



Attorneys for the Rights of the Child

Newsletter

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Protecting Children's Bodily Integrity

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Attorneys for the Rights of the Child

2961 Ashby Ave.,
Berkeley, CA 94705
Fax/phone: 510-595-5550

www.arclaw.org
email: arc@post.harvard.edu

- J. Steven Svoboda.....Executive Director
- Albert Fields.....Newsletter Editor
- Georganne Chapin.....Technical Advisor
- Jeff Borg.....Graphic Designer
- Art Coons.....Student Coordinator
- Gillian Longley.....Research Assistance
- Rick King.....Webmaster

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arc@post.harvard.edu



Report by ARC Secretary Georganne Chapin from the International AIDS Conference, held in Mexico City, August 4-8, 2008

Here is a report on how things have been going here at the conference in Mexico City. As most of you know, John Geisheker, Brian O'Donnell and I are staffing a booth under the name of the International Coalition for Genital Integrity. Thanks to everybody who helped to lay the groundwork for us being here – in particular, Amber Craig, Dan Bollinger, and Steve Bown.

There are somewhere around 25,000 people registered for the conference – an incredible scene. People from all over the world. The conference center is the largest I have ever seen. It is near no hotels, but that doesn't mean that it isn't miserable coming and going. Last night and tonight, it took us an hour and 45 minutes to return to the hotel. We're on our feet all day, without really any kind of break, because there is such a TREMENDOUS interest in our booth.

You have never seen such a variety of people. There are diplomats, public health officials, clinicians of all types, grass-roots activists (from anti-discrimination organizations, sex-worker organizations, religious orgs, women's orgs, gay orgs), researchers, journalists. People in business suits, men and women in native garb, transsexuals and people in drag (including a fabulously decked-out Indian guy in a sari), people in jeans and T-shirts, and a couple of knotty-dread Rastafarians with pictures of Haile Selassie and strings of condoms attached to their shirts.

So far, we have spoken with hundreds of people from more than 65 different countries. [Note from GC: the ultimate country count on the list we kept was 90.] Of course, our concern here is the push by international health organizations to circumcise men in sub-Saharan Africa, as part of the overall HIV control strategy. Our position (in a nutshell) is that circumcision is not a magic bullet; that it may actually increase transmission because it will encourage men who are circumcised to believe that they are unable to get or transmit HIV; that it will further disempower women; that it is a terrible use of public health resources to push a surgical "solution" in countries without decent medical care infrastructures; etc. The majority of people who have stopped to talk either understand our position or have been interested in hearing about it. Many, many people have thanked us for being here, saying things like, "I am so glad somebody is opposing this crazy strategy;" "what are we thinking? It will never work;" "this is a travesty;" etc. We have also had a number of opponents, of course –



Georganne Chapin, John Geisheker, and Brian O'Donnell, M.D.,
International AIDS Conference, Mexico City, August, 2008

some of them quite defensive and derisive.

The range of attendees is incredible.

There must be a sharp discount of some sort for developing world activists as they have shown up in droves and the regular rates would be far too expen-

John Krieger (a urologist from the University of Washington). The moderator was Kim Dickson, a Ghanaian woman physician who works for the World Health Organization.



Brian O'Donnell, M.D., John Geisheker and visitors to their booth, International AIDS Conference, Mexico City, 2008

Their official line is that circumcision is "only one of a multitude of strategies in HIV prevention," but that it would be irresponsible not to promote it in sub-Saharan Africa, given the huge prevalence of infection and the three randomized clinical trials that found circumcision to result in reduced female-to-male transmission. They are completely dismissive of arguments about risk compensation, about cultural imperialism, about comparisons between male and female circum-

cumcision (i.e., how can you promote

social and behavioral scientists have been utterly excluded from the discussion (the promotion of circ-as-HIV-prevention is based on a purely biomedical model); at the presentation today, in response to a question from the audience, Lohse said that they didn't include anthropologists in the studies because "well, we never even thought about it, and actually, you have to remember that this research is very technical."

Quite distressingly (and not surprisingly), this group is pushing medicalized circumcision in the general male population in Africa. At least two of the speakers noted that they believe the procedure should be done at an early age, and said that they envisioned the eventual "uptake" of infant circumcision in a number of countries.

Horrible. I can't even begin to formulate a future strategic response tonight, because we have to go to bed, so we can get up and continue the struggle tomorrow.

At some point, we are going to need to think about how intactivists who are mainly focused on infant circumcision in the US can mobilize around the circumcision-and-AIDS-in-Africa problem. It is pretty clear – does selling cigarettes to China come to mind? – that the agenda is (1) to peddle a dangerous and immoral American product abroad, and (2) to establish yet another bogus medical rationale for that product – circumcision.

