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Keywords

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EDITORIAL

**SEXUAL MUTILATION OF MUSLIM GIRLS,
TODAY IN THE UNITED STATES****Robert Brannon***National Organization for Men Against Sexism (NOMAS)***KEYWORDS**

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Female genital mutilation (FGM) was suddenly in the news in late 2018. A federal act, passed in 1996, that outlawed female genital mutilation in the U.S., was ruled unconstitutional by a federal district judge in Michigan (Belluck, 2018). This decision has cast a new spotlight on a little-known atrocity that is, in fact, being imposed on millions of women worldwide. Young girls, often without warning or consent, are being subjected to a life-changing surgery: the removal of their external sex organs. We have all probably heard of this happening, in the Middle East, Asia, and Africa. That is true, but it has begun to happen today in the United States to some young Muslim girls who are American citizens. We will return to the case of these American girls, and the federal Court ruling made in favor of those who mutilated them, after looking at this issue from a broader worldwide perspective.

Female genital mutilation is a subject that is difficult to speak or think about. To modern Americans, cutting off a young girl's sexual organs sounds so grotesque, so bizarre and sadistic as to be hard to contemplate, let alone describe or discuss rationally. It sounds and is horrendous, and so we prefer to speak much less graphically of "FGM." We use more opaque euphemisms, such as "fixing," "cutting," "being clean," "purification," or "female circumcision" (El Feki, 2013). The reality of this cruel and sexist practice is painful, irreversible, sometimes fatal, and always profoundly life-changing. A young girl's clitoris and labia are mostly, or entirely, sliced off. In addition to losing most future sexual sensations, a Pandora's box of medical consequences can quickly follow: hemorrhage, tetanus, urinary infections, extensive scarring, chronic pain later during intercourse, pain and fecal fistulas and sometimes death, in later childbirth, and greatly increased likelihood of contracting AIDS (Iavazzo, 2013; Russell, 2001). Psychologically, a life-long post-traumatic stress disorder (PTSD) often results for these girls, as Ayaan Hirsi Ali has vividly described: "My once cheerful, playful little sister... was never the same afterward. Sometimes she just stared vacantly at nothing for hours" (2017, p.33). For men, an equivalent experience would be: having one's penis sliced off, and the

opening of one's rectum mutilated, to then be followed by a lifetime of painful anal intercourse.

Why is such a cruel mutilation of sex-organs inflicted, and only on little girls? The bottom-level "root cause" is self-evidently world-wide patriarchy and men's near-universal control of women's lives. There are some equalitarian, non-patriarchal cultures in the world today, but they are few, small, and isolated (Goettner-Abendroth, 2009). In the case of FGM however, male control is often not immediately obvious. In certain parts of the world, in the Middle East, Asia, and Africa, FGM has become - in almost Orwellian irony - internalized, accepted by many women as being necessary, essentially required (Khazan, 2015). As Egyptian feminist Shareen El Feki reports, genital mutilations are often ordered and arranged, or even carried out themselves, by older women who once suffered FGM themselves, and are now inflicting the mutilation on their own young daughters (El Feki, 2013). In some areas, girls taunt and belittle other girls who have not yet been cut, chanting an insulting label for them, "kintirleery" or having a "kintir," a clitoris, which is "a filthy thing," claiming they will become whores. Soraya Mire (2011) was tauntingly told she had "three legs." On the surface, men might appear to be little involved in this web of female enforcement; the truth is quite different, as we will shortly see.

A Growing Awareness of Female Genital Mutilation (FGM)

For many years little was known in Europe or the U.S. about the prevalence of this horrific practice. In 1975 Diana Russell and Nicole Van De Ven convened an ambitious Tribunal on Crimes Against Women in Brussels. Remarkably, more than 2,000 women from 40 countries attended. A woman from Guinea told other women from around the world what had been happening to girls in her country; they were sometimes being held down and genitally mutilated on the ground, with rusty knives or broken bottles (Russell and Van De Ven, 1976).

