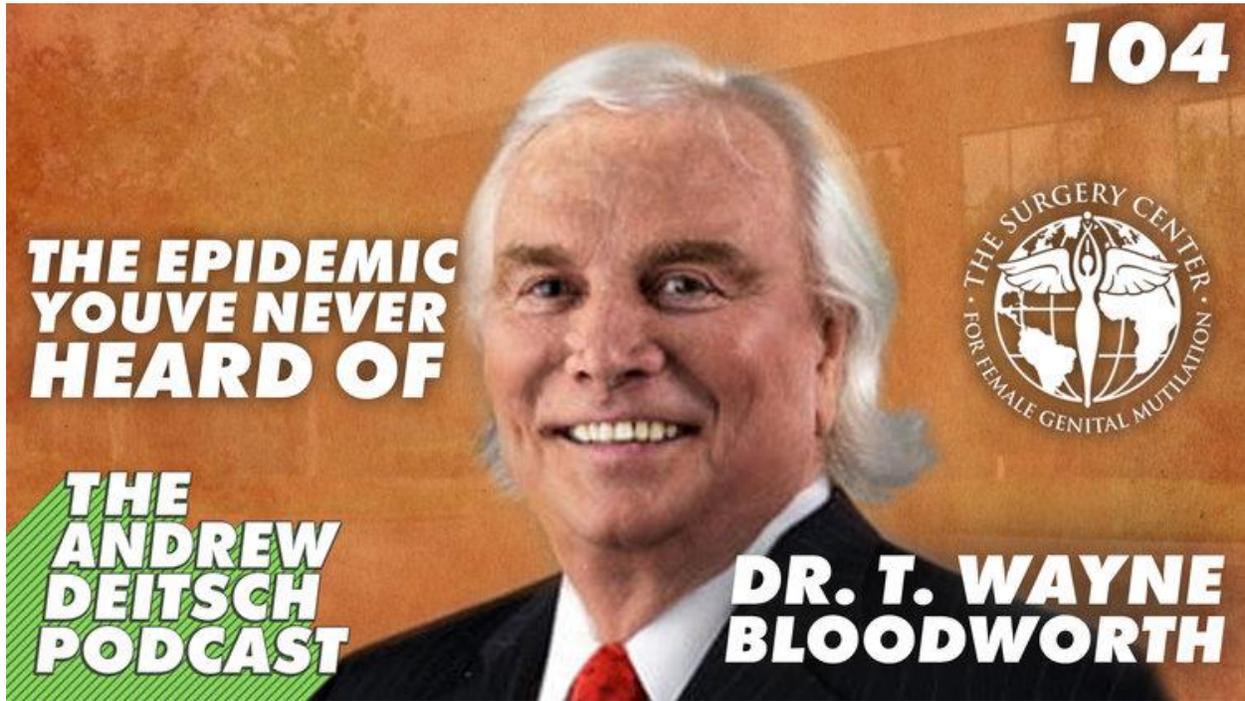


Podcast Transcript: The Epidemic You've Never Heard Of - Dr. Wayne T. Bloodworth
(Part 1 of 2)



[Listen on iTunes](#)

[Listen on Google Play](#)

[Listen on Soundcloud](#)

[Listen on Spotify](#)

Andrew Deitsch:

Today is Dr. Wayne Bloodworth and Dr. Bloodworth is the founder and chairman of the Surgery Center for female genital mutilation, and you're not alone if you never heard of the phrase female genital mutilation, we will refer to it as FGM a lot in this podcast but just because you've never heard of it, it doesn't mean that it isn't one of the most prevalent emotionally and physically demeaning evils that is present in the world today; about 30 million women and children around the world are at risk in the next 10 years of falling victim to this practice and Dr. Bloodworth actually has more than 35 years of surgical experience. He's one of the only doctors in the world who's performing this life-changing surgery for these victims, and that's actually one of the reasons why I wanted to do this episode in the first place because, you know, female genital mutilation isn't my typical subject matter, but I think it's a really important topic to raise awareness from and hopefully this conversation will raise awareness for this epidemic that you probably never even heard of and hopefully that just this conversation can help one person that can end

up going to Dr. Bloodworth, however this help somebody that's what I want to get out of this show.. without any further ado please welcome Dr. Wayne Bloodworth.

Dr. Bloodworth: Thank you for having me.

Andrew Deitsch: I pretty much just told you how I got in touch with you.. Is he your intern, Austin?

