CITY COUNCIL
CITY OF NEW YORK

---------- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON WOMEN

---------- X

DECEMBER 12, 2018
Start: 10:23 A.M.
Recess: 12:57 P.M.

HELD AT: COMMITTEE ROOM – CITY HALL

B E F O R E: HELEN K. ROSENTHAL, CHAIR

COUNCIL MEMBERS: DIANA AYALA
LAURIE A. CUMBO
BEN KALLOS
BRAD S. LANDER

A P P E A R A N C E S (CONTINUED)

HANNAH PENNINGTON, Assistant Commissioner for Policy and Training in the Mayor's Office to end gender-based domestic and gender-based violence

MARIANNA DIALO (SP?), Sanctuary for Families

DEBORAH OTTENHEIMER, New York Coalition Against FGM, OB-GYN Doctor

VERONICA ADDIS (SP): From the Empower Clinic, OB-GYN Doctor

PATRICIA BURKHART, midwife, Advocate for Women, Midwives, Women and New York State ALM

SENAH BIAGA (SP?), SATITA II (SP?)

ELIZABETH COHEN, Violence Against Women

ATTI TU SEZ (SP?), Founder of Finally

_____

CHAIR HELEN ROSENTHAL: (Gavel pounding). Good morning, I can't help but notice and you might notice the that there aren't very many Council Members here with us today. Uhm, currently there are three or four other hearings taking place at the same time, all are important and so you will notice Council Members coming in and out of this hearing with no disrespect to the topic of this hearing. Most importantly we will, because it will affect this hearing, there is a hearing right next door about Amazon and then deal that was made with the Mayor's Office and the State without any input from the City Council and there is a very important hearing going on right next door to talk about uhm finding a way for the City Council to have their input which of course a Democracy demands. Uhm so, so with all of that in mind there may be some noise emanating from behind the wall and we will all be patient with that. Welcome to today's Oversight hearing on Female Genital Cutting (FGC) also known as Female Genital Mutilation or Female Circumcision in New York City. I am Council Member Helen Rosenthal, Chair of the Committee on Women. My first order of business is to acknowledge that I am new to the issue of FGC and I

want to learn. I am asking for your patience as I learn the vocabulary. The goal of the hearing is to start a Citywide Conversation around the topic and to listen to advocates, healthcare providers and survivors. Once we gain a sense of the landscape within the City we can ultimately move forward with thoughtful action. One thing that I have learned is that there is no universally accepted language with this topic. With that said, the Committee will be utilizing the term cutting, FGC to reflect the importance of using non-judgmental terminology. Since we are here to learn and it is very important, we proceed in the culturally sensitive and competent manner, witnesses are welcome to use their own term of art. Before we dive in, I want to recognize the brilliant work of our Policy Analyst, Chloe Rivera in taking on a deeply complex issue. Her research has presented this Committee with factual balanced information that is aware of the sensitive subject matter. Well done. I encourage all to read the Committee Report which you can find online if you are not here in the Committee Room today. In it, you will find comprehensive definitions, background and data. FCS affects women and girls all around the

globe. The United Nations estimates that over 200 million women and girls have experienced FGC and that number is growing. In the United States, the latest available data from the Centers for Disease Control indicates that approximately 513,000 women and girls have either experienced FGC or at risk of being subjected to it. New, in New York it is estimated that over 50,000 women and girls are at risk making our State second only to California. While these numbers provide a big picture of review of the problem, they are dated, estimates and the City is sorely missing more detailed Nuance data that can help us identify ways to address the issue in a targeted and affective way. Such data is difficult to come by due to the nature of the problem. Cultural taboos discourage discussion, the categorization of the affected individuals as mutilated or sexually disfigured can shame young women into silence and many healthcare providers and doctors are unaware of it, of FGC and how to identify and treat it. As there are numerous health complications associated with the practice, it is critical that we shine a light on this. FGC interferes with normal bodily functions, people are

very upset about this issue even in the next room. Sorry I'm just pausing. No, no, no, no need can, it will pick up. As there are health implications associated with the practice it is critical that we shine a light on this one. FGC interferes with normal bodily functions and can negatively affect several aspects of a woman's or a girl's life including her physical, mental, maternal and sexual health. The painful and traumatic procedure is performed mainly on children and adolescents between the ages of infancy and 15. It is performed without anesthetic and frequently without full informed consent. Accordingly, FGC has been widely recognized as a violation of basic human rights including the principals of equality and nondiscrimination on the basis of sex. In the State of New York banned female genital cutting under the state penile law in 1997; however, there is no explicit prohibition against vacation cutting in New York which is the practice of transporting minor girls either abroad or across State lines in order to subject them to FGC. As the holidays approach and schools close, we cannot forget that there are girls across the five boroughs who are currently vulnerable to being subjected to FGC. At

the Federal Level the Female Genital Mutilation Act of 1996 made performing FGC on anyone under the age of 18 a felony in the US; however, this law is, even this Law is currently being challenged based on State's Rights. Now State and Local Governments must act to address the growing problem. It is unlikely; however, that we can simply Legislate or criminalize our way out of it. In doing so, would expose families to the risk of separation, foster care, incarceration and/or deportation. Flyers that prominently display ISIS for instance will only drive the practice further underground. To begin, I do believe that the City must collect accurate data on the extent of the problem. We need comprehensive partnerships between City Agencies and legal and social service providers in order to prevent FGC from happening. Medical providers must be trained on how to identify FGC as well as how to treat it, physically and psychologically. Resource Centers should be established for women who are at risk or who have already undergone FGC. This is an incredibly important yet complex topic and I would like to reiterate that I am still learning about the, about the issue. I want to thank you for coming

today. I am looking forward to hearing your testimony and letting it guide us on how to affectively address FGC in New York City. Before we hear from the Administration, I would like to thank Ned Terrace, my Legislative Director as well as the Committee Staff for their work in preparing the hearing. Brenda McKinney our Counsel, Zoe Rivera Legislative Policy Analyst and Monica People our Finance Analyst uhm and as I saw Committee Members and others will be coming in and out to join us but I would like to acknowledge that we have New York State Assembly Woman Latrice Walker with us here today. Thank you for coming Assembly Woman. Alright uhm I would like to turn it over to my Committee, Counsel.

COUNSEL: If you can please raise your right hand. Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before the Committee and to respond to Council Member questions honestly? I would like to welcome Hannah Pennington, Assistant Commissioner for Policy and Training in the Mayor's Office to end gender-based domestic and gender-based violence, thank you.

HANNAH PENNINGTON: Oh thanks, sorry about that. Good morning Chairperson Rosenthal and Members of the City Council Committee on Women. I'm Hannah Pennington Assistant Commissioner for Policy and Training for the Mayor's Office to end domestic and gender-based violence which we have now, which we are not going by NGBV. Thank you for the opportunity to speak with you about our office's engagement on the issue of female genital cutting, also referred to as female genital mutilation and circumcision and today I will hear the acronym FGC. I would also like to thank our pa… one of our main partners in this work in the City, the Commission on Gender Equity and their representatives from the team that we work with here today. Uhm on September 7, 2018 Mayor de Blasio signed Executive Order 36 which expanded the authorities and the responsibilities of the Mayor's Office to Combat Domestic Violence, OCDV and change the office name from ODCV to the Mayor's Office to End Domestic and Gender-Based Violence. While the office continues to develop and coordinate a citywide response to intimate partner and family violence it now has the expanded authority to address gender-based violence. Gender-based violence includes

sexual violence, trafficking, stalking as well as FGC. Under this expanded scope, we continue to create bridges across criminal justice and social services to coordinate New York City's approaches and system responses and to ensure that all survivors of domestic and gender-based violence have streamline access to inclusive and critical resources and services. Additionally, we week to implement best practices and policies, develop and strength services and intervention initiatives, enhance coordination around agencies and disciplines and employ methods for data and information sharing. The expansion of our mission is a multi-stage process that begins with feedback and information gathering from advocates, community stakeholders and survivors that will inform our advocacy efforts and recommendations for policies, programming data and best practices City-wide. The practice of female genital cutting as defined by the World Health Organization is all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons. It impacts girls and women throughout the United States and in New York City. With the 2016 report by the

Population Resources Bureau finding that there were almost 66,000 women and girls age 15 to 49 including almost 22,000 girls under the age of 18 at risk of FGC in the New York City Metropolitan area. The data for the New York City Metropolitan area represents 13% of the total number of women and girls at risk of FGC in the United States. There is a strong network of Community-based organizations throughout the City that are providing direct services to survivors of FGC and advocating for enhanced resources and awareness. We partner closely with many of these organizations which generally provide services to survivors across the spectrum of domestic and gender-based violence. For example, several organizations providing services related to FGC are on site providers at the New York City Family Justice Centers which are operated by NGPV in all five boroughs. Through partnerships with Community-based organizations, we have developed a training for providers and advocates to educate staff on the dynamics and impacts of FGC as practices for working with survivors and available resources. We are currently in the process of expanding these training efforts across the Centers. We wanted to highlight

one recent victory by a City-contracted provider working with an FGC client. Ms. K filed an asylum application with the assistance of the New York Legal Assistance Group, a Legal Health Immigration Project at Lincoln Hospital. Based on FGC, forced marriage and severe domestic violence she had suffered in her home country of Kosovo, Ms. K had undergone FGC as a young child and has suffered life-long complications. She was forced by her family to marry an abusive husband and together they had three sons, one of who was murdered by her husband's first wife. Ms. K fled to safety in the United States where she gave birth to her fourth child, a baby girl. Her fears of returning home were magnified further because now she would be powerless to protect her newborn daughter from undergoing FGC. The team extensively prepared Ms. K for her interview in July. Ms. K was granted asylum. Ms. K was connected to Refugee Resettlement Services to help her get settled here in the US and then applied for her sons to join her from Kosovo. Ms. K is overjoyed, she is able to remain safely and with her daughter in the United States and that she will be able to reunite with her sons. Ms. K's story demonstrates the need for multi-disciplinary services

to support New Yorkers who have experienced FGC and other forms of gender-based violence. NGBV has also been a proud member of the New York Coalition to end FGM since it was launched in 2016 and this past October, we co-sponsored the Inaugural D March spearheaded by the Coalition and other advocacy groups to raise awareness in New York City about FGC. We look forward to continuing to strengthen support and amply the work of the coalition, its member organizations and other community-based partners who are leading a larger movement to bring attention to this critical issue. We also look forward to continuing to partner across City Agencies to strengthen City Program and responses to FGC. Thank you for the opportunity to speak to this issue and I welcome any question that the Committee may have.

CHAIR HELEN ROSENTHAL: Thank you so much uhm I'm glad to see, I'll be honest with you, I'm, I'm glad to… I'm delighted to see that FGC s under the auspices of uhm of your office. Okay and uhm and so, let's start with uhm the connection between your offices focus, the work that you've done and the practice of FGC. What are the biggest challenges and

obstacles you see in surveying the communities that are experiencing FGC?

HANNAH PENNINGTON: Well I think that both in your opening and in our in my testimony I talked about the statistics that are available but I think that FGC like all of the issues that we work to address everyday at our office and many City Agencies do and our CDO partners is that the statistics don't represent the numbers that are happening in actuality and that is true for many forms of gender-based violence, uhm so I would say that we along with the entire spectrum of gender-based violence are really eager and pleased that under the auspices of our expanded office uhm that we've been to already undertake comprehensive listening sessions with the stakeholders across the City and our City Partners and CBOs to better understand the challenges and the gaps and the barriers. Uhm many of which we are very familiar with from the years that are already, already 17 years that our Agency has been doing this work but we want to be very deliberate around uhm working with communities to find out where those chal… to understand those challenges even better.

CHAIR HELEN ROSENTHAL: Are you making uhm efforts to collect data?

HANNAH PENNINGTON: Uhm, well, so, you know we collect data through our contracted providers who do, do work across the spectrum of gender-based violence. Not just from NGBV but other City Agencies uh that's one of the issues that we will look to coordinate our efforts around, data collection and data sharing.

CHAIR HELEN ROSENTHAL: Okay I think the most recent data is from 2012. Is that right? I'm not sure of the source?

HANNAH PENNINGTON: So, the source is through the population…. I believe you are referring to the CDC Data which is the bases for the population so currently that is the source that the City is using for the people who may be at risk at FGC as well and I'm sorry I misunderstood your question I thought you meant in terms of services that were being provided, but yes, that is, that is the statistic that we refer to.

