
Bodily Integrity
For Both?

CONTENTS

Appendices

Support of FGM Opponents for Removing Gender Distinction from Genital Mutilation

"I think it (male circumcision) is a mutilation. In working with FGM we often find that the battle is such an uphill one that we hope that the men who are working on this issue of male circumcision will carry that . . . In all of it we have to try to think about what is being done from the point of view of the person to whom it is happening, namely the children."[1]

—Alice Walker, author of *Possessing the Secret of Joy* and *Warrior Marks*

"The reasons given for female circumcision in Africa and for routine male circumcision in the U.S. are essentially the same. Both falsely tout the positive health benefits of the procedures. Both promise cleanliness and the absence of "bad" genital odors, as well as greater attractiveness and acceptability of the sex organs. The affected individuals in both cultures have come to view these procedures as something that was done *for* them and not something that was done *to* them."[2]

"Childhood genital mutilations are anachronistic rituals inflicted on the helpless bodies of non-consenting children of both sexes."[3]

—Hanny Lightfoot-Klein, author of *Prisoners of Ritual: An Odyssey into Female Genital Circumcision in Africa*

"The painful cries of little boys being circumcised remind me of my own painful experience of female genital mutilation. It is the norm in my culture to mutilate girls, as it is in the U.S. for boys. It really terrifies me to know this. Hopefully this film will educate Americans about the harmful effects of male genital mutilation."[4]

—Soraya Mire, Somali filmmaker of *Fire Eyes*

". . . (B)oth male and female circumcisions raise the same human rights questions. Our mutual fight is against ignorance. People like us, those who have the pain, are the best fighters, because we know the pain of circumcision. What happened to you, you can't change it, but you can help to stop it from happening to other children."[5]

"As you know London Black Women's Health Action Project was founded in 1982 to campaign against female genital mutilation . . . Our project however, supports every organization that campaigns against the practice. We are therefore . . . in support of the resolution as we are against all types of genital mutilation of infants, children or adults, regardless of sex."[6]

—Shamis Dirr, Co-ordinator, London Black Women's Health Action Project

"Human rights are indivisible, they apply to every society and culture and every continent. We cannot differentiate between black and white, rich and poor, or between male and female, if the concept of human rights is to mean anything at all."[7]

—Fran Hosken, Founder of Women's International Network (WIN)

"The unnecessary removal of a functioning body organ in the name of tradition, custom or any other non-disease related cause should never be acceptable to the health profession. All childhood circumcisions are violations of human rights and a breach of the fundamental code of medical ethics. It is the moral duty of educated professionals to protect the health and rights of those with little or no social power to protect themselves."[8]

—Nahid Toubia, M.D. (Sudanese physician)

" . . . patriarchal controls limit men's sexuality too . . . that's why men are asked symbolically to submit the sexual part of themselves and their sons to patriarchal authority, which seems to be the origin of male circumcision, a practice that, even the advocates admit, is medically unnecessary 90% of the time.

Speaking for myself, I stand with many brothers in eliminating that practice too."[9]

—Gloria Steinem, feminist, activist and writer

"I support and endorse the Amnesty International *Resolution to Remove Sex Distinction from the Abuse of Genital Mutilation.* As a nurse who assisted for years with infant male circumcision, I can assure you that it is a brutal assault on a child's sexuality. The forced amputation of a healthy part of the genitals of an unconsenting infant or child, whether in the name of medicine, religion, or social custom, is a human rights violation. Even if, as a competent consenting adult, we might decide to have part of our own sexual organs amputated, we have no right to make such a decision with respect to our children. As a Jew, I applaud Amnesty International for introducing this important resolution to protect all children. I hope that the *Resolution* will become a model for other organizations throughout the world."[10]

—Betty Katz Sperlich, R.N., Nurses for the Rights of the Child

"This *is* a women's issue, because women give birth to female children *and* male children."[11]

—LeYoni Junos, Director of Amnesty International Bermuda

Two Examples Show the Inter-relatedness of Male and Female Genital Mutilations in the Human Psyche

The Egyptian Pharaonic Belief in the Bisexuality of the Gods

"Now just as certain gods are believed to be bisexual, so every person is believed to be endowed with the masculine and feminine 'souls'. These 'souls' reveal their respective physiological characteristics in and through the procreative organs. Thus the feminine 'soul' of the man, so it is maintained, is located in the prepuce, whereas the masculine 'soul' of the woman is situated in the clitoris. This means that as the young boy grows up and finally is admitted into the masculine society he has to shed his feminine properties. This is accomplished by the removal of the prepuce, the feminine portion of his original sexual state. The same is true with a young girl, who upon entering the feminine society is delivered from her masculine properties by having her clitoris or her clitoris and labia excised. Only thus circumcised can the girl claim to be fully a woman and thus capable of the sexual life."

—Shaalan, M. (1982). Clitoris Envy: A Psychodynamic Construct Instrumental in Female Circumcision. *WHO/EMRO Technical Publication: Seminar on Traditional Practices Affecting the Health of Women and Children in Africa*, pg.271. Alexandria.

Tribal Myths Justify the Need for Circumcision to Distinguish the Sex of a Child

The Dogon and Bambara of Mali believe the following:

"When human beings first arrive in the world, they are both male and female and possess twin souls. The boy's 'female soul' is in the prepuce, the female element of the genitals, and the girl's 'male soul' is in the clitoris, the male element. From the moment of birth, the Bambara child is inhabited by the *Wanzo*, an evil power which is in his blood and skin, and a force of disorder within the individual. The *Wanzo* prevent fecundity. The prepuce and the clitoris, seats of the *Wanzo*, must be severed to destroy the malefic power."

—Epelboin, S and Epelboin, A. (1979) Special Report: Female Circumcision. *People*, 6(1), 24-29.

Both of the above quotes and references taken from *Prisoners of Ritual: An Odyssey into Female Genital Circumcision in Africa* by Hanny Lightfoot-Klein (1989), pages 29 & 38 respectively.

Genital Mutilation of Male Children and Adolescents: An Overview

Of the 15.3 million children and young adults subjected to involuntary genital mutilation every year, 13.3 million are boys.[12]

The number of male children who die as a direct result of traditional sexual mutilations is high. In one study of the penile mutilation practice (foreskin amputation in this instance) of the Xhosa tribe of Southern Africa, 9% of the mutilated boys died; 52% lost all or most of their penile shaft skin; 14% developed severe infectious lesions; 10% lost their glans penis; and 5% lost their entire penis. This represents only those boys who made it to the hospital. The true complication rate is likely to be much higher.

No self-respecting Xhosa girl would marry a Xhosa male unless he had submitted to the circumcision ritual . . . the uncircumcised individual is likely to be outcast. This prejudice may be great enough for uncircumcised men not only to be ostracized by their peers, but even to be attacked and violently beaten for their lack of conformity . . .[13]

In the United States, it is estimated that 229 baby boys die each year as a result of the complications of the sexual mutilation of routine foreskin amputation (traditionally performed without anesthetic).[14]

In Western societies where neonatal circumcision is a routine practice, a whole host of complications have been documented in the scientific literature, ranging from haemorrhage, acute urinary retention, sepsis, penile denudation, 'concealed penis', impotence, partial amputation, total ablation of the penis to complete surgical amputation of the glans. Bleeding is the commonest complaint. Sepsis (infection) occurs in up to 10 per cent of patients and can be the cause of significant morbidity (e.g. gangrene of the penis and necrosis of surrounding, non-genital tissue) and death. One complication—meatal stenosis (narrowing of the urinary opening)—is a direct consequence of circumcision that is seldom encountered in uncircumcised men. The incidence of meatal ulceration following circumcision is from 8-20 per cent.

