mutilation/cutting, ensuring accountability and acting as a greater deterrent for those who facilitate or perform FGM/C.
- Empowering Enforcement and Prevention: A clear, modern state law with appropriate penalties 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 legal response.
- Support for Survivors: It opens the door to creating necessary resources for survivors, including specialized healthcare, counseling services, and community-based support, which are often tied to the legal recognition of the harm endured.

Passing HB1389 is a decisive step toward preventing this violence and ensuring that all young girls in our state are protected by a robust and modern legal framework.

Passing HB1389 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](mailto:mariya@sahiyo.org) or by phone at 661-496-6976.

Sincerely,

Mariya Taher, MSW, MFA