CHAIR HELEN ROSENTHAL: Right, so there's got to be some coming together from the sort of grass roots up.

HANNAH PENNINGTON: Yes.

CHAIR HELEN ROSENTHAL: In terms of data collection and it sounds like your office is willing to jump in and to help coordinate that?

HANNAH PENNINGTON: Yes. Yes, and also wanting to look at it as, as we do with all of these issues to make sure that we see that it is a nuanced issue and even the numbers that we are able to generate won't necessarily represent the problem uhm so in doing the work that we do to get our commitment to raising public awareness is recognizing that.

CHAIR HELEN ROSENTHAL: Okay. I'm wondering about the interaction between your office and the Commission on Gender Equity uhm and specifically where do you see that intersection on this issue?

HANNAH PENNINGTON: I mean I think that we are thrilled to partner with the Commission on Gender Equity and they are fantastic partners, we just, together uhm with their you know Yeoman effort, celebrating an amazing 16 days of activism against Gender Based Violence and we have before, our expansion even happened had discussed this issue with them and uhm invited them to join us in our

partnership with the coal… the New York Coalition to end FTM so I imagine that that partnership continue and we will see that you know obviously, working to combat gender inequities is interrelated intensely with our efforts to combat all forms of gender-based violence.

CHAIR HELEN ROSENTHAL: Are is uhm NGBV on the Sexual Health Education Task Force?

HANNAH PENNINGTON: I am actually a member of the Task Force.

CHAIR HELEN ROSENTHAL: And is that topic being discussed as part of uhm trying to tweak the curriculum in our schools?

HANNAH PENNINGTON: We are looking forward to raising that issue along with the whole spectrum of gender-based violence. When I joined the Task Force it was before expansion but I was incredibly pleased by the Task Force leadership and all of the members eagerness and willingness to see the connection between our comprehensive Health and Sex Education in the City as part of our efforts to prevent a gender-based violence and we talked at length and the report references Sexual Violence Prevention, Intimate Partner Violence Prevention,

Trafficking and other forms of Gender-Based Violence so I think that we will be eager to continue the conversation with this particular issue as well and I think it prevents a great opportunity.

CHAIR HELEN ROSENTHAL: Do you know if there are any deliverables on this with expectations? Timelines?

HANNAH PENNINGTON: On the Task Force?

CHAIR HELEN ROSENTHAL: Yeah. With this specific issue?

HANNAH PENNINGTON: The Task Force is reconvening early in 2019 uhm I am not entirely sure as I am not part of the leadership what the next steps are but I know, I am not entirely sure but we can followup with you about that.

CHAIR HELEN ROSENTHAL: That would be great, I'd appreciate it. Uhm, can you talk a bit about back to the issue of the coordination within City Hall and this Administration uhm there's uhm an Office of International Affairs, do you know if they are doing any work around CDA or around this issue?

HANNAH PENNINGTON: I'm not in the, I, I, I imagine that they are and that is one of the ways

in which we would like to expand uhm our footprint on this issue.

CHAIR HELEN ROSENTHAL: Great, if you could get back to us on that. That would be interesting uhm so, are you including I'd like to welcome Council Member Alicka Ampry-Samuel from Brooklyn in joining us and I am going to proceed with my next question but if there are questions that you have uhm please let me know. Uhm do you think that FGC could fall under the definition of Domestic Violence in New York City?

HANNAH PENNINGTON: I think that FGC could cut across multiple forms of gender-based violence and those kinds of definitional issues of where uhm this kind of issue and other issues fall within the definition the broad definition of domestic violence which includes family violence, uhm and other forms of gender-based violence, that kind of definitional question is exactly what we are doing right now and why we are engaging our stakeholders in listening sessions to make sure that we have a consensus on those points and that we are all using shared language and uhm and that we are looking at the nuances of the issues.

CHAIR HELEN ROSENTHAL: Uhm, I want to get back to our schools just a little bit and uhm vacation cutting and given that the school year you know we are about to be at the point where the kids are going to on vacation. Uhm is there anything now in the DOE where we are educating teachers, uhm you know about how they can be hearing what kids are saying before vacation and afterwards?

HANNAH PENNINGTON: I, I think that in a huge part of our efforts and my personal portfolio is enhancing our engagement with DOE on the entire spectra of gender-based violence and making ourselves available to support training efforts for teachers and staff throughout the schools and would be eager to talk with DOE about a specific partnership to help them in that kind of training effort.

CHAIR HELEN ROSENTHAL: I wonder uhm I hear the willingness and I appreciate that. Uhm you know that in my mind's eye its just one more vacation time going by without action. Uhm so again I think it would be interesting for this committee to know about timelines and I'm really pleased to hear that it is on your radar, so then the next question is sort of what and when?

HANNAH PENNINGTON: I think it's definitely on our radar. Uhm I believe it is on the Coalition's Radar and there are representatives from the Department of Education on that Coalition so it is certainly something that we can all work together on creating more concrete steps.

CHAIR HELEN ROSENTHAL: Okay, uhm, so let's dig into some details about how your office uhm, uhm, works in terms of getting information out about the practice and even vacation cutting. So, since the New York State Law of 20… I think it is 1998, I'm not remembering, 1996, so since the State Law addresses, includes that in their Public Health Law section. Uhm, public education and outreach about FGC I am wondering 1) If the State provides any resources to do that outreach and I am wondering how your staff uhm how your office implements that mandate?

HANNAH PENNINGTON: Well, I'm sorry. It's 2015 just for the record.

CHAIR HELEN ROSENTHAL: For the facilitating FGM Law?

HANNAH PENNINGTON: Yeah.

CHAIR HELEN ROSENTHAL: Exactly.

HANNAH PENNINGTON: Uhm, well our office is committed to raising awareness about this issue and are really glad to have been asked to be at this hearing and to work with the coalition to co-sponsor the Inaugural V-March that happened in October, excuse me September of this year uh, and are eager to use this exploratory part of our expansion and implementation to identify all of the options that are available to address this issue including uhm a commitment to raising awareness.

CHAIR HELEN ROSENTHAL: Do you mention anything about FGC on the website?

HANNAH PENNINGTON: I don't know the answer to that question but I, I believe it is included in the definition of Gender-Based Violence that is now included on our website but I can make sure of that.

CHAIR HELEN ROSENTHAL: Yeah, could you contemplate having a page devoted to information, education?

HANNAH PENNINGTON: Yeah, uhm, we are undergoing a lot of efforts to enhance our public messaging, our social media and our websites so absolutely we can include that in.

CHAIR HELEN ROSENTHAL: You can? Or it is part of the strategic plan?

HANNAH PENNINGTON: Yes, we can, yes, we can look into those kinds of webpages and already area considering ways to enhance our webpage. And also, NYC Hope, our web-based portal for survivors.

CHAIR HELEN ROSENTHAL: Do you have any uhm are you contemplating trainings or public education sessions? Uhm, or actually providing funding to the organizations that do this?

HANNAH PENNINGTON: We have always conducted trainings on FGC at the Family Justice Center since you know since the inception of the Family Justice Center.

CHAIR HELEN ROSENTHAL: Your office? Or another.

HANNAH PENNINGTON: In partnership with our partner, outside partner agencies which is how a huge amount of the training that we provide to partner staff happens so in partnership with various organizations we have made that kind of training available. Uhm what we are trying to do right now is make sure that we do that in a more consistent way to make sure that across all five boroughs and in terms

of time that that is happening on a more consistent basis and we are already partnering with organizations to start that process.

CHAIR HELEN ROSENTHAL: Do you fund or organizations?

HANNAH PENNINGTON: The City uhm both NGVD and others have contracts with many organizations that provide services across the spectrum of gender-based violence which can include like the case that I referenced in my testimony.

CHAIR HELEN ROSENTHAL: Uh-huh.

HANNAH PENNINGTON: FGC.

CHAIR HELEN ROSENTHAL: Can you name two nonprofit organizations that you contract with?

HANNAH PENNINGTON: In that do FGC work?

CHAIR HELEN ROSENTHAL: Yeah.

HANNAH PENNINGTON: Well NYLAG which I mentioned in our testimony is a contracted provider, uhm Sanctuary for Families in a contracted provider.

CHAIR HELEN ROSENTHAL: Okay but anyone specifically on this issue only? Like not a, not doing housing work, not doing legal, not doing advocacy but one group that specifically has uhm expertise on FGC?

HANNAH PENNINGTON: I would have to get back to you on that question but like I said we provide, we contract providers who work across the spectrum of gender-based violence including FGC.

CHAIR HELEN ROSENTHAL: Okay, the Committee would like to know uhm whether or not you provide, have contracts and uhm given the unique uhm topic, it strikes me that uhm the cultural competency would be paramount in trainings. Or even thinking about resources above and beyond working with the coalition but actually the City investing its own uhm resources into these organizations. I'm going to very quickly say that I find it awkward and I'm sure anyone watching this hearing finds it awkward women who do not come for this culture at all, are discussing this topic and it was critical to me that uhm I just want to acknowledge that it was actually Council Member Ampry-Samuel who suggested this as a topic and I really appreciate that very much, so I would like to turn the questioning over to you if you have a moment.

ALICKA AMPRY-SAMUEL: And I do apologize for my lateness. I was. Uhm, and I do appreciate you Council Member Rosenthal for taking the lead in

the City to figure out a way that we can all be responsive to a need that a lot of us did not know even existed. Uhm I've had a number of discussions and conversations with Globalizing Gender and I just made sense for us to be a part of the outreach efforts and figuring out how we can partner with the organization and I was honored to be able to participate in the V-March in October. But just a little, so, it's near and dear to me because I used to work on the Human Rights Portfolio for the State Department in Guiana in West Africa and my job with the State Department was to go throughout every single region in the country and interview families and mothers and girls and ask them about health issues and maternal child death issues and what stuck out the most was we had so many young girls who were going through this process but a lot of families did not talk about it but it my responsibility to do the investigative work and report back to Washington within the Human Rights Report, the Country Human Rights Report and the level of resources we would provide the Country was based on how they protect their women, their girls, their children and that's how this Country operates on a diplomatic level and

to come back home and see the number of women and girls that this has a direct impact in the United States was a bit alarming and for me I felt that it was a contradiction because I'm assessing how girls are protected in another Country and we look at those Countries but yet we do it right here in the United States. Trying to figure out how we are protecting our girls here. So, with that being said, my role right now is to figure out what we can do with the Administration, with the various Agencies that can, that can provide a level of support of education and so for me is there anything we can do with 3-1-1? Because we talk about 3-1-1 a lot and calling 3-1-1 if you have a question or if you want to file a complaint uhm have there been any 3-1-1 calls across the City that you are aware of? And folks wanting to know if there are any resources? Have you seen any kind of utilization of 3-1-1 uhm as it relates to FGC?

HANNAH PENNINGTON: I don't specifically know but we can explore that. Uhm we uhm, you know we, uhm, rely and partner with a lot of CBOs and other organizations like Globalizing Gender who have very strong leadership and expertise in this area so

we would look forward to exploring you know whether those calls are being made or what else we can do to make sure that if that happens that the right information is there.

ALICKA AMPRY-SAMUEL: Uh-huh. So, the Federal Government has a tip-line, right? And when you contact the tip-line they do stir individuals toward resources and but it starts with the Government and so as we are moving into a new Budget season and everyone is talking about, even with NYCHA how can NYCHA residents be able to utilize the 3-1-1 tool because they can't right now. So, uhm, is there a way that we can uhm not just put the owners on the organization but be able to really come up with a plan uhm a legitimate plan to say that if we train the 3-1-1 operators on like where they can call or reach out to you and just have an intentional effort to train the 3-1-1 operators and be able to come up with where they can route individuals to even if it is to the City Agency and the Mayor's office.

HANNAH PENNINGTON: That seems like something that we can do pretty quickly and it doesn't have to take like uhm analyzing and uhm you like round table discussions or oversight hearings.

It is something that we can actually do. Like this is an issue we can uhm do like an add campaign about the issue and then stir people call 3-1-1.

ALICKA AMPRY-SAMUEL: Yeah.

HANNAH PENNINGTON: So, we work closely with 3-1-1 to have calls patched to our Family Justice Centers and to other organizations and through our web-based poral NYC Hope so we are happy to explore your idea.

ALICKA AMPRY-SAMUEL: Okay, okay.

