"LOST" CAUSES

Agenda Vetting in Global Issue Networks and the Shaping of Human Security

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"His Body, His Choice"

Pitching Infant Male Circumcision to Health and Human Rights Gatekeepers

The World Health Organization estimates that 30 percent of infant boys are circumcised annually worldwide, often without anesthetic and primarily for cultural reasons.[1] Previously justified on social or medical grounds, routine circumcision of children is not now recommended by medical practitioners.[2] However, neither have medical associations gone so far as to recommend *prohibiting* the practice, which continues in the United States, Canada, Israel, Australia and New Zealand, much of the Muslim Middle East and Central Asia, and among some immigrant populations in Europe.[3] Circumcision is also on the rise in Africa, where it has become the subject of attention since 2005 by global health and development organizations due to its purported effects in reducing HIV-AIDS.[4]

A growing coalition of advocacy groups argue that nontherapeutic circumcision of nonconsenting minors is a violation of children's bodily integrity rights and an unwarranted infliction of pain on a vulnerable infant even when conducted with analgesic.[5] These critics cast doubt on

the veracity of studies linking the practice with medical benefits, pointing out that earlier medical justifications have always been debunked, and citing a wide range of side effects.[6] Hypothetical health benefits aside, they argue, even with anesthesia the practice involves irreversibly altering a person's bodily integrity without his consent.[7] For several decades this "intactivist" movement has argued the practice should be treated as a human rights violation, prohibited by governments, and eradicated as a routine medical practice.

Yet while other bodily integrity rights against children, including other forms of genital cutting, have been recognized as human rights abuses within the UN system for over two decades, issue entrepreneurs have had little success in pitching a ban on infant male circumcision to human rights gatekeepers.[8] In 2009, Debra DeLaet observed: "UN agencies and human rights NGOs have not made statements or taken positions that explicitly condemn male circumcision."[9]

This chapter describes the intactivist movement's origins, claims, and tactics, documents the process by which powerful human rights organizations have exercised "agenda denial," and provides some insight into why intactivist claims have not resonated with organizations at the center of the human rights network. As with the earlier cases, network effects made the difference: even though this particular issue has certain characteristics that make it harder for human rights elites to focus on than some others, a key element of the explanation revolves around dynamics among organizations in the health and human rights networks, and perceptions of ties among human rights issues themselves.

Political Entrepreneurship from the Practitioner/ Claimant Grassroots

As Len Glick documents, anticircumcision sentiment, including from within the Jewish community, had roots at least as far back as the nineteenth century.[10] But the U.S.-based movement against routine infant male circumcision coalesced in the 1980s around the grassroots efforts of mother and registered nurse Marilyn Milos. Milos was a former educator and midwife who began training as an obstetrics nurse in the late '70s. In an interview,

she described how her life was changed in 1980 after witnessing a baby boy strapped to what she described as a "rack" and circumcised without anesthetic:

> We were told that we were going to be allowed to watch a circumcision, and I thought, well, this is interesting, because my sons had been circumcised. Of course, it was done behind closed doors and nobody ever saw a circumcision. All the students walked into the room and the baby was strapped to a plastic board with four-point restraints. The baby started struggling against restraints, he was getting more and more frantic. I said to my instructor, 'Can I comfort him?' and she said, "No, wait 'til the doctor gets here." I thought, we're supposed to be *nurses*, this is a healing and helping *profession*—and we're just going to stand here and watch this baby struggling and suffer? When the doctor came in a couple of minutes later, I said, 'Can I go comfort the baby,' and he said 'Sure, go stick your finger in the baby's mouth.' That was interesting to me because he didn't know where my fingers had been. But I put my finger in the baby's mouth and I started to rub his little head and he started to *suck* so hard and I said to him, this is only going to take a minute and it's not going to hurt—just the same things that I had been told when my own sons were circumcised. So there I was in front of all my classmates and my instructor, and the doctor put this little drape over the baby—they make these drapes with holes in the middle so the baby's penis can be stuck through it, you know, just so it could be mutilated, it's just so amazing. They don't want to cut the head of the penis off, so they have to separate the foreskin from the glans... this means literally tearing the foreskin from the glans. Imagine, it would be like sticking something between your finger nail and the finger nail bed... meanwhile, the baby let out a scream I have never heard come out of the mouth of a human being before, and started shaking his head back and forth, of course my finger was out of his mouth at this point because he wasn't sucking... but screaming, screaming, screaming.... I started to cry—my bottom lip started to quiver, tears started welling up in my eyes, and I knew, I'm losing it here. And I did. And, it wasn't even happening to me, but I was watching this baby being tortured and mutilated before my eyes, and I started to cry. The doctor looked at me and said: 'There is no medical reason for doing this.' That was the day and the very moment that changed the course of my life.[11]

Milos began researching the issue and was shocked to discover little scientific evidence of medical benefits from neonatal circumcision. Haunted by the realization of what her own sons had endured without her knowledge, she became an advocate for a parental right to informed consent:

> I had a doctor who lied to me and said it doesn't hurt, it only takes a second, and it will protect my sons from a myriad of ills. And of course it was behind closed doors and nobody ever saw a circumcision. I didn't even know enough to recognize that my babies had a wound on their penis, that I had brought a wounded baby home from the hospital."[12]

Seized by the idea of protecting other children and their parents, Milos began mobilizing nurses to inform parents about the procedure so that they would know what they were consenting to. However, this campaign at the hospital quickly drew condemnation from her superiors and she was asked to stop talking. Milos refused and was fired from her position. By then, she had already begun filing 501(c)3 papers to found an organization to work on raising awareness about the nature of routine infant circumcision and particularly its absence of verifiable health benefits.

Early in her research, Milos had come across a book entitled *Circumcision: An American Health Fallacy* and befriended the author, Edward Wallerstein. His landmark study had been the first detailed historical genealogy of the medicalization of circumcision, a process that had occurred during the nineteenth century in large part to prevent masturbation.[13] Appalled at the lack of information that now perpetuated what they saw as an outmoded and barbaric practice, together Wallerstein and Milos conceived of an organization that would provide factual information to parents and challenge the notion that routine circumcision was medically necessary. The National Organization of Circumcision Information Resource Centers (NOCIRC) was established in 1985.

