The Context and Complexity of Female Genital Mutilation/Cutting in the United States

Olutawoyn Balogun and Gretchen Heinrichs met in front of a poster about female genital mutilation (FGM) during the American Public Health Association conference in 2016. They struck up a conversation that led to a collaboration that would allow Oluwatoyin to complete her practicum and capstone projects and help Gretchen further her work with FGM patients in Denver.

Gretchen Heinrichs, MD, DTMH, Associate Professor of Obstetrics and Gynecology, School of Medicine, University of Colorado Anschutz Medical Campus and Professor of Obstetrics and Gynecology at Denver Health is a local expert on Female Genital Mutilation (FGM; also called Female Genital Cutting or female circumcision).

Since 2009, Dr. Heinrichs has been performing medical evaluations for FGM patients as part of their applications for asylum in the United States.

Oluwatoyin Balogun, MD, MPH, earned her Master of Public Health from the Colorado School of Public Health in Maternal and Child Health in December 2017.

Originally from Nigeria, Dr. Balogun had some knowledge of FGM as a cultural practice in sub-Saharan Africa. As an African woman living in the U.S., she felt she could contribute to this understudied field while working on her Masters in Public Health.

The World Health Organization defines FGM as any act that involves the partial or total removal of female external genital tissue for non-medical purposes. This practice has been performed on approximately 200 million girls and women in over 30 countries.

The custom is often considered a rite of passage and a prerequisite to marriage. Dr. Balogun explains, “If you do not have the circumcision, you are not seen as an adult woman. Sometimes it happens after marriage because mother-in-laws will not see their sons’ wives as women.”

There are other reasons for the practice, such as culturally-specific hygienic and aesthetic preferences that regard external genitalia as dirty or ugly.

Some consider cutting as a form of spiritual cleansing. Others practice cutting as a way of controlling women’s sexuality, ensuring chastity, and enhancing male pleasure.

“The reality is that women do this to their female children. They have gone through it and they believe they have the best interests of their daughter in mind. It is an age-old tradition that has moved from generation to generation. It is baffling why people, who have gone through all the pain and the complications, still want their children and grandchildren to do it. That just

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Magdalena, who often went by Marge, was the youngest of 16 children and a first generation Mexican-American. Her parents, Miguel and Josefa, were immigrants from Central Mexico who moved to Colorado to work as farmers.

Her father passed away when she was 15, and shortly thereafter, Marge quit high school. It was not until years later that Marge, at age 23, finished her GED and started a career at the Center for Adult Learning as a bilingual resource and GED Testing Coordinator.

She later took a job with Head Start as a Parent Involvement Coordinator where she served as a resource for Latino and underserved families and helped them gain access to housing, healthcare, food, and education.

Marge’s career focused on improving the lives of the families in her community. She felt passionate about not letting families fall through the cracks of the system because of a lack of resources or language barriers.

She continued to strive toward educational betterment for herself, as well. In 1996, Marge continued to work while attending school to become a Medical Assistant (MA).

She then used her skills as a MA to care for her mother, Josefa while continuing to work with Head Start, supporting health maintenance and health education. She also worked as an audiology technician and general interpreter for a school district before retiring in June of 2016.

Marge’s dedication to her community was rivaled only by her love for her family and friends.

She was one of the leaders in her family and a keeper of family connections and traditions. Shannon describes Marge as, “Maybe five-feet tall and full of laughter.” Marge was Shannon’s mother’s best friend, but Shannon describes her as an aunt figure.

With no children of her own, Marge invested fully in all the children in her life. Shannon recalls Marge teaching them to be respectful, to have fun, and to be a little naughty too.

When Marge died suddenly of a subarachnoid hemorrhage in August of 2016, Shannon recalls thinking about her constantly.

A few months later, in November of 2016, Shannon was in the first year of her career as a nurse midwife when she had the opportunity to go to Guatemala as a part of her midwifery fellowship. When Shannon was there, she couldn’t help but notice the similarities between Marge and the young nurses at the clinic.

Shannon felt inspired to expand on the work Marge had done in her own community, and wanted to share a long-lasting offering with these young Guatemalan nurses to whom she felt so connected.