Thanks again to everybody who worked to get us here and who contributed funds to rent booth space.

- Georganne Chapin

sive for them. Mothers of HIV-positive kids are speaking to us, and countless activists. I have spoken with many grassroots organizations (as just one example of many, health care workers helping with street kids with HIV in Venezuela), and 99% of them are greatly worried about the implications for their clients of the attempts to link HIV prevention and circumcision. Women are afraid this program will remove their power to negotiate safe sex with male partners. Countless organizations from throughout the world have thanked us profusely for being there, returning repeatedly to our booth. People intuitively know that it's nonsense. Incredibly significant yet unassuming people (like ministers of health in their countries) are speaking with us passionately about their concerns.

Very briefly: ***The popular opinion is with us, but the powers that be are powering a freight train, and it is going to be difficult to stop it.***

I attended a session today. The speakers were Bertran Auvert, Fred Sawe (the medical director of the U.S. Military HIV Research Program in Kericho, Kenya), Nicolai Lohse (an AIDS researcher from Denmark), Richard White (from the London School of Hygiene and Tropical Medicine), and

Countries of origin of visitors to ICGI Booth , Mexico City AIDS 2008.

Argentina, Australia, Benin, Bolivia, Brazil, Burkina Faso, Canada, Chile, Colombia, Djibouti, Dominican Republic, Egypt, El Salvador, Eritrea, Ethiopia, Fiji, France, French Polynesia, Germany, Ghana, Grenadines, Guatemala, Guyana, Honduras, Hungary, India, Indonesia, Ireland, Jamaica, Kenya, Lebanon, Lesotho, Malaysia, Malawi, Madagascar, Mexico, Morocco, Myanmar, Namibia, Netherlands, Nicaragua, Nigeria, Pakistan, Panama, Papua New Guinea, Peru, Portugal, St. Lucia, St. Vincent, South Africa, Spain, Sweden, Tanzania, Trinidad & Tobago, Turks & Caicos, Uganda, Ukraine, United Kingdom (Scotland, England), USA, Zambia

the one, while opposing the other with the argument that women should be allowed to keep the body that God gave them?). One theme we've been hearing here is that anthropologists and other

London's Interdisciplinary "Genital Cutting in a Globalized Age" Conference Highly Successful

My talk at the "Genital Cutting in a Globalized Age" conference held in London on July 4 was extremely well-received by the mostly European, academic audience. The conference was held at the Royal Society of Medicine, which published an article by Robert Van Howe and myself on HIV and circumcision in 2005. The talk, entitled, "Three-Fourths Were Abnormal--Male Circumcision, Culture, and Law," pre

sented an overview of male genital integrity including harm caused by the procedure, law, human rights, ethics, history of medicalization, lack of medical justification, mythologies including the HIV craze, cultural aspects, and connections with the other forms of genital cutting. The conference was the first meeting ever to bring together activists working in many different areas: intactivism, female genital cutting (FGC), cosmetic female genital surgery, transsexual surgery, and intersexual surgery. Hera Cook of the University of Birmingham gave an almost entirely favorable response to my talk from an academic feminist perspective. Famed anti-FGC activist Efua Dorkenoo, O.B.E. (Order of the British Empire) followed my talk by frankly telling the audience that she wholeheartedly supported intactivism and the anti-FGC movement simply made a strategic decision not to work to protect males as it would make their work harder. Dr. David Ralph spoke in favor of cosmetic female genital surgery. Virginia Braun of the University of Auckland surveyed the same subject skeptically and thoughtfully. Bo Laurent (formerly Cheryl Chase) delivered the keynote address regarding her longstanding activism on behalf of in-



Panel at London Conference (l to r); Dr. David Ralph, Hera Cook, Virginia Braun, Efua Dorkenoo, Steven Svoboda

tersex persons. The conference brought together activists working on female genital cutting, intersex surgery, transsexual surgery, cosmetic female genital surgery, and of course male genital cutting. Activists and thinkers in numerous potentially aligned but previously separate movements came together and strategized together at this exciting conference.

Steven Svoboda
Executive Director
Attorneys for the Rights of the Child



Bo Laurent, London's Interdisciplinary "Genital Cutting in a Globalized Age"



Executive Director's Message

It's that time of year again, or I guess I should say that time of even-numbered year again, when the Tenth Annual NOCIRC Symposium takes place from September 4 to 6 in Keele in England. We are printing a list of all the speakers and topics elsewhere in this issue, and it promises to be a superlative program. A decidedly European focus will be welcome, as it was at the last NOCIRC Symposium held in the UK, the 1998 Oxford event. I am eagerly looking forward to hearing from the always fascinating UK lawyers (and co-organizers of this event), Marie Fox and Michael Thomson. It will be great to meet and hear from Chantal Zabus, editor of the upcoming volume *Fearful Symmetries: Essays and Testimonies Around Excision and Circumcision* to which Rob Darby and I are contributing. My dear old friend from Egypt, Seham Abd el Salam, will be speaking, and it will be great to see her for the first time since Oxford 1998!