Three years later Austrian-American scholar Fran Hosken published a major research report that first exposed the wide geographic extent of this barbaric practice (Hosken, 1979). A great deal more is known today (Reid, 2018; WHO, 2018; Cappa, 2013). Girls are known to be at risk of genital mutilation in: India, Pakistan, Egypt, Nigeria, Bangladesh, Sudan, Somalia, Iran, Malaysia, Indonesia, Thailand, Senegal, Kenya, Oman, United Arab Republic, Gambia, Burkina Faso, Sierra Leone, Eritrea, Yemen, Kurdistan, and Afghanistan. The World Health Organization estimates that more than 200 million girls, in 30 different countries, have already suffered genital mutilation (WHO, 2018). The U.S. State Department estimates that 41% of the women in Nigeria have experienced FGM. In the Northern state of Borno, where Boko Haram is based, the percentage may be up to 90% (Chesler, 2017, p. 329). In Egypt, even among young married women, ages 15 - 49, 91% have suffered FGM, according to UNICEF estimates (El Feki, 2013).

This practice has some ancient origins in male-dominant tribal cultures in central and Southern Africa, but it exists today primarily in the international Muslim world. Most Muslim leaders now formally condemn the practice, but there are many local imams who strongly support it (Ali, 2007; El Feki, 2013). The Prophet Mohamed never condemned the genital cutting of girls; instead, he gave instructions as to how the cutting should be done, in order to be "better for a woman and more desirable for a husband" (El Feki, 2013, p.106). He is also recorded to have consummated a child-marriage when he was in his 50's, and the girl was nine years

old. A fatwa issued by the head of Al-Azhar in 1984 stated that “Female circumcision is a part of the legal body of Islam, and is a laudable practice that does honor to the woman” (Guenbaum, 2000, p. 63). Muslim Brotherhood leader Morsi in Egypt in 2011 called genital mutilation of girls a “private matter” that a Muslim government would not oppose (Chesler, p. 335).

FGM is rapidly increasing among Muslims in Malaysia. In a survey in 2012, 93% of all Muslim women there were found to have experienced FGM; The cutting of girls is done in private clinics, but the government does not disapprove, as it has published “medical guidelines” for the procedure (Chesler, 2017, p. 396).

Years ago, some Muslim and African women concluded that FGM was too deeply entrenched to be eliminated. They, therefore, would agree to accept, as a “reform,” that FGM only be legally performed by doctors, with anesthesia used (Chesler, 2017, p. 333). This is now the most common procedure in the Muslim world. It is more hygienic, but the removal of a girl’s genital organs with life-long consequences is the same (El Feki, 2013). Doctors now can also profit from girl mutilation, so they often support the practice. In Egypt, doctors earn about the equivalent of \$16.00, for each girl on which they perform the procedure (El Feki, 2013, p. 104).

Women Fight Back

Feminist Muslim women in several countries—often often those who have suffered this childhood mutilation themselves—have emerged as leaders of national movements to end the woman-abusing practice (Abdalla, 2007; Dorkenoo, 1999; Kassindja & Miller-Muro, 1998). Egyptian feminist and physician Nawal el-Saadawi, a childhood victim of mutilation, has led a major crusade against it (El-Saadawi, 2017, 1975). Muslim feminist authors Ayaan Hirsi Ali (2007) and Soraya Mire (Mire, 2011) from Somalia, have each written eloquently about their own dreadful mutilations. Both have heroically campaigned against the practice. Ali vividly described her entire ordeal:

A piercing pain shot up between my legs, indescribable, and I howled. Then came the sewing, the long blunt needle clumsily pushed into my bleeding outer labia, my loud and anguished protests... (Ali, 2007, p. 32).

A Muslim feminist movement, *Musawa*, has been attempting to end genital mutilation in Malaysia. They are opposed by the government and doctors (Chesler, 2017). African-American author Alice Walker has led a courageous campaign against the countless genital mutilation atrocities still taking place in Gambia, Burkina Faso, and Senegal. Walker has published both a book and a movie, *Warrior Marks*, devoted to the uphill global fight against FGM (Walker, 1993).

Responding to these efforts, the United Nations (UN) has announced a global campaign against FGM (WHO, 2016. 2008; UNICEF, 2016, 2014, 2013), and the practice is now officially illegal in at least some Muslim countries. It has been illegal in Egypt since 2008, despite opposition from the Muslim Brotherhood. Leaders of the Coptic Church have taken a courageous stand against mutilation of girls (Moussa, 2004). Egyptian national laws, however, can be routinely ignored, especially in the poorest and most traditional communities and in remote rural settings.

We know more in depth and detail about the genital mutilation of girls in Egypt than anywhere else, thanks to an invaluable 2013 book by Egyptian journalist

Shereen El Feki: *Sex and the Citadel: Intimate Life in a Changing Arab World*. She provides a compelling close look at the “dayas,” the traditional village women who, in poor areas of Egypt, still do the cutting, for a small fee, at the request of girls’ mothers. It is often termed “tahara,” meaning purification. The cutting is usually done to girls around the age of nine to 12, with little warning to the girls, let alone asking their consent. As to national laws against the practice, the “daya” says: “In the villages, people make circumcision a lot and do not put in mind the government decisions (by those who) ...want to be like Western countries” (El Feki, 2013, p. 106).