It was with this idea, and the support of many people at the Center for Global Health and the Guatemala project site, that Shannon developed The Magdalena Ramirez Scholarship. This scholarship was awarded to three young nurses, Macaria, Claudia, and Neudy in July 2017.

The scholarship is awarded to deserving nurses who want to continue their education and serve their community, much like Marge did.

When Shannon was asked why she wanted to develop a scholarship for these young women rather than some other form of donation she responded, “These nurses are proud of the work they do, and they make a huge impact on a daily basis. They want to further their education and give back to their community. By taking away some of the financial burden, we can help support their education and this will sustain longer than any other donation.”

Neudy and Claudia were each awarded $500 toward their tuition this year, and Marcaria was awarded $500 per year until she finishes her chosen degree.

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’s shows you the power of culture and tradition,” Dr. Balogun says.

The complications from the procedure can be severe, with immediate consequences like infection, bleeding, sepsis, and death. Long-term complications can include recurrent urinary tract infections, abscesses, dysfunctional voiding, painful intercourse, increased rates of cesarean delivery, postpartum hemorrhage, infant resuscitation, and infertility.

In addition to these anatomical complications, mental health can be affected, with FGM patients presenting with posttraumatic stress disorder, anxiety, depression, somatization, and sexual dysfunction.

Dr. Heinrichs clarifies that not every woman experiences complications, however, “The thing I’ve learned taking care of women with FGM is that not all women have these symptoms, some women have absolutely no consequences that they recognize or acknowledge. Other women have very serious consequences that affect every single time they deliver a baby, have intercourse with their partner, or urinate.”

In spite of this diversity of outcomes, or perhaps because of it, there is a relative lack of information available to providers regarding FGM.

Dr. Heinrichs received specialized training to provide medical evaluations for FGM patients as part of their applications for asylum. As a result of this specialization, she began also receiving referrals for FGM patients not actively seeking asylum.

Before long, Dr. Heinrichs became the de facto FGM expert in Denver. She developed a questionnaire to help herself and fellow clinicians standardize the evaluation and treatment of FGM patients.

Through this process, Dr. Heinrichs recognized the nuances and complexities of working with FGM patients. She became increasingly curious about the context of female genital cutting, and how the practice affected the lives of these women.

“The reality is that women do this to their female children. They have gone through it and they believe they have the best interests of their daughter in mind. It is an age-old tradition that has moved from generation to generation. It is baffling why people, who have gone through all the pain and the complications, still want their children and grandchildren to do it. That just shows you the power of culture and tradition.”

Oluwatoyin Balogun, MD, MPH, earned her Master of Public Health from the Colorado School of Public Health in Maternal and Child Health

Her chance meeting with Dr. Balogun was timely and necessary to advance understanding of FGM patients now living in the Denver/Aurora community.

“For her practicum project, Dr. Balogun looked through the literature and to see if there were other screening tools being used elsewhere. Some other survey tools existed, but most of them were specific to one cultural group, and did not have the flexibility to be used in a setting like Denver, where FGM patients are coming from many countries and backgrounds,” says Dr. Heinrichs.

Together, they refined Dr. Heinrichs’ initial questionnaire to a two-part screening tool. The first part is a brief survey designed for use in a primary care setting. The questionnaire asks whether the patient is aware of FGM practices, if she has experienced the practice, and if she would like to speak with someone about it further. It is meant to facilitate referral to more specialized care.

Then, in a follow-up visit, the longer form asks in-depth questions about symptoms and other effects the practice has had on the woman. The long-form also describes resources for additional care and explains the illegality of the practice in the U.S.

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It provides preemptive counseling for patients who might culturally feel compelled to have FGM performed on their U.S.-born or yet uncut daughters.

Doctors Heinrichs and Balogun shared the updated screening tool with family medicine providers at the 2017 Family Centered Maternity Care Conference, and via a national FGM clinician’s network. They received feedback from various providers and revised their instrument to best serve patients.