CHAIR HELEN ROSENTHAL: I'm going to take that interruption as an opportunity to recognize Council Member Ben Kallos, member of the committee. If you could continue Council Woman.

ALICKA AMPRY-SAMUEL: Okay. Okay that's it for now. Uhm I, if you have a moment to stay, you were in the middle of a flow there. A really good flow but we've taken notes on that and uhm you know it's just a great idea to make sure our 3-1-1 operators are culturally competent to know the words that they are hearing but also to know where to send uhm people and that's why I was asking about contracts with culturally competent organizations, because it would be great, if the City does uhm does

fund these organizations, have contracts with them, uhm it would be great that the 3-1-1 operators could actually send, send people to those organizations to do the work that uhm of cultural competency.

CHAIR HELEN ROSENTHAL: So, Council Member I am going to come back to you whenever you are ready, are you ready now?

ALICKA AMPRY-SAMUEL: And I apology… I did come in late so I'm not sure if you asked any questions about the medical facilities. Okay? Uhm. Just based on the level of, based on the, the level of research that has already been done and the work that you have been, been, that's ongoing with different organizations how are medical facilities in New York City equipped to deal with cases that come in of FGC?

HANNAH PENNINGTON: Health and Hospitals does have some specialized services for FGC survivors and they also, there are two clinics for survivors of torture and accessible to survivors of FGC.

ALICKA AMPRY-SAMUEL: What, did you already ask which ones? Okay, which Medical Facilities are?

HANNAH PENNINGTON: At Guvanere Hospital and Bellevue Hospital.

ALICKA AMPRY-SAMUEL: Okay. And when can you give. Can you take us through like what the steps of that would look like? So, you have someone come into the hospital and in, they are going through this particular experience. Would it be like if the family is with the young woman, would they have to request additional assistance or is it a situation where the uhm the young woman is taken into a separate room and then maybe a social worker or you know a certain section of, I don't want to relate it to like if someone is experiencing trauma or rape victim or either and it's like a whole process and procedure protocol, would it be similar to like those steps if someone goes into a medical facility?

HANNAH PENNINGTON: I'm not entirely sure how it would work in any one particular situation. I do know that FJC is part is of the didactic curricula for all H and H residents and that there is, I, I am not sure entirely of what the protocol is but could certainly see if we can find out for you.

ALICKA AMPRY-SAMUEL: Do you, do you is there room, can we make?

HANNAH PENNINGTON: I would have to defer to H and H on that.

ALICKA AMPRY-SAMUEL: Okay, okay and…

HANNAH PENNINGTON: And DOHMH as well who have clinics that are accessible to folks.

CHAIR HELEN ROSENTHAL: Okay. It sort of, it's hard, I want to acknowledge that you are in a difficult situation because you represent uhm an Agency that is sort of wide, uhm wide… your fingers are in every Agency but don't necessarily have the answers from any one specific Agency and you know we should think about following up in a public fashion with the Department of Health and Health and Hospitals to learn uhm the details, saving they are pretty important. Uhm I actually am going to separate for one minute to step into the Amazon hearing and Ben Kallos, Council Member Kallos has a question and so I am going to turn it over to him and turn it over to Council Member Ampry-Samuel Chair of the Hearing. Thank you.

BEN KALLOS: I want to thank our Women's Chair Helen Rosenthal for brining attention to this issue. I can't believe it happens here in the City. I want to thank Council Member Alicka Ampry-Samuel

for her leadership, for her advocacy for this hearing, for her passion on this issue. Uhm as a, as a man I'm doing my best to try to get up to speed on this. So, for me I think about this from the victim's perspective and I guess the first question is just, what resources exist to tell young girls and young women that FGC is illegal? That it is something that they can say no to? What partnership is there with Department of Education? With our Social Workers in the Schools? With others to ensure that Children who are facing this situation have somebody that they can turn to? In the instance where we have somebody who is not interested. It seems like there is a lot of focus on the victims of FGC but not, as I am not seeing anything so much about the prevention. Is there a partnership uhm with ACS to ensure that there is outreach to communities where this may be occurring or more likely to occur to make sure that the children know that there is a way out? Is there a partnership with people who live in these communities, who, I, I, grew up as an Orthodox Jewish person, I am now more conservative and even within the Orthodox movement there are, to be frank and honest there are Orthodox

Jewish people who are not comfortable with LGBT? There are Orthodox Rabbis that I know that will do, will, are, are accepting of it and will even perform the wedding regardless of whether or not there are consequences for their ordination so in terms of partnering with members of communities of where this is likely to happen to identify people who are willing to keep a person who is choosing not to go through this and whether it is done for a religious ritual or other but protecting because I guess just from the victim perspective, saying no is a lot of unknowns. 1) You are losing your likely possibly losing your family. You are possibly likely losing your community. You are possibly likely losing your faith and there is a lot of unknown so what we doing to let folks know that they can say no and that they will be alright that they will get to go on with life, that they will have a loving family to welcome them, that they will be able to maintain and remain a part of their community and their faith and that they will be able to go on to college and move along with their lives?

HANNAH PENNINGTON: NJBV is committed as we've, as I've referenced in my testimony earlier to

raising awareness on this issue and in our uhm implementation of our expansion that happened this past September uhm we are conducting listening sessions with stakeholders from across the City and across communities to make sure that we are identifying and exploring all options and included in that effort is the kind of prevention work that you, that you have referenced and ensured that we are, uhm coordinating efforts for people who have experienced FGC but also people who are at risk.

BEN KALLOS: Would you voluntarily with that us doing a reporting Bill on the topic or doing Task Force from the study? Just to let us know where you are with ACS and DOE in terms of preventive work and identifying and if you could share with ACS, or share with us the list of communities that you feel that there might be risk as well as have ACS share with you and us, foster parents and other resources and community based organizations in communities that are able to help these children remain whole throughout their lives?

HANNAH PENNINGTON: So, your question is whether we are committed to partnering with them on? With them on this issue?

BEN KALLOS: Not only committed but willing to share your progress on it? I think the worst thing that we can do is often, a, a, Bill, our preference is to just work with people voluntarily to keep up and just if you can share with our Women's Chair and Alicka and let me know how it goes. Uhm this is something that they have been championing on, I just, I would love to be able to sleep tonight knowing that our kids will be in a safer position.

HANNAH PENNINGTON: Those, the listening sessions began just in October because the expansion happened in September of this year so we are in the beginning stages of implementing our expanded mission uhm and DOE and ACS are a part of those discussions and those efforts. But I don't have any anymore specifics that I can share right now.

BEN KALLOS: That's a commitment to continue to share with the Committee Chair and Ampr… Council Member Ampry-Samuel and myself as you progress?

HANNAH PENNINGTON: Okay, yes, we can, we can continue to share information.

BEN KALLOS: Thank you.

CHAIR ALICKA AMPRY-SAMUEL: I'm just going to jump in on there on that point, uhm cause I'm realizing now that I've only been in the Council going on my first year, I will be completing the one year so and I'm noticing that a lot of the round table discussions and listening sessions and folks at the table uhm don't necessarily include people that should be at the table, uhm so I am going to use the opportunity since I'm at a table. There is to just provide you with my input and feedback. Uhm I used to work at ACS, I used to be a Child Protective Specialist in the Brooklyn Field Office and it was my role and responsibility, my job to go into homes and investigate allegations of abuse and neglect and I did my fair share of removals if I felt that there was a need but I also went into home and saw things happening that I didn't know anything about and I think that when my colleague Kallos, Council Member Kallos mentioned ACS and uhm it reminds me of and he also mentioned different areas where we may see this more prevalent than others, I think to the Bedford Field Office in Brooklyn which sits in Bed Stuy and we know that a lot of the cases come out of the Bed Stuy area, Central Brooklyn. Maybe there is an

opportunity there with the new CPS workers that are being trained and we know that there is a new process of training the new CPS workers. There is role plays and they built out these simulated homes and apartments. That wasn't there in the late 90s when I worked at ACS. But I think that is a great opportunity to maybe do some uhm role playing and opportunities to maybe do a pilot at the Bedford Field Office and utilize the new training mechanisms that are in place to include uhm FGC and, and the people in that particular community if you want to be able to have a real conversation and in Rose and Mount Pilot and pilot programs so maybe that is an opportunity that you are, my suggestion.

HANNAH PENNINGTON: Let the record show you are smiling and nodding. We would partner with ACS on training efforts uhm and we would be, I would have to defer to ACS on a pilot project but would be happy to explore that as an idea as well.

CHAIR HELEN ROSENTHAL: Okay, I would like to welcome Majority Leader Laurie Cumbo. Uhm thank you uhm for being here but Council Member Ampry-Samuel did I, are you still on a role? And Majority Leader let me know when you are ready.

MAJORITY LEADER LAURIE CUMBO: Okay.

CHAIR HELEN ROSENTHAL: For questions. I am going to move on uhm to actually sort of following up on the notion of the 3-1-1, asking whether or not, the Federal Government at one point had a tip-line. It is unclear with this Administration whether or not that tip-line is continuing. Do you know whether or not there is one, a hot line and whether or not do you know is the City contemplating creating a hotline on this issue? Uhm there are hotlines on a number of issues but this one in particular?

HANNAH PENNINGTON: I don't know but we can follow up with you on that.

CHAIR HELEN ROSENTHAL: Again, I appreciate the followup. Follow up on whether or not the Federal Government has a tip-line or a follow up on whether the City would be interested in setting one up?

HANNAH PENNINGTON: Both.

CHAIR HELEN ROSENTHAL: Okay, thank you. Do you happen to know if uhm the City has investigated any cases where FGC is happening? Uhm either through the Human Rights Commission or some other area?

HANNAH PENNINGTON: Uhm I don't know if there have been any specific investigations. I know that FGC could potentially fall into the context of child abuse but I have to defer to ACS on that question.

CHAIR HELEN ROSENTHAL: Does the do you know if H and H keeps records, medical records about?

HANNAH PENNINGTON: I'm sorry I missed the first part. You said you said if?

CHAIR HELEN ROSENTHAL: Do you know if H and H keeps medical records or either through their primary healthcare sites or the hospitals on individuals who have undergone FGC? Do they track that?

HANNAH PENNINGTON: I would have to defer to H and H on that question.

CHAIR HELEN ROSENTHAL: Okay, could you contemplate uhm as an Administration asking them to include that question as you are going through the, the medical background of someone at, even you know starting with the pediatrician uhm asking that question?

HANNAH PENNINGTON: I think I would have to defer to H and H. I know it is part of the

curriculum that the residents and other staff receive but in terms of actual data collection I would have to defer to them on that.

CHAIR HELEN ROSENTHAL: You know it is part of the curriculum? Sorry?

HANNAH PENNINGTON: It's part of the curriculum for residents a didactic curriculum for residents at H and H. But I don't know the substance of that. Uhm training so I would have to defer to H and H on that.

CHAIR HELEN ROSENTHAL: Sure. H and H, I think works with the affiliate hospitals, the private hospitals to do the training programs so do you think the private hospitals are doing that then? They're like the I don't know, well whoever we have affiliation agreements with these days, Columbia, Presbyterian, Cornell, NYU whatever they are all. I guess I am getting that it is in the curriculum?

HANNAH PENNINGTON: Across the City?

CHAIR HELEN ROSENTHAL: Yeah.

HANNAH PENNINGTON: I am not confident but.

CHAIR HELEN ROSENTHAL: Okay.

HANNAH PENNINGTON: But we could, we could find out.

CHAIR HELEN ROSENTHAL: Okay.

HANNAH PENNINGTON: I'm not, not confident I mean I am not confident in my answer to you on that.

CHAIR HELEN ROSENTHAL: Uhm Commissioner it is totally fine. I am getting at it because when, when we spoke with the uhm the tiny uhm non-profits that are trying to address these issues. One of their pleas it for doctors to be trained on this, so that their response upon seeing something is not a first-time response and inability to treat someone and what we are hearing from the Grass Roots Organizations is that there is a lack of knowledge.

HANNAH PENNINGTON: I would say that exploring those issues in the healthcare setting, uhm in the public hospitals and in private hospitals is included in the exploration that we are doing uhm as we speak.

CHAIR HELEN ROSENTHAL: So, two of the hospitals have Elm, what was it the Bellevue and Guvanere have specific programs, can you describe those programs again?

HANNAH PENNINGTON: They have uhm clinics for survivors of torture at both of those hospitals. I don't know all of the specifics of the programs and services that are available to people coming to those centers uhm in addition to the clinics H and H does have some specialized services for survivors of FGC.