The “daya” first inspects a young girl’s vulva. “If the lips of her sexual part are big like leaves, and the shape is not good, she needs the operation.” (El Feki, 2013, p. 105). The visual goal is a smooth opening to the vagina; the actual result can be very different. The “daya” explains that the “part below” must be cut, to curb women’s sexual desire, quenching the fires of female lust... otherwise girls, like boys, might seek sex before marriage, and make unreasonable sexual demands on their husbands (El Feki, 2013, p. 107).

Medical studies in Egypt have confirmed that women who have suffered FGM report lower libidos, less sexual activity, fewer orgasms, and less pleasure in intercourse (Fahmy, El-Mouelhy and Ragab, 2010; Lightfoot-Klein, 1989). What seems most striking is that this significant consequence to women is viewed, by many Egyptian men, as being *positive*, rather than negative. A national survey found that more than a third of married men and women believed that FGM prevents “illicit sexual relations” (El Feki, 2013, p. 108). Recognizing that genital cutting diminishes a woman’s enjoyment of sex, it is therefore considered to be the best way to keep women chaste, and faithful to their husbands. Many Egyptian men appear to have an openly-stated fear of wild and untrammelled female sexual desire, and tell interviewers that “cutting” makes women “more manageable” (El Feki, 2013, pp. 109, 107).

The entire tradition of FGM is fundamentally rooted in patriarchal control of women, of their bodies, of their reproductive activity. In practice, however, men can typically leave all the bloody details to the women (El Feki, 2013, p. 109). In many rural localities, men assume without asking that all local women have undergone purification—“tahara.” A presumption based on some reality is that most or many rural men, whose mothers and grandmothers endured “tahara,” will not marry a woman who was not similarly treated (Chesler, 2017). Fathers think it important that their daughters be virginal and thus desirable for marriage; they see “tahara” as the safest way to ensure a daughter’s chastity. Fathers may privately advise their sons not to marry “unclean,” un-mutilated, girls, whom they believe might sexually stray (El Feki, 2013).

Activist Molly Melching has been taking a pro-active psychological approach to changing such attitudes. Her organization, Tostan (which means “breakthrough”), has identified eligible young grooms in Senegal, Guinea, and Gambia, and worked to persuade the young men and their families, that FGM is very harmful, and that “uncut” girls are acceptable in marriage (Kristof and WuDunn, 2008).

Genital Mutilation Is Exported to the West

Sadly, but realistically, there is almost nothing that we in the U.S. can do to bring to a rapid end the genital mutilation of young girls in Asia, Africa, and the Middle East. Among other obstacles, some there see ending FGM as a demand of

Western Imperialism. A physician in Malaysia proclaimed “The problem of the West is that it is so judgmental. Who the hell are you to tell us what to practice and what not to practice?” (Chesler, 2017, p. 397). Because of immigration patterns, however, FGM is now an emerging issue in many European and Western countries. Muslim parents in Europe, Canada, and the U.S. are able to have genital mutilation done to girls secretly in private settings, or by taking the girls on “vacations” to be mutilated abroad (Chesler, 2017, p. 424).

Britain, in particular, has been significantly affected. There are three million Muslims today in Britain, more than half born abroad, most often in Pakistan or Bangladesh (Islam in London, 2019). Some neighborhoods of London are over 50% Muslim today. In 2014 the British National Health Service reported 467 newly-identified cases of genital mutilation of girls, in addition to 1,279 previously-known cases (Chesler, 2017, p. 356).

Police in the U.K. have become more aggressive in trying to prevent mutilation of girls. Authorities are now finding and stopping young girls being taken by their mothers or grandmothers to Pakistan or Somalia for “cutting vacations.” Police in Britain are also increasingly seeking to protect young women from being forced into unwanted early marriages, and when possible, they now prosecute “honor” killings of young women by their families (Chesler, 2017, p. 356).

Genital mutilations of young girls are now occurring in the United States. One female lawyer, who often deals with immigrant families, believes that New York City is “the capital of FGM in the U.S. Doctors usually see it when the women go into labor, and they do not know how to deal with the tremendous scarring” (Chesler, 2017, p. 356). Other areas in the U.S., such as Michigan and New Jersey, might also be candidates. Harvard University’s Brigham and Women’s Hospital estimates that 227,887 women in the United States are presently at risk of suffering genital mutilation (Chesler, 2018a, p. 425).