Network Formation and Issue Construction

During this period Milos began networking at the grassroots level with other early intactivists. Drawing together local parents, nurses, and activists from the antiwar, women's rights, LGBT, and men's movements, Milos began picketing local medical ethics boards, the offices of doctors who performed circumcisions, and companies that produced the Circumstraint, a restraining device to which babies were strapped before unanesthetized surgery. At these protests the groups engaged in various forms of

direct action such as audio-recording the screams of babies undergoing circumcision to play on loudspeakers, distributing flyers, or producing street art including shoes with their toes cut off for dramatic effect. Milos also courted the media, and was launched to national renown in 1987 when she appeared on the *Phil Donahue Show*. Referrals to her organization began to appear in anticircumcision literature of the period, including *The Joy of Uncircumcising*, a popular book that led numerous survivors to the movement.[14]

Beginning in 1989, Milos also began organizing biannual NOCIRC symposiums, which became the key focusing events for the growing movement. Primarily an opportunity to present and publish scientific findings to which mainstream medical journals were unreceptive, the symposiums also enabled activists to network in solidarity with one another, to exchange ideas and information. Milos established a relationship with Springer Publishing, which printed the proceedings of each symposium. Thus NOCIRC helped cultivate a counterepistemic community that developed an internal normative and causal consensus about the harms of circumcision to counteract what they perceived as rampant misinformation and bias in the mainstream medical journals.[15]

But these symposia, the latest of which took place in Boulder, Colorado, in 2014, are not simply academic conferences. Presentations at the symposia alternate between presentation of scientific studies regarding the health risks of circumcision, presentation of historical, social, and religious aspects of the issue, activist pronouncements, testimonials from affected persons, photographic slideshows or documentary work, and performance art.[16] The events are part scientific exchange, part political brainstorming session, part solidarity site, in which participants' narratives are validated and a common identity forged through the sharing of war stories from efforts on the front lines of the movement.[17]

And the symposia are decidedly political rather than purely scientific: at the first symposium in Anaheim, California, in 1989, the movement adopted a Declaration, stating: "We recognize the inherent right of all human beings to an intact body. Without religious or racial prejudice, we affirm this basic human right.... We recognize that the foreskin, clitoris and labia are normal, functional body parts.... Parents and/or guardians do not have the right to consent to the surgical removal or modification of their children's normal genitalia.... Physicians and other health-care providers have a responsibility to refuse to remove or mutilate normal body parts."[18]

Other activists in Marilyn's orbit developed their own brands of intactivism throughout the 1990s. Tim Hammond and Wayne Griffiths, San Francisco Bay Area peace and women's rights activists who met through NOCIRC, established the National Organization for Restoring Men (NORM) in 1989 to support men in efforts at foreskin restoration. Inspired by his experience with ACT UP, Hammond founded a separate group in 1992, the National Organization to Halt the Abuse and Routine Mutilation of Males (NOHARMM), to function as a direct-action wing of the movement. He also encouraged J. Steven Svoboda, a patent attorney who had found his way to the movement through acquaintances, to start a separate organization to deal with the legal side of things. In 1995 Svoboda founded Attorneys for the Rights of the Child. Between 1995 and 2002, intactivist branches sprang up within other specific social and professional sectors as well: Doctors Opposing Circumcision, Mothers Against Circumcision, Students for Genital Integrity, and Nurses for the Rights of the Child. Many of these groups focus on supporting one another in resisting circumcision professionally or personally, disseminating information, and conducting outreach. A few focus on protest events. One, MGMBill.org (the acronym stands for male genital mutilation), attempts to use state legislatures to promote circumcision bans, and has also produced counterculture artifacts such as the controversial *Foreskin Man!* comic book series.[19]

In the early days of the movement, intactivists were careful to argue only against routine circumcision in hospitals, while acknowledging the legitimacy of circumcision performed for religious reasons. For example, a 1989 letter to the editor in the *Los Angeles Times* read, "*Unless religious scruples protected by the First Amendment require circumcision*, every human being is constitutionally entitled to his whole, natural, intact body until he or she decides otherwise."[20]

However, intactivists gradually broadened their views under pressure from Jewish activists in the movement. Tim Hammond, who founded NOHARMM, told me: "Because of my silence on the religious aspects of this issue I began hearing from Jewish men. 'How can you abandon us?' they said. 'Don't Jewish boys have the same right to their bodies that you claim you have?' I had to develop the moral courage to say yes, they do."[21] Jewish groups opposing circumcision proliferated throughout this period, and books appeared arguing that circumcision was not required by the Old Testament and proposing alternative ceremonies such as the *brit*

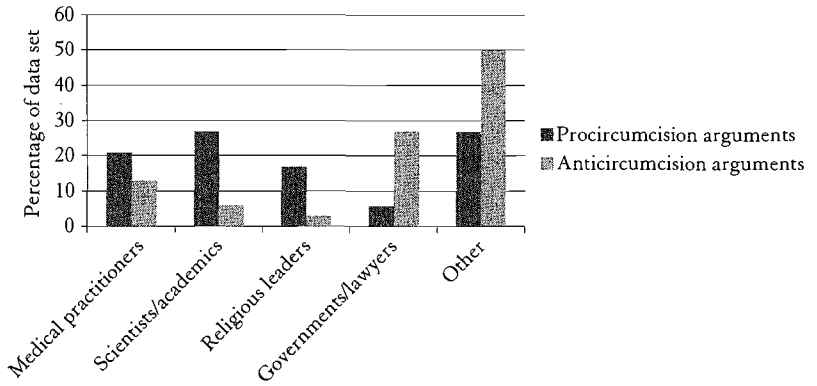

Figure 6. Expertise and circumcision arguments in the *New York Times*, 1985–2012. Articles were selected using the *New York Times* search engine for the term "circumcision." Opinion pieces were excluded. The orientation (pro or anti) and professional expertise of any individuals quoted in the article was coded. Those with no specific expertise (citizens, activist leaders, business representatives) are coded "Other."

shalom (naming ceremony).[22] Over the course of the 1990s, the movement began to argue more explicitly against all genital surgeries performed on nonconsenting minors—girls, boys, and intersex children.