CHAIR HELEN ROSENTHAL: Are those?

HANNAH PENNINGTON: And the clinics are available to people you know across the spectrum of not only gender-based violence but many other issues.

CHAIR HELEN ROSENTHAL: Yeah, you read my mind, so there in the clinics that they have, they're, the medical professionals are educated about FGC and are making this, are making this information available to the other medical professionals, nurses, is that what you think is going on? That we can get confirmation on?

HANNAH PENNINGTON: I could, I could work to get that information for you but I am not entirely sure how it works. I know that the clinics serve survivors of FGC.

CHAIR HELEN ROSENTHAL: Okay, I would be interested in a lot more information about that because again, from the Grass Roots Organizations we

are hearing a lack of cultural competency uhm and, and really inappropriate responses to women when they come in. Uhm and one could imagine pediatricians if, if educated culturally competent pediatricians being able to talk about the issue fluently with par… with the mothers and finding out, trying to assess what is going on within a family.

HANNAH PENNINGTON: I think that since we have been in this base in a different way than before our expansion we have always looked to those Grass Roots Organizations, some of whom we might be hearing from today who have that level of expertise and who bring experience and also a level of cultural sensitive that we need to bring to all of our at Family Justice Centers but at CBOs that do gender-based violence work across the City and that's why we've worked to bring that partnership to bear in the trainings that we do at the Family Justice Centers uhm and ..

CHAIR HELEN ROSENTHAL: At the Family Justice Centers.

HANNAH PENNINGTON: But also are eager you know as participants of the coalition which includes uhm many, many organizations you know that

are actually doing the work on the ground but also other City Agencies and State and Federal Partners so we are eager to continue that kind of work to identify what you are talking about with our expanded mission uhm we really are looking forward to being able to elevate the work that we are doing in that space because of the Administration's commitment to having an office that is coordinating uhm these issues across the board.

CHAIR HELEN ROSENTHAL: You know it is so tricky for I think the Administration which is overseeing, you know, Agencies that are trying to help 8.5 million people to zo… to focus in on one other tiny community that might be disparate in the City and uhm I just want to again go back to the notion of contemplating contracts in some fashion with the very tiny uhm nonprofit organizations that are working on this full-time and could be doing so much more. They have the knowledge. They have the expertise and the competency in even, in talking to families and educators and uhm what, what this committee would like to see is the Administration really financially supporting those organizations to do the heavy lifting into the underground of what, of

what is going on in the City in ways that really City Government workers really might not be able to. This is a perfect area where we count them, these non… in New York City we count on these culturally competent tiny Grass Root Organizations and I certainly know how challenging the contracting process is but if there were work arounds this strikes me this is not something that falls in the category of City, individual City Council Members who have this issue in their unique little Districts given the dominus amount of funding that we are able to allocate to these organizations but instead the Administration really owning the topic recognizing these, these tiny little non-profits that are sometimes a single individual who are being asked to do this work by some Government City Agencies whether it's yes I go into the, you know the health clinic and I educate doctors, you know I've heard quite a bit of that by non-profits that are single individual or made up of you know a handful of people and been able, been cobbled together that get absolutely no City funding to do this work and yet I think that this, I think that this is a Government, a proper Government responsibility and I do believe in this case that

it's not, I'm repeating myself. So, uhm do you think that's something that your office as sort of an oversight capacity with you know what is going on at ACS or H and H could be interested in spearheading.

HANNAH PENNINGTON: I think uhm looking at, continuing to look at the resources that are available and the organizations that we partner with is absolutely part of what we are doing in our exploration and in our work with community-based organizations we move forward in our new uhm expanded capacity.

CHAIR HELEN ROSENTHAL: Okay, thank you I'm going to shift gears for one second to the legal world. We all know that there is this Michigan Court Case where there is a possibility that a State would have the right to determine whether or not FGC is legal, is that something uhm depending on the outcome of that case and appeals that are going on that the Administration is considering going to our State uhm Government or, or finding ways in City Laws perhaps through uhm the Human Rights Commission to make sure that in New York City this maintains, this continues as an illegal activity?

HANNAH PENNINGTON: So, I am being educated by General Counsel, there is a State band but there are gaps in the band. Around vacation cutting for example. I mean at this point in time I think that it is important for us to raise awareness on this issue to ensure that people throughout New York City and in communities know that the Federal Decision that just recently came down does not impact the laws that we have in New York State already on the books that criminalize FGC. Uhm I couldn't speak specifically uhm to the legal gaps that you, that you are referencing to the existing laws but certainly can look into that but I think it is important for us to uhm publicly state that because it could of course create chilling effects and create concern and confusion ot make sure that we are clear about the fact that that decision did not impact the New York State Laws that we have enacted to criminalize this behavior.

CHAIR HELEN ROSENTHAL: Okay uhm I'm going to wrap up, just being reminded to double, to double check that you will send the information that we have asked for on a variety of things, in

particularly, maybe you have at hand the training that.

HANNAH PENNINGTON: I am remembering that there is actually a training just next week at the Brooklyn FJC that we are partnering with for families on …

CHAIR HELEN ROSENTHAL: You are partnering with?

HANNAH PENNINGTON: With the families. One of the trainings that I reference and we can, we would be happy to send you the flyer and information. It's, it's just very similar to other trainings so we can make sure that we circulate ones that gets controlled in the future as well.

CHAIR HELEN ROSENTHAL: And just to be clear, so, so, so, the Sanctuary for Families is doing the training, not City Government? We contract with this organization to do it. It's great, I just want to confirm for the record that it's not our City Workers?

HANNAH PENNINGTON: That's right. Uhm we do it on our City grounds.

CHAIR HELEN ROSENTHAL: Yes.

HANNAH PENNINGTON: Staff who administer the training uhm for partner staff and the community and anybody, they are open to the public. Is coordinate between our City staff who work at NGBV and nonprofits uhm sometimes its our NGBV staff and sometimes its our City our CVO partners and honestly sometimes its both of us. Uhm it can look different in different trainings but we also would be happy to share and make sure that you are getting on a regular basis the extensive schedule of training that we have at each of the Family Justice Centers on a regular basis and then of course we do specialized trainings that you know that aren't part of the core as well.

CHAIR HELEN ROSENTHAL: Okay, thank you very much and just so you know part of the reason that I drilled down on that issue is because Sanctuary for Families is a terrific organization and certainly they should be well-resourced to do this work but there are other organizations and again this is awkward between two white women who don't have a background in this issue to be talking about but just to note that there are other organizations we are going to be hearing their testimony today who might take a different approach in terms of a training and

uhm you know that I think that it would be great if the, if the city would have a good overview understanding of where in New York City there are different communities that may need different cultural competencies to work on it and, and that we were focusing uhm in each community with different groups that might be better uhm on the issue?

HANNAH PENNINGTON: Yeah, I absolutely agree with you and I would just mention for the Committee's reference our Family Justice Centers, having formerly run a Family Justice Center I can tell you that an incredibly important part of the work as the management of those Centers is to just not think about our on-site partners but also our off-site partners uhm and those off-site partners are integral to the work that we do because those Centers are not just about having people come on site. It's about connecting people off site. And we happily and with you know great uhm admiration, partner every day with small organizations that are not necessarily on site and really what we see is the need to make sure that we, that we are creating access to these services for folks you know across each borough.

CHAIR HELEN ROSENTHAL: Great and then on that vein, just making sure that they are getting paid to do that. Uhm thank you so much Commissioner, I really appreciate your coming today and providing this testimony, we look forward to hearing more from you.

HANNAH PENNINGTON: Absolutely, my pleasure thanks.

CHAIR HELEN ROSENTHAL: Thank you, I am going to call up the next panel, Marianna Dialo (SP?) from Sanctuary for Families, Deborah Ottenheimer thank you for the New York Coalition against FGM and uhm Veronica Addis (SP?) from the Empower Clinic, from the Empower Clinic. Thank you so much, I could never be a school teacher. No, do we need to? So, if you could just introduce yourself, uhm name, organization, begin your testimony, make sure the red dot is on when you testify the reason being that this once, if it is in the microphone then it will go into the transcript so that's why it is so important that the red dot be on, that you be talking right into the microphone, really appreciate that, happy for anyone to start.

MARIANNA DIALO: Good morning, my name is Marianna Dialo and I am from Sanctuary for Families. I am a program director from St. Church with families working specifically with the African community. Sanctuary for Families is one of the largest organizations, in New York State, providing services to survivors often of violence, including domestic violence, trafficking, FGM and other forms of gender-based violence. I am also the founder and the Chair of the New York Coalition to end FGM. We are so grateful to the Committee on Women for this opportunity to testify today. And to Council Member Rosenthal and Council Member Samuel, I think she stepped out who really walked with us during the FGM work, for taking really this lead in bringing attention to FGM. We applaud your leadership in standing for survivors especially at a time where the health and well-being of survivors of FGM and girls who are at risk of FGM is at stake. FGM is a global public health crisis and a violation of Human Rights. Around the world about 200 million women have experienced the FGM. And while it is commonly practiced in Africa, Asia, the Middle East it is not confined to distant shores. In the United States, it

is estimated that about half million women have either experienced the FGM or at risk of FGM. In New York Metropolitan about 65,000 girls are at risk of FGM. In fact, what is not know is New York is one of the states with the higher number of immigrant families for countries that practice FGM. However, it is very important ot keep in mind that immigrants are not the only ones affected. United States citizens are being subjected for FGM. I am going to call it FGM today because I feel comfortable and I am speaking on behalf of many women out there who also feel comfortable using FGM. So, I met Fatima and Nalla in 2010 when they became clients at Sanctuary for Families. They are sisters and US Citizens. When Fatima and Nalla were 7 and 8 they were sent to their parent country of origin to visit extended family in one of the West African countries. When they got to that country, that summer, they were subjected to FGM by the grandmother. Fatima and Nalla have no ideas of what was about to happen. They were taken to another location, they were held down, blindfolded while their genitals were cut off without anesthesia. When I met Fatima and Nalla they were 15 and 16 and it was the first time that they

disclosed this experience to someone, they were betrayed, ashamed, isolated and they felt withdrawn from their peers, they express that they wanted to see a GYN but they were scared. Indeed, FGM causes a serious physical and psychological impact but I am going to focus on the psychological today. The psychological impacts often include depression, anxiety, phobia, memory loss and PTSD. Nichole was subjected to FGM when she was 7. She moved to the US from an Asian Country where over 50% of the women have been subjected to FGM. She was referred to Sanctuary by a former Sanctuary and she is in college right now. So, when I met with Nichole, she disclosed having multiple panic attacks, lack of sleep, nightmares, difficulty concentrating in school, fear of an intimate relationship, shame in seeking medical help and uncertain about her future. However, through trauma informed counseling, case management, medical services and legal services, Nichole received the support and service needed to help her build hope and a new life. As a group of concerned citizens, we cannot continue to allow this to happen to mothers and young women in our community. Given the recent decision by the Federal

Judge in Michigan ruling the 1996 Federal Law Banning FGM Unconstitutional it is now even more, we need to speak louder, even more imperative that the City takes the lead in ensuring survivors and at-risk girls have access to the protections, resources and services they, they so desperately need. Following the 2013 Federal Law, the Girls Protection Act, that criminalized vacation cutting, New York State followed that example. Its criminalized vacation cutting and the New York State public health law was amended and added outreach education on the, on the Law. However, due to the lack of public funding, service providers are struggling to meet the need of this population. For Sanctuary for Families and our many partners, serving this affected population we will get support from the City Agencies and urge the City Council to make these a priority. We identified three main recommendations: 1) A New York City focused the study on FGM to address the gap in information about this practice and prevalence in the local population. We suggest that the City conduct the study with an extensive data collection and a need assessment based on its findings. Second, support is needed to enhance direct services for this

population including trauma and from the Counseling for survivors and those who are at risk of FGM. They need medical services and legal assistance, indeed, these are necessary for survivors to start their healing process, as well as to address the physical impact of FGM. Last recommendation is the need for outreach education and training to service providers, educators, doctors, nurses, teachers, every single professional who can be in touch directly or indirectly with someone who survived it or someone who is at risk needs the training. And communities also that practice it, including families in these trainings because I think we need to understand better why people do this. Survivors need to be included, girls at risk and any caregiver and there should be a multi-level collaboration between direct service providers, local government, local government agencies such as the DOH, ACS, Department of Education, they Mayor's Office to end domestic and gender-based violence, to identify best practices on how to address these issues and better serve these communities. While we gladly welcome this collaboration between the agencies, funding again at the City level is imperative to answer adequate

resources and protections that are made, available to survivors of mutilations and girls who are at risk and their families. In closing, we thank the City Council Members present today for their commitment to address this issue and to protect the women and girls in our community. In doing so, you set an example for the State to take actions. Your support for the proposed recommendations including collaboration with the direct service providers and professional who work with this population will help stretch our effort further and make a long, lasting impact in the movement to end FGM in the City of New York. Thank you.