Psychological complications have also been noted.[15]

In cases of the total ablation or destruction of the penis during routine circumcision, the mutilated male infants are subjected to gender reassignment and feminizing genitoplasty. ***In other words they are changed into girls***. This sex change must be accomplished gradually from the time of the mutilation up until the onset of puberty and is physically and psychologically traumatic.[16]

What is Genital Mutilation?

In 1995 the World Health Organization (WHO) published the following definition of Female Genital Mutilation:

"Female Genital Mutilation comprises all procedures that involve partial or total removal of female external genitalia and /or injury to the female genital organs for cultural or any other non-therapeutic reason."[17]

If we read the exact same definition without the sex distinction it would read as follows:

"Genital Mutilation comprises all procedures that involve partial or total removal of external genitalia and/or injury to the genital organs for cultural or any other non-therapeutic reason."

Two years later, in 1997, WHO published an updated definition:

"Female Genital Mutilation (FGM), sometimes referred to as female circumcision, comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons."[18]

Again, a re-reading of the above definition without the specific sex distinction would be as follows:

"Genital Mutilation, sometimes referred to as circumcision, comprises all procedures involving partial or total removal of the external genitalia or other injury to the genital organs whether for cultural, religious or other non-therapeutic reasons."

How is Genital Mutilation Classified?

In its 1995 reference, WHO goes on to "classify" the different types of female genital mutilation that may "fall under the definition given above." They are as follows:[19]

Type I	Excision of the prepuce with or without excision of part or all of the clitoris
Type II	Excision of the clitoris together with partial or total excision of the labia minora
Type III	Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation)
Type IV	Unclassified: - Pricking, piercing or incision of the clitoris and/or labia - Stretching of the clitoris and/or labia - Cauterization by burning of the clitoris and surrounding tissue - Introcision - Scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts) - Introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing it - Any other procedure that falls under the definition of female genital mutilation given above.

It is clear from the above definitions and classification that any removal "partial or total" of the female genitalia—starting with excision of the prepuce—is seen as a mutilation of normal female genitalia.

Remove the gender distinction and it becomes clear that any removal "partial or total" of normal genitalia—starting with the removal of the prepuce—is a genital mutilation.

Classification of Male Genital Mutilations

The following is a categorization of male genital mutilations:[20]
(This list is standard and does not cover the full range of mutilations such as removal of the testicles, etc.)

Incision: the least harsh of the male genital mutilations, consists of either a simple cut on the prepuce or foreskin to draw blood, or a complete cutting through of the foreskin in a single place so as to partly expose the glans. Incision existed primarily among peoples of the East African coast, in Island Asia and Oceania, and among a few peoples of the New World.

Circumcision: a harsher mutilation where the prepuce or foreskin of the penis is cut or torn away, was and is practiced across much of the Old World desert belt, and in a number of Sub-Saharan, Central Asian, and Pacific Ocean groups. When performed during puberty, circumcision was largely a premarital rite of pain endurance.

Subincision: another harsh ritual was practiced primarily among Australian aborigines and on a few Pacific islands. It consisted of a cutting open of the urethra on the underside of the penis down to near the scrotum, and splaying it open.[21] The subincision ritual was generally preceded by a circumcision ritual.

Genital Skin Stripping: the most severe of male genital mutilations, was practiced along the Red Sea coast of Arabia and Yemen at least into the 1800s. Here, in an endurance ritual performed on a potential marriage candidate, skin was completely flayed from the entire penile shaft as well as from a region of pubis. The community blessing would only be bestowed upon the young man who could refrain from expressing emotion during the event.

(See Appendix 1: "The Geography of Male and Female Genital Mutilations", Figures 1 & 2)

Is Genital Mutilation a Human Rights Violation?

Amnesty International (AI) adopted Female Genital Mutilation as a human rights violation in 1995. While the focus was on the genital mutilations of females only, Decision 6 of the 22nd International Council Meeting (ICM) contained the following gender-neutral clauses, which highlighted the human rights issue of individual bodily integrity:[22]

"***considering*** that Article 1 of the Statute, as amended by the 1991 ICM, provides that AI's mandate includes the promotion of awareness and adherence to the *Universal Declaration of Human Rights* and other internationally recognized human rights instruments and the values enshrined in them, as well as the indivisibility and interdependence of all human rights and freedoms;

"***considering further*** that AI's mandate includes opposing grave violations of the rights of all persons to be free from discrimination on the grounds of their ethnic origin and sex and of the right of all persons to physical and mental integrity;

"***noting*** that international human rights law underscores the obligations of UN member–states to respect and to ensure the protection and promotion of human rights, including the right to non-discrimination, the right to physical and mental security, and the right to health;

"***recognizing*** that the UN *Convention on the Rights of the Child* states in article 24 (3) that 'States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children' and in article 19 that 'States take measures to protect the child from all forms of physical violence [and] injury . . .'"

In gender-specific terms, Decision 6 states explicitly "that the practice of female genital mutilation (FGM) violates those human rights as it continues to be gravely and extensively committed on the bodies, and to affect the lives, of millions of girl-children and women."

It can be concluded, therefore, that Amnesty International currently recognizes the mutilation of female genitalia *only* as a human rights violation. This is at complete odds with its mandate to uphold the "right of *all persons* to physical and mental integrity."

The Requirement of International Human Rights Standards:
No Distinction of Sex

Article 2 of the *Universal Declaration of Human Rights* states:[23]

"Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, ***sex***, language, religion, political or other opinion, national or social origin, property, birth or other status."

Article 25 (2) of the same document states further:

"Motherhood and childhood are entitled to special care and assistance. All children . . . shall enjoy the same social protection."

The *Convention on the Rights of the Child,* entered into force 2 September 1990, was designed to expand on the protection of children afforded by the Universal Declaration. Like the latter, the second article of the Convention begins by addressing, amongst others, the issue of gender discrimination:[24]

Article 2 (1)
"States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, ***sex***, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status." [my emphasis]

It can be concluded that (1) discrimination on the basis of sex is inconsistent with established human rights instruments and that, (2) particular attention is given to the rights and welfare of the child, "without discrimination of any kind."

The Right of the Child to Physical and Mental Integrity, and to Optimal Health

Several articles in the *Convention on the Rights of the Child* address the child's right to physical and mental integrity, and to health:

With regards to physical and mental integrity, Article 19 (1) reads:

"States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitations, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child."[25]

With regards to health, sections of Article 24 read as follows:

"1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health . . ."

"2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

a. to diminish infant and child mortality . . ."[26]

and finally

"3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children."[27]

The Right of the Child to be Protected from Torture or Other Cruel, Inhuman or Degrading Treatment

Article 37 (a) of the *Convention on the Rights of the Child* reads:

"no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment . . ."[28]

A look at the definition of torture illustrates that this Article is cohesive with Articles 19 and 24 on the previous page.

Webster's Ninth New Collegiate Dictionary defines torture as:

"**1 a:** anguish of body or mind: Agony **b:** something that causes agony or pain **2:** the infliction of intense pain (as from burning, crushing, or wounding) to punish, coerce, or afford sadistic pleasure."

Summary:

Amongst its many articles, the *Convention on the Rights of the Child:*

- Affords special provisions for the rights of the child
- Provides for the protection of these rights ***without discrimination of sex***
- Upholds the right to physical and mental integrity of all children, ***regardless of sex***
- Aims to protect the child against injury and/or abuse while in the care of parents or legal guardians, ***regardless of sex***
- Pursues the highest standard of health for children, particularly aimed at diminishing infant and child mortality, ***regardless of sex***
- Calls for an end to traditional practices that endanger the health of children, ***regardless of sex***
- Recognizes the right of the child not to be subjected to torture or other cruel inhuman treatment, ***regardless of sex***

How Has Discrimination by Sex Been Justified and Maintained?

With the health risks and complications evident for those male children undergoing various forms of genital mutilation around the world why has this issue not been raised earlier by a major body such as WHO or other UN-affiliate? If the issue has been raised and/or discussed what reasons were given for it non-inclusion as a global concern?