Dr. Bloodworth: He's a volunteer for us.

Andrew Deitsch: Gotcha. A volunteer reached out and it was a very intriguing email that I just read about what you do, so I wanted to get the opportunity to talk with you and chat with you for a little bit but like I kind of mentioned earlier when I first like to introduce people I think of it like an elevator pitch, if I was in an elevator with you and someone says hey so what do you do, to take what is the common response because obviously it's not an easy question to know.

Dr. Bloodworth: No, and we get that a lot but right now we have a non-profit surgical center, actually the first in the U.S., for victims of female genital mutilation and we do reconstructive surgery on those patients at no cost.

Andrew Deitsch: Wow, I'm sure any time that you mentioned, you know, even just genitals in public like people are, I don't know if I want to be talking about this you know right now.

Dr. Bloodworth: It clears the elevator pretty quickly.

Dr. Bloodworth: The common question that we get after that is what is female genital mutilation because a lot of people have never heard of it or been acquainted with it and basically those patients that are victims have lived in primarily sub-Saharan Africa and there are some in the Middle East and Asia but it's predominantly in the sub-Saharan Africa where it's a rite of passage or a situation that's not related to religion. A lot of people think it is because it occurs in predominantly Muslim countries but it's just basically something that they're going on there; and I was looking at

this yesterday, the origin of it goes back 5000 years ago, they have found Egyptian mummies that were mutilated. We know the practice is going on for four centuries and the practice continues. It does seem to be on the decline because a lot of advocacy groups have gone there and have gotten some laws changed and are educating people and it seems like it is coming along, but the statistics associated with it are still heartbreaking.

Andrew Deitsch: Yeah, because obviously it's something that's very, like you said, stigmatize and people don't want to talk about in public and everything but of course you know that just makes it so the victims of this don't want to come forward and want to deal with it. They're just going to hide it away and keep it a secret.

Dr. Bloodworth: Absolutely, they, in fact, some of them won't even talk to their siblings about it. We've had several patients say I don't know if my sister had this or not but they don't talk about it.

Andrew Deitsch: We can get into that in a little bit, but I wanted to get into your story a little bit too because obviously it's not the most common career path for a man to have when you're 18. I'm assuming obviously you weren't born into Dr. Wayne Bloodworth; how did you become who you are today?

Dr. Bloodworth: Well, I did my did my surgical training at Tulane University in New Orleans at Charity Hospital, and subsequently I practiced in gynecologic surgery, and I have done that for 30 plus years and was looking to slow down. It was during that time that I had done all the good bit of charity work along the way and was going to other countries and practicing, but when I started looking to slow down, I envision myself going to foreign countries to do charity work and then when I came up on female genital mutilation, which is abbreviated FGM, I realize that, actually with research, discovered that there are five hundred thousand victims of FGM or potential victims in the United States population here and then there are two hundred million that have been cut worldwide. I realized that I could probably have a greater impact if I did something here in the U.S. and still be allowed to go to those other countries for two or three or four week missions, if you will, but I could work every day here doing something that would have a greater impact on those victims in the U.S..

Andrew Deitsch: And you said that you you were just a gynecological doctor before that?

Dr. Bloodworth: Yeah, I was a gynecologist and I still am, but the last 10 years of my practice I did cosmetic surgery. And so between the abilities that I have in cosmetic surgery & gynecology, it was a good fit to do reconstruction on these patients.

Andrew Deitsch: That makes sense, so before you decided to become a doctor, what made you even want to go down the route of medicine anyways?

Dr. Bloodworth: Well, that's quite a long story for me, and I went through pharmacy school at University of Georgia, so I was a pharmacist before I even went to medical school, and had a drug store and did that whole route. So I was 3 years, 4 years older than the average medical student when I was there. But I had a real desire to be a physician from the time I was in high school. We had a family friend that was a physician who encouraged me greatly, and so it was just something that I wanted to do, and I wouldn't change the choice or anything, it's been a wonderful life for me.

Andrew Deitsch: That's awesome, yeah obviously you know most people are going to the medical field because they want to help people, of course, you know it's obviously unique being a doctor a lot of times because people, you know, especially parents, they want their kids to be a doctor because of course the well-respected and well-paying job, but of course you also get the reward of being able to help. You make it seem like that's kind of your main mission because, you know, you've talked a lot about wanting to go overseas and helping people and making an impact, and I mean obviously I think that's really important because I think some people in our society, now, they kind of see doctors as, you know, money-hungry, big pharma kind of. They may not necessarily be in your best interest or just trying to make money by selling you medicine or whatever all that kind of stuff, so it's really, really comforting to hear from somebody that wants to help people.