CHAIR HELEN ROSENTHAL: Cobwebs. Continue I will ask questions after. Thank you.

VERONICA ADDIS: Uhm I will introduce myself first. I am Veronica Addis I am an OB-GYN here. I run the Empower Clinic for Survivors of Sex Trafficking and Sexual Violence. I heard you asking Commissioner Pennington about H and Hs efforts. She was referring to me, basically uhm at Guvanere and then also I was the Gynecologist for the Program for Survivors of Torture at Bellevue. Uhm so I'm happy to answer questions on that if you have uhm but I'm

here with Dr. Ottenheimer so she is also going to read our statement.

DEBORAH OTTENHEIMER: My name is Deborah Ottenheimer, I am also an OB-GYN. I would say between the two of us we have over 30 years of experience with FGC Survivors in various capacities both in the clinic and as advocates around silence, around silence seeking examinations. Uhm and we really do thank you so much for acknowledging that this is an issue and for holding this hearing. It is really an honor to be able to speak to you today. Uhm FGC as we know is practiced around the world, primarily in Africa. Uhm it is very important to remember that it is not just an African problem and it does affect more than 200 million women and girls as we have heard. The CDC estimates that over 500,000 women and girls in the United States are affected or at risk for FGC and New York City is home to the largest population of these women and girls. Numbering approximately 65,000. Unfortunately, these numbers are really a best guess. They are an approximation of the prevalence of FGC based on country-specific national prevalence statistics and immigration trends from practicing countries. They

are not a direct count. There is a pressing need to collect accurate data on the prevalence of women of FGC among women and girls living in New York City and in the United States overall who has already been cut as well as the incidence of cutting of girls from FGC practicing countries living uhm living in NYC in order to promulgate policies and evaluate practices. We need to understand the age at which FGAC is performed on girls living in the United States as well as how often it is performed here in America versus in the family's country of origin during visits abroad or vacation cutting. We need to understand who is doing the cutting, how it is being carried out and the types and end resulting complications. Practice guidelines promulgated by the World Health Organization encourage multi-disciplinary holistic care for women who are affected by FGC. Nonetheless despite the high prevalence of affected women and girls of the United States there are significant gaps in the American Practitioner's knowledge about inability to care for this population and almost no dedicated medical services are currently in existence. Currently on Arizona and Boston have such clinics. New York City is home to

the largest concentration of affected women and girls in the United States. The establishment of a dedicated medical clinic as well as the systematic education of medical professionals in New York City is urgently needed. It is also imperative that the Community Stakeholders be involved in the development of medical services and educational tools so that the medical needs of affected women and girls are accurately represented and satisfied. To that end, we urge the Committee to consider implementing and funding programs which would enable the following three things: 1) The collection of accurate prevalence data in New York City on Women and Girls who have undergone FGC and girls who may be at risk of cutting. Second, the education of medical professionals and the identification and proper care of women and girls who have undergone FGC. This should include not only obstetrician gynecologist but also nurses, pediatricians, internists, emergency room personnel, mental health professionals and any other medical providers who might interact with affected women and girls. And third, and perhaps the most concrete, the establishment of a holistic specialty clinic focused exclusively on the care of

women and girls who have undergone FGC and which can serve as a model for similar care around the nation. This clinic would provide culturally appropriate gynecologist care, obstetric care, dedicated mental health services for women and their partners and pelvic floor physical therapy as well as linkages with legal and social services. The clinic services would be designed and implemented in consultation with community leaders and with the guidance of an advisory board comprised of patients, medical professional, funders and other stakeholders and finally the clinic would conduct research, serve as a center of excellence in the care of women affected by FGC and serve as a model for other similar clinics in other Cities or regions and finally the clinic providers would provide expert consultation services to other clinicians as well as to other organizations and Government entities seeking to serve this population of women and girls. Thank you very much.

CHAIR HELEN ROSENTHAL: So, thank you, I feel like you have answered some of the questions that I have asked. Uhm I really do appreciate that. Uhm and with our patience I am going to continue to ask the questions to continue to have on the record

your answer. Uhm and just for my own edification is there anyone from the Administration still here? Okay, thank you. Uhm, so first, I'd like to start with you Ms. Dialo, do you think that Sanctuary for Families given what you are asked to do by the Administration that you have sufficient resources to meet the demand in the City?

MARIANNA DIALO (SP?): Well, it's very limited resources if I have to think about only FGC and survivors and at risk due to the lack of funding. Like the trainings we are doing now and all of the type of service we are providing to that specific population, we are pulling it from here and there to make sure we are meeting the need of my client, of our clients. So, we are not turning them down because we do not have the resources. So, that that's the challenge that we have right now at Sanctuary.

CHAIR HELEN ROSENTHAL: How many staff do you have? Do you think legal, training, educating, all different? How many staff?

MARIANNA DIALO (SP?): To do that?

CHAIR HELEN ROSENTHAL: Yeah.

MARIANNA DIALO (SP?): Well I start on my own, like 2006 when I just started doing the training, really, I was by myself and that was again because of the funding constraints. And then you know recently we were able to hire one new counselor without the African Initiative and she is helping with the work around FGM but also other staff members within the Agency have been trained to do the trainings. The Legal Center, in fact, providing legal assistance uhm widely to the community to the community that has either survived or experienced on a legal perspective?

CHAIR HELEN ROSENTHAL: Do they have a wait list on the legal side?

MARIANNA DIALO (SP?): The legal side right now with immigration cases yes. We are on a waiting list.

CHAIR HELEN ROSENTHAL: Okay. And so, if I heard you right there are two people now and you mentioned an initiative is that a City Council Initiative?

MARIANNA DIALO (SP?): Which, the African Divi Initiative? No, this is a Sanctuary Divi Initiative. This is an Initiative we started in

2006, to respond to the high need of our African Client.

CHAIR HELEN ROSENTHAL: Okay so two people for roughly 60,000 individuals in New York City?

MARIANNA DIALO (SP?): Almost yeah. There is just two people right now.

CHAIR HELEN ROSENTHAL: At Sanctuary, there could be other non-profits that are doing this work.

MARIANNA DIALO (SP?): There are other non-profits yes.

CHAIR HELEN ROSENTHAL: But are they funded to do this work?

MARIANNA DIALO (SP?): I do not know any organization that is funded to do the work but at Sanctuary for Families what I am talking is like the clinical department right now, we have like two people who can train on FGM.

CHAIR HELEN ROSENTHAL: So just to re-iterate because someone else from the Administration just walked in. There are two people to serve 60,000 individuals who uhm are affected by this. Two dedicated people who we contract with to do this

work. Can I similarly ask the physicians thank you so much for coming here because you are the ones seeing this day-to-day? Do you feel that the two Centers that exist right now are sufficient? Of course, I heard your testimony but I would like you to give me examples about why that answer is no. Why what you have now at Guvanere or at Bellevue does not, cannot serve as the pilot location that you are talking about? Why the two locations that you have now are not sufficient in order to collect the data that is necessary?

VERONICA ADDIS (SP?): Yeah, I have plenty of exam… uhm I would say, you know I started the Empower Clinic really as a response to sexual trauma and sex trafficking but found that I have expertise in female genital cutting because of my background and there was a huge need and the trauma is very similar and so I expanded the mission to encompass that and as, over time actually my volume has increased in terms of referrals for female genital cutting. Uhm and that's how actually we met.

CHAIR HELEN ROSENTHAL: Increased why?

VERICONA ADDIS (SP?): Increased because of word of mouth because my clinic is by referral

only from Social Service Organizations, Sanctuary for Families is the biggest. Uhm but also from lawyers, seeing asylum for their clients either escaping FGC or who have experienced it and are trying to protect their children from it. Uhm and so over time I have had increasing numbers of patients coming and so there is a number of challenges there, specifically referring to FGC. One is the urgency of cases, often people are waiting for a very long time for their dates and they certainly get a court date and they need an affidavit to verify the cutting. That's not hard to do but my clinic is one day every other week at Guvanere and.

CHAIR HELEN ROSENTHAL: Again, it is one day every week for 60,000 people.

VERONICA ADDIS (SP?): Every other week. Other week.

CHAIR HELEN ROSENTHAL: Oh, one day every other week.

VERONICA ADDIS (SP?): Yeah.

CHAIR HELEN ROSENTHAL: So, two days a month.

VERONICA ADDIS (SP?): Correct.

CHAIR HELEN ROSENTHAL: You are available to provide the uhm medical information necessary for an affidavit that would be used by the lawyers in the court case.

VERONICA ADDIS (SP?): Yeah, and that's just for the examination, the affidavit I actually write on my personal time.

CHAIR HELEN ROSENTHAL: Sorry?

VERONICA ADDIS (SP?): The affidavit I write it on my personal time. It's not on my work time, I usually write it on the weekend and so I have no.

CHAIR HELEN ROSENTHAL: 24 days in a year not including your personal time is the availability in New York City to have someone available at a hospital.

VERONICA ADDIS (SP?): With Dr. Ottenheimer.

DEBORAH OTTENHEIMER: Just, I think we are conflating two different issues. So, Veronica and I both do two things. One is we do forensic evaluations of women who have experienced FGC in support of their asylum applications.

CHAIR HELEN ROSENTHAL: Got it, thank you.

DEBORAH OTTENHEIMER: So, that's, that's one thing and the other thing is to actually take care of these women in a clinical setting which is quite different from the forensic evaluation. We do, I do all of the asylum work on my own time. And.

CHAIR HELEN ROSENTHAL: And so, you are not being paid for that?

DEBORAH OTTENHEIMER: I've not been paid for that in 15 years.

CHAIR HELEN ROSENTHAL: In 15 years.

VERONICA ADDIS (SP?): And I think to Dr Ottenheimer's point, the, affidavits are the easy part. So easy, other than getting them in and what we struggle with and have discussed amongst ourselves is that uhm the clinic care is a really challenging piece of it because it needs to be multi-disciplinary and there is no funding for that.

CHAIR HELEN ROSENTHAL: Yeah.

VERONCIA ADDIS (SP?): And it needs to be ongoing and so it is actually very difficult. Right now my clinic does not encompass most of that clinical care, I respond to the account needs that

people have in terms of trying to alleviate their symptoms but there is both a lack of data in the medical literature on how to treat these patients in fact, I have a lab that conducts research on sexual and gender-based violence and health and we conducted a review that found that there is not a single article in the medical literature internationally that addresses the medical care, the medical treatment of FGC sequelae. There is only surgical treatments where as medical treatment is actually the best. So, we don't know how to treat them and I think that was something that Dr. Ottenheimer and I wanted to emphasize which is that right now we are just doing asylum pieces because that is the most that we can do with the resources that we have available.

DEBORAH OTTENHEIER: The other thing that we do also on our own time is we try to educate other healthcare providers but who really, I don't know what the curriculum is that was being referred to earlier but there is no official curriculum to my knowledge at least in OB-GYN about this issue at all. You learn about it as you bump into it or through

being invited through us in this case, being invited to speak on that.

VERONICA ADDIS (SP?): Or to yeah to add to the curriculum question I think that confuses a lot of people is when you say curriculum it is usually defined by the medical school itself. So, we have several medical schools in New York City. I couldn't tell you what each one's curriculum is, they are required by a central organizing body to have certain things on their curriculum, I don't know that female genital cutting is on it so the learning is ad hoc but I personally trained at Jacoby Hospital uhm and that was where I got a lot of my ad hoc education and I should add that there are providers in the H and H system with expertise on this issue who are not recognized for it or given really the breathing space to develop it. They just happen to know a lot about it and work in the system.

DEBORAH OTTENHEIMER: Right, they become the go-to person within the hospital.

CHAIR HELEN ROSENTHAL: Have you, are you familiar with the New CUNY Medical School?

DEBORAH OTTENHEIMER: Yes.

CHAIR HELEN ROSENTHAL: And are they teaching about FGC down there?