The next step, which constituted Dr. Balogun’s capstone project, was to pilot the tool with patients. “These were immigrant women from countries that practice FGM,” explains Dr. Balogun. “Due to time and funding limitations, this was a convenience sample. Everyone who participated in the study lives in Colorado and speaks English. Each participant was interviewed using the screening tool, and were then asked for feedback about their experience answering the questionnaire, the language used, and the accuracy of the questions in describing their FGM-related symptoms.”

The women interviewed ranged in ages from 18 to 44, and their countries of origin included Ethiopia, Gambia, Somalia, and Sudan.

Using cognitive interviewing analysis, Dr. Balogun and Dr. Heinrichs analyzed these semi-structured interviews for recurring themes. The participants pointed out word choices that were confusing or offensive, such as the word sex.

The women participating in the study unanimously objected to the use of the word sex. “Sex was a big no-no,” says Dr. Balogun. “When you talk about sex [in these cultures], it is indirect. You do not talk about it openly, and it was frowned-upon for someone to ask about sex in an interview like this. Even though they were comfortable with the concept and discussion of sex, using the word itself was not acceptable. So, we started using intercourse instead.”

Perhaps even more interesting than these semantic preferences was that the participants wanted to share more extensively about their experiences beyond the questions raised in the screening tool.

“They wanted to voice their story,” says Dr. Heinrichs. “Some of them wanted to talk about their childhood or their younger sister, and it was interesting and surprising to me how much they wanted to talk out their story. For us [Westerners] it is easy to fill out a survey, but for our participants it was inadequate. I think there was a concern that we would judge them without knowing the context of how this happened. By describing the circumstances, there was less risk of being mislabeled. There seemed to be this power in telling what happened; it set them free in a way.”

The participants suggested including open-ended questions such as, “How did the experience of FGM shape your life?” and “Would you want your children to undergo this process? Why or why not?”

All of these insights were valuable to Drs. Heinrichs and Balogun as they worked to improve patient-provider communication through the development of a standardized FGM screening tool.

The pilot study was limited by small sample size and an all English-speaking sample, so the next step is to use the primary care screening tool in the Lowry Family Health Center (a branch of Denver Health).

This phase will take the form of a quality improvement project conducted by a family medicine resident at the clinic. “We would like to get some funding to translate the longer tool into multiple languages and pilot it in Lowry. Eventually, we would like to open it up, and present it in other places around the world to test it,” says Dr. Heinrichs.

Dr. Heinrichs is a member of the End FGM/C Healthcare Workgroup, which recently developed 5-year goals to support FGM patients [see below].
One of the clinical goals was to create a clinical screening tool to evaluate FGM patients. The instrument developed by doctors Heinrichs and Balogun is a significant step toward establishing a new standard of care for FGM patients worldwide.

They will be giving an oral presentation on their work in Montreal at the 2nd Annual Expert Meeting on Female Genital Mutilation/Cutting in May 2018.

To commemorate the 40th anniversary of the Expanding Program on Immunization (EPI) in the Americas, the supplement of the Pan American Journal of Public Health summarizes the past, provides a critical analysis of the present, and offers new perspectives on future challenges and opportunities.

The edition opens with a remembrance and recognition of the legacy of Dr. de Quadros, who was an inspiring leader of immunization in the Americas and around the world. Much of the success of the EPI in the Americas must be attributed to his creative and dynamic leadership over three decades.

Several articles emphasize countries’ ownership of their immunization programs and the Region’s pioneering successes and innovations, many of which were learned from country-level experiences, and all of which have supported the Americas’ milestone of being declared the world’s first region to eliminate polio, rubella, congenital rubella syndrome and measles.

The Region’s recent successes and innovations have included the 2003 launch of Vaccination Week in the Americas, after which other world regions followed suit; in 2012, World Immunization Week was established. This strategy of broad social participation—putting vaccines on the public agenda and aiming to leave no one behind—was identified as one of the five memorable movements in public health by the Global Development Professionals Network in the British newspaper The Guardian.

A range of immunization issues are analyzed in the supplement from different perspectives, including progress made and current challenges, linkages to the determinants of health, and how these determinants reflect regional inequalities. Also addressed in the edition is the process of introducing new vaccines, such as the HPV vaccine; the work to continue ensuring vaccine safety; and the use of information for better vaccine-related decision making.

