







THE ONE COMMUNITY PROGRAM

- The One Community Program is a workshop developed collaboratively by the **U.S. Committee for Refugees and Immigrants (USCRI)**, the *International Institute of Erie (IIE)*, and the **International Institute of Minnesota**. It is funded by the U.S. Office of Women's Health.
- The goals of the program are to provide education to the Somali community and other refugee and immigrant groups about health-related cultural issues, especially regarding Female Genital Cutting (FGM/C).























Presenter
Ariel

The average age at which girls undergo cutting may be dropping in some countries, which allows family members and traditional excisors to conceal activities from authorities in countries with laws, less able to resist

Traditional circumcisors have little or no medical training. Sometimes herbs are applied to the cuts. Many times hospital care is not accessible.

Indonesia and Egypt especially have seen trend to “medicalization”



THOUGHTS ON FGM/C - ERIE

- (S)- I disagree with FGC and I do not support even though I have been circumcised.
- (E)- I still believe in the Sunna. The girl will not suffer.
- (W)- I am against FGM.
- (B)- I am 100% against FGM/C. I never believed in it.





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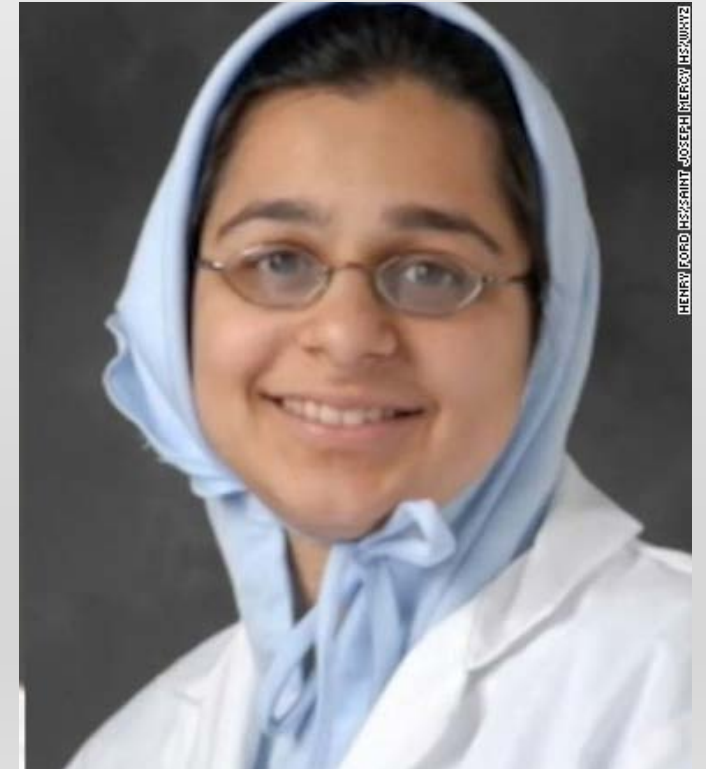
NSC – a 95 year old immigrant and refugee service organization in Philadelphia that provides language, health, community integration, employment, and legal services

AFAHO – a 501c(3) providing culturally and linguistically sensitive health, human, and educational services to African/Caribbean immigrants



Dr. Jumana Nagarwala – 1st Physician Arrested in the U.S.

- Dr. Jumana Nagarwala, 44, U. S. citizen; medical school at Johns Hopkins; ER physician in Detroit;
- Member of the Dawoodi Bohra religion (origins in Yemen, but spread to India, Sri Lanka, Pakistan);
- 1st physician arrested in U. S. after Federal complaint filed April 12, 2017;
- Magistrate Mona Majzoub ordered Nagarwala to be held in federal detention with no bond on the grounds that the charges involve children, that she is a flight risk with financial resources and a danger to the community.





Barriers to care we hope to address...

FGC SURVIVORS DON'T SEEK MEDICAL CARE

- May feel ashamed
- May not realize that other women are not circumcised
- May worry about her social standing after seeking care
- May not know that care is available
- May be compelled to remain silent
- May distrust the medical system / have bad prior experience

U.S. PROVIDERS ARE UNPREPARED!

- Receive little if any education or training in medical school or residency
- Are unprepared for the emotional consequences of the procedure among their patients AND in their own reactions
- Are unaware/uncertain of the legal and ethical issues surrounding surgical procedures



THE IMPORTANCE OF CULTURAL COMPETENCE

- Fear, shame, and guilt may prevent disclosure of trauma history.
- Patients may be afraid of legal/immigration repercussions of seeking care
- Speaking about the ritual is taboo in some cultures
- Providers may lack knowledge, experience, training, and may bring their unexamined opinions
- Patient may not pathologize her experiences
- Provider gender may influence patient's comfort with disclosure
- Language and translation carries potential for misunderstanding

QUESTIONS...CONTACT US

TELEPHONE

