



mgmbill.org

San Diego, California
comments@mgmbill.org
www.mgmbill.org

THE STATE OF FLORIDA BILL TEXT

Submitted to the Florida State Legislature on January 11, 2010

Florida Human Genital Integrity Act of 2010

Co-written by MGMBill.org and Van Lewis

A bill to be entitled

An act relating to genital integrity and genital mutilation; amending s. 794.08, F.S.; prohibiting genital mutilation of minors and nonconsenting adults; prohibiting assisting with or procuring genital mutilation of minors and nonconsenting adults; providing for genital integrity and mutilation education, mutilation prevention, and outreach activities; providing an effective date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF FLORIDA:

SECTION 1. This act shall be known and may be cited as the "Florida Human Genital Integrity Act of 2010."

SECTION 2. The Legislature hereby finds and declares all of the following:

(a) Bodily integrity including genital integrity is a fundamental human right of all people, firmly established in binding international law and treaty obligations of the United States of America. Involuntary genital mutilation of healthy people is a violation of their basic human rights and, when committed against children, also an extreme form of child abuse that always injures and cripples for life and sometimes kills children. Genital mutilation is the 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 in the USA within eight days of birth, but is known to be practiced any time between infancy and adulthood. Genital mutilation of girls can involve the incision or excision of a young girl's prepuce (foreskin), clitoris, labia majora, labia minora, 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 mutilated vulva, leaving only a small opening for the passage of menstrual blood and urine. Genital mutilation of boys can involve the incision, excision or amputation in various degrees of the foreskin, which includes the ridged band of nerves, the frenular delta and frenulum; the removal, accidental or deliberate, of the entire skin system of the penis; the amputation of part or all of the glans; the amputation of part or all of the penile shaft; and the mutilation or amputation of the scrotum and testicles. 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 attending physician performs "sex reassignment" surgery in a misguided attempt to make the child fit into the category of boy or girl, rather than intersex. All of these violations of genital integrity have in common that they are not necessary medical treatments for existing disease conditions, but are elective procedures chosen by adults and



mgmbill.org

San Diego, California
comments@mgmbill.org
www.mgmbill.org

performed on healthy, non-diseased tissue of minors, for social, cultural or medically unjustified "preventive" reasons.

(b) Female genital mutilation is known to be practiced in 28 nations in the African continent, in a few countries in the Arabian Peninsula and Middle East, among some minority communities in Asia, and among migrants from these areas who have settled in Europe, Australia, North America and other parts of the world. 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, South Korea, the Philippines, the Middle East and Africa, and is much more widespread than female genital mutilation, although about 75% of men worldwide remain genitally intact. 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 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 including post-traumatic stress disorder. For the obstructed infant, labor can lead to brain damage and death. Complications due to male genital mutilation include hemorrhage, infection, massive skin loss, skin bridges, glans deformation, penile 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 including post-traumatic stress disorder. The complications of intersex genital mutilation are similar to the complications of female and male genital mutilation.

(d) This stone-age 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 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, or so they will "look like their father", or so they will have a penis that is perceived to be "more hygienic" or "easier to care for", despite the fact that wounds are obviously less hygienic, harder to care for and have more potential for infection and serious complications than normal, healthy tissue. 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



mgmbill.org

San Diego, California
comments@mgmbill.org
www.mgmbill.org

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, now estimates that 3,000,000 girls undergo female genital mutilation each year. Worldwide, approximately 128,000,000 girls and women, now living, have been subjected 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 subjected to the procedure. As stated in section (b), The Intersex Society of North America estimates the number of intersex genital mutilations here at roughly 1 or 2 per 1,000 births.

(f) The state of Florida now joins with genital integrity and human rights organizations to condemn this harmful procedure. The state will take a proactive role to prevent these mutilations through education and outreach activities to make all state citizens aware of Florida 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 will be carried out, when necessary, to send a strong message that Florida abhors this practice and views its abolition as paramount to the health and welfare of these young children and of the whole, healthy adults we hope they will become.