Finally, the supplement considers the future of immunization in the Americas and the long road ahead.
Save the Date:

2018 Global Health & Disasters Course
September 24 - October 4, 2018

September 24 - 28  Global Health Course    October 1 - 4  Pediatrics in Disasters

This international health course is a two week training offered once a year as part of the University of Colorado School of Medicine Global Health Track. The first week of the course is the Global Health section and the second week of the course is the Pediatrics in Disasters section.

This course prepares its participants for international experiences and future global health work. The interactive training incorporates readings, lectures, small group problem based learning exercises, technical skill sessions, and a disaster simulation exercise.

Registration to open late spring!
Learn more.

October 5, 2018

Want to learn about projects that are currently taking place around the world?
Join us the morning of October 5th—all Students, Faculty, Staff, Community Members and Leaders with an interest in global health work are welcome to attend.
No registration. Keep up to date on Call for Abstracts.

2018 Global Health Fair
October 5, 2018

Are you a student looking for a global health project and mentor?
Mark your calendar to join us from 2 to 4 p.m. on October 5th for the Global Health Project Fair and learn about the exciting global health opportunities currently available to CU students enrolled in a graduate program.

Global Health faculty from different CU schools will give overviews of projects and opportunities for student involvement for academic year 2018-2019. Faculty will be available to network and answer your questions. Learn more.
In Guatemala, the nursing education system is quite different than in the United States. The pathway is to become a Professional Nurse first, to become Licensed Nurse second, and finally to obtain a Bachelors of Nursing.

Claudia works at the project site at the Center for Human Development within the community nursing group. She is a professional nurse and is taking coursework in Coatepeque to become a licensed nurse.

She loves caring for women and children and is excited to continue her education and be a resource in her community.

Macaria is a nurse at the Trifinio Clinic in the Center for Human Development. She is an auxiliary nurse, and is continuing her education to become a professional nurse.

She is excited to get back to school and pursue her dreams!

Neudy works in research at the project site as the lead nurse for the Zika research group. She is a professional nurse now, and is one her way to getting her nurse license, with big plans to get her masters in nursing.

She is very grateful to the Guatemala project and is excited to provide the best care she can to her community.

Receiving these certifications and degrees are no easy task in Guatemala. These three nurses still work at the project site five days a week and go to school one day a week.

Part of the requirements for the scholarship are that the awardees work at the project site throughout their training for the purpose of giving back to the community in which they live.

All too frequently, when people receive their education, they want to work in big cities with lots of opportunities, which means a loss of healthcare professionals from small rural areas where need is so great.

The mission of the Magdalena Ramirez Scholarship is not only to better the lives and opportunities of the scholarship awardees, but also to better the care of the people of the community who benefit from new levels of nursing excellence.

By Roxanna Ohlsen

“These nurses are proud of the work they do, and they make a huge impact on a daily basis. They want to further their education and give back to their community. By taking away some of the financial burden, we can help support their education and this will sustain longer than any other donation.”

Shannon Pirrie, RN, MS, CNM, Nurse Midwife, College of Nursing, University of Colorado Anschutz Medical Campus

Interested in giving to the Magdalena Ramirez Scholarship? Click here.
On what motivated him to write the book.
Dr. Lemery saw a conspicuous absence of clinicians who knew anything about the impacts of climate change on human health as well as a huge gap in the public’s understanding.

“When people think about climate change, they think about melting ice caps or polar bears, they don’t think of risk assessment and the impact that a changing environment can have on their health and the health of their loved ones,” says Lemery.

“Climate change is bigger than we thought, and we have to do something before too long. When there is a daunting problem you need to identify it, point to it, give it a name, and all the sudden you have power over it.”

What are the health risks posed by climate change?
There’s water contamination, food scarcity, respiratory illnesses caused by degraded air quality and increased allergens. You also have extreme weather events.

In 2003 over 14,000 people died in France due to a month of relentless heat. And Dr. Lemery reminds us, “that was in a resource rich country, so imagine when these events occur in resource poor areas that have no capacity to respond.”

Changing climates also mean a change in vector habitats; you are getting mosquitos and the diseases they carry in areas with a historically naïve population, meaning they have little or no immunity to these infections.