Although the movement was U.S.-based in its early years, during the late 1990s it began transnationalizing. In 1995 a NORM-UK chapter was founded by four British doctors whose seniority and professional credentials lent a measure of gravity to the issue, given the dominant media framing of the movement as composed of non-experts.[23] NOCIRC chapters proliferated throughout the former British Commonwealth countries where routine circumcision remained prevalent. The International Coalition for Genital Integrity was founded in 1999 as an umbrella group to tie the fragmented organizations together and connect them to wider global networks around children's and women's rights. By 2012, the coalition included twenty-six organizations representing seven countries, including some organizations, such as Doctors Opposing Circumcision, with members from all over the world.

In the mid-2000s, the movement also evolved from a grassroots network to a more professionalized coalition at the urging of an angel investor, Texas billionaire Dean Pisani. According to my informants, Pisani had developed an interest in the issue after chafing under unwanted pressure from medical practitioners to circumcise his own son. Researching

the subject, he and his wife decided against the procedure and instead developed a relationship with the movement. Pisani urged Milos to develop the sort of organizational infrastructure to which he could channel large sums of money for U.S.-based advocacy work. A series of meetings with movement leaders in 2008 resulted in a new advocacy organization: Intact America. Under the directorship of Georgeanne Chapin, it quickly emerged as a hub for movement activity. Chapin developed a savvy professional website and embarked on a series of campaigns to saturate the mainstream media with timely press releases and to mobilize the organization's grassroots to more effectively lobby medical associations and members of Congress. For the first time the movement had a figurehead, a budget, a business plan, and a uniform advocacy strategy.

International Issue Entrepreneurship and Agenda Vetting, 1993–2012

Besides lobbying domestically, U.S.-based intactivists also reached out to the global human rights network for legitimation and support throughout this period. Of critical importance, many mentioned to me, was getting "leading" NGOs in the movement to accept circumcision as an issue. Indeed, members of Congress, who were initially lobbied to support anti-circumcision legislation, reportedly told movement leaders that until "well-recognized human rights or health organizations" endorsed a plan of action, support for their efforts was unlikely.[24]

According to Clifford Bob, in the global human rights movement the most powerful organizations include "major NGOs such as Amnesty International and Human Rights Watch; international organizations such as the UN's Office of the High Commissioner for Human Rights and other prominent international bodies; and human rights intellectuals." Amanda Murdie's analysis of network ties within the human rights network confirms this view of the hubs, as does my research team's analyses.[25]

During the 1990s and 2000s, attention to infant male circumcision among these organizations was virtually nonexistent and remained so for the duration of this study. At the time of this writing, the UN Office of the High Commissioner for Human Rights does not include male circumcision on its list of harmful traditional practices; neither UNICEF nor the UN's Special Rapporteur on Violence Against Children addresses

this issue.[26] Circumcision has been noted in one UN document as an example of sexual torture when carried out against adult prisoners in armed conflicts.[27] However, the routine circumcision of nonconsenting infant boys has escaped critical attention by UN human rights bodies and major human rights NGOs. For example, the 2006 UN Study on Violence Against Children makes no reference to the circumcision of boys.[28]

This is not due to a lack of effort by issue entrepreneurs. Over the last decade intactivists have pitched this issue to specialist networks and NGO hubs in the health and human rights networks, and directly to UN bodies. Yet, like many small NGOs, NOCIRC faced structural impediments to accessing this community. Gaining UN Economic and Social Council (ECOSOC) roster status was a convoluted process, achieved only in 1999. Even then, movement finances did not easily allow for interfacing with global human rights events: activists had to come up with their own funding to visit New York, Geneva, or London.[29] Instead, most efforts to "pitch" to human rights gatekeepers occurred at the local or regional level.

For example, in 1996 Tim Hammond traveled to Harvard University to present on the human rights implications of routine circumcision at a "Health and Human Rights" conference spearheaded by then World Health Organization head Jonathan Mann. His paper was accepted by the conference, and according to Hammond the Europeans in the audience were receptive, but women's advocates and human rights advocates seemed skeptical: "They told me there was no way Amnesty International would ever pick this up."[30]

Apparently they were right. In the United States, activists spent considerable time over the 1990s pitching the issue to Amnesty chapters in the United States. As early as 1992, resolutions were fielded at both the Boston and San Francisco Amnesty chapters, asking the organization to affirm circumcision as a human rights violation, but they failed repeatedly.[31] Tina Kimmel, who had joined NOCIRC in 1991, described an Amnesty meeting where California intactivists worked hard to get their item on the agenda, only to have the vote delayed until most members had left, after which Amnesty staff voted it down in what from her perspective was an "obviously orchestrated maneuver."[32] Ron Goldman fielded no fewer than five resolutions at Amnesty International USA Northeast meetings, each defeated after what he (and several observers) viewed as violations of Amnesty procedures.[33]

The Amnesty International Bermuda chapter did develop an interest through its director, Liyoni Junos.[34] Junos subsequently attended the 2000 Symposium in Sydney, Australia. But when Junos raised the concern at the AI International Council in South Africa in 1997, she was advised that to do promotional work on the issue they would first need to demonstrate that circumcision is an internationally recognized human rights violation.[35] Yet paradoxically it was precisely acknowledgment by Amnesty and other human rights gatekeepers that was politically required to certify such "recognition." Unsurprisingly, subsequent documents prepared by Junos and submitted to the International Secretariat did not elicit action.[36]

Meanwhile, Leonard Glick, a Jewish cultural anthropologist who wrote a detailed history of circumcision and Judaism and later served on the board of Intact America, wrote Amnesty International in 2000 to encourage action on the issue. His letter drew a detailed response from then director William Schultz, who allegedly told Glick that because the medical harms had not been proven it was impossible for Amnesty International to take a stand.[37] Another activist described corresponding with a staff person in the AI Secretariat and finally convincing him to broach the issue with the AI Board of Directors. After doing so his contact reportedly told him that he had been warned never to bring this up again.[38]