For the first time ever, we have so many speakers that the programming is partially split into two tracks. Two authors who recently published excellent articles relating to circumcision and HIV, Daniel Sidler and Michel Ga-

renne, will be co-presenting on the final day. My talk on the first day is entitled, "Three-Fourths Were Abnormal"—Misha's Case, Sick Societies, and the Law." The title derives from a Nineteenth-Century medical article that stated in all seriousness that three-fourths of prepuces are abnormal!

Registered nurse Gillian Longley, currently studying to receive a Master's Degree in Social Sciences, contributes



Eli (6.5 years old.), Sarita (3.5 years old) and Steven Svoboda

to this issue her fascinating story of her own path in intactivism. And ARC Board Member and Secretary Georganne Chapin returns to these pages again with an enthralling insider's perspective on the Mexico City AIDS conference from which she returned just recently.

Thanks as always to all our supporters for all that you do that keeps our movement going. We're all in this together!

Steven Svoboda
Attorneys for the Rights of the Child

How I Came To Be An Intactivist

By Gillian Longley RN, BSN
gillian@coloradonocirc.org
March 28, 2008

When I was in nursing school in 1980, I witnessed unanesthetized circumcisions of newborn babies. I knew then and there that circumcision was barbarism. I already had an inclination toward natural ways in healing, food,

and birthing, and – having reached adolescence in the anti-authoritarian ‘60s – a streak of rebelliousness against convention. So when my two boys were born, in 1984 and 1986, we never considered circumcising them. Life went on, and I more or less forgot about the issue.

Ironically, the event that booted me into intactivism, almost 6 years ago, was my younger, then 15-year-old son telling me that he wanted to get circumcised. After I picked my jaw up off the floor, knowing that I would need to educate him in order to save his foreskin yet again, I spent the next several months reading everything I could find about circumcision on the Internet. And as many others have experienced, the more I learned the more outraged I became.

At the same time, a constellation of other circumstances brought my knowledge and motivation to a head. As I was doing my reading in order to talk to my son, a major childbirth education association, to which I belonged, published an update of its position statement on circumcision. By that time, I knew enough to see that it was riddled with misinformation and bias. So I spent another four months doing research in the local medical school library and writing a rebuttal to this position statement, which I submitted to their journal for publication. In retrospect, I shouldn’t have been surprised, but it was ultimately rejected. A second factor was that I moved from night shift to day shift in my job in newborn nursery and neonatal intensive care unit (NICU). The circumcisions at my hospital are performed primarily in the daytime so whereas before I had been able to ignore circumcision, suddenly it was in my face every day.

Because of my now firm ethical convictions, although I had always avoided assisting with circumcisions if I could, I refused all the more adamantly to participate – and got into a fight over it with a doctor who chose to harass me instead of accepting my position. Because of my new knowledge, I started trying harder to find ways to get parents to consider not circumcising – and ended up with a patient

complaining to the hospital that I “tried to make her feel guilty for circumcising.” These incidents landed me an official reprimand for “inappropriate behavior” and a threat of termination in my personnel file. Still, because of my determination to use my professional position to be an advocate, I reported to the chief medical officer about a doctor who was performing circumcisions without anesthesia – which led to the pediatricians revising the circumcision consent form to empower parents to assure pain relief for their babies, though of course what I would really have wished is for them just to stop doing them altogether.

Along the way I saw and heard enough real life stories in my work to further confirm to me the wrongness of circumcision, the deep seated insanity of it, and the need for change. I saw baby penises denuded, and newly circumcised babies hemorrhaging; cringed at circumcision jokes from parents and health professionals; heard doctors reinforcing the myths as part of “informed consent” (“Oh, your older son’s circumcised? Well, of course, you’ll want to have this one done too”); noted the blank looks on parents’ faces when I asked them why they wanted to have their baby circumcised; caught the occasional Freudian slip (e.g., a doctor referring to having a father sign the circumcision consent as, “I’m going to get this father to betray his son”); and wondered at doctors who hate doing circumcisions but felt they “could never just stop doing them.”

