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press release

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State of Georgia Urged to Protect Boys From Genital Mutilation

SAN DIEGO, California - MGMBill.org submitted a proposed amendment to the sponsors of a pending Georgia state female genital mutilation bill today and urged them to pass it so that boys and intersex children are also protected from genital mutilation.

Matthew Hess, President of San Diego based MGMBill.org and author of the proposed amendment, had these words to say to Georgia legislators: "I applaud the Georgia State Legislature for acting to protect their girls from genital mutilation, and to include a provision that prohibits girls from being taken outside of their state to have their genitals mutilated under the pretext of a vacation or holiday trip. But the legislation that Georgia is poised to enact will only protect part of their population. Is there a reason that boys and intersex children do not also deserve to be protected from genital mutilation? The harm that genital mutilation causes each of its victims – female, male, and intersex - is well documented," said Hess.

Male genital mutilation (commonly referred to as circumcision) is a topic that is gaining increasing attention as medical evidence mounts over the damage that the practice causes to male sexual function. Also adding to the debate are some medical studies claiming that circumcised men are less likely to contract HIV and penile cancer.

Hess posed the following questions regarding "pro-circumcision" medical studies, many of which have been criticized for poor methodology or misleading conclusions: "Let's assume for the sake of argument that circumcision helps prevent certain treatable diseases later in life. How many other diseases should we also help prevent by cutting off functioning body parts? Should we start cutting off the breasts of baby girls to prevent breast cancer? Should we castrate baby boys to prevent testicular and prostate cancer? If it's not ethical to cut off those body parts in the name of "preventative medicine", then why is it ethical to cut off the most sexually sensitive part of a boy's penis?"

MGMBill.org is not alone in its opposition to male genital mutilation. Next week marks the eighth anniversary of the passage of the U.S. Female Genital Mutilation Act of 1996, a date that is a call to action for many human rights groups around the country. Protesters will begin filing into Washington, D.C., on March 30th to prepare for the 11th Annual March Against Infant Circumcision, where demonstrators will voice their opposition to male circumcision in front of the U.S. Capitol, The Supreme Court, and the American College of Obstetricians and Gynecologists.

Below is the text of the proposed bill amendment that was submitted via email to the sponsors of Georgia's female genital mutilation bill. Like MGMBill.org's other bill proposals, the amendment would prohibit genital mutilation of minors and nonconsenting adults, regardless of gender.



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A BILL TO BE ENTITLED AN ACT

To amend Article 2 of Chapter 5 of Title 16 of the Official Code of Georgia Annotated, relating to assault and battery, so as to provide for the crime of genital mutilation; to provide a short title; to provide for penalties; to provide for exceptions; to provide that certain statutory privileges shall not be available; to amend Title 24 of the Official Code of Georgia Annotated, relating to evidence, so as to change provisions relating to disclosure of medical records; to provide for a definition; to provide for applicability; to provide an effective date; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

This act shall be known and may be cited as the "Georgia State Prohibition of Genital Mutilation Act."

SECTION 2.

The Legislature hereby finds and declares all of the following:

(a) Genital mutilation is an extreme form of child abuse and a violation of people's basic human rights. Genital mutilation is a medically unnecessary modification of the genitalia which for girls typically occurs at about seven years of age, but is known to be practiced any time between infancy and puberty. For boys, genital mutilation typically occurs within eight days of birth, but is known to be practiced any time between infancy and twenty years of age. Genital mutilation for girls involves the excision of a young girl's clitoris and other parts of the external genitalia. The most extreme form of this mutilation, known as infibulation, also involves the sewing together of the two sides of the vulva, leaving only a small opening for the passage of menstrual blood and urine. Genital mutilation for boys involves the excision of a young boy's foreskin, which includes the ridged band of nerves and usually the frenulum. Boys whose foreskins are left intact are often subjected to premature forcible foreskin retraction, which can cause bleeding, scarring of the glans, and other problems. For intersex individuals (those born with ambiguous or hermaphroditic genitalia), genital mutilation typically occurs in hospitals shortly after birth, when the



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attending physician performs "sex assignment" surgery to make the child fit into the category of boy or girl, rather than intersex.