SECTION 3. Section 794.08 (Female genital mutilation) of Chapter 794 (Sexual Battery) of Title XLVI (Crimes), Florida Statutes, is amended to read:

794.08 Genital mutilation.

(a) Except as provided in subsection (b), whoever knowingly circumcises, incises, excises, cuts, or mutilates the whole or any part of the labia majora, labia minora, clitoris, vulva, breasts, nipples, foreskin, glans, testicles, penis, ambiguous genitalia, hermaphroditic genitalia, or genital organs of another person who has not attained the age of 18 years or of any nonconsenting adult; whoever prematurely and forcibly retracts the penile or clitoral prepuce (foreskin) 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; whoever knowingly assists with or facilitates any of these acts; or whoever arranges, plans, aids, abets, counsels, facilitates, or procures a genital mutilation operation on another person outside the State of Florida who has not attained the age of 18 years or on any nonconsenting adult outside the State of Florida shall be fined under this title or imprisoned not more than 14 years, or both.

(b) A surgical operation is not a violation of this section if the operation is (1) performed on a person who has not attained the age of 18 years and is necessary to the physical health of the person on whom it is performed because of a clear, compelling, and immediate medical need verified by a confirming second opinion and pathologist's report, with no less-destructive alternative treatment available, and is performed by a person licensed in the place of its performance as a medical practitioner; (2) performed on an adult who is physically unable to



mgmbill.org

San Diego, California
comments@mgmbill.org
www.mgmbill.org

give consent and there is a clear, compelling, and immediate medical need verified by a confirming second opinion and pathologist's report, with no less-destructive alternative treatment available, and is performed by a person licensed in the place of its performance as a medical practitioner; or (3) performed on a person in labor or who has just given birth and is performed for medical purposes connected with that labor or birth because of a clear, compelling, and immediate medical need with no less-destructive alternative treatment available, and is performed by a person licensed in the place it is performed as a medical practitioner, midwife, or person in training to become such a practitioner or midwife.

(c) In applying subsection (b), no account shall be taken of the effect on the person on whom the operation is to be performed of any belief on the part of that or any other person that the operation is required as a matter of custom or ritual.

(d) DEFINITIONS. -- For purpose of this act, the term "genital integrity" means that the genitals remain in the form given them at birth by nature and through subsequent natural growth and development, unmolested by human alteration. The term "genital mutilation" means the removal or cutting (or both) of the whole or part of the clitoris, labia minora, labia majora, vulva, breasts, nipples, foreskin, glans, testicles, penis, ambiguous genitalia, hermaphroditic genitalia, or genital organs. The term "premature forcible retraction of the penile or clitoral prepuce" means forced retraction of the prepuce from the glans, except to the extent that the prepuce has already separated from the glans. The term "prepuce" means foreskin. The term "adult" means a person who has attained the age of 18 years. The term "nonconsenting" means not wishing to undergo genital mutilation and not having given adult informed written consent to such mutilation.

SECTION 4. The State Department of 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 and physicians that traditionally practice male and intersex genital mutilation, and on religious groups that traditionally practice male and/or female genital mutilation, for the purpose of informing members of those communities of the physical and emotional harm, emotional trauma, and additional risks inflicted by this practice and informing those communities and the medical community of the prohibition and ramifications of this act.

SECTION 5. Section 3 of this act shall take effect immediately after the date of the enactment of this act. Section 4 of this act shall take effect immediately after the date of the enactment of this act, and the State Secretary of the Department of Health shall commence carrying it out not later than 90 days after the date of the enactment of this act.

Summary

Prohibits genital mutilation of minors and nonconsenting adults. Prohibits assisting with or procuring genital mutilation of minors and nonconsenting adults; Provides for genital mutilation education, prevention, and outreach activities.