Because of my emotional revulsion toward circumcision and toward the complacency I found about it everywhere I looked, and because of my deepening sense of disempowerment, I started feeling more and more stressed going in to work, more and more emotionally dissociated in order to cope, more and more frustrated and discouraged that I would ever make any significant difference in the hospital.

So I began to seek out other paths. I got involved with online parent message boards on the circumcision debate and raising intact sons. I started an interdisciplinary Master’s program so I could study at a higher level the psy-

chology, ethics, and sociology related to circumcision and social change. I tried, failed, tried again, and eventually got connected with other Colorado NO-CIRCers.

I am now within a semester of starting my Master’s thesis, which will be an ethics based exploration of information given in the prenatal period on the alternative to circumcision, i.e. not circumcising. (Disclosure of the alternatives is a key element of the practice of informed consent, yet it is clear that parents are getting next to no information about the value of the intact penis.) I have been the co-coordinator of Colorado NOCIRC for over three years. I have seen our group’s activities grow from nothing to begin being incorporated as a non-profit; developing a website and multiple informational materials that are used by intactivists across the country; finding more and more venues to reach people with information; making crucial networking connections with birthing professionals across the state; and helping support other fledgling NOCIRC centers.

And I have written, and written, and written – letters of feedback, letters to the editor, letters to the CDC, the AAP, the Gates Foundation, innumerable posts of support and information to young parents, papers on subjects that have expanded my understanding of the big picture on circumcision. When my thesis is done, I hope I will be able to write articles that can get published, to fill some of the gaps in the medical profession’s awareness of the normal intact penis and the ethics of circumcision, to make a concrete change in how health professionals are trained and how expectant parents are educated.

With the current publicity and insistent calls to promote male circumcision for HIV prevention, it feels to me that intactivism is at a particularly crucial and difficult juncture. I am not a particularly political or argumentative person. As a nurse, I most love to teach, and interpret medical information to patients in a way that helps improve their lives while supporting them emotionally; and I think in terms of how medical culture must change to

make medical care more humane, empowering, and enlightened. I really would be perfectly happy to just focus on educating parents and health professionals. The subject fits so well with the other work I have done around human sexuality in my professional life: volunteering at Planned Parenthood, teaching childbirth classes, doing HIV testing and counseling. Sometimes I feel like the fight to end circumcision is bigger than I know how to handle either strategically or emotionally. I still feel like I don't know enough, or have enough experience (or enough time in the day!) to do this. But I do it nonetheless. I can't not do it. I know too much to ever be able to slip back into blissful ignorance. No turning back now.

I do acknowledge, however, that I have yet to find the healthiest balance in my life around the circumcision issue. I love my work with babies in the hospital, but still struggle with the distress of being around circumcision day in and day out, and having to compartmentalize my feelings sometimes in order to keep functioning there. I need to learn better to allow myself to take time off to just play and relax and do things completely unrelated to penises, rather than feeling pressured by all the intactivist work that seems to need to be done daily. And once my thesis is done, it will be great to remember what it feels like to have free time!

The best I can suggest for others working to end circumcision is to learn as much as you can about the realities of circumcision, the facts about the intact penis, and the reasons why circumcision is a human rights and not a medical issue. Push yourself to learn more at a higher level. Without knowledge, about all we can do is rant or wring our hands. But the more you know, and the more confident you are in the accuracy of your knowledge, the more confidently you can speak out, and the better you can inform others. As more and more people become educated, the wave of awareness expands exponentially, till eventually enough people are standing up and saying "NO" to circumcision, no matter what other official idiocy is going on.

Thanks to all the intactivists who

have gone before me and broken the ground, who have educated me and made it easier for me to educate others through the papers they have written and the websites they have constructed. I am honored to be part of this work with you.

Oh, and by the way, both my sons are still happily intact. As a nurse, I thought I had been pretty open about body parts with my children, but I had never really made a big deal out of the foreskin, since it was just something that seemed pretty normal. Still, I found, some intact boys are going to be more affected by the prevailing cultural norm of circumcision than others (my older son could not have cared less), and it turned out that my younger son really knew very little about what the foreskin was there for, and what circumcision really entailed. Once he found out, it became a non-issue.

All it took was a little education.

Book Review

Transcultural Bodies: Female Genital Cutting in Global Context. Edited by Ylva Hernlund and Bettina Shell-Duncan. Piscataway, New Jersey: Rutgers University Press, 2007. 373 pp. No price stated on book but publisher website gives price as \$34.95 <http://rutgerspress.rutgers.edu>.