(b) Female genital mutilation is known to be practiced in 28 nations in the African continent, in a few countries in the Arab Peninsula, among some minority communities in Asia, and among migrants from these areas who have settled in Europe, Australia, and North America. This practice has come to the United States with the influx of recent immigrant groups from countries that practice female genital mutilation. In addition to the countries where female genital mutilation is practiced, male genital mutilation is widely practiced in the United States, Australia, South Korea, the Philippines, and the Middle East, and is more widespread than female genital mutilation. Statistics on intersex genital mutilation are not as well documented, but in the United States it is not uncommon for an attending medical practitioner to perform genital mutilation on intersex infants. The Intersex Society of North America estimates that the number of "normalizing" genital mutilations is roughly 1 or 2 per 1,000 births, with approximately 1 in 1,666 births being classified as intersexed.

(c) Genital mutilation constitutes a major health risk to all people, with lifelong physical, psychological, and human rights consequences. Complications due to female genital mutilation include shock, hemorrhage, infection, tetanus and septicemia from unsterilized instruments, bladder infection, and even death. Long-term complications include sexual dysfunction, chronic vaginal and uterine infections, severe pain during urination, menstruation, and sexual intercourse, obstetric complications due to obstruction of the birth canal by scar tissue, and lifelong psychological trauma. For the obstructed infant, labor can lead to brain damage or death. Complications due to male genital mutilation include hemorrhage, infection, excessive skin loss, skin bridges, glans deformation, bowing, meatal stenosis, loss of penis, and death. Long term complications include sexual dysfunction, loss of sexual sensitivity, increased friction and pain during sexual intercourse, and lifelong psychological trauma. The complications of intersex genital mutilation are similar to, and may be even more traumatic than, the complications of female and male genital mutilation.

(d) This 4,000-year-old cultural practice is not a requirement of any major religion. According to the World Health Organization, most families allow their daughters to undergo female genital mutilation out of fear that no man will want to marry an "uncircumcised" woman and that she will be ostracized from the community. Further, some women believe that clitoridectomy or infibulation are not only more hygienic, but will also increase a woman's fertility. In some tribes, infibulation is performed to protect family lineage through ensuring that wives



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are virgins at marriage and that the children are verifiably the men's descendants. For boys, circumcision is encouraged so that boys will look like others in their community, so they will look the same as their father, and so they will have a penis that is perceived to be more hygienic. In religious circumcisions, male genital mutilation is typically encouraged as a "covenant of blood", and as a way to predetermine the religion of the child. To the extent that intersex children are circumcised for religious reasons, quite often it is based on whether the child is perceived to be "more male" or "more female".

(e) The World Health Organization, which urges the elimination of female genital mutilation, estimates that 2,000,000 girls undergo female genital mutilation each year. Worldwide, approximately 128,000,000 girls and women, now living, have been subject to the procedure. The National Organization to Halt the Abuse and Routine Mutilation of Males estimates that 13,000,000 boys undergo male genital mutilation each year. Worldwide, approximately 650,000,000 boys and men, now living, have been subject to the procedure. As stated in section (b), The Intersex Society of North America estimates the number of genital mutilations at roughly 1 or 2 per 1,000 births.

(f) It is time for this state to join with genital integrity and human rights organizations to condemn this harmful and outdated procedure. The state must take a proactive role to prevent these mutilations through education and outreach activities to make all state citizens aware of Georgia laws, standards, and expectations for child protection. Heightened awareness among child protective services workers, health care providers, educators, and law enforcement personnel will also aid in achieving this end. Finally, criminal investigations and prosecutions should be carried out, when necessary, to send a strong message that Georgia abhors this practice and views its abolition as paramount to the health and welfare of these young children.

SECTION 3.