Human Rights Watch was equally standoffish. Steven Svoboda, a lawyer who had previously conducted fieldwork for Americas Watch in Latin America, tested the waters on the issue in 1997 with a former colleague who had also worked with the organization. According to Svoboda, she was so offended at the idea that she cut off contact with him subsequent to the conversation. Afterwards, he made no serious attempts to pitch the issue to Human Rights Watch due to what he perceived as a generally hostile institutional environment: "I felt I would be investing an enormous amount of time and emotional energy with an organization where I wouldn't get very far."[39]

Others in the movement did reach out to Human Rights Watch. Matthew Hess of MGMBill.org produced an elaborate online pitch packet and contacted HRW officials by e-mail: first Keramet Reiter, an associate in the U.S. Program, and then (at Reiter's suggestion) Kenneth Roth, HRW's longtime executive director.[40] Reiter explained that the organization was unlikely to work on issues where they had not conducted their own research, and in response to Hess's query about whether research might be forthcoming on the issue, Roth replied in a one-line e-mail that

it was highly unlikely.[41] Other Human Rights Watch officials I spoke to beginning in 2008 confirmed the organization had been contacted by concerned citizens over the years. One told me, "Yeah, we were approached on that.... I can't say it was taken that seriously. We just didn't see it as a priority issue, as rising to a level that we need to take up."[42]

Absent the assistance of a powerful NGO ally from the human rights movement, some intactivists took their cause directly to the United Nations. While writing his treatise on male and female circumcision in 1997, Sami Aldeeb Abu-Sahlieh repeatedly contacted the United Nations special rapporteur for traditional practices affecting the health of women and children, Halima Embarek Warzazi, first soliciting her views on the matter for his research and later arguing in correspondence that it would be discriminatory to exclude consideration of the male child while advocating on behalf of girls. However, Warzazi responded that a girls-only approach was warranted because while female circumcision was a health concern, male circumcision did not have comparable health effects.[43] Only months after this correspondence, the title of the Special Rapporteur's office was switched from "Women and Children" to "Women and the Girl Child."[44] The Special Rapporteur went on record in later reports invoking this new title for her office and insisting that her mandate simply didn't cover male circumcision.[45]

In 2001, NOCIRC sent a delegation to pitch the issue to the UN Sub-commission on the Protection and Promotion of Human Rights, a subsidiary body of the former UN Human Rights Commission in Geneva, Switzerland.[46] There Steven Svoboda and his team presented a statement sharply criticizing the UN for failing to prioritize male circumcision, as well as for limiting its work on "harmful traditional practices" to those affecting the girl child, a practice he criticized as a form of gender discrimination.[47] Having cobbled together the funds out of pocket to travel to Switzerland, Svoboda and team members Tina Kimmel and Kenneth Dribak also spent three weeks networking and pitching ideas over lunches and in hallways. But with the exception of the Swedish delegation, they found UN officials unmoved by their arguments. Tina Kimmel told me that "it was hard to figure out who to talk to." Steven Svoboda recalled, "Some of the experts were pretty open minded, sympathetic, approachable, but nobody made any commitment to any specific actions, which we were hoping for."[48] Indeed, over the course of the week Svoboda began to feel more and more marginalized by the commissioners. According to Swoboda and his team, experts at the World Health Organization were "even less receptive."[49] My qualitative interviews and focus groups with human rights advocates in elite organizations found a similar response.

Indeed, far from warming to the idea of a ban on circumcision, in 2007 health and development hubs with close connections to the human rights movement began instead to *promote* circumcision as a mechanism to prevent HIV-AIDS. Earlier studies had suggested a link between circumcision and HIV-AIDS rates, and three randomized controlled trials in Africa between 2005 and 2007 appeared to document a 60 percent transmission reduction rate from women to men after the operation.[50] Thereafter the World Health Organization, UNICEF, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) enthusiastically undertook an advocacy program to promote male circumcision of adults in African countries, a call to action to which several important donors as well as the U.S. Agency for International Development quickly responded. By 2012, international agencies were not simply promoting circumcision for adult males but also nationwide mandated routine circumcision of male infants.

In response to this increasingly unreceptive environment, U.S.-based intactivists began to shift both their organizational strategy and their messaging. First, rather than continuing to link male circumcision to the female genital mutilation (FGM) agenda under the rubric of "gender equity," they engaged in "scale shift"—broadening their focus to include both. Particularly at the international level, the language moved from a focus on "circumcision" to "genital integrity," with attention to boys, girls, and intersex individuals. According to International Coalition for Genital Integrity director Dan Bollinger, "We try to look at the child regardless of who the child is."[51] Similarly, Genital Autonomy was founded in the United Kingdom in 2008 in part to distinguish the men's service-oriented approach of NORM-UK from the wider advocacy campaign to eradicate genital modifications for boys, girls, and intersex children.[52]

The movement's discourse also shifted laterally in this period from a focus on gender, parental consent, and health to a purely children's rights frame. In the early 1990s papers presented and published in conjunction with the NOCIRC symposia focused on cultural and epidemiological factors and framed circumcision as an "epidemic," emphasizing the parallels between male and female circumcision. Symposium titles referred to "circumcision" and "sexual mutilations" and "pediatric ethics" until 1998, after

which they shifted to the terms "genital integrity" and "genital autonomy" with a combination of subtitles referring to human rights, bodily integrity rights, and human dignity.[53] By the time Intact America was founded, the movement had coalesced around a bodily integrity rights frame. According to Executive Director Georgeanne Chapin:

> We refuse to get sucked into arguments on the science of circumcision. I can never argue with an MD from Harvard who is making his living off money that's paying to circumcise the subcontinent of Africa.... We're going on ethics: the baby's healthy, the foreskin is a normal body part, adults don't have the right to cut body parts off children, period.

Nonetheless, as late as 2009, human rights gatekeepers remained unsympathetic, even dismissive of such arguments. When I queried that year about infant male circumcision as one of many potential "neglected" human rights issues, a Human Rights Watch staff person told me, "We're not working on it. I'm not saying we've never been contacted about it, but those kinds of letters would probably go in the nutty file."[54]

Explaining Human Rights Agenda Vetting

Why did human rights gatekeepers shy away from this issue? On an objective basis, this is hard to explain based purely on issue attributes, actor attributes, or the overall political context. However, as I will show, the social construction of international issues is always a subjective process, one very dependent on the imagined relationships among issues and among organizations networked together through the advocacy landscape.