According to Sami Aldeeb (1994), the topic was apparently broached at the UN Seminar in Ouagadougou (Burkina Faso):

During the . . . seminar . . . the majority of participants agreed that the justifications of female circumcision based on cosmogony and those based on religion "must be assimilated to superstition and denounced as such" since "neither the Bible, nor the Koran recommend that women be excised." They recommend ensuring that, in the minds of people, male circumcision and female circumcision be dissociated, the former as a procedure for hygienic purposes, the latter, excision, as a serious form of assault on the women's physical integrity.[29]

The above statement brings to light the two main reasons promoted for the continued toleration of the male circumcision practice.

(1) It is condoned and practiced systematically and routinely on infants/young children, by adherents to two major religions: Judaism and Islam. These religions are apparently seen as more legitimate than those tribal religions practicing FGM, the latter based on "cosmogony" and relegated to "superstition."

(This reason is supported by those who uphold the tradition on the grounds of the right to freely express and practice one's religious beliefs.)

(2) It is purported to promote good hygiene and provide preventive protection for specific diseases and infections.

(This reason is promoted quite heavily by Western countries, such as the United States, in spite of the fact that these reasons have been reviewed and rejected by most paediatric/medical societies in English-speaking countries.

Freedom to Practice One's Religion

The *Universal Declaration of Human Rights* guarantees the right to freedom of religious belief and practice in Article 18 as follows:

"Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance."[30]

The same Declaration closes with the final Article (30):

"Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein."[31]

The Convention on the Rights of the Child guarantees freedom of religion to the child as follows:

Article 14(1): **"States Parties shall respect the right of the child to freedom of thought, conscience and religion."[32]**

The right to religious freedom is qualified in Section (3) of the same Article:

"Freedom to manifest one's religion or beliefs may be subject only to such limitations are prescribed by law and are necessary to protect public safety, order, health or morals, or the fundamental rights and freedoms of others."[33]

It can be concluded that the right to religious freedom is fully protected by international human rights standards, except where this right infringes on the fundamental rights and freedoms of the individual.

Freedom of Religion *vs.* Genital Integrity

International human rights standards guarantee freedom to practice one's religious belief.

Children are guaranteed the rights to "freedom of thought, conscience and religion."

Religious freedoms are over-ruled only in circumstances where their practice infringes on the fundamental rights and freedoms of others.

Question: ***Does the individual's fundamental right to physical and mental integrity take precedence over religious belief and practice if that religious practice is aimed at permanently altering the physical integrity of the individual?***

We return to the most recent definition of Female Genital Mutilation as cited from the World Health Organization (WHO):[34]

"Female Genital Mutilation (FGM), sometimes referred to as female circumcision, comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons."
and without the sex distinction . . .
["Genital Mutilation, sometimes referred to as circumcision, comprises all procedures involving partial or total removal of the external genitalia or other injury to the genital organs whether for cultural, religious or other non-therapeutic reasons."]

- **Genital Mutilation is practiced on the child for a number of reasons, including religious reasons or as part of religious practice**
  - **Genital Mutilation, performed without the child's consent is a violation of the child's right to physical integrity**
- **This causes injury to the child and puts her/him at risk of morbidity and death, violating the *Convention on the Rights of the Child***
  - **The religious practice to genitally mutilate the child is overruled by the fundamental right of the child to physical integrity.**
  - **This fundamental right of the child not to be genitally mutilated is guaranteed to the child, regardless of their sex/gender**

Control of Sexuality:
The Real Origin of "Medical" Circumcision

Western countries such as the United States, the UK, Australia, New Zealand, Canada and their dependant territories are the only regions where genital mutilation of male infants is routinely practiced for reasons of "health." This "medically-sanctioned" genital mutilation of male infants began in the 1800's when "circumcision" of children of both sexes was performed as a 'cure' for masturbation.[35]

[Removal of the clitoral hood or prepuce was "widely employed" in the United States between the late 1880s and 1937 to prevent masturbation[36]; and was occasionally used to stop masturbation in the 1940s and 1950s.[37] An estimated three thousand female circumcisions were performed annually in U.S. hospitals in the 1970s "to improve sexual response."[38] As late as 1973, female circumcision was suggested in a medical journal as a treatment for frigidity.[39] According to the World Health Organization, in 1976 the United States was the only medically advanced country in the world that practiced female circumcision[40]. Clitoridectomy—excision of the clitoris—was practiced in the United States between 1870 and 1910 to stop masturbation."[41]]

The following quotes illustrate the intent to sexually control the male child—not reasons of health—as the real motivation behind routine circumcision. Pain was a deliberate accessory to the forced surgery and was designed to be registered in the child's psyche as "punishment."

"In cases of masturbation we must, I believe, break the habit by inducing such a condition of the parts as will cause too much local suffering to allow the practice being continued. For this purpose, if the prepuce is long, we may circumcise the male patient with present and probably with future advantages; the operation, too, should not be performed under chloroform, so that the pain experienced may be associated with the habit we wish to eradicate."[42]

"(Clarence B.) was addicted to the secret vice practiced among boys. I performed . . . circumcision. He needed the rightful punishment of cutting pains after his illicit pleasures."[43]

"I suggest all male children be circumcised. I am convinced that masturbation is much less common in the circumcised."[44]

"A remedy for masturbation which is almost always successful in small boys is circumcision . . . The operation should be performed by a surgeon without administering an anaesthetic as the brief pain attending the operation will have a salutary effect upon the mind, especially if it be connected with the idea of punishment . . .The soreness which continues for several weeks interrupts the practice, and if it had not previously become too firmly fixed, it may be forgotten and not resumed."[45]

In 1928, the American Medical Association published an editorial in its journal calling for the routine circumcision of all male infants at birth.[46] The primary justification for routine circumcision was the prevention of masturbation.

Circumcision is Designed to Cause Injury to a Normal Prepuce

The Natural Prepuce

The foreskin envelops the glans from the fifth month of gestatation. It begins dorsally and ends by fusing ventrally to cover the newly formed urethra. Actual fusion between the two epithelial layers of glans and foreskin is apparent at birth . . . This non-retractility remains in most boys for at least the first two years of life until natural separation ensues.[47]

Circumcision Techniques

The following are three most commonly used procedures of circumcision techniques showing procedure, characteristics, advantages and disadvantages:[48]

TABLE 1

Comparison of Circumcision Techniques

Procedure	*Characteristics*	*Advantages*	*Disadvantages*
Mogen clamp	Induces crush injury to prepuce while shielding genitalia Prepuce surgically removed	Speed Less complicated to perform Instant result	Least commonly used technique Fewer experienced operators
Gomco clamp	Induces crush injury to prepuce while shielding genitalia Prepuce surgically removed	Instant result with good cosmesis Widely used Customized fit possible for each infant	Higher rate of shaft denudation More time intensive More complicated to perform
Plastibell device	Induces crush injury to prepuce while shielding phallus Prepuce sloughs away along with plastic shield in three to seven days	Ease of use Widely available	Slightly higher incidence of infection Final result not immediately apparent

Circumcision is designed to cause injury to the penis by inducing "crush injury" to the normal, protective prepuce, and then excising it. This "foreskin amputation" is considered a normal surgical procedure in some countries and is traditionally and typically performed without anesthesia on male infants who are just days old.

