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Voices

Failure to Condemn: A Global Health Crisis Targeting Women Affects Us Here

Rep. Ilhan Omar missed an opportunity to call out the victimization of women and girls through female genital mutilation or cutting

By Qanta A. Ahmed on September 5, 2019



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Rep. Ilhan Omar. Credit: Tom Williams *Getty Images*

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It was a grossly missed opportunity—a failure to publicly denounce a crime against humanity. [Ani Zonneveld](#), a Muslim human rights advocate and president of Muslims for Progressive Values, recently asked Rep. Ilhan Omar (D-Minn.) to make a statement concerning women and girls victimized by female genital mutilation or cutting (FGM/C).

Instead of educating the audience about FGM/C—a practice that is not condoned by Islam—and pledging to improve legal protections against it, Omar, a Somali American Muslim woman, [excoriated Zonneveld](#).

As a female Muslim physician, I find this inexcusable.

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Zonneveld addressed Congresswoman Omar regarding recent events in Detroit, Michigan.

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Dr. Jumana Nagarwala was accused of performing FGM/C procedures on nine (or perhaps
more) girls as young as seven years old in Livonia, Mich., outside of Detroit.

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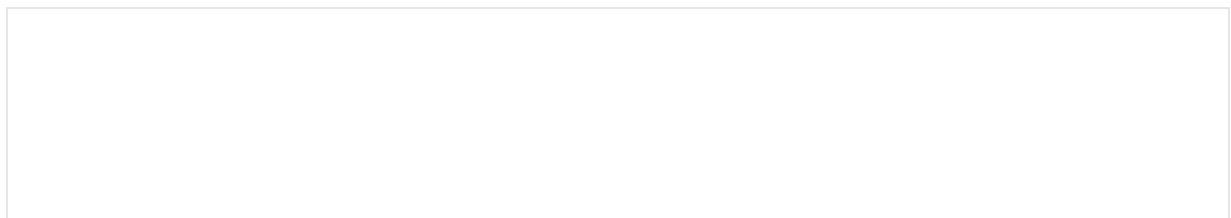
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The charges were later dropped when U.S. District Judge Bernard Friedman ruled that the
1996 federal law banning FGM/C was unconstitutional on the grounds that regulation of the
practice is the purview of individual states, not the federal government.

This leaves these girls and the other estimated 513,000 at-risk girls and women in America
without recourse to justice. And this number is likely to rise, according to the Centers for
Disease Control and Prevention.

The World Health Organization classifies FGM/C in four categories: clitoroidectomy, or
excision of variable amounts of the clitoris and clitoral hood; excision consisting of partial or
total removal of the clitoris and inner labia; infibulation, which involves excision and
repositioning of the internal and/or external labia to narrow or block the vaginal opening,
sometimes with suturing of the vulva, which both prevents penile penetration and restricts
the passage of urine and menstrual blood; and all other forms of mutilation, including
cauterization.



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FGM/C affects more than 200 million women and girls globally, mostly in Africa, the
Middle East and Asia. In eight nations the prevalence exceeds 80 percent. In Somalia, where
Rep. Omar is from, the prevalence of FGM/C reaches 95 percent (some estimate 98 percent)
and the procedure is performed on girls between the ages of four and 11 years old.

Wrongly sanitized by the misleading nomenclature “female circumcision,” these procedures
have no positive impacts on health. They do cause appalling lifelong consequences and

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FGM/C devastates women and girls permanently. Not only can menstruation and sexual

intercourse become painful, dangerous and traumatic, but women subjected to what is

explicitly mutilation may be forever damaged with respect to their sexuality, sexual function
and psyche.

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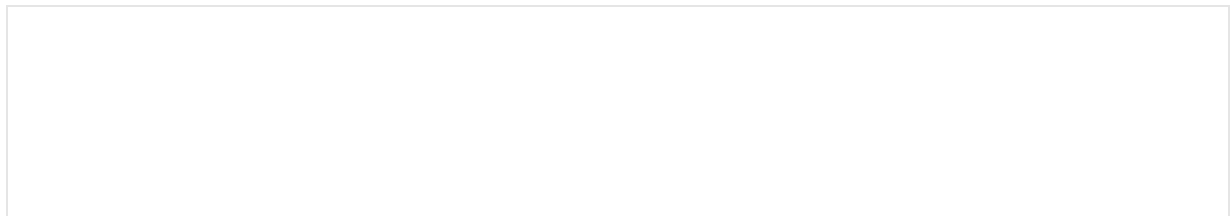


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It is much more difficult for women who have undergone FGM/C to achieve orgasm. Without labial mucosal engorgement, which is crucial to emotional sexual arousal in women, orgasm usually does not occur.