That the issue itself failed to resonate seems puzzling on the basis of existing theory. The idea of protecting baby boys from mutilation at the hands of adults would seem to fit Keck and Sikkink's famous hypothesis that bodily harm to groups perceived as vulnerable or innocent should be easy cases for transnational advocacy.[55] The problem was clear and the solution was feasible and solvable through government action: because the procedure took place in hospitals rather than homes, governments could easily enact rules against it or simply refuse to include coverage of the procedure on the national health plan.[56] The issue could be and was linked to a variety of existing, universal international norms regarding bodily integrity rights. The magnitude of the problem was enormous and easily measurable. Although as discussed below this issue ranked closer to the "inconducive" end of the spectrum on the "toxicity" and "perpetrator attributes" criteria, it is little different from female genital mutilation in that regard—an issue that has attracted wide attention in the human rights community.

What of the attributes of the entrepreneurs themselves? Were these such as to affect gatekeepers' perceptions of the credibility of the issue? If anything, relative to other issues on the international agenda, intactivists' characteristics should have made it likely that the issue would gain credibility on the international stage. Many of them were credentialed professionals with field experience in the medical or legal community. Most were members of the claimant population themselves—adult circumcision survivors or mothers of circumcised sons who felt misled by medical professionals. Unlike the FGM movement, which was led by Westerners on behalf of southern populations and thus subject to claims of imperialism, the intactivist movement grew out of the U.S., U.K., Canadian, and Australian grassroots in opposition to practices in northern hospitals. In later years the movement attracted donor funding, and intactivists' advocacy skills began to mature over time. They were fluent in the primary language of the northern human rights movement. And the network included some "unlikely leaders" including numerous members of the Jewish community.

Were the attributes of the adopting organizations the key constraining factors? Certainly the agenda-vetting power displayed by Amnesty International's International Secretariat is consistent with Wong's analysis of the organization's culture.[57] Though country chapters may propose new items for international attention, discretion on whether to legitimize new human rights problems is controlled through the Secretariat. Although Wong does not explore how the Secretariat chooses to adopt or vet candidate issues, Stephen Hopgood's examination of AI's internal culture provides clues: the Secretariat's willingness to consider proposals from one country chapter depends somewhat on how much resistance they expect from other country chapters, as well as whether the issue will be seen to compromise their credibility on other issues, and how amenable an issue is to fact-finding.[58] Similarly, Thompson's analysis of AI's internal

decision-making process on the death penalty suggests how careful AI has been historically in adopting new issues, particularly those that would threaten cohesion within the movement.[59] In short, country chapters themselves possess a greater agenda-vetting power through resistance to other chapters' proposals than they do the power to unilaterally influence the Secretariat.

Still, this doesn't explain why AI managed to develop a consensus around sexual orientation rights and the death penalty but seemed unwilling to seriously debate the issue of circumcision. Nor does it explain the equivalent reticence of Human Rights Watch, an organization unbeholden to national chapters, or of various UN bodies in which "rights talk" gets constructed and reproduced at the global level.

Did the broader political context work against the intactivist movement? A factor often bemoaned by intactivists is that neonatal circumcision is a $450 million year industry in the United States.[60] Key donors to human rights agencies include countries where the practice is widespread: Australia and the United States together donated over $130 million to UNICEF in 2011, and the United States is the single biggest donor to the UN Human Rights Council. Yet while there is a correlation between the position of donor countries and some human rights gatekeepers, I have found little evidence that these concerns directly influenced gatekeepers' preferences on the issue.

Indeed, most other "broader context" factors cited by practitioners as relevant were in fact conducive to advocacy in the case of male circumcision. Numerous academics and experts, including many members of the medical establishment, joined the movement. Claimant demand was high as evidenced in the widespread global network of intactivist organizations, led primarily by victims of the procedure or family members concerned for the well-being of their sons and including many representatives of the very religious communities that human rights elites may have feared offending. A legal framework existed in which to situate a global norm against routine circumcision. Media attention increased over the first decade of the twenty-first century. Trigger events such as the September 2011 death of an infant in New York, or the banning of circumcision by a German court after a toddler suffered from uncontrollable bleeding, brought notoriety and public attention to the issue.[61] Although the practice remained widespread within two powerful states (the United States and Israel) and

through much of the Muslim Middle East, numerous other governments worldwide had already eradicated routine circumcision by this time. Indeed, on balance the political environment seemed at least as favorable to advocacy as the autonomous weapons issue, which gradually gained salience on the global agenda during the period of this study.

Why were the restraining factors—the "toxicity" of the issue, the perpetrator attributes, and the perceived opposition of powerful actors—sufficient to render the circumcision issue taboo within mainstream human rights circles for decades? One interpretation is that these factors are peculiarly salient in the minds of human rights elites, even when weighed against other enabling factors. However, I argue that what made this configuration of factors so salient were gatekeepers' judgments about the issue in relation to other issues on their agenda; and their judgments about the procircumcision lobby in relation to stakeholders with dense social ties to their own communities of practice.

Issue Conflicts: Child Rights vs. Religious Rights

First, resistance to the issue was framed in terms of *conflicts* with an issue already salient on the human rights issue agenda: religious freedom. The idea that circumcision is really a *religious rights* or *cultural rights* issue rather than a child rights' issue made it particularly difficult for gatekeepers to acknowledge the human rights implications, either because they themselves belonged to these faith traditions or because they feared being judged intolerant by those who did. Respondents in my focus groups were divided over whether they felt strongly in favor of such a right, but even those who didn't acknowledged feeling constrained by a norm to avoid denigrating religions, for both normative and practical reasons.[62]

> The minute you hit this issue, it's going to touch a nerve. It's the same as the cartoons about the prophet Muhammad and things like that. It's intruding into a religious issue from the Western perspective.[63]

> If it's not scientifically proven one way or another, then if you make this a human rights issue then you make it an imposition of Western values under the cloak of human rights declarations. And if you try to go impose a Western value onto another culture it actually becomes more problematic than the practice, it actually weakens human rights as a doctrine.