In Livonia, Michigan, a suburb of Detroit, nine young Muslim girls, transported from Minnesota, Illinois, and elsewhere in Michigan, were all subjected to genital mutilation (Belluck, 2018). The girls’ parents, who ordered and paid for the cutting, and four doctors and clinic employees, were all members of a Shiite Muslim sect based in India, the Dawoodi Bohra. They were prosecuted under a 1996 federal law that outlawed female genital mutilation in the U.S. But, on November 20, 2018, U.S. District Judge Bernard Freidman, ruled the federal law to be unconstitutional (Belluck, 2018). The judge’s ruling was based entirely on the matter of jurisdiction. He stated that Congress had no authority to address a “local criminal activity,” that could only be penalized by *state* laws. All charges were dismissed against the eight adults directly involved in the girls’ mutilations. This technical and narrowly-reasoned decision may be legally challenged on a number of grounds.

1. It was arguably not a “local” crime since the girls were transported across three states, and the adult principals were all immigrants from India.
2. Congress can legally regulate healthcare in the U.S. The judge, however, ruled that “FGM is a form of physical assault, not anything approaching a healthcare service.” This culture-bound, pious-sounding judicial definition ignores the reality that the practice is seen and described as “being clean” and “purification” by those who inflict it on girls. An act seen as an assault in one culture is widely seen as healthcare in another culture.

3. A long-standing federal law, the 1910 Mann Act (U.S. Code 2421), makes it a U.S. criminal offense to knowingly cross state lines in order to engage in “any sexual activity” which itself is a crime. However, Judge Freidman flatly declared that mutilating a young girl’s genitals is *not* a “sexual act.” He felt qualified to decide what is and is not a sexual act, contrary to the beliefs of millions of other people.
4. The judge ruled that female genital mutilation does not involve “commerce,” that would allow Congress to take action, despite a significant amount of money having been paid, to the two doctors and their two medical assistants, and the girls having been transported across three states.
5. The obvious fact that the life-changing atrocity of FGM is inflicted only on girls, and never on boys, raises obvious and basic civil rights issues (Chesler, 2018b).

Nonetheless, it appears possible, many legal authorities say, that this very narrow, arbitrary decision, by one elderly male judge, will be upheld by other federal courts (Chesler, 2018a). Federal criminal laws are perhaps reserved for more significant offenses (such as violation of the copyrights of large corporations.) The only sure approach today to ending FGM in the United States appears to be passing effective laws in each of the 50 states.

State-by-State Laws to Prevent Female Genital Mutilation (FGM)

Although difficult, and time-consuming, this important goal can be accomplished. Unlike the long, discouraging, uphill struggle overseas, this is a winnable battle in the U.S. Laws must be very carefully drawn, however. The existing state law in Michigan, for example, requires proving malicious intent to mutilate a girl, which makes it easy to evade, by claiming religious motivation. Whether state law or federal, what is important is that anti-FGM laws be designed, and funded, to be effective. Education, prevention, and actual punishment of violators are all far more significant than which legal body authored the law.

Funds can be allocated for focused educational efforts, directed to all immigrants to the U.S., to specific clearly “at-risk” population groups, to the national news media, and to the medical community. Mandatory reporting to a central agency should be required when doctors or other professionals either discover or suspect FGM having been performed on young girls. Airports, travel agencies, and officials should be alert, as such authorities now are in Britain, to young girls being taken back to the old country to be genitally mutilated.

Prevention of new cases of FGM should be the main line of defense. Punishment of criminal violators, however, is necessary and appropriate. However, the FGM was arranged or paid for, any parents who inflict these illegal and sexist atrocities on defenseless girls should be held accountable. Once warned, if immigrants to the U.S. should be publicly named, shamed, and deported. Doctors in the U.S. who engage in genital mutilations of girls should be barred from further practice. Clinics where the life-long damage to girls is inflicted should be shuttered.

Gloria Steinem once said if men could get pregnant, abortion would be a sacrament. In that vein, if sexual mutilations were being inflicted on males today - if any significant number of parents in the U.S. were privately arranging to have their sons’ penises sliced off, based on their religious motivations - stopping this atrocity would undoubtedly have become an urgent national priority. Muslim girls deserve no less care and concern.

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