Dr. Bloodworth: I've been fortunate all my life. I've had a practice that has been good to me throughout the years and some of the most rewarding times that I've had in medicine have been with charity patients. And these are no different; probably more rewarding than any I've come upon because of their story. The stories that they bring to this, to the center here, just tear

your heart out. And in fact, we've had some that we operated on, I don't know 3-4 months ago, that they all become friends once they leave here, they stay in touch with the ladies here in the office, and they'll call back and tell us this and that but the most recent one that really made my weekend was she called and was just over the moon with excitement and told our lady here that she had just gone to her routine gynecologist and it was the first time in her life that she had ever been told that she was normal. I mean to go through your life, this ladies 38 years old, to be you know looked at that you're not normal because you were mutilated, and they go back and tell you that no you're normal. That made me feel good, and the entire staff was happy about that.

Andrew Deitsch: That's really awesome. That's kind of what keeps you going, to help people like that with female genital mutilation and all that. So kind of for people that are listening that aren't really well-versed, can explain the reasons why FGM happens and you know you even said it mostly happens overseas but it's also happening here so kind of maybe educate everybody on what kind of a situation is with it.

Dr. Bloodworth: Well, as I said, it's predominantly in sub-Saharan Africa, there is Around the Horn of Africa, in particular, around Sudan, Somalia, Egypt. That area, there's 80 to 90% of the female population have had female cutting or mutilation and so that's again just that heritage. It is part of a young lady becoming a woman and it's not even a young lady, they do it with children as well,

Andrew Deitsch: So is it a ritual that they do later on? Is it not like circumcision where it happens at birth?

Dr. Bloodworth: They do it from infancy up to 12, 14 years old. I think the average age for FGM, I've read, is around 9, but 25% statistically occurs between birth and age 3.

Andrew Deitsch: So a little more comforting, you know, at that age you're not remembering that incident. It's recently come to my attention even the issue of circumcision being kind of an antiquated decision for parents to make as well. A long time ago I thought that babies don't feel pain so you know it wasn't unethical, now there has been lots of studies coming out about, "can babies understand," you know, can they hold on to that trauma and like how it affects them later on in life, not just with their sexual partners, or whatever, but also just mentally and everything. Is it only shame that keeps people from talking about it?

Dr. Bloodworth: I don't really know the emotion that triggers. But about the circumcision

though, a large ethical question in that has been that these patients that are being circumcised or mutilated, you're doing it without their consent. It's really being hotly debated, I was at a meeting in Montreal first part of this year and it was a 3-day meeting.

Andrew Deitsch: It's pretty fascinating because like you said, it's all about the consent, and you know maybe back in the day it was thought of to be more ethical. But I think in the 21st century it just doesn't really necessarily have a place.

Dr. Bloodworth: And there's religious aspects to it as well (male circumcision). But it's being questioned and I don't think they are any really sense of right or wrong, best or worst case scenarios now. It's being looked at.

Andrew Deitsch: Let's go back to FGM. You know with circumcision there's kind of been reasons that are debated, and with female genital mutilation what is the reasoning like why are they being mutilating and what is happening there?

Dr. Bloodworth: The thought process is that it will keep them virginal and more desirable for a husband, and it will help restore or maintain honor for the family. So when it comes time for this person to be married they have more "value" than one that has not been cut and so even with trading, when when a mutilated female is sold and, they are frequently sold, they will bring more on that market than if they had not been cut.

Andrew Deitsch: The process of the mutilation it's not only like a physical thing but it's also like a symbolic thing

Dr. Bloodworth: It is symbolic to the future husband that this person is virginal and there are even stories of victims that have been mutilated especially with one particular type where the vulvar is sewn together, that on the wedding night a ceremonial knife is used to defibulate and then the following day they're being re-sewn. So, I mean the horrors of it are just unimaginable.

Andrew Deitsch: I get that on the wedding day that they would cut it open, but what would be the purpose of sewing it back up?

Dr. Bloodworth: To maintain the virtue of the woman. To make sure she is faithful to the husband. Which it's all about female control.

Part ½. To Be Continued....