There is evidence to support these fears. Where circumcision has been openly raised it has often invoked accusations of anti-Semitism, cultural imperialism, or religious disrespect from religious communities themselves. Ballot measures to ban circumcision in the United States have been swiftly denounced by organized Jewish opposition. A June 2012 provincial ban on ritual circumcision by a German court after a four-year-old Muslim boy suffered uncontrollable bleeding drew an immediate backlash from Jews and Muslims in Germany and abroad, along with claims of a "second Holocaust" against non-Christian religious rights. When incoming Norwegian ombudsman Anne Lindboe included circumcision eradication on her platform for children's rights advocacy in Norway, she received a visit from representatives of the Simon Wiesenthal Center. According to Lindboe, she was told she was being disrespectful of Jews and that the only way to correct this was to change her mind.[64] In addition, one runs across accusations of anti-Semitism in letters to the editor[65] and even in the scholarly literature.[66]

Perhaps this explains the perception among intactivists that the mere worry about being perceived as anti-Semitic retards a greater policy response on this issue even among those sympathetic to the cause.[67] In fact, intactivists report hearing this expressed as a rationale for agenda denial by policy gatekeepers in various contexts.[68] However, my research suggests that "fears of anti-Semitism accusations," while present, are not the only or even the primary concern expressed by human rights professionals.

Rather, human rights elites express valid normative concerns with weighing different rights claims including the importance of religious freedom. But more important, the practice is prevalent in their own social networks, and both accepted and promoted in their adjacent professional networks. The need to tread lightly on it is therefore very much constructed by their sense of how it relates to their own political agendas and to that of their partners in the human security network, rather than to the transnational Jewish community per se.

Social Proximity to Alleged Perpetrators

Aside from concerns about religious controversy, in interviews and focus groups conflicts with "parental rights" were also often raised. But this was not because the concept of "parental rights" was a salient, competing

agenda item in the human rights network. Rather it was because many human rights professionals themselves were circumcising parents who took the issue somewhat personally.

Unlike many other practices that human rights professionals condemn but do not participate in, the practice of circumcision was widespread in the human rights elite community itself. Confronting it evoked defensiveness from those who had circumcised their own children and were loath to think of themselves as human rights abusers. Indeed, in focus groups, personal narratives figured much more prominently in practitioners' evaluations of the merits of this issue than in discussions of other potential human security campaigns:

> I make decisions on behalf of my daughter every day. This goes against the rights of parents. Religious-cultural issues aside, this is about the state telling me what I can and cannot do.

> Is staying in the playpen a human rights violation? When you're a baby, your mother gets to tell you what to do.... I had to make lots of decisions about my child, to vaccinate, to breastfeed, to send to daycare—all kinds of parental decisions are human rights violations. So this doesn't seem as important to me as a lot of the other stuff out there.

Earlier research suggests that whether or not a human rights problem is caused by a "socially acceptable perpetrator" is an important causal factor in its likelihood to be condemned by human rights organizations.[69] Arguably, this is a more important factor than the attributes of the victim population in constructing advocates' sense of whether a campaign has merit.[70] If it is politically acceptable to treat a specific group as a perpetrator—dictators, greedy corporations, or other groups traditionally in power over vulnerable others—advocates are likelier to think a campaign can be marketed. When an alleged perpetrating group is viewed as a victim group itself, campaigns targeting its conduct are more difficult. The association of circumcision with Judaism, the sociopolitical status of the Jewish community as "ideal political victims" within the human rights movement, and concerns over religious rights may have exerted some effect.[71]

But the density of social ties between the potential targets of such a campaign and human rights elites themselves was also a constraint. Indeed, in many cases the two populations are synonymous, creating a cognitive

dissonance in settings where circumcision was framed as a human rights problem. For example, an Amnesty USA official who had spoken out against one of Ron Goldman's several attempts to field a resolution on the matter described his reaction to the proposal this way:

> They wanted to argue it was a form of torture. I spoke out against this idea as both a presumed "torturer" and presumed "victim." Why should Amnesty make a decision so that [I] am now considered a perpetrator of torture on my eight-day-old son, and my grandfather and my parents should be considered a perpetrator for arranging for me to be circumcised in a religious ceremony when I was eight days old?[72]

Coalitional Politics: Health and Human Rights in Global Civil Society, 2005–2012

Yet it was not only human rights elites' (and by extension their membership's) implicit inclusion in the target population that constrained their ability to take male circumcision seriously as a human rights problem. Indeed, this resistance could conceivably have been overcome through persuasive action, since similarly close-to-home issues such as spanking had already been taken up by human rights gatekeepers by this point in time. A bigger problem was that to address circumcision, fingers would need to be pointed at global health professionals who had long accepted and perpetuated the practice.

This was problematic because mainstream human rights organizations have close social, professional, and in some cases personal ties to those working in global health organizations—relationships cultivated through years of civil society work in development or humanitarian contexts, and strengthened by Jonathan Mann's efforts in the mid-1990s to weld the "health" and "human rights" sectors in global civil society.[73]

These interpersonal connections were not only vital conduits for existing human rights work on adjacent issues at the health and human rights nexus, including HIV-AIDS, reproductive health, and disability rights. They also shaped the perceptions of nonmedical human rights specialists on circumcision in not inconsequential ways, making them particularly receptive to the frames and conventional wisdom being promulgated within the mainstream global health establishment. For example, one

respondent, in explaining his indifference to this issue, invoked his marital ties to a medical health professional:

> I've never thought of it as a human rights problem. It's funny, because my wife is a HIV/AIDS worker for fifteen years now, and she is passionately convinced that male circumcision is one of the single most important ways we have of slowing down the spread of HIV-AIDS.[74]