Alleged Health Benefits of Routine Infant Male Circumcision

Prevention of Urinary Tract Infections

- The AAP reported that studies reflecting an increase in UTIs among intact boys are "retrospective," may have "methodologic flaws" and "may have been influenced by selection bias."[49]
- An occurrence of 1.1% of UTI in uncircumcised male infants is being used to justify the routine genital mutilation of 99% of healthy male newborns who do not develop UTIs.[50]
- UTIs occur more frequently in female infants than males.[51] Yet excision of the labia minora (the mucosa skin surrounding the entrance to the urethra of the female) is not recommended as a prevention. UTIs in female infants are treated with antibiotics.
- Rooming-in to facilitate close contact between newborns and their mothers is a suggested alternative to UTI prevention.[52] Natural immunization is accomplished via the transfer of aerobic and anaerobic flora from mother to infant.[53]

Prevention of Cervical Carcinoma

"The American Cancer Society . . . would like to discourage the American Academy of Pediatrics from promoting routine circumcision as preventative measure for . . . cervical cancer. The American Cancer Society does not consider routine circumcision to be a valid or effective measure to prevent such cancer. Research suggesting a pattern in the circumcision status of partners of women with cervical cancer is methodologically flawed, outdated and has not been taken seriously in the medical community for decades. Portraying routine circumcision as an effective means of prevention distracts the public from the task of avoiding the behaviors proven to contribute to . . . cervical cancer: especially cigarette smoking and unprotected sexual relations with multiple partners. Perpetuating the mistaken belief that circumcision prevents cancer is inappropriate."[54]

Prevention of Sexually Transmitted Disease

- The New York City Bureau of Venereal Disease Control issued a statement in 1979 that circumcision was of absolutely no value in preventing genital herpes infection.[55]
- A recent cross-sectional study of 300 consecutive heterosexual male patients attending a sexually transmitted diseases (STD) clinic showed that circumcision had no significant effect on the incidence of common STDs.[56]

Prevention of Cancer of the Penis

- The overall annual incidence of cancer of the penis in US men has been estimated to be 0.7 to 0.9 per 100,000 men.[57] In developed countries where neonatal circumcision is not routinely performed the incidence ranges from 0.3 to 1.1 per 100,000. This low incidence is half that found in uncircumcised US men.[58]
- The predicted lifetime risk of cancer of the penis developing in an uncircumcised man has been estimated at 1 in 600 men in the US; and 1 in 909 in Denmark[59] (where routine circumcision is not practiced.
- The predicted lifetime risk of cancer of the vulva in women (in the UK) is 1 in 400[60], considerably higher that that of penile cancer in men, yet routine excision of the labia of infant girls is not recommended as a preventive measure
- "The American Cancer Society . . . would like to discourage the American Academy of Pediatrics from promoting routine circumcision as preventative measure for . . . penile cancer. The American Cancer Society does not consider routine circumcision to be a valid or effective measure to prevent such cancer."[61]
- "Fatalities caused by circumcision accidents may approximate the mortality rate from penile cancer."[62] "It is an incontestable fact . . . there are more deaths from circumcision each year than from cancer of the penis."[63]

Current Position Statements of Medical Societies in English-Speaking Countries on Routine Infant Male Circumcision

1996 Fetus and Newborn Committee, Canadian Paediatric Society: *Neonatal Circumcision Revisited*—"Circumcision of newborns should not be routinely performed." [*Canadian Medical Association Journal* March 15, 1996, Vol. 154, No. 6: 769.]

1996 Australasian Association of Paediatric Surgeons: *Guidelines for Circumcision*— "We do not support the removal of a normal part of the body, unless there are definite indications to justify the complication and risks which may arise. In particular, we are opposed to male children being subjected to a procedure, which had they been old enough to consider the advantages and disadvantages, may well have opted to reject the operation and retain their prepuce." [Hersion, Queensland. April 1996]

1996 Australian College of Paediatrics: *Position Statement on Routine Circumcision of Normal Male Infants and Boys*— "The Australasian Association of Paediatric Surgeons has informed the College that 'Neonatal male circumcision has no medical indication. It is a traumatic procedure performed without anaesthesia to remove a normal functional and protective prepuce.'" [Parkville, Vic. 27 May 1996]

1996 British Medical Association Guidelines: *Circumcision of Male Infants: Guidance for Doctors*— "To circumcise for therapeutic reasons where medical research has shown other techniques to be at least as effective and less invasive would be unethical and inappropriate." [Medical Ethics Department. London. 1996]

1996 Australian Medical Association: "The Australian College of Paediatrics should continue to discourage the practice of circumcision in newborns." [*Australian Medicine* 20 January 1997, page 5.]

Overall Conclusion

- **All genital mutilations stem from the same root: control. Whether it is to control sexual activity, sexual sensitivity, sexual virility, sexual appearance or sexual psyche, the male and female mutilations are interlocking practices. Both feed on the other's role as either controlled or controller, and both must be tackled, simultaneously.**

- **The genital mutilation of females—which includes the excision of the prepuce—is a recognized human rights violation by Amnesty International.**

- **International human rights standards, such as the *Universal Declaration of Human Rights* and the *Convention on the Rights of the Child,* prohibit distinction on the grounds of sex.**

- **Amnesty International's statute prohibits it from making a distinction on the grounds of sex.**

- **International human rights standards also prohibit religious practices from over-riding basic fundamental rights of the individual.**

- **All genital mutilations—some more severe than others—put children/young adults at serious health risks for bleeding, infections, further mutilations and sometimes death, and therefore violate the *Convention on the Rights of the Child.***

- **Overall, this is a violation of the child's fundamental right to health, self-determination and physical and mental integrity.**

- **Since Amnesty recognizes the genital mutilation of females *in all its forms*—from least severe to most severe—as a grave violation and as an attack on the physical and mental integrity of the girl child, the movement is bound by principle and by international human rights standards to afford the male child the same recognition and protection. If not, it runs the risk, as it concludes with States and governments, of being seen to be compliant with the genital mutilations of male children around the world.**

Comments from Humanitarians

"Circumcision is a brutal ritual rooted in superstition and should be abandoned . . ."
—Ashley Montagu, anthropologist and Humanist of the Year, 1995

"We use the word 'circumcision,' but this is a euphemism. What we are really talking about for females as well as males is culturally and religiously sanctioned sexual mutilation and child abuse."
—Miriam Pollack, Jewish educator and author of *Redefining the Sacred*

"The forced amputation of a healthy part of the genitals of an unconsenting infant or child, whether in the name of medicine, religion, or social custom is a human rights violation."
—Nurses for the Rights of the Child, Santa Fe, New Mexico

"Removed from both ritual and medical grounds of justification, circumcision emerges as nothing more nor less than a classic instance of genital mutilation practiced on helpless children. As such, it should not be countenanced."
—Lawrence A Hoffman, author of *Covenant of Blood: Circumcision and Gender in Rabbinic Judaism*

". . . there is no valid justification of the distinction made between male and female circumcision."
—Sami A. Aldeeb Abu-Sahlieh, Staff Legal Advisor at the Swiss Institute of Comparative Law

"I now think that a full-scale campaign should be waged to eliminate circumcision, whether of the male or the female."
—Lester A. Kirkendall, Ph.D., Humanist of the Year, 1983

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Suggested Reading (Books)

[This is only a short list; some of the books—i.e. Goldman, which is very current—have a list of non-governmental organizations working on this issue and further suggested reading.]