Ylva Hernlund and Bettina Shell-Duncan, the editorial team from the University of Washington that produced the superlative 2000 book *Female Circumcision in Africa: Culture, Controversy, and Change* (published by Lynne Rienner and reviewed in these pages) have done it again. *Transcultural Bodies: Female Genital Cutting in Global Context* marginally surpasses even *Female "Circumcision" in Africa* in originality, quality, and sheer page-turning interest.

The leading article by the two editors, more or less surveying the topic of FGC (female genital cutting) as it relates to culture and rights, starts us off with a bang. Hernlund and Shell-Duncan have created a fantastic, far-ranging article that updates us on im-

portant events and pieces of scholarship from the intervening seven years since their first book and overviews each of this volume's pieces. They note, "the debate between universalism and relativism in the field of human rights has long been premised on a fixed conception of both culture and rights." In fact, as the authors show, both culture and human rights are continuously evolving and undergoing redefinition. The editors also contest the popular notion that human rights is a Western construct imposed by first-world countries on the rest of the world, arguing that human rights has relevance and robustness throughout the world. They further argue that "a human rights culture" has become a central aspect of global culture. Cultural relativism should not be taken too far and allowed to become an excuse for abuse. But neither should human rights be allowed to privilege one culture over another. In fact, they question whether FGC is best approached as a human rights issue. Support for this query may come from the fact that the vilification of a practice that can ensue from its declaration as a human rights violation can stop scholarly inquiry, as Carla Makhlouf Obermeyer has shown happened with the virtually complete lack of medically objective inquiry into its side effects.

Hernlund and Shell-Duncan note that a simple prick of the clitoris is probably illegal under US law while "much more invasive procedures" on males are entirely legal. They devote a full page to a not unsympathetic survey of intactivism that mentions Dr. Robert Van Howe repeatedly (while getting his name wrong). Next they survey the greatly expanded interest since their last book in "designer vaginas," cosmetic operations developed-world women are having performed on their genitals, most commonly so that their appearance mimics desired models in pornography and/or to allegedly enhance the sexual experience. The authors analyze in depth the consequent ironies and double standards. Toward the end of the article, male circumcision is mentioned again, when they note that after the AAP's 1975 statement finding "no health benefits whatsoever" to the practice, the practice was

not outlawed. Instead, “deep-seated religious, aesthetic, and cultural norms” were allowed to influence a decision to instead take an educational approach.

Following the editors’ article, the reliable Janice Boddy contributes a perceptive analysis of the FGC controversy in cultural perspective. “Much popular writing on female circumcision is polemical, preachy, advocacy driven, and endlessly self-referential.” “It is the appeal to social evolutionary thought in all its arrogant certainty [i.e., the certainty that eventually those unsophisticated Africans will overcome their dark, ignorant ways and adopt enlightened Western approaches] that is the most troubling feature of FGM texts.” “African women are mired in culture; ‘we’ hold the light of truth.” Boddy asks, “Why is there no outrage remotely parallel to that which leads some women to insist that circumcised women are entirely alienated from the essence of the female personality? Is it because these excisions are performed on boys, and only girls and women figure as victims in our cultural lexicon?”

Next the reliably brilliant L. Amede Obiora contributes a vibrantly written analysis that usefully builds in an extended analysis of Ousmane Sembene’s wonderful film about FGC (don’t miss it!) *Moolaade*. “Women give into [FGC] presumably to gain something else for their lives, and there are substantial trade-offs.” Fascinatingly, she later observes that “the commonplace reification of culture as the prime site and source of gender oppression exhausts its usefulness at some point, and the denigration of culture implicit in such representations becomes all the more wrongheaded insofar as it obscures the attributes of culture that can catalyze desirable change.”

Norwegian anthropologist Aud Talle follows with a study of “the anthropology of a difficult issue.” She waxes poetic in describing the plight of Somali émigré women living in London. “In the streets of London they are not ‘in the world’ with a perfect body as they were on the savannah in Somalia. Now they wander forward as ‘lacks’—mutilated souls in mutilated bodies. They are signs of a story they

have not written themselves; in fact, their bodies have become sites of a worldwide discourse on morality.”

Sara Johnsdotter next examines discourses regarding FGC by Somali men and women now living in Sweden. The threat of action by Somali authorities, combined with social disapproval of FGC (as opposed to its endorsement in Somalia) and journalistic sensationalism, lead to virtually all Somalis living in Sweden opposing FGC. Johnsdotter notes that “an implicit and sometimes explicit moral discourse [is] attached to the issue of female circumcision,” rendering reasoned discussion virtually impossible. “Almost anything about the horrifying consequences of these practices can be alleged in the public discourse without evidence to support it...” She notes that a symbolic pricking to satisfy Somali cultural requirements while not removing tissue “is far less invasive than what is done to male infants at Swedish hospitals during male circumcision...” Thus, “In a strictly medical sense, then, there is no reasonable motive to forbid pricking of girls’ genitalia while permitting male circumcision... The reason for allowing and performing male circumcision at hospitals while forbidding female symbolic sunnah circumcision is, then, purely ideological.” “The public posture, then, is to pretend that the [Swedish anti-FGC] legislation includes a prohibition of pricking.”