Indeed, health groups were in the same time period both promoting the purported medical benefits of circumcision and linking the idea of circumcision as a "form of vaccination" to their existing discourses on health and human rights. In this framework, the human rights implications of circumcision were not about bodily harm or stigma but rather about ensuring equal access of men to a potentially beneficial procedure. A 2006 WHO document argues "it is an international human rights violation to deny circumcision on non-medical grounds," and also stressed the importance of safety and informed consent.[75] However, the "informed consent" and "voluntary" criteria for the program of action apparently did not extend to children, only to parents: the same document stated that no surgical intervention "should be performed on anyone without informed consent, *or* the consent of the parent or guardian." In the same year, a document produced jointly by UNICEF, WHO and UNAIDS stated:

> All decisions about undergoing the procedure need to be fully informed and completely voluntary. Parents must be responsible for weighing the pros and cons before deciding whether infants and young boys should be circumcised.... Governments need to consider whether the circumcision of male infants should be routinely offered and encouraged.[76]

Even though intactivists were normatively less concerned with genital surgery voluntarily chosen by adult males, the idea that this policy might be used to further justify the routine circumcision of infants caused significant concern. Some ink was spilled aiming to discredit the emerging consensus on the correlation between circumcision and HIV transmission; many activists pointed out that of industrialized countries the United States has both the highest circumcision rate *and* the highest HIV-AIDS rate. However, others simply argued that other prevention methods were equally

effective, that babies don't need to be protected from sexually transmitted diseases, and that no one would recommend routine mastectomies of girls in order to prevent breast cancer.

Nonetheless, the mainstreaming of this idea by global health gatekeepers posed additional social constraints to human rights groups against taking a strong stand on the issue from a child rights perspective. Doing so would have risked disrupting civil-society alliances and would pit them against powerful players such as the World Health Organization—at the very time that they were cultivating such alliances on other emerging human rights issues, such as the right to pain relief or the human rights dimensions of HIV-AIDS. It also exacerbated the sense that promoting a ban would mean countering the position of donor organizations including the U.S. Agency for International Development and the Bill and Melinda Gates Foundation—organizations that found WHO's policy prescriptions compelling and were now funneling significant sums to circumcision campaigns in Africa. As one otherwise sympathetic human rights professional told me, "It's a much harder argument to make now that it's perceived that it can be important in preventing HIV [infection]."[77]

Even human rights professionals who personally doubted the veracity of the medical establishment's view saw the presence of a scientific debate on the matter as a reason for *inaction*, rather than action. One focus group respondent said:

> It's an issue that's got to be resolved within the medical community just like debates about vaccines or nutrition. I personally think that we've been lied to by nutritionists for the last twenty years about a lot of things that are making Americans sick right now. But that's not a human rights issue. We've got to engage in that debate in the medical health community and get a different consensus if we feel like that's needed. I mean, how can a human rights organization play a role in that without establishing that one side or the other in the medical debate is right or wrong? We don't have clearly the expertise or credibility to weigh in [on] one side or another in a debate like that.

Of course on other campaigns human rights groups had taken precisely the opposite position: that the burden of proof was on the scientific community, industry, or governments to demonstrate benefit/absence of harm, rather than on activists to demonstrate harm/absence of benefit. Under

what conditions does the "burden of proof" argument in cases where no scientific consensus exists cause agenda-setting rather than agenda vetting? This case suggests that the crucial factor is the density of ties between the advocacy network and the expert communities in question. On balance, human rights groups will privilege the judgment of those organizations/experts with whom they enjoy the closest social and professional ties. In this case, that meant that the bar was high for questioning the received wisdom of colleagues in the global health sector.

Issue Competition: The Male Circumcision/Female Genital Mutilation Debate

This sea change in the health agenda may help explain post-2007 reticence on the circumcision issue, but it does not explain why rights groups avoided the issue prior to the HIV-AIDS studies and WHO's policy position. Indeed, had a strong advocacy campaign against male genital mutilation emerged prior to 2006, it is much more doubtful that WHO, much less UNICEF, would have proposed painful, irreversible surgery on nonconsenting babies as an antidote to disease transmitted sexually by adults. The absence of a strong norm in this period enabled this policy agenda. What explains human rights agenda vetting around male circumcision between 1996 and 2005, at the same time that other "private wrongs" were experiencing a renaissance in the human rights sector?[78]

Aside from the inhibiting effect exerted by social ties to organizations in adjacent networks with a different view of the problem, another "network effect" we coded for that seemed particularly salient in this case is perceived *competition between issues*. Sometimes, transnational advocates avoid work on an issue not because it conflicts with other issues or with coalitional relationships, but because, however complementary it may be at a conceptual level, it is perceived to potentially divert resources and attention from an adjacent, presumably more pressing concern.[79] In this case, attention to male circumcision was seen to threaten the campaign around female genital circumcision. Focus group respondents explained:

> A campaign on this should automatically be compared to the campaign to eradicate female mutilation. I think this could actually backfire on that other campaign, which is *really* a priority.

> It's so much worse for girls. If I were going to focus on this issue, boys would really have to be secondary. I would really focus my attention on girls.

The notion of a zero-sum relationship between the two issues is similar to concerns I heard raised in my earlier research on the protection of civilian men and on children born of war rape among UN agencies. Global civil servants worry about the co-optation of gender concerns by groups other than women, because so few resources already go to women's concerns in the UN system relative to global need. As an interview respondent stated, "You know what happens when you gender-mainstream: gender gets completely watered down."[80]

But this perception was also fostered by the cognitive association of male circumcision with female circumcision. In focus groups I found it very difficult to get participants to evaluate male circumcision on its *own* merits: instead they would pivot to FGM. Yet far from helping "make the connection," as intactivists hoped, the very conceptual adjacency of the two issues worked against the intactivist cause, since to talk of one was interpreted as displacing the other to which the human rights community was already committed. One focus group respondent criticized my selection of infant male circumcision as a focus: "Why didn't you ask about female circumcision? It's a much more burning issue."

To intactivists I interviewed, this reaction was baffling: they viewed the causes as inherently complementary and expected gender experts to be the last crowd to endorse what they viewed as gender discrimination. Tim Hammond described his surprise at being booed out of an Alice Walker award ceremony by hostile feminists and chided by gender-mainstreaming experts in the health and human rights community:

> People don't make the logical connection between the slogan 'my body my rights' that women use and the rights of males....I don't understand that disconnect....What I often hear is, "oh, now you're just playing the victim card...you're trying to copy women.' As if men don't have a legitimate right to complain about a violation of their bodies and their rights. I think feminists should be pleased and flattered that men have adopted a similar strategy.