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Appendix 1

Geography of Male and Female Genital Mutilations

J. DeMeo

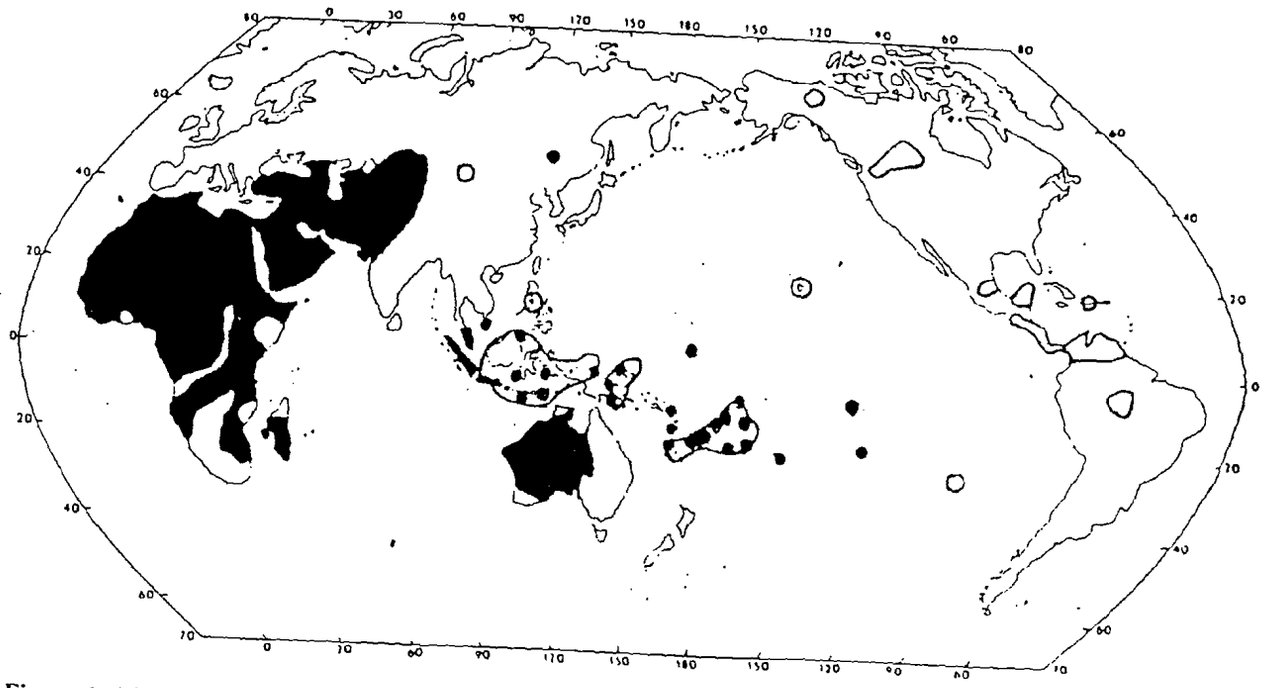


Figure 1. Male Genital Mutilations. Data from aboriginal, native peoples only. Does not include the more recent historical adoption within the United States, Canada, Australia and Britain. Black areas: extremely severe forms (e.g. flaying circumcision, subincision); outlined areas: forms of lesser severity (e.g. incision).

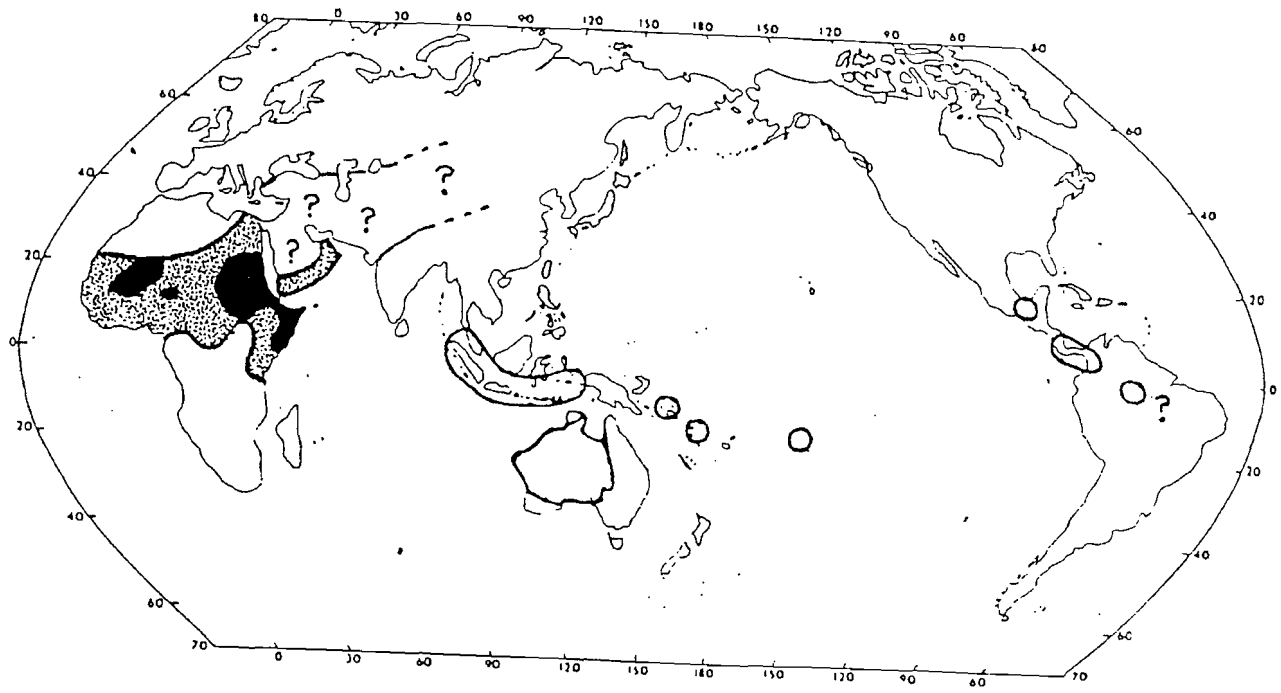


Figure 2. Female Genital Mutilations (5, 6, 22, 25). Black areas: extremely severe forms (e.g. Infibulation); shaded areas: severe forms (e.g. clitoridectomy, excision); outlined areas: present, but form and incidence unknown.

Aborigine Circumcision Initiation

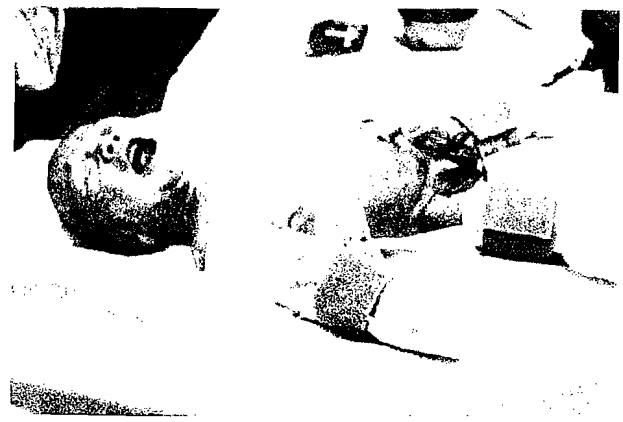


Figure 3. Baby strapped onto an immobilizing restraining board in preparation for circumcision. Penis has been swabbed with disinfectant. (Reprinted by permission of the Saturday Evening Post)

In December 1993, the Queensland Law Reform Commission made a thorough examination of the problem of circumcision. The Commission determined that circumcision could be regarded as a criminal act if the criminal code were strictly interpreted. Specifically, the Commission stated:

> The circumcision procedure is invasive, irreversible, and major. It involves the removal of an otherwise healthy organ part. It has serious attendant risks.
>
> As a prophylactic procedure, circumcision of neonates does not appear to be the least restrictive alternative. For a number of the adverse health conditions which have been associated with non-circumcised penises, the least restrictive preventative measure would be education of children in genital hygiene and in responsible, safe sexual practices. Circumcision as a prophylactic procedure may be appropriate for older males who have the capacity to consent to the procedure.[2]
>
> On a strict interpretation of the assault provisions of the Queensland Criminal Code, routine circumcision of a male infant could be regarded as a criminal act. Further, consent by parents

Figure 4. Baby enduring the agony of unanesthetized penile mutilation. (Reprinted by permission of the Saturday Evening Post)

Appendix 3

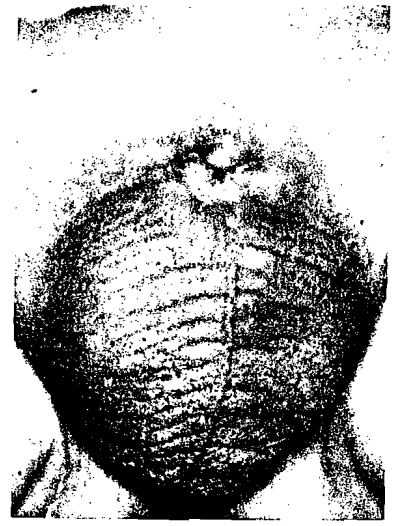


Figure 8. Total amputation of the penis by circumcision. (Photograph by Tom Reichfelder, M.D., courtesy of John Money, M.D.)

amputation of the glans, partial or total amputation of the penis, and formation of urethral fistula.