DEBORAH OTTENHEIMER: I, I do that teaching.

CHAIR HELEN ROSENTHAL: And that was on your own time?

DEBORAH OTTENHEIMER: Yeah, it's on my own time.

CHAIR HELEN ROSENTHAL: Actually, seriously, you don't get paid?

DEBORAH OTTENHEIMER: I'm serious.

CHAIR HELEN ROSENTHAL: You don't get paid as like an adjunct to come in?

DEBORAH OTTENHEIMER: No. Uhm and that's partly because I feel so deeply about the education needs that I'm, I'm just willing to do it. Uhm it is also with CUNY, I am working with a couple of providers at CUNY around this idea of a clinic in partnership in under the umbrella. I don't think I can say the organization because we are not really in a commitment stage right now, uhm in Harlem and we are really hoping to establish at least a pilot program that would encompass this multi-specialty uhm multi-speciality approach to the care of affective

women and also would produce best practices research with the input of community stakeholders and I don't need to tell you that there is no money.

VERONICA ADDIS (SP?): The demand is far.

DEBORAH OTTENHEIMER: The demand is enormous. It's really big.

VERONICA ADDIS (SP?): I mean also I think a lot of these women are used to not having services available and so they don't even ask for it and which is the saddest part is that I get a lot of people for asylum because that is a very acute and obvious need but then when you actually talk to them, many of them are suffering from the sequellae whether it is sexual function, chronic pain, uhm lack of ability to ever have intercourse and they don't know to even ask for these services, right? And they are so used to being neglected. Uh that's when you say demand, what does that even look like when somebody doesn't know they could be getting services.

CHAIR HELEN ROSENTHAL: Yeah and would it be easy enough to add a question to an intake form?

MARIANNA DIALO (SP?): I think it is so important to review the intake forms like service providers are using right now. Like if I think about

what we did at Sanctuary for Families, uhm because we are really working on domestic violence so many of our clients come in because they are victims of domestic violence and like when I started in 2006 this is where we start like acting questions around uhm domestic violence and then when the client is in therapy the client can disclose you know other forms of gender-based violence including FGM or early first marriage, etc., etc., so then what we did is revisit our intake form so that even single client that walks in, they are going to be screened. This is how right now we are collecting data, but I think this should be really a priority for hospitals and in order you know locations like where we feel like the population can attend and when I say schools, it's not only like elementary or colleges, they are sometimes the schools there that teach ESL classes, but in that processes, there is no screening. They just come to sign one page and they are in the class. I think the New York City is missing a lot of opportunities to track this population and come up with a better solution because the few people who are working on this matter are overwhelmed and they feel like it is their own responsibility because if they don't do it

no one else is going to do it. So, I know the fa… I know, I know we spoke about lack of money, lack of money but as you see all of us, we are all doing this with no money because.

CHAIR HELEN ROSENTHAL: With no money.

MARIANNA DIALO (SP?): No money because we see it as our responsibility as professionals and, and I feel like there is a lot that we have been able to do but we still have a lot to do again.

VERONICA ADDIS (SP?): I just want to add to the screening questioning, because I think it is very different in a medical context. I think it is very important for social service providers to do so uhm because there are a lot of legal and social consequences. From a medical perspective, screening has a very different meaning and screening means uhm asking or looking into something from an asymptomatic population so that would be asking a question to every single person that walks in your door and from a sexual trauma perspective that is actually very complicated and can really turn off patients from the beginning of their exam. So, I actually probably would not want to mandate any kind of screening but I think it is worth asking the question of how do we

collect better data on this top… the subject and how do we do so sensibly without necessarily targeting people or turning people off. Also, providers nowadays are mandated to screen for so many things that it is eating up our time uhm in ways that are very inefficient and so I would say I just want to add context and I could go on all day about screening. But then when you ask about screening in a medical context it has a very different meaning. And the point about funding, my clinic is unfunded. So.

CHAIR HELEN ROSENTHAL: So, the clinic is unfunded?

VERONICA ADDIS (SP?): Yeah, it is supported by Guvanere Health and full credit to H and H and Guvanere for giving me the time and space so they, they give me full I think money every time I see patients but I do not have any funding.

DEBORAH OTTENHEIMER: I have funding for two years for a psychiatrist. The funding was from the Vonhaam Morgan Foundation and that really proved the need for a psychiatrist, but other than that I do not have funding and I desperately need it for things like case management and improved follow up.

CHAIR HELEN ROSENTHAL: Yeah, I was just going to ask if you the space to have a case manager there to have a psychiatrist there. But I'm going to uhm turn over during the Committee Hearing to uhm Majority Leader and I know she has questions. And I will be right back.

MAJORITY LEADER LAURIE CUMBO: Thank you Chair Rosenthal for organizing today's hearing. I feel like we need like five more, five times the amount of City Council Members in order to address so many of the issues impacting women, particularly women of color. I wanted to ask is it documented or well-known specifically what regions are practicing uhm FGC that are, are very, where are we seeing the highest numbers coming from. And this may have been asked already.

MARIANNA DIALO (SP?): I mean there are, there are pretty good numbers for around the world. Uhm 28 nations in Africa and also the middle east and also Indonesia. However, of many of those international surveys are old and they are not always well done so the data is there but it is not great.

MAJORITY LEADER LAURIE CUMBO: In the.

MARIANNA DIALO (SP?): And also, who we see in New York is also influenced by who is in New York so even if the prevalence is higher in certain countries, those populations may not be as high prevalence in New York.

MAJORITY LEADER LAURIE CUMBO: So, our distribution of FGC and where it is coming from doesn't necessarily reflect the worldwide population.

MARIANNA DIALO (SP?): It really depends on Refugee Resettlement and who is in what City and you know some Cities there will be more Somalians and some Cities will have more West Africans so that affects the numbers and also the cultural background and the types of cutting that we see.

MAJORITY LEADER LAURIE CUMBO: Is it a practice that is growing in the countries or the regions that you named, is it a practice that is growing or is it a practice that is declining?

MARIANNA DIALO (SP?): It really depends on the Country. There are some countries where it has been like stagnate like the same number like let's say one of the East African Countries of Somalia, it has always been 98% of women who have been.

MAJORITY LEADER LAURIE CUMBO: 98% of women have been subjective to FGC. So, this is actually high but if you compare with the Gambia where it is a little because of the Grass Root Movement in this country, the fighting to address the issue and try to you know find some solutions. But it is very hard sometimes to know it is falling because people do it underground and like Countries that you know have a criminalized it. Uhm they instead of doing it when they are a little bigger like 7 to 10 so that they can report, they do it on babies so it is still in the family. Like kept a secret and it is hard to come up with like an exactitude that it is falling.

MARIANNA DIALO (SP?): You know the Grass Root Movement.

VERONICA ADDIS (SP?): The, I think the other thing you have to remember is that percentages, incidents is different than absolute numbers so population is growing in these countries, sometimes faster than the incidences declining so absolute number of girls that is being cut may be going up even though the prevalence percentages may be going down.

MAJORITY LEADER LAURIE CUMBO: Do you feel that uhm I guess in the Countries that we outlined there must be in some way a movement in terms of organizations on the ground that are starting to actively speak out against it. How are those organizations or groups that are speaking out against it, how is it, and I'm sure it is different in every place but how is it being taken? Are those people fearing for their lives or is it something that people respect in terms of people speaking out about it but maybe not, like maybe they are speaking out about it but this is what we do or is it something that is protected in a very serious way.

MARIANNE DIALO (SP?): It's all of these you just mentioned. Let me take one specific country let's Gambia, right, we have a very powerful activist who will come to the sanctuary as a client who is a survivor of FGM and became a huge advocate and she created a not for profit Safe Hands for Girls. She is a US Citizen and in fact she just took her experience here and went to Africa, said she wanted to end it. So, when she started it, she said that she wanted to focus on her own country, Gambia. She had the support of the Government to criminalize it

to straight away. So that was a good thing but then it was criminalized local communities, some of them got angry because they saw it as control. They said the Government cannot dictate what they are suppose to do in their families so it was a clash but I think the good thing with her is because she has rallied has support of the Government and many local members including you know, uhm Muslims because most of the, the majority of the people are Muslims so Islam is the predominant religion so she has the support from the local leaders and the Government and many people nationally and internationally but it hasn't been easy at all. She can get sometimes threatened. She has you know text messages, emails but again because she is working with people around her. She has been able to plan her safety and when it gets really, really bad she knows how to act.

MAJORITY LEADER LAURIE CUMBO: Let me just, cause I want to hold on to this, because it is something that you mentioned that I was thinking about as well, so, and excuse my religious ignorance because I should know these things but both dominant religions such as Christianity and Islam do not promote or support FGC or is it that these are

cultural practices that were in place before those dominant religions uhm came in and overlaid over existing cultural and religious traditions?

MARIANNA DIALO (SP?): So, I know you know when we talk about FGM, some people may think that it is a religious practice, it is descended by the religion but it is not in any book in fact. However, because it is gender-based violence like other violence the religion can be used to justify it. But it doesn't mean that it is in the Koran or in the Bible, right. Like FGM pre-existing some other religions like Islam.

MAJORITY LEADER LAURIE CUMBO: Right.

MARIANNA DIALO (SP?): So, because it was there before Islam then why when we have the Koran there is no mention in the Koran because the Koran is what we follow as Muslim people. That's one, number two the Prophet Mohammed who is, you know the prophet that every single Muslim wants to follow. His wives have never been subjected to FGM. His children have never been subjected to FGM so that's why there is no way someone can use the religion because it is not there. But people sometimes they can say oh if you don't do this in local communities you are violating

your religion but it is just to say and to make sure that's the way to put people through it but it doesn't mean that it is in the Holy Book.

VERONICA ADDIS (SP?): And just to add to that, I just want to note that it was not limited to these communities it was actually covered by BlueCross BlueShield into the 1970s as a cure for lesbianism and virginity. FGC is not limited to these communities that we are talking about. It was covered by BlueCross BlueShield until the 1970s.

DEBORAH OTTENHEIMER: Clitorectomy was an accepted medical practice for masturbation, hypersexuality and treatment of lesbianism and the last clitorectomy was covered by BlueCross BlueShield in 1977.

MARIANNA DIALO (SP?): And just one point, you know when we talk about FGM and I think when I was reading my testimony, I said don't see this as an immigrant problem. There is this woman, Renee Bergstrom, please Google her, she is a white, Midwestern woman, born here, grew up here, she went through FGM when she was 3 because she was masturbating and people from her church say that they can cure that and what they did was subject her to

FGM. And she is white, she was born here, so that means that it is a global issue. It is not an immigrant problem.

MAJORITY LEADER LAURIE CUMBO: We need a few parts to this hearing. Uhm let me just, because I know we are limited on time but more so on the practice side, you are in New York, someone has come to you because uhm they have experienced Female Genital Cutting, right? This may have been asked, what legal process could be set off in terms of you are seeing someone. You say who did this to you? They can say XY and Z person did this to you. Is it, do you want to file charges? I mean how does this maneuver have you have discovered that this has happened to someone and it has happened to someone in this State.

VERONICA ADDIS (SP?): So, it's, it's very complicated. So, number one I think you have to remember that the Law is different if you are under 18 or over 18.

MAJORITY LEADER LAURIE CUMBO: Okay.

VERONICA ADDIS (SP?): So, if you are over 18, you have the right, in principal you have the right to alter your body the way that you want to

alter it. If you are under 18, the Law is, at least in New York State quite clear that you are not allowed to undergo this genital alteration so that's the first thing. The second thing is people come to us for a lot of different reasons so some people come to us already seeking asylum for forensic evaluation and that's, that legal process has already been begun. If you are talking about uh girls at risk or girls who have been cut, uhm I think like any other case of child abuse, it's very complicated but we are mandated reporters.

DEBORAH OTTENHEIMER: I mean I should be clear, I've seen hundreds of cases, I've never seen a case of it done to anybody here so I have never had to deal with that. I know that, I know what I would do because I am a mandated reporter so if you have a child who is subjected or at risk you have to report that immediately. Uhm but the majority of cases that I see are women who had this performed in another country and that I am helping them handle their social, legal, and medical repercussions of it and so I do, if I encounter somebody who did not have legal representation and may need asylum then I may

recommend them to an organization that provides uhm legal support.