Juliet Rogers follows with a trenchant critique of Australian approaches to legislating against FGC. Women are described as “mutilated” and “represented as objects to be managed.” In the passing of anti-FGC legislation in Victoria, “the authority of law [was represented] as essential to protect Australia from ‘barbarous practices’ and simultaneously constructed ‘others’ as barbaric and as ‘mutilated’ social agents who were not entitled to the rights of citizenship...” As do other authors in this volume, Rogers points to feminism’s focus on the clitoris as problematic. “In fact, it is the representation of the clitoris as a singularly universally understood and experienced entity that is precisely the problem.”

Charles Piot checks in with a brief

yet perceptive, provocative, and brave analysis of the *Kasinga* case in which US political asylum was granted to a Togolese woman based on her alleged fear of FGC. Corinne A. Kratz next provides an in-depth review of both *Kasinga* and the other precedent-setting US asylum case based on fear of FGC, *Abankwah*. Kratz shows us that both cases involved substantial fraud by the immigrants applying for permission to remain in the US! *Kasinga* is actually from a Togolese group that does not circumcise its females (!) while the very name of “Abankwah” as well as virtually everything else she said about herself (in a truly phenomenal level of fraud and deception) turned out to be completely fabricated. Nevertheless, in accordance with US legal principles, her award of asylum still stands as good law in the US. Kratz asks, “Did political lobbying and media outrage short-circuit judicious reasoning?” Incidentally, the gender bias of only females being eligible for such an asylum award is discussed in the editors’ introductory chapter.

Michelle C. Johnson gives us an interesting case study of the interactions of culture, religion, and FGC with the Mandinga people of Guinea-Bissau and Mandinga immigrants living in Portugal. Johnson fascinatingly shows that Mandinga women affirm what they see as “the fusion of ethnicity and Islam by inscribing it onto their bodies.” Mansura Dopico provides us with a study of the sexual experiences of the often varied, vibrant infibulated Eritrean women in rural Eritrea and in Australia, demonstrating the great variety and unknowability of sexual response. Contrary to common belief, “[t]here is some evidence that removal of the clitoris cannot inhibit either arousal or orgasm.” In fact, “Many argue that the relationship between FGC and lack of sexual satisfaction had been grossly exaggerated.”

R. Elise B. Johansen writes penetratingly about Somalis and infibulation in Norway. Her chapter related to broader topics than FGC (such as Somali construction of female virginity and Western tendencies to fake orgasm vs. Somali tendencies to hide female sexual pleasure) and is all the more fas-

cinating for the breadth of her approach. She shows us intriguing counterpositions of views on sexual matters in Western and Somali cultures. “The practice of genital cutting itself suggests that inborn genital differences are not considered sufficient to constitute proper men and women.”

Next is the irrepressible, brilliant iconoclast Fuambai Ahmadu, to whom the world was introduced in the first Shell-Duncan/Hernlund book in which she told her story of her own circumcision during a return from the US to her childhood home of Sierra Leone. Her unique (as far as I know) status as an African-born, Western-educated academic on the topic of FGC who voluntarily returned to her homeland to be circumcised naturally gives her a unique perspective on the huge cultural prejudices that are the beams in the West’s eye. She plausibly writes that “the potential psychosocial damage of negative FGM campaigns on teenage girls and women could be far worse than any impact of the physical act of cutting the clitoris.” She refuses to accept her definition by ostensibly enlightened others as “mutilated,” forthrightly affirming, “I have not experienced any change, either elimination or reduction, in sexual response following my own initiation.”

For all the riches that have come before, the editors leave the best for last. Henrietta L. Moore contributes a truly awe-inspiring tour de force meditation on culture, difference and power, gender and agency, pulling all the authors who have come before her together in an integration that nevertheless transcends the FGC issue and embraces much more general topics of concern to all humanity—culture, justice, gender, understanding difference. “The West, it turns out, has culture just like everyone else.” “The very idea of a rooted, native culture was the product of a traveling, comparative Western gaze.” It is so obvious and yet so infrequently mentioned that, e.g., Africans in circumcising cultures “may have both positive and negative feelings toward female genital operations.” Moore writes, “a curious resonance is established between Western discourses of liberated female sexuality and the rela-

tionship of the clitoris to sexual pleasure and agency and more ‘local’ male discourses about the importance of removing the clitoris in order to bring sexuality under the woman’s control as a means to ensure successful, socially reproductive sex.” She fascinatingly observes that the political asylum cases discussed in earlier chapters “relied to a significant extent on reifying and ossifying culture...” “What characterizes the globalized world is everyone thinks they know about culture and about the difference that cultural difference makes.” In fact, however, new “forms of hybridization, cosmopolitan consciousness, and emerging secularism... are everywhere accompanied by new forms of cultural fundamentalism, nationalism, and religious intolerance.” As we saw with Fuambai Ahmadu!