Bleeding is a common complication because the prepuce is such a vascular structure. It is particularly likely to occur in children with clotting disorders. Death may result from blood loss if appropriate steps are not taken to prevent it. Blood transfusion may be required. Excessively tight circumferential bandaging may obstruct the flow of urine and lead to renal failure.

Infection after circumcision occurs in up to 10% of patients. In the majority of cases, this is mild and manifested only by local inflammatory changes. Occasionally, sepsis may have more serious consequences, and can even lead to death.

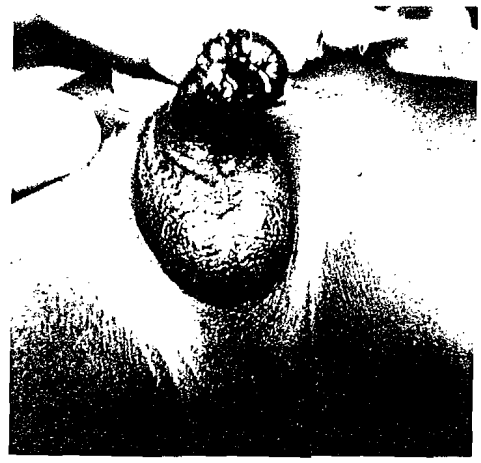


Figure 9. Extensive injury and suppuration of newly circumcised penis. (Photograph by Tom Reichfelder, M.D., courtesy of John Money, M.D.)

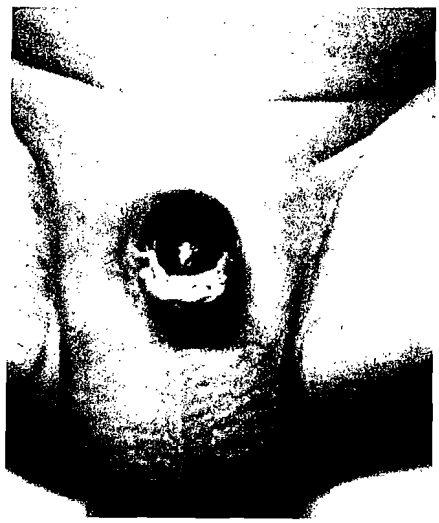


Figure 10. Destruction of penis by electrocautery circumcision. (Photograph by Tom Reichfelder, M.D., courtesy of John Money, M.D.)

Gearhart and Rock reported four cases of total loss of the penis in newborn boys following circumcision with use of electrocautery.[24] In all cases, the infants had sex-change surgery and were raised as girls. There have been other reports of total loss of the penis following circumcision.

Ulceration of the external urethral meatus occurs in 8–20% of boys following circumcision. It tends to occur 2–3 weeks after the operation. It can lead to permanent narrowing of the meatus, i.e., meatal stenosis. The latter has been advanced as a cause of recurrent pyelonephritis and obstructive uropathy, for which meatotomy, enlargement of the meatus, is curative. Meatitis is probably more common than reported. Most circumcised infant boys suffer from an erythematous meatus, which is the result of constant irritation from urine, feces, and friction from rubbing against the diaper (napkin). Many doctors would consider this finding normal.

In some cases, circumcision results in the formation of a bridge of skin between the circumcision scar and the surface of the glans. These bridges may cause pain and deformity on erection. When anesthesia is used, risks are incurred. In the case of local anesthetic,

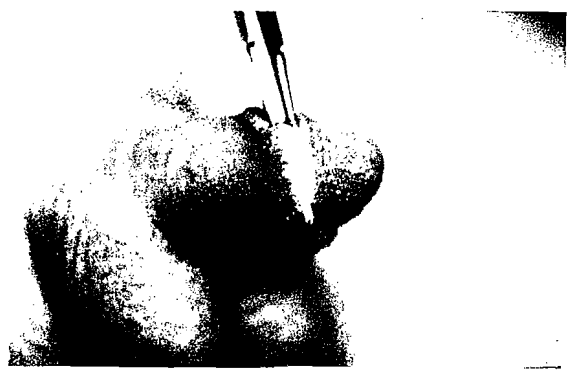


Figure 11. Skin bridge with inserted probe on circumcised penis. (Photograph by Tom Reichfelder, M.D., courtesy of John Money, M.D.)

Appendix 4

A Women's Issue?

Cultural Pressure to Circumcise

"I knew the day my son was circumcised that it wasn't the right thing to do, and I didn't have the energy . . . to fight real hard. My husband is from a very traditional Jewish background. [For him] there was no choice. You just did this. We had a mohel who came to the hospital. I didn't sleep the whole night before because I didn't want them to cut my son. I felt helpless and sort of backed into a corner . . .

"I heard him cry during the time they were circumcising him. The thing that is most disturbing to me is that I can still hear his cry . . . It was an assault on him and on some level it was an assault on me . . .I will go to my grave hearing that horrible wail and feeling somewhat responsible; feeling that it was my lack of evolvement . . . if I had not been brainwashed by the medical community and subjected to the cultural pressure, I would have taken my baby into my arms, and I would have fought . . .

"My daughter was born in 1979, and I was praying that she wouldn't be a boy . . . I said to him [my husband] if it was a boy, if I had to take my child and run to Canada, I wasn't going to allow him to be cut . . .

"Everybody says that doing clitoridectomies is barbaric. Mutilating little girls is just horrific. Why have we not yet made that crossover to the fact that it's equally as horrific to mutilate little boys? It just doesn't make any sense on any level. There's no justification."
[Goldman, R.F. 1997. *Questioning Circumcision: A Jewish Perspective,* pages 75-77]

Breast-feeding

> I shared a hospital room with a mother whose son was born within hours of my daughter. My roommate and I marveled at the identical personality traits exhibited by our newborn babies. Both were perfectly calm, never cried and gazed unwaveringly at our faces when we held them. We experienced that maternal closeness the mother feels when she realizes her baby knows her and accepts her as caretaker . . .Delight in our new-found joys of motherhood was shattered the following morning. My roommate's baby had changed. He refused to nurse; he cried; he wouldn't be held. "He doesn't want me," my roommate pitifully told the nurse. "It's just the circumcision," the nurse told her comfortingly.

Investigators have confirmed that circumcision may contribute to the failure of an infant to breast-feed . . . Some circumcised infants cry for extended periods and seem inconsolable. This response is possibly due to intrusive post-traumatic stress disorder (PTSD) symptoms connected with circumcision.