MAJORITY LEADER LAURIE CUMBO: Do you think and this is my final question, just a conclusion on that thought. Do you think that because people or women most importantly are looking for health, they are looking out for their health first and foremost, so in the looking out for their health first and foremost, knowing that repercussions won't happen if it was a vacation cutting, do you think it could be happening here and people will just say, say it happened wherever? You went somewhere?

DEBORAH OTTENHEIMER: You know, like I'm a data person and so I like to have data and so I'm not saying that it does or doesn't happen. I've never seen a case of it. The patients that I see do not want to do it on their children and are trying to protect their children are going through legal loopholes to protect their children uhm but I think it is very important to understand and provide funding to collect data. I mean that's what I do is that I instead of making assumptions is I go and collect data uhm to see what is happening. Uhm, because also if even one case of vacation cutting

happens it is a tragedy but then if its so few cases, trying to cast a broad net is a lot of effort when actually you could be targeting your efforts more specifically and so understanding where it is happening, why it would happen, among whom is, is really important. But also, that I think sometimes efforts get really uhm far into prevention and forget that there are so many people suffering and so I think I would really like to highlight that there are so many people currently suffering the after effects and they are really neglected within the medical system.

MAJORITY LEADER LAURIE CUMBO: Thank you so much. Thank you so much for your service and the work that all of you do. This is really eye opening in terms of the tragic situation that we are dealing with here in New York and beyond so I really appreciate your dedication, your time, your effort. The lack of resources is criminal really that you put so much of your blood, sweat and tears into this because you see it as a responsibility and it is but we should also be picking up to make sure that people are adequately resourced in order to really have the impact that we want to see. So, thank you so much

Chair Rosenthal because this is really a critical and important hearing and it is a subject matter that is not really discussed broadly or openly so thank you.

CHAIR HELEN ROSENTHAL: Yeah, thank you and I appreciate your questions. I really appreciate your energy and passion around the issue. Uhm I'm going to wrap up. What I would really appreciate is the opportunity for our Committee to meet with you and followup and learn more and uhm, uhm, help guide us so we are not going down a rabbit hole that is not as productive as another thing that might be more meaningful for a larger population and then the other question that I would ask you to think about, we don't need to talk about it now is sort of thinking geographically about New York City itself where the pockets of community are and I don't know if that is something that you might already have information about or we can talk about after.

DEBORAH OTTENHEIMER: Yeah, it's the Bronx and upper Manhattan.

MARIANNA DIALO (SP?): We can give you a few locations right now. In fact, I know more about the African Community.

CHAIR HELEN ROSENTHAL: Can you talk into the mic, thank you?

MARIANNA DIALO (SP?): I said I may not have all the information but I can just share a few that I have right now because I work more with the African community so it is very hard to say exactly look, they are only in the Bronx, but they are in the Bronx, Brooklyn and Harlem. A few uhm, communities from Somalia and Libera is also in Staten Island.

DEBORAH OTTENHEIMER: Uh-huh, yeah.

VERONICA ADDIS (SP?): Yeah.

CHAIR HELEN ROSENTHAL: Okay, and I know Council Woman Debbie Rose has expressed great interest and wants to be here today but in I think shuffling between two other hearings.

VERONICA ADDIS (SP?): I also want to mention there is a wonderful researcher at CUNY Adathinka Atinculary-Smith (SP?). I can get you her name afterward, it is very long.

CHAIR HELEN ROSENTHAL: Can you just say it one more time?

VERONICA ADDIS (SP?): Uhm Adathinka Atinculary-Smith (SP?).

CHAIR HELEN ROSENTHAL: Great.

VERONICA ADDIS (SP?): It is a hyphenated name and she does wonderful research and FGC and could, I know couldn't be here today but I think her insights are really fascinating especially in terms of how difficult it is to go and ask questions within the community and how much fear it is and so I think she would be a great resource.

CHAIR HELEN ROSENTHAL: Great. Thank you so much. We will followup with you. Thank you for your time today.

VERONICA ADDIS (SP?): Thank you.

DEBORAH OTTENHEIMER: Thank you.

CHAIR HELEN ROSENTHAL: I am going call up the next panel, uhm Senab Biaga from Satita II, uhm Patricia Burkhart from Midwives, Women and New York State ALM, Atti Tu Sez (SP?) from the US Mali Charitable Association of New York City, apologies if I boxed that and Elizabeth Cohen from Violence Against Women and it could be that some people are have left because the hearing went on for a while. Oh, and I've just been corrected, Elizabeth Cohen from Voices of Women. Oh, my apologies, VOW Voices of Women. So, uhm if we could… if you would like to

start. Uhm, just as other people get settled in, that would be great.

PATRICIA BURKHART: Yeah, I'll move us forward as much as I can and with that in mind, the testimony that is typed that you will receive a copy of I am going to leave a lot of it out because it is redundant to what has already been said. Uhm, my name is Pat Burkhart, uhm I am an advocate for women. I am a midwife and I have a doctor in Public Health. Uhm I would first like to commend you all for doing this to learn more about this reality as it exists in New York City. My testimony today reflects both the global and the local reality. The many and varied voices raised in opposition to FGM and I will use that term in my presentation have been documented and published by the World Health Organization and multiple associated organizations of the UN. It is a global problem. WHO states that FGM includes procedures that intentionally alter or cause injury to the female genital organs for nonmedical reasons, i.e., for no benefit to the woman. Most critically the population most impacted by FGM according to WHO statistics are girls between infancy and 15. Some choose to equate FGM with male circumcision and in

fact call it female circumcision unless one considers the removal of penis as circumcision. Physically, the type of cutting results ranges from bad to horrendous when the goal is to curb women's desire or take away the enjoyment and pleasure of sex. It may be only excision or removal of the clitoris. Added cutting removes the labia minora, i.e. the external tissue around the vagina or the labia majora, the external tissue further out from there. Healing may fuse these tissues or they can be purposely sutured together resulting in what is called infibulation. As you can imagine, menstrual bleeding will be held inside the vagina or barely able to leak out. Sexual intercourse will give no pleasure and may be painful, certainly for her and maybe for him. The cultural practice exists in many cultures and is valued in different ways. However, even in countries where this is practiced there are objections to its continuing as previous speakers have attested. A midwife colleague from Malawi told me when I was there that the ministry of health had identified cultural practices that were harmful and must be eliminated. FGM is one of those. It has also been characterized as violence against women. If

countries where the practices originated label it harmful and to be eliminated, can New York City do less. There are multiple myths about FGM and you can read those on any WHO Fact Sheet that you choose to look it. Given the in… the multi-cultural nature of New York City it is probable that FGM occurs here as an initial practice. If we have no data on FGM occurring in New York City we need to collect it. Data should include prevalence, i.e. the quantity of the practice that exists but also qualitative data regarding attitudes and reason or choosing the have the procedure done and under what circumstances. So, we are looking at quantitative as well as qualitative data collection. Collaboration between academic institutions and the Department of Health and its multiple providers might be the model to utilize for this. The collection of data aside initial infibulation must be made illegal. There will, this will be a process not a dictum. Communities in which this occurs and the healthcare providers of these communities must be involved in the process of defining, understanding and ultimately removing it but it has to be and one of the reasons that I wrote this it should be a process not a dictum, though we

still need to be illegal and how you make it illegal and still don't enforce it is your challenge because if we do make it illegal as a dictum then it will be driven underground and those cultures that believe that it is important will continue to do it but put it in the hands of inexpert, poor practitioners who will do even more harm than good. It is also clearly true that women's healthcare providers encounter women who have already been victims of FGM. In this case, if de-infibulation, i.e. the opening of the sutured and fused tissues is done during birth to allow for the passage of the baby, the woman or her family might request re-infibulation. Honoring this patient's choice presents a dilemma for most healthcare providers including midwives. It also needs addressed within communities and ultimately needs to be made illegal. So, there really are two steps in this process as it exists clinically. Uhm the act of violence against women is strongly opposed against many cultures, across many cultures and levels of multiple societies. Here in New York City there are two female populations that must be recognized in the policies that this Council elaborates. First and foremost, there are those

young girls whose sexual anatomy and physiology are intact. These young girls must be protected from the mutilation, cutting, that is irreversible and has life-long consequences and implications, especially if they are too young to share in the decision making and therefore it is not their choice. Second, there are those for whom the decision to cut is in the fast, the effects are present and irrevocable; however, to care for them while pregnant or seeking gynecological care, providers critically need to know or learn how to know how to care for these women not only physically but psychologically and in their spirits, and in their souls. When you hear the stories of women who have had this experience imposed on them as infants or as 5-year olds or 8-year olds the, the pain and the heartache in these women's voice and in the stories that they tell is absolutely horrific. Uhm education materials developed in conjunction with the communities in which these practices exist are essential and need to be developed again by that complex. Since this is such a complex issue, it is complex in the communities that endorse it. It is complex in advocacy, communities wanting to be understood and eliminate

it. It can't just be an either or, it has got to be almost a grading of if we do this, we do this, we do this, we have a range, we have a spectrum of what, we need to look at it from every angle with all of the critically important and interested people who have women's best rights and best means at, at heart. The one thing that I would ask if you would all do. If you would just write this down. There is a podcast by Maria Karimgi (SP?). She is a Pakistani woman who basically told her story on This americanlife.org radio archived podcast. It is telling and it just puts a person. And you have all heard some of these stories but that is another one worth listening to and that's all.

CHAIR HELEN ROSENTHAL: Thank you very much. Uhm Ms. Biaga (SP?) would you like to go next or would you like to be our last speaker, it's your choice.

SANAH BIAGA (SP?): Let me give it to them. I can go.

ELIZABETH COHEN: I think I should go last. I think that would be best.

SANAH BIAGA (SP?): Good afternoon, thank you so much uhm for inviting me. I won't take so

much time because everything else has already been said but I wanted. Before I start my testimony, I want to make a couple of points of clarify. The first point of clarity is we need to know who the population in New York is, so most of the population in New York are from West Africa and West Africa does not perform infibulation, so the issues around infibulation in New York City and their concerns for clinicians wouldn't be necessary because West Africans practice type 1, type 2. So that is a point of clarity. A second point of clarity that I wanted to add is that uhm this, these testimony makes it seem that communities are not changing and there is not, changes of culture over the last 30 years since there has been advocates around this practice. There are many countries but you know research data from reputable scholars across the world have actually documented the prevalence of this practice dropping in many questions whether it is from Somalia, Ethiopia, Kenya, whether it is from Senegal, whether it is from Sierra Leone. The prevalence rates are dropping and there is a cultural shift. It is not happening as quickly as we would like to see but it is happening and among immigrants and refugees in

Europe there is actually data and research that is showing behavioral change and cultural shift that is happening. Unfortunately, what we are seeing in the US is that the perception and the narrative constructed around this topic is that immigrants that come here remain the same as their counterparts in their countries of origin which is factually incorrect. The process of migration itself is a process of change and in my work in the community I have seen over and over again is that people's perceptions and attitudes are changing. And so, share with you an example, I want to share a story of a mother and daughter because the issue is not only about access to healthcare and training of clinicians. For me the issue is how do we integrate our new neighbors into our new society. What values are we going to promote and what values do we want to reject and how do you ensure that especially for the communities that are very vulnerable, they are not further targeted especially in the current client. We can't talk about policy without really realizing the political environment that we are in. We can't also talk about access to social justice for women when we know that justice is not color blind. So,

let me share with you the story of Haja Fakma (SP?). Haja Fakma (SP?) is a woman in her 60s. She lives in Sudan but her daughter and her son-in-law live in New York so every year she travels to come and visit them. When she comes to visit them because she doesn't speak English, she speaks Arabic Haja Fakma feels isolated in her new Brooklyn home. She is often alone, she spends her days watching TV and you know calling back home to talk to people. I got to know Haja Fakma (SP?) partly because of Sartia II Community Study that we have been doing for the last six years. What we've been trying to do is to document the experiences of mothers around the issue of female circumcision because that research is at least supporting the data we have done with young girls. A story of Madib six year ago and say within the focus groups with older women, younger women and younger youth and they are divided into age groups and so Haja Fakma happened to be the older women between 45 to 60 years old her daughter was in the age group of 29 to 49 years old and is telling between her daughter's perspective around the practice and Haja Fakma (SP?). Haja Fakma (SP?) believes strongly that this is a practice that honors