On the ideal audience for Enviromedics.
“Everyone,” says Lemery.

He and Auerbach wrote the book so that there would be no pre-requisites to reading it. Not only is it accessible, but it’s highly readable, and they present what could easily be daunting material as a series of vignettes that recount patient stories.

Dr. Lemery explains that understanding an individual’s visceral suffering is a very effective communication tool, and indeed the book takes the reader directly to the bedside, evoking a personal and tangible experience.

Why as physicians did you choose to write this book?
“The white coat still has the public’s trust.” This is a very powerful thing when it comes to discussing climate change, which is a complex and highly politicized issue. When the message is coming from a physician, it takes it out of the political realm.

Dr. Lemery points out that physicians have stepped into this role in the past- such as when a group of doctors from both sides of the Iron Curtain came together to speak out against nuclear war, then known as “the final epidemic’.”

Their efforts played a critical role in international bans on nuclear testing and served as an inspiration to Lemery and Auerbach’s call to action. “If you have a clear, unambiguous, unimpeachable message it will transcend the white noise of the time.”

On disseminating an important message.
I asked Dr. Lemery about difficult audiences, not just those who don’t buy into climate change, but also those who feel helpless in the face of a rapidly changing climate.

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A Call to Action with Jay Lemery’s Enviromedics

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His answer made getting up extra early and drinking coffee in the middle of an emergency room all worth it.

“All great challenges in history have had similar hopelessness,” he said. “But think of all the incredible things we have overcome in society; we are an industrious people. If we can get away from just being scared, we can start to make some change.”

¹International Physicians for the Prevention of Nuclear War

Don’t miss Dr. Lemery’s lecture: “Enviromedics: The Impact of Climate Change on Human Health.” on April 18, 2018, 12-1 pm, Anschutz Medical Campus, Education Building 2 North, Room 2301

Enviromedics can be found at all major bookstores.

World Health Day
April 7, 2018

Here are some facts and figures about the state of Universal Health Coverage (UHC) today:

- At least half of the world’s people is currently unable to obtain essential health services.
- Almost 100 million people are being pushed into extreme poverty, forced to survive on just $1.90 or less a day, because they have to pay for health services out of their own pockets.
- Over 800 million people (almost 12 percent of the world’s population) spend at least 10 percent of their household budgets on health expenses for themselves, a sick child or other family member. They incur so-called “catastrophic expenditures”.

Incurring catastrophic expenses for health care is a global problem. In richer countries in Europe, Latin America and parts of Asia, which have achieved high levels of access to health services, increasing numbers of people are spending at least 10 percent of their household budgets on out-of-pocket health expenses.

World Malaria Day
April 25, 2018

WHO joins partner organizations in promoting this year’s World Malaria Day theme, Ready to Beat Malaria. This theme underscores the collective energy and commitment of the global malaria community in uniting around the common goal of a world free of malaria. It highlights the remarkable progress achieved in tackling one of humanity’s oldest diseases, while also calling out worrying trends as captured in the 2017 World Malaria Report:

- The global response to malaria is at a crossroads. After an unprecedented period of success in malaria control, progress has stalled.
- The current pace is insufficient to achieve the 2020 milestones of the WHO Global Technical Strategy for Malaria 2016–2030 – specifically, targets calling for a 40% reduction in malaria case incidence and death rates.
- Countries with ongoing transmission are increasingly falling into one of two categories: those moving towards elimination and those with a high burden of the disease that have reported significant increases in malaria cases.

Without urgent action, the major gains in the fight against malaria are under threat. On this World Malaria Day, WHO continues to call for greater investment and expanded coverage of proven tools that prevent, diagnose and treat malaria.
Spring 2018 Schedule

Don’t miss the season finale!

April 18, 2018
12-1 | ED2 North, 2301
Anschutz Medical Campus

Jay Lemery, MD, Associate Professor, Department of Emergency Medicine, Chief, Section
of Wilderness and Environmental Medicine, School of Medicine, University of Colorado Anschutz
Medical Campus

Enviromedics: The Impact of Climate Change on Human Health

Interested in learning more about Jay Lemery and his work?  See page 8.

Want to watch a lecture you missed? Click here.