Loss of Trust

Events which impact upon the child's ability to trust mother may have long-term consequences in all areas of growth and development . . . When a child is subjected to intolerable, overwhelming pain, he conceptualizes mother as both participatory and responsible regardless of mother's intent . . .The consequences for impaired bonding are significant . . . Circumcision is an enormous obstacle to the development of basic trust between mother and child.
["Breastfeeding" and "Loss of Trust": Goldman, *Circumcision: The Hidden Trauma,* pages 129 & 131]

Appendix 5

A Boy Without a Penis

The experts had it all wrong, says the beleaguered survivor of a landmark 1960s sex-change operation

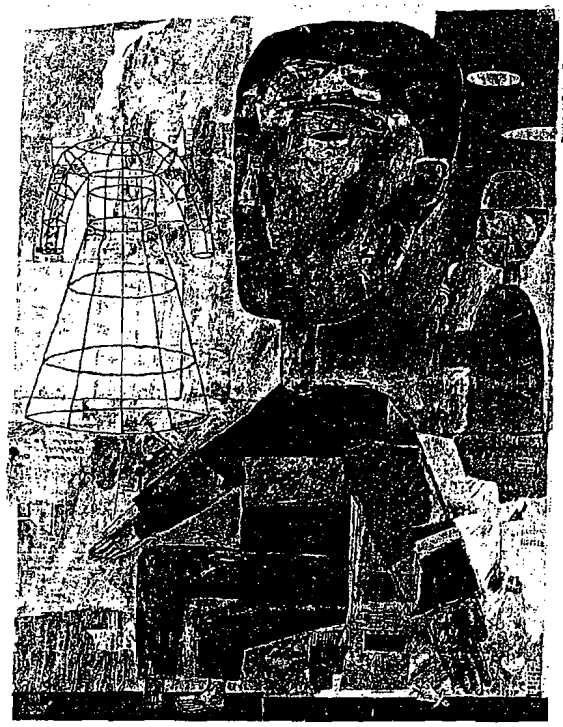
By CHRISTINE GORMAN

HE WAS ONE OF A SET OF INFANT TWIN boys when, in 1963, his penis was damaged beyond repair by a circumcision that went awry. After seeking expert advice at Johns Hopkins Medical School, the parents decided that the child's best shot at a normal life was as an anatomically correct woman. The baby was castrated, and surgeons fashioned a kind of vagina out of the remaining tissue. When "she" grew older, hormone treatments would complete the transformation from boy to girl.

The case became a landmark in the annals of sex research, living proof of the prevailing theory of the 1960s and early 1970s that sexual identity exists in a kind of continuum and that nurture is more important than nature in determining gender roles. Babies are born gender neutral, the experts said. Catch them early enough, and you can make them anything you want. Widely cited in medical and social-science textbooks, the baby's transformation helped pediatricians confidently advise other parents facing similar circumstances to rear their wounded boys as girls.

What these doctors and parents didn't know was that the celebrated sex-change success story was, in fact, a total failure. In a follow-up study published last week in the *Archives of Pediatric and Adolescent Medicine*, Milton Diamond, a professor of anatomy and reproductive biology at the University of Hawaii, and Dr. Keith Sigmundson, a psychiatrist with the Canadian Ministry of Health, report that the child, whom they called "Joan," never really adjusted to her assigned gender. In fact, Joan was surgically changed back to "John" in the late 1970s, and is now the happily married father of three adopted children.

Almost from the beginning, Diamond and Sigmundson write, Joan rebelled at her treatment. Even as a toddler, she felt different. When her mother clothed her in frilly dresses, she would try to rip them off. She preferred to play with boys and stereotypical boys' toys—in one memorable instance walking into a store to buy an umbrella and walking out with a toy machine gun. By second grade, she had come to suspect she would fit in better as a boy. But her doctors insisted that these feelings were perfectly normal, that she was just a tomboy. "I thought I was a freak or something," John told Diamond and Sigmundson in interviews conducted in 1994 and 1995.



JOSEPH ISAIP FOR TIME

Although the other kids didn't know about Joan's surgical history, they teased her about her tomboyish looks and behavior. Public bathrooms proved to be a source of particular discomfort. Joan often insisted on urinating standing up, which usually made a mess. In junior high school, she stood so often in the stalls of the girls' rest room that the girls finally refused to let her in anymore, forcing her to use the boys' room instead.

By this time, Joan was pretty sure she was a boy. But no matter what she told her doctors and psychiatrists, they kept pressing her to act more feminine. Eventually, she gave up trying to convince them. "You can't argue with a bunch of doctors in white coats," John recalls. "You're just a little kid, and their minds are already made up. They didn't want to listen."

In 1977, when she was 14, Joan decided she had only two options: either commit suicide or live her life as a male. Finally, in a tearful confrontation, her father told her the true story of her birth and sex change. "All of a sudden everything clicked," John remembers. "For the first time things made sense, and I understood who and what I was." With the support of a new set of doctors, Joan underwent a pair of operations to reconstruct a penis—albeit a diminutive one without the sensitivity of a normal sex organ.

Following this second set of sex-change procedures, John's new doctors advised the family to move to a new town and another school and start over. This time, however, John's parents rejected the expert advice. People would find out anyway, they reasoned. It was better to stay put and be open about what had happened. Their strategy seems to have worked. After a brief transition, John was accepted by his peers in a way that Joan never was. Once, when John first began dating, he confessed to a would-be girlfriend that he was insecure about his penis, and she started telling tales in school about his condition. But Joan's old schoolmates stuck loyally by John, refusing to be drawn into the girl's malicious gossip.

At its worst, this story could be read as a lesson in scientific hubris. At its best, it's a story about the courage of one boy who claimed the right to determine his own identity.

Unfortunately, no follow-up study reporting that John had rejected his initial sex change was ever published. As a result, say Diamond and Sigmundson, dozens of other boys may have been needlessly castrated. In defense of the original team, Johns Hopkins says it wasn't able to conduct a follow-up because the family stopped coming to see its doctors.

Diamond and Sigmundson suspect that most boys-made-girls will, like John, reject their female identity by the time they reach puberty. Other experts are not so sure. "We don't have the answers," says Dr. William Reiner, a surgeon and psychiatrist at Johns Hopkins (who was not involved in the original case). "Let's listen to these kids. They eventually are going to give us the answer." —*Reported by Dick Thompson/Washington*

Appendix 6

(8th May, 1997)

RESOLUTION TO REMOVE SEX DISTINCTION FROM THE ABUSE OF GENITAL MUTILATION

The International Council

First **RECOGNIZING** the universality of international human rights standards as enshrined in the *Universal Declaration of Human Rights* and the *Convention on the Rights of the Child*, regardless of race, colour, sex, etc. . . ;

and **CONFIRMING** Amnesty International's focus and commitment to the upholding of these indivisible basic rights through the instrument of its mandate;

PROPOSES that whereas the *Universal Declaration of Human Rights* [Article 5] states: "No one shall be subjected to torture or to cruel, inhuman, or degrading treatment", ***regardless of sex***;

and **FURTHER PROPOSES** that whereas the *Convention on the Rights of the Child* calls on States and governments to: protect the child from all forms of physical or mental violence, injury or abuse [Article 19]; to abolish traditional practices prejudicial to the health of children [Article 24]; and affirms that no child shall be subjected to torture or other cruel, inhuman or degrading treatment . . . [Article 37], ***regardless of sex***;

ACKNOWLEDGING that Amnesty International, at the 1995 International Council Meeting (ICM), recognized the traditional practice of the cutting away of ***any part of the genitals***[1] of females (infants, young girls and women)—***against their will*** (i.e. by force) ***and without their informed consent***—as torture and a grave violation of their human dignity, physical and mental integrity and basic rights;

CLARIFYING that Amnesty International's position on such forced traditional practice covers the full range of mutilation: from the cutting away of the prepuce of females through to clitoridectomy, excision and infibulation;

COMMENDING Amnesty International for the courageous stance it has taken on this issue;

ACKNOWLEDGING that this forced mutilation of the genitals of females (traditionally referred to as "circumcision", but more recently labelled as "Female Genital Mutilation" or FGM) is justified and cited traditionally as performed to control sexuality (i.e. to prevent masturbation and promiscuity), for reasons of hygiene (i.e. for "cleanliness"), as initiation into adulthood (i.e. puberty rites), etc.;

and **ADMITTING** that this *same rationale* is used to excuse the continuation of the traditional practice of the routine and systematic cutting away or mutilation of a healthy, functioning part of the genitals (i.e. the prepuce) of male infants, young boys and adolescent males ***against their will and without their informed consent***;