Victims are left with permanent genital deformity and may experience loss of libido, delayed menarche, chronic pelvic infections, urinary tract infections, fistulas that can cause urinary and fecal incontinence, and sepsis, which can sometimes be lethal. Some die acutely from the procedure.



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Later in life, marital relations for these women can be life-threatening, as detailed in an explicit [UNICEF report](#). A husband unable to “deinfibulate” his wife with his erect penis alone may resort to violent intercourse or the use of caustic chemicals, razors and other objects. Many women have attempted suicide after such experiences, with some resorting to self-immolation.

Reportedly, some husbands who found that their wives were uncircumcised [divorced them](#),

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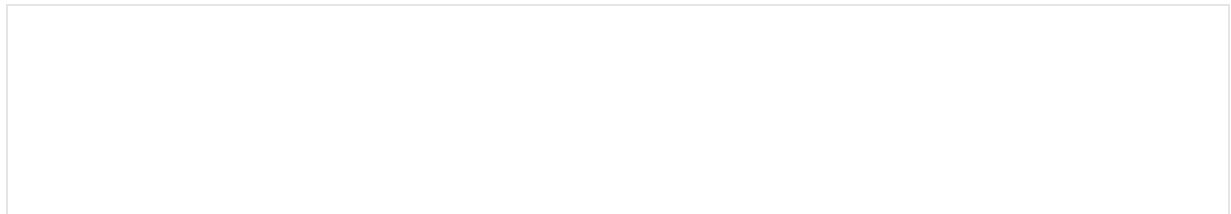
One child from Kismayo, Somalia, who was unable to urinate for three days after FGM/C was treated by her family with a traditional folk regimen: the child was placed over a blazing fire fueled by camel dung. She died of her major burns six months later.

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Women and girls in the U.S. are not completely safe from FGM/C. Members of tribal diaspora communities in the U.S. often return to sub-Saharan Africa to brutalize their daughters over the summer vacation season, known as the “cutting season.”

Tragically, Somali families and others are finding practitioners in the U.S. who are willing to perform the gruesome procedures. In the Nagarwala case, two girls were confirmed to have undergone illegal FGM/C procedures in Livonia, Mich., after being transported from Minnesota. In 2006 the first conviction for FGM/C in the U.S. was made when an Ethiopian immigrant was found guilty of performing the surgery on his daughter in the state of Georgia.



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Minnesota has long hosted a growing Somali refugee and migrant community, where evidence of the practice has been found. Estimates suggest between 50,000 and 100,000 people of Somali origin live in Minneapolis. Data on FGM/C are lacking, but, unsurprisingly, the Hennepin County Medical Center, a trauma facility in Minneapolis, estimates that type III FGM/C (infibulation) is seen in 99 percent of Somali American women in Minneapolis. The American Medical Association has classified this practice as child abuse.

Minnesota law currently renders FGM/C a felony, but it fails to hold parents accountable for aiding and abetting the crime of FGM/C and for the neglect and endangerment of a child, as observed by the Minnesota House Research Department.

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President Barack Obama, working with religious and community leaders, criminalized the
transport of minors for FGM/C in the Transport for Female Genital Mutilation Act.

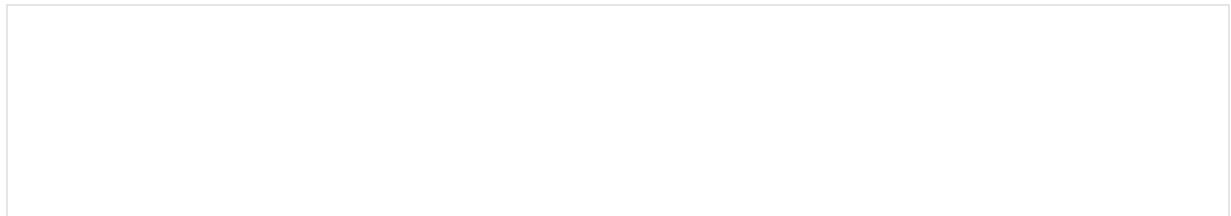
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Only 10 states mandate reporting of FGM/C. Only 35 states have anti FGM legislation and
only 26 states ban the practice. In much of the United States the legislation needs to be

augmented. Independent Women's Forum is petitioning for FGM/C to be included in the
federal Violence Against Women Act (VAWA), which had its 25th anniversary this year.

The act has been reauthorized three times, and IWF rightly argues that FGM/C is violence
against women (and girls) and must be part of a more robust and comprehensive VAWA.



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In May 2017, Omar, then a state lawmaker, did vote in favor of a bill to increase the severity
of penalties for FGM/C. That bill passed in the state house but never saw a vote in the state
senate.

In spite of this recent misstep, Omar has already worked on FGM/C issues, co-sponsoring a
bill in Congress to condemn the practice. Her outspokenness could lead others to examine
the traditions and mores of their cultures.

Silence here is not an option.

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