Regrettably, well over a score of typographical, grammatical and reference errors not present in the earlier volume crop up here. I also spotted one substantive error that should have been caught and corrected by fact checkers relating to the organization of the (now renamed) Immigration and Naturalization Service. For a book of this type, this is not a level of imperfection that calls the validity of the authors’ conclusions into question, though it does indicate a certain laxness.

Let me be plain. This masterpiece, which has achieved what I would not have thought possible, exceeding by a nose its illustrious predecessor volume, is not just for people interested in genital cutting, or human rights, or anthropology, or feminism, or culture. It is a critically important contribution to critical thinking, offering a broad-ranging plurality of perspectives and topics that is all too rare in these increasingly ideologically blinded days, yet still focused on the unifying subject of female genital cutting. It is so amazingly well-done that it transcends its ostensibly narrow but in fact (as Moore in fact suggests re FGC in her closing article) broad and far-reaching topic. I dare say a more important, more original, and more fascinating book on any topic whatsoever was not published in 2007.

Publications 2008

This year has been unprecedentedly busy on the publication front. *Medical Science Monitor* recently printed a piece by Bob Van Howe and myself, rebutting the erroneous claims by Peter A. Clark et al. in the same journal. (“Neonatal Circumcision is Neither Medical Necessary nor Ethically Permissible: A Response to Clark et al.,” *Medical Science Monitor*, pp. LE7-13.

In addition to the *Medical Science Monitor* piece, my recent and forthcoming publications on genital integrity resemble Noah’s Ark in that everything comes in pairs: two forthcoming books (with a total of three of my contributions), two published letters, and two reviews, one already published, the other forthcoming.

One forthcoming volume should be fascinating as it addresses differences in perceptions and analysis of male and female genital cutting and is edited by a presenter at the upcoming Keele conference, Chantal Zabus. It includes two contributions on which I worked: “A Rose by any other Name: Rethinking the Similarities and Differences between Male and Female Genital Cutting” (revised version with Robert Darby, Ph.D. of our well-received *Medical Anthropology Quarterly* article), “My Story,” by Jerry K. Brayton as told to J. Steven Svoboda, an autobiographical account of one man’s experiences with his circumcision.

The other upcoming book, *Circumcision and Human Rights: Proceedings of the Ninth International Symposium on Circumcision, Genital Integrity and Human Rights*, will be published later this year by Springer and is edited by George Denniston, Frederick Hodges and Marilyn Milos. It will collect essays by presenters at the 2006 NO-CIRC Symposium in Seattle. My piece is titled, “Why Are Circumcision Lawsuits so Hard to Win?”

The June issue of *Psychology Today* published my brief essay on why circumcision violated children’s rights.

My letter to the *Sun Magazine* was published in their May issue.

A review of *Endowed: Regulating*

the Male Sexed Body, by Michael Thomson will be published by *Social & Legal Studies*. This review is available on request from me by email. If enough Newsletter readers are interested we could publish it in the next issue so let us know.

A review of *Children's Genitals Under the Knife*, by Hanny Lightfoot-Klein (reprinted from *ARC Newsletter*, Summer 2008) was published by *Perspectives on Global Issues International*, on pp. 62-63 of their Spring 2008 issue.

Keele Abstract: "Three-Fourths Were Abnormal"—Misha's Case, Sick Societies, and the Law

By J. Steven Svoboda

Law, human rights, and medical ethics reflect, transmit, and reinforce social norms. By creating mandates ultimately underwritten by a state's police power, certain ambiguities are eliminated, and others are introduced regarding interpretation. Genital cutting, a tragically flawed attempt to perfect a child, thrives on such ambiguities.

Gender identity anchors us from the buffeting winds of social change. 150 years ago, normality was redefined, and suddenly, "three-fourths of all male babies [had] abnormal prepuces." Circumcision helped cover up male anxiety over legitimacy and father-son relations. Cultural constructions of dirt served reigning ideologies then and now.