KNOWING that this worldwide procedure is referred to, euphemistically, as "circumcision";[2]

ACKNOWLEDGING that this forced procedure is routinely performed (traditionally without anaesthesia) in English-speaking countries, on infant males only days after birth (referred to as "neonatal circumcision")—approximately 3,500 per day or one every 25 seconds in the U.S.A. alone;[3]

INFORMED that, while this forced procedure is of a lesser quantitative degree than the most severe female genital mutilations, it is nevertheless accompanied by overwhelming physical pain, mental anguish and bleeding, and serious health risks: resulting in documented cases of permanent genital damage (i.e. accidental amputation or ablation of the entire glans or head of the penis) with its attendant physical and mental torture of forced sex change 'adjustments'; scarring and desensitization of erotic tissue; loss of all the skin of the penile shaft; gangrene and necrosis of the entire glans and penis; other serious infections; and even death;

ACCEPTING that leading paediatric and medical associations in English-speaking countries, where neonatal circumcision and circumcision of young boys is still routinely performed, have made recent official statements that there is ***no medical reason or indication*** for this procedure, described as "traumatic", "invasive", "inappropriate" and "unethical";[4]

DETERMINING from the foregoing that the inalienable rights of the male child to physical and mental integrity are violated by this traditional practice and must be protected under international human rights standards;

and **CONCLUDING** that this resolution to remove the distinction of sex from the acknowledged human rights violation of genital mutilation, reinforces the coherence and credibility of Amnesty International's mandate, consistent and interdependent with its 1995 decision on female genital mutilation; and as such engenders the positive effect of the combining of valuable resources aimed at accelerating the eradication of this grave violation against children and young adults.

THEREFORE RESOLVES that Amnesty International affirms that there should be ***no distinction of sex*** in the upholding of international human rights standards, particularly, in this instance, relevant to the *Universal Declaration of Human Rights* and the *Convention on the Rights of the Child*;

and **CONCLUDES** that the ***forced*** cutting away of any part of the genitals of infants, children or adults ***regardless of sex***, is a violation of these universal human rights and freedoms;

DECIDES that Amnesty International recognizes these indiscriminate rights and freedoms as ***indivisible***, and affirms to provide its full support to bring an end to ***all forms*** of genital mutilation worldwide, ***regardless of sex***, via promotional work, research, and human rights education; and inclusive of any future or concurrent allowances (e.g. active campaigning) that may be further adopted by the mandate on this issue.

(Submitted by the Bermuda Section)

Attachment.

Explanatory Notes

1. There are varying degrees of Female Genital Mutilation summarized as follows:

"**(i) Sunna Circumcision or Partial Clitoridectomy:** removal of the prepuce* and/or tip of the clitoris.

"**(ii) Excision or Clitoridectomy:** excision of the entire clitoris with the labia minora and some or most of the external genitalia.

"**(iii) Excision and Infibulation (Pharaonic Circumcision):** This means excision of the entire clitoris, labia minora and parts of the labia majora. The two sides of the vulva are then fastened together in some way either by thorns . . . or sewing with catgut. Alternatively the vulva are scraped raw and the child's limbs are tied together for several weeks until the wound heals (or she dies). The purpose is to close the vaginal orifice. Only a small opening is left (usually by inserting a slither of wood) so the urine or later the menstrual blood can be passed."

Quoted from *Gyn/Ecology* by Mary Daly (1987)

* the prepuce in the female is comparable to the prepuce or "foreskin" in the male, although the amount of this highly sensitized part of the genitals removed in males is developed to cover a larger organ and so is quantitatively more extensive than the female prepuce.

It should be noted that Amnesty International's mandate covers *all forms* of female genital mutilation—from the 'least severe' to the most invasive.

2. The 'least severe' to most severe forms of Male Genital Mutilation are as follows:

(i) Incision: the foreskin is cut to draw blood or to partly expose the glans.

(ii) Circumcision: cutting away of the prepuce or foreskin.

(iii) Flaying (skin-stripping): removal of the skin from the entire penile shaft.

(iv) Subincision: Slitting the entire underside of the penis (lengthwise) to the urethra and splaying it out.

(The above information is taken from a old resolution draft by Ronald Goldman, Ph.D., member of Amnesty International USA Section; and from *Circumcision, What It Does* by Billy Ray Boyd, 1990.)

3. Ronald Goldman, Ph.D. (1997). *Circumcision: The Hidden Trauma.* Vanguard Publications, Boston.

4. Position Statements of Medical Societies in English-Speaking Countries

(i) 1996 Fetus and Newborn Committee, Canadian Paediatric Society: *Neonatal Circumcision Revisited*—"Circumcision of newborns should not be routinely performed."

(ii) 1996 Australian College of Paediatrics: *Position Statement on Routine Circumcision of Normal Male Infants and Boys*— "The Australasian Association of Paediatric Surgeons has informed the College that 'Neonatal male circumcision has no medical indication. It is a traumatic procedure performed without anaesthesia to remove a normal functional and protective prepuce.'"

(iii) 1996 British Medical Association Guidelines: *Circumcision of Male Infants Guidance for Doctors*— "To circumcise for therapeutic reasons where medical research has shown other techniques to be at least as effective and less invasive would be unethical and inappropriate."

(iv) 1996 Australasian Association of Paediatric Surgeons— "We do not support the removal of a normal part of the body, unless there are definite indications to justify the complication and risks which may arise. In particular, we are opposed to male children being subjected to a procedure, which had they been old enough to consider the advantages and disadvantages, may well have opted to reject the operation and retain their prepuce."

Appendix 7

LONDON BLACK WOMEN'S HEALTH ACTION PROJECT

Ref:noharm.wps

Ms Le Yoni Junos
Amnesty International
P O Box HM 2136
Hamilton HM JX
BERMUDA

26/11/97

Dear Ms Junos

We are very pleased in expressing our maximum support concerning " The Resolution to Remove Sex Discrimination from the Abuse of Genital Mutilation". As you know London Black Women's Health Action Project was founded in 1982 to campaigning against female genital mutilation ie. Female Circumcision on grassroots level. Our project educated and raised awareness to both the communities practising it and health professionals working in this area by organising workshops, seminars, conferences. and production of reports etc.

Our project however, supports every organisation that campaigns against the practice. We are therefore writing in support of the resolution as we are against all types of genital mutilation of infants, children or adults regardless of sex..

Yours sincerely

H S

Shamis Dirir
Co-ordinator
LBWHAP.

Correspondence Address: PO Box 10027, London E2 0TU
Office Address: Cornwall Avenue Community Centre, 1 Cornwall Avenue, London E2 OHW
Telephone:0181 980 3503 Fax:0181 980 6314

Charity Registration No.297158

To overcome the American double standard of the acceptance of circumcision for men but not for women, consider this:

If it could be unequivocally proven that women had a decreased incidence of UTIs [urinary tract infections], sexually transmitted diseases, AIDS, vulvitis, vulvar cancer, and/or increased sexual staying power as a result of performing neonatal labiectomy, would the American medical and nurse-midwifery communities approve routine, unanesthetized neonatal labial amputation as a prophylactic measure? Of course not! If we wouldn't do this to our newborn females, we must take a hard look at why we condone *and* perform "prophylactic" foreskin amputations upon our newborn males.

Women have struggled to achieve rights to body ownership for themselves. It is imperative that mutual respect for these inalienable human rights be extended, not only to the women in Africa with whom we can identify, but also to men, male children, and male newborns.

(Milos, MF and Macris, D (1992) "Circumcision: A Medical or a Human Rights Issue?" *Journal of Nurse-Midwifery*, Vol. 37, No. 2 (Supplement), March/April 1992, page 94S.