women. It gives women privilege and prestige and respect in the marriage. While her daughter, Zamir used in the testimony who was infibulated when she was 5 years in Sudan has three daughters, none of her daughters are circumcised. She does not want to have any of it done. She remembers the painful memory. Those two women live in the same house; however, they have never spoken about this practice. It was through the work of Satita that they finally became to talk about it and I asked Haja Fakma (SP?) how come you didn't talk about it to your daughter, she said what is there to talk about? This was an issue that all of us thought was a good thing to do when we were growing up. It was something that connected you to your peers. It was something that promoted social coalition but now I realize my daughter is in a different environment. Her children are American just as I am isolated in this new environment, I also don't want her daughters to be isolated in their new environment because I know from it now being alone without my peers and my friends in Brooklyn is more painful than when I was back home and I don't want my grandchildren to face that further pain. I shared that story to illustrate two points. A lot of

immigrant women and Africans in particular don't have it easy to migrate to this country. It wasn't until 1964 that actually immigration was allowed from the Countries of Africa and I mean by that sub-Sahara and Africa and for a lot of Africans whether it is refugees it takes years and years for African Refugees to be resettled. And every year, the refugees don't even make the quarter that the US Government allows. So, the process of migration of Africans is tough. No African family would want to jeopardize that by continuing to perform the procedure that they know is illegal. There are a lot of African women who have applied for asylum but are holding off removal because of FGM but they do know that their survival and the safety of their children depends on their continuing to stay in this country. They would never jeopardize that. For a lot of the other families, the fear of having your children removed and passed in foster care and you deemed as not a good parent is enough traumatizing experience enough for them to not to want to do something to damage that opportunity. If there anything that I can leave you the City Council Members in this, in my testimony this morning I would like you to have the

trust that the immigrant families we are working with, people who are trying this to make a better life and be good citizens in this country and that societies are changing. Families are changing. And that cultural practices are being left behind and so when we hear narratives that exaggerate, yes sometimes in advocacy we need to exaggerate because we need to mobilize and we need to mobilize not only policy, procedures and protocols but also resources, we also have to make sure those exaggerations are followed by accurate data. And I want to assure you that the data today to support that there is stil the practice continuing underground is not factually incorrect.

CHAIR HELEN ROSENTHAL: Say that, is not, two double, a double negative is not factually.

SANAH BIAGA (SP?): The narrative that the practice continues with immigrants here is not factually true, it is false. There also the story narrative that there is vacation cutting is factually incorrect because again how do you prove intent that someone is going home to do something when they know their asylum acceptance was based on that fear of prosecution. The point I am saying here is that

sometimes it is especially with this topic we have been more susceptible to information that hasn't been supported by independent research and I want to close by sharing a case that happened in 2007, Adam Collard (SP?) a young man from Ethiopia married to South African going to through marital problems and he was accused of having circumcised his daughter in Atlanta. The case went to court, he was convicted, served 10 years and last year he was deported back to Ethiopia. The problem with that story was that the evidence was very slim. Adam had sisters in Zimbabwe were not circumcised, their never mother never circumcised them, that evidence was never provided in court but this young man served 10 years in jail and was deported. I highlight that story to say that a lot of public policy legislation was informed not on data but on emotion. And the current environment we have to be extremely careful that we do not unfairly target people. Thank you.

CHAIR HELEN ROSENTHAL: Thank you very much. Uhm I'm being told that we need to leave this room by 1 o'clock so I'm going to ask each of the last two people uhm who are testifying to please limit your testimony. We have your written testimony

so if you could give, call out the most important parts because I really want to hear the questions from my colleagues and give them the time. Oh, I want to recognize Council Member Debbie Rose from Staten Island who has joined us.

ATTI TU SEZ (SP?): My name is Atti Tu Sez (SP?). I am the founder of Mali Charitable Organization so to fight against female genital mutilation. So, I have my testimony right in front of you, different from my own story, I am glad to be here today to testify against FGM. Myself, I have been a victim of FGM. When I was married, I was 21 years old and my husband always asked me how do you, are you a piece of wood… so this would traumatize me. Since today where I am, I don't have any feeling with my husband. I don't like him in a sense. I don't have any feeling and now I am traumatized. Nighttime when I am in my bed and my husband opens the door I am always scared because I don't like him to come to me because this, I hate, I am telling you I hate sex because I have been traumatized from him from 21 years to know, I don't have no feeling and I am traumatized. I never make my husband happy because the word he told me at the beginning he asked me if I

am a piece of wood because I don't have no feeling, no sensation so he asked me if I am a human being or a piece of wood and this would traumatize me so this is the reason I want to tell you today to come to help to end this. The FGM is a crime and we really, we really need help to stop this because it is a crime and myself and I never feel what is the sexual relations, never, I don't even today I never feel so I need your help. I don't even wish this happen to my worst enemy in the world so if you can help us to end this matter. To make it a crime, I really appreciate it as a woman.

CHAIR HELEN ROSENTHAL: Thank you for coming forward, I can see your suffering and appreciate you very much.

ATTI TU SEZ (SP?): Thank you.

ELIZABETH COHEN: I'd like to talk about another area that is also involves women's health. Approximately 50% of women suffer from pelvic or organ prolapse according to the Cleveland Clinic. A pelvic, in pelvic organ prolapse, muscles and ligaments in the pelvic floor a no longer hold essential orders such as the bladder, rectum and uterus in place because they have been severely

injured or destroyed, usually by pregnancy and childbirth. These unsupported organs drop down into the pelvis and into the vagina or bulge prolapse through the front of back of the vaginal wall, sometimes out of the vaginal opening. The result is often the leakage of urine and feces or incontinence or the inability to completely void. Stress urinary incontinence is the involuntary leakage of urine. Of the 18 million adults who suffer from stress urinary incontinence, 85% are women. Even minor physical activities of daily living like laughing, coughing and lifting can trigger incontinence. This kind of injury greatly impacts a woman's ability to function sexually and may make sex impossible for her. Every area of a woman's life is impacted and diminished including her life at home and at work yet millions of women are suffering in silence and due to shame and embarrassment about their condition don't talk about it publicly. US World and News Reports recently said that pelvic organ prolapse of something of a secret epidemic given that it is rarely talked about in company. Just as not that long-ago breast cancer was not discussed in public and women, with few treatment options often died from it. What made

the different was that women demanded research and better treatment options and that insurance companies now cover diagnostic procedures such as mammograms for early detection. I know four people, family members and friends who are still with us today because of the actions women took to improve the situation. There is a tremendous need for women to do the same for pelvic organ prolapse. We need better treatment options that are safe and restore women's organs to being able to function normally and that will last for a life-time. Treatment options have changed little.

CHAIR HELEN ROSENTHAL: I am so sorry.

ELIZABETH COHEN: Yes.

CHAIR HELEN ROSENTHAL: We have zero time.

ELIZABETH COHEN: Okay.

CHAIR HELEN ROSENTHAL: One last sentence place and with all due respect and with apologies, we have your testimony so please if you could not read from your testimony. If you have one last sentence and then I am going to turn it over to the Council Members who have very limited time.

ELIZABETH COHEN: Absolutely. Uhm basically I feel this is a related area because uhm sometimes during these treatments or, especially surgical treatments organs that are vital to women's functioning such as their uterus and their ovaries are removed without their consent. And uhm there is an organization called the Hers Organization that has documented this substantially uhm and I think it is very important that it.

CHAIR HELEN ROSENTHAL: Got it.

ELIZABETH COHEN: That new research be applied to treatments of this, this very pervasive female disability.

CHAIR HELEN ROSENTHAL: Got it, thank you so much. Thank you to everyone. We heard a wide range of testimony and I appreciate all of you, uhm Council Members, uhm who are both being very polite deferring to each other. Council Member Rose do you want to start us off?

DEBORAH ROSE: Thank you I want to apologize, today was a crazy day. No apology. Okay, so I hope I am not being redundant in any, in anything that was already discussed. But uhm and Hi, that is a Shoo-Lin shout out. I want to know do you

think, what are the outreach methods that have uhm that have been employed to reach out to communities where FGM might be prevalent? Are the needs of the women actually being met and what is it that we should uhm as Legislators make sure that uhm that we are able to help this community with? I know they were not very articularly placed questions, but.

SANAH BIAGA (SP?): I can answer that question in two parts. So, I think that there is a lot of community engagement that is happening with, we do want but we also do partner with a lot of other ethnic specific organizations across the City to do not just work around this issue but work around you know other social issues, you know, including how do we promote education, for our mothers who are not able to read and so forth and so forth and so this topic is one of the issues that we incorporate but I think this topic is a little bit you know necessity because of the uhm the public glare it has had that people are very afraid of talking, partly because if I saw something what the consequences might be. So, whenever you bring it up everybody shuts up. I think in the early, in the mid-90s when the Federal Government was trying to pass the Federal Law, they

did a lot of listening sessions across the Country and we did some in New York. At that time, the communities were very interested in having conversation. It was easy, you could go in to and pull together community forums and people would talk and then when they Law passed everybody you know shut up and then in the early 2000s you couldn't say anything about women's health. At the national level, at the local level, so no one said anything and then now the topic is coming up and there are two feelings in the communities, in the said communities because they are diverse. So, one feeling is that uhm policy makers are not that interested in this topic. They want to use it as a currency. Because if they were seriously interested about it, they would follow through the proper interventions and proper support, so that's one. And then the second one is then in tunnel community dynamics that are happening. You know, there are challenges of social structure, family connections, more for example, more women are working outside the home than they were from the countries of origin. And so, the questions about what it means to be the head of household is not being asked. And FGC comes in to it because then

the notions of what was defined as family now are being you know, challenged in this new environment. Limited opportunities for public discourse because everybody is afraid of what I say and what the punitive consequences will be for me and my family.

DEBORAH ROSE: So, uhm these, uhm are, are these incidents reported as domestic violence incidents? And is there every any follow through?

SENAH BIAGA (SP?): Well, I mean in the communities, actually FGC is not connected to domestic violence at all. I think this is the connection to DV is actually service providers you know designation. A lot of community members where there is some womens themselves where there are men in the communities, it is their cultural practice that they don't associated with gender-based violence and that is something we also need to really look at how individuals in various communities perceive and self-define because that is also important. Because if we use designation that does not resonate with people, we are not going to get people mobilized enough to come to the table to say this is what we want to do. So, we have to find a language that resonates in the communities and for the region

community engagement we have used community media where there is print, where there is radio. We have used uhm different story telling and folk stories uhm we have used community leaders, you know associations. We have used a lot of religious institutions.

DEBORAH ROSE: I appreciate the depth and I am going to reach out to you personally because I do want my colleague to be able to ask her question but uhm I just want to know; do you think there is enough counseling services uhm that are available to women who have been traumatized? That could deal with this type of trauma?

SENAH BIAGA (SP?): No.

DEBORAH ROSE: No. Uhm okay I'm going to get let my co…

MAJORITY LEADER LAURIE CUMBO: In the interest of time that was my, that was my same line of questioning and so uhm what do you think that we can do? Do you think that we should maybe uhm like take a step back and you were here during the testimony from the City, uhm should we take a step back from that line of, of, of, not questioning but ways of looking at policy and do more work with the

community-based organizations? And then also, even with this hearing, this is a public hearing that is you know will be videotaped and you know the opportunity for people to review it. And so, I understand some of the risk and the language, especially in this climate, this political climate and, and the, you know the powers that be using information to be able to then uhm ostracize or ISIS will step in or all kinds of things that can happen, uhm unintended consequences, right and so uhm do you think that how we should be move forward as a Council, to take a step back from the policy side of it is that what you are thinking? And do more with community-based organizations?

SENAH BIAGA (SP?): Uhm I wouldn't say that you should step back but I would say that you should expand who is around the table or who we should be talking to. So, for example in addition to this hearing it would be nice, I'm sure all of you have Council District Offices to organize small you know meetings with different community members to kind of say what is going on? What are you thinking about? You know, what do you think we need to bear in mind as we are deliberating what we need to do?

So that you have a little bit more diverse opinions to be able to make informed decisions and informed policy.

ELIZABETH COHEN: Can I just add one more thing?

CHAIR HELEN ROSENTHAL: Well, I've asked the hearing that is starting at 1 o'clock for an extra 10 minutes. Oh. Another hearing and/or a round table discussion. Yeah, thank you for that. Uhm did you. You need to go. We need to go. I also would like to end this hearing with your questions and your answer. Uhm thank everyone so much for coming and testifying today. You will hear followup from this Committee. Thank you, this meeting is adjourned (gavel pounding). Yes.

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date JANUARY 11, 2019