Why did this argument fail to resonate? After all, while there are vast differences between the least severe form of male circumcision and the most severe form of female circumcision, it is true that the most commonly inflicted

forms of each are roughly comparable in their scope and effects, as are the discourses that perpetuate the practices.[81] Anthropologists have noted these "rather contradictory policies" that seek to "medicalize male circumcision on the one hand, oppose the medicalization of female circumcision on the other, while simultaneously basing their opposition to female operations on grounds that could legitimately be used to condemn male operations."[82]

In fact, however, this argument undermined human rights elites' ability to see infant circumcision as a children's bodily integrity rights violation. As comparable as the practices may be conceptually, they are not at all comparable *politically* precisely because of the way in which ideas were networked socially within transnational spaces.[83] Ironically, the gender equity argument through reference to FGM linked circumcision not to children's human rights but to *health* and to *gender*—two issue clusters where the strong ethical argument about children's rights held far less sway.

Originally, female genital mutilation had been championed not as a human rights issue but as a health issue.[84] Moreover, precisely because it was so toxic, many practitioners continued to emphasize the health aspects of FGM to avoid being seen to peddle imperialist Western human rights arguments.[85] Even though FGM is undoubtedly also a human rights issue, its political association with the health sector meant that it had been rationalized in a very different way than was seen as appropriate for male cutting. It also meant that comparisons to FGM had to be made on the basis of health impacts, whereas intactivists' strongest arguments (and their intellectual expertise) lay on the human rights side.

Moreover, the gender equity frame undermined a strong child-rights argument against circumcision by encouraging human rights elites to think of this as a *men*'s issue—just as the FGM movement had been framed as a *women*'s issue—rather than an issue affecting boy and girl children. With adults as the frame of reference, the gender equity argument worked against male claimants. Whereas for advocacy purposes women could be framed as a vulnerable group oppressed by the practice, this argument was less compelling when males were the victims. Adult men had not traditionally been seen as vulnerable to gender-based violence or powerless in the face of oppressive social structures:[86] Focus group participants argued:

> There's no shortage of power within the affected community. If the men, particularly here in the United States, wanted to see this happen, it could

> easily happen.... The people that are making the decisions around these issues are the ones that are impacted by this issue.

Of course, this statement would appear to miss the point that the babies being subjected to circumcision are not "making decisions around these issues." Nor are practitioners necessarily correct that men do not suffer from gender hierarchies: indeed, many scholars have demonstrated that this too is a gendered discourse. However, that gendered discourse is a social fact: "harmful practices," of which FGM is the classic example, are defined at the UN in terms of gendered power relations with adult men and women (rather than children per se) as the frame of reference.[87]

The fact that men are not *perceived* as a traditionally vulnerable group makes this rationale for issue neglect dovetail nicely with Keck and Sikkink's original formulation: it matters less that vulnerable infants were actually the victims than that gatekeepers *perceive* the claimants as adult men, a perception certainly exacerbated by intactivists' emphasis on "gender equity for males."[88] Particularly when compared to the still emergent attention to women's rights in UN circles, this appeared to UN insiders as an effort by adult men to steal thunder from the gender-violence movement, rather than a campaign on behalf of children.

Intactivists missed several opportunities in the last decade to pursue advocacy targets that may have shifted this perception. They did not, for example, engage with the 2006 Violence Against Children Report process, which might have been a logical framework for the movement to hang its hat on as a child rights campaign focused on violence rather than health. Nor did they pitch the issue to specialized agencies dealing with children, such as UNICEF. But this is changing. The movement's shift toward a child rights orientation has held promise for reframing this issue in human rights circles.

In a presentation at the biennial Genital Autonomy Symposium in September 2012, former Tasmanian children's commissioner Paul Mason drew parallels not to FGM but rather to the problem of corporal punishment as it developed in UN circles, encouraging intactivists to "connect the dots." Genital Autonomy-UK reported positive social interactions with the Child Rights Information Network, which seemed more amenable to intactivist claims than did FGM groups. The June 2012 Cologne ruling was expressed in terms of children's bodily integrity rights, and the outcry

generated unprecedented publicity for genital integrity organizations, many of whom suddenly received media attention.

As the movement moves further away from a gender equity, health, or informed consent framework, it may both reconstitute the issue itself and the social networks globally where these frames may find resonance. Indeed, intactivists argue this is already happening.[89] Ultimately, however, the support of leading human rights organizations is a crucial missing ingredient in the quest to consolidate this emerging understanding into an internationally recognized norm against the cutting of infant boys with resonance in the wider human rights network.[90] Indeed, a member of Amnesty International USA suggested to me in 2012 that the organization should take the opposite position and champion the cultural rights of religious groups. How this story plays out will remain to be seen.

This chapter has shown how decisively central organizations in an issue network can keep new issues off the agenda when they threaten preexisting frames, alliances within the wider advocacy network, relationships among issues, or conventional wisdom within a global community of practice. Intactivists are waging an uphill battle against an entrenched cultural practice embraced by the states in which human rights gatekeepers are headquartered and by whom their organizational partners are funded, as well as many practitioners within health and development organizations to which human rights elites are closely connected.

Some of the factors inhibiting entrepreneurs' successful engagement with gatekeepers include money and resources; identity factors within the movement, and the strategies of the movement itself. But to a great extent intactivists simply face a tremendously unreceptive environment in the mainstream human rights movement due to the relative density of human rights professionals' social and professional ties to (a) the groups they perceive as perpetrators and (b) mainstream global health organizations. Moreover, the perception that the victim group is a network of men speaking as *claimants* rather than a diverse network of *champions* speaking on behalf of vulnerable children has made it difficult to incorporate their claims into the gender discourse popular in the human rights movement.

In short, the network structure of the issue and the actors relative to gatekeepers' own social and ideational perceptions of the existing network and issue agenda made all the difference in determining whether the cutting of infant boys resonated as a genuine human rights concern.