Article 2 of Chapter 5 of Title 16 of the Official Code of Georgia Annotated, relating to assault and battery, is amended by adding a new Code Section 16-5-26 to read as follows:

"16-5-26.

(a) Any person:

(1) Who knowingly circumcises, excises, infibulates, cuts, or mutilates the whole or any part of the labia majora, labia minora, clitoris, vulva, breasts, nipples,



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foreskin, glans, testicles, penis, ambiguous genitalia, hermaphroditic genitalia, or genital organs of another person who has not attained the age of 18 years or on any nonconsenting adult; or who prematurely and forcibly retracts the penile or clitoral prepuce of another person who has not attained the age of 18 years or on any nonconsenting adult, except to the extent that the prepuce has already separated from the glans; or

(2) Who is a parent, guardian, or has immediate custody or control of a child under the age of 18 years or any nonconsenting adult and knowingly consents to or permits the circumcision, excision, infibulation, cutting, or mutilation, in whole or in part, of the labia majora, labia minora, clitoris, vulva, breasts, nipples, foreskin, glans, testicles, penis, ambiguous genitalia, hermaphroditic genitalia, or genital organs of such child or person; or

(3) Who knowingly removes or causes or permits the removal of a child under the age of 18 years or any nonconsenting adult from this state for the purpose of circumcising, excising, infibulating, cutting, or mutilating, in whole or in part, the labia majora, labia minora, clitoris, vulva, breasts, nipples, foreskin, glans, testicles, penis, ambiguous genitalia, hermaphroditic genitalia, or genital organs of such child or person shall be guilty of genital mutilation.

(b) A person convicted of genital mutilation shall be punished by imprisonment for not less than one nor more than 20 years.

(c) This Code section shall not apply to procedures performed by or under the direction of a physician, a registered professional nurse, a certified nurse midwife, or a licensed practical nurse licensed pursuant to Chapter 34 or 26, respectively, of Title 43 when necessary to preserve the physical health of the person or during or after labor or childbirth for medical reasons connected with the labor or childbirth.

(d) Consent of the child under the age of 18 years or the parent, guardian, or custodian of the child under the age of 18 years shall not be a defense to the offense of genital mutilation. Neither ritual, custom, nor standard practice shall be a defense to the offense of genital mutilation.

(e) The statutory privileges provided by Chapter 9 of Title 24 shall not apply to proceedings in which one of the parties to the privilege is charged with a crime against a child under the age of 18 years, but such person shall be compellable to give evidence only on the specific act for which the defendant is charged."



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SECTION 4.

The State Division of Public Health, in consultation with the appropriate state and federal agencies or departments, shall establish and implement appropriate education, preventative, and outreach activities, focusing on the new immigrant populations that traditionally practice female genital mutilation, on hospitals that traditionally practice male and intersex genital mutilation, and on religious groups that traditionally practice male genital mutilation, for the purpose of informing members of those communities of the health risks and emotional trauma inflicted by this practice and informing those communities and the medical community of the prohibition and ramifications of this act.

SECTION 5.

Title 24 of the Official Code of Georgia Annotated, relating to evidence, is amended by adding a new paragraph to Code Section 24-9-41, relating to definitions in the disclosure of medical records, to read as follows:

"(6.1) 'Nurse' means a person authorized by license issued under Chapter 26 of Title 43 as a registered professional nurse or licensed practical nurse to practice nursing."

SECTION 6.

Said title is further amended by striking Code Section 24-9-42, relating to the disclosure of medical records, and inserting in lieu thereof the following:

"24-9-42.

The disclosure of confidential or privileged medical matter constituting all or part of a record kept by a health care facility, a nurse, or a physician, pursuant to laws requiring disclosure or pursuant to limited consent to disclosure, shall not serve to destroy or in any way abridge the confidential or privileged character thereof, except for the purpose for which such disclosure is made."

SECTION 7.

This Act shall become effective immediately after the date of the enactment of this Act, and shall apply to all offenses committed on or after such date.

SECTION 8.

All laws and parts of laws in conflict with this Act are repealed.