Genital cutting presents a cluster of interwoven discriminations—racial, gender-based, age-based, and class-based—that violate law, human rights, and ethics. Parents (as in *Boldt v. Boldt*), doctors, and society seek treatment, not the infant. Thus the problem cannot be solved by a medical procedure, which circumcision never was anyway. Only human compassion can end the nightmare.

NORM-UK Press Release

GENDERS UNITE TO PROMOTE GENITAL AUTONOMY

NORM-UK, the organization con-

cerned with the male foreskin, and FORWARD, the organization concerned with female genital mutilation (FGM), will unite at the Genital Integrity 2008 symposium on September 4th to launch a new campaign promoting the right of all men and women to say no to unnecessary genital surgery.

In the face of a large scale World Health Organisation (WHO) promotion of male circumcision as a means to reduce risk of HIV infection in Africa, the new campaign seeks to redress the balance by making the public aware of the strongly conflicting evidence around the effects of circumcision, and the mixed evidence about its value in HIV prevention, and by promoting the fundamental concept of informed choice in medical treatment.

"Subjecting young children to a painful, damaging and humiliating circumcision in an attempt to prevent HIV infection from sexual contact is not only profoundly unethical, it is an insane waste of money. These boys will not be sexually active for many years, by which time properly proven and more reliable prevention strategies may be available", said John Warren, chairman of NORM-UK, "Boys must be left to make their own decision when they are old enough to understand the full implications"

"When the issue of female genital mutilation was still sensitive and highly politicised, FORWARD played a leading role in putting the issue on the international agenda, breaking down the walls of silence", said Naana Otoo-Oyortey MBE, Executive Director of FORWARD, "It is time to recognise that the right to genital autonomy belongs to all children, regardless of race, culture or gender"

"Unnecessary genital surgery on babies is said to be cheaper and easier than on adults. All abuse of babies is easier. They are powerless and history will judge us by how we protect the powerless", said Paul Mason, children's commissioner for Tasmania, Australia; a keynote speaker at The Genital Integrity 2008 Symposium in Keele, "Do we say to children that they have no say in this because statistically when they grow up and practice unsafe sex they

might be better off? I say let the children decide for themselves - all in good time."

* The new campaign will include a "Genital Autonomy" symbol and the slogan "it's a personal choice".

ABOUT NORM-UK

NORM-UK was founded in 1995 and gained charity status in 1998. Patrons are actor Alan Cumming and art critic Brian Sewell.

NORM-UK's aim is to advance the education of the public in all matters relating to circumcision and other forms of surgical alteration of the genitals, including alternative treatments and offering information and advice on such matters.

ABOUT FORWARD

The Foundation for Women's Health, Research and Development (FORWARD) is an international non-governmental organisation (NGO) that works to advance and protect the sexual and reproductive health and human rights of African girls and women.

FORWARD was established in 1983 in the UK, in response to the emerging problems caused by female genital mutilation being seen by health professionals. Since this time FORWARD has been working to eliminate the practice and provide support to women affected by FGM.

FORWARD envisages a world in which all African girls and women are accorded their inalienable rights to dignity, equality and freedom from gender based discrimination and violence - a world in which they are able to attain and enjoy the highest level of physical, mental and social well-being, irrespective of their age, culture, religion or socio-economic status.

FORWARD is committed to eliminating gender-based violence against African girls and women, particularly female genital mutilation and child and forced marriage. We effect change through developing capacity, and by building evidence to influence policy and challenge practices that undermine their health, human dignity and sexual rights.

International Symposium on Circumcision, Genital Integrity and Human Rights

Genital Integrity 2008 is a major international symposium about the legal, ethical, cultural and medical issues of genital modification.

The symposium will cover a range of non-therapeutic genital interventions from labial stretching to male circumcision and female genital cutting and infibulation. It will examine the physical and psychological health impact of these practices, and ask whether policy makers, NGOs, and intergovernmental agencies are taking the appropriate steps to protect children from traditional non-therapeutic genital surgery. In particular, it will examine the apparent double standard, which sees bodily integrity – an inherent human right – applied as solely a female right.

The 10th in a series of such symposia, Genital Integrity 2008 launches as the debate around genital surgery reaches a new intensity.

To examine the issues we have assembled experts in healthcare law, ethics, urology, midwifery, anthropology, paediatrics, HIV demographics, psychology, skin restoration and child rights.

This symposium is simply a must for anyone involved in promoting health or human rights.

Continuing Education credits are provided by the National Organization of Circumcision Information Resource Centers (NOCIRC), approved by the California Board of Registered Nursing. Provider Number CEP 10870, for 17 contact hours.

When: The 4th to the 6th September 2008

Where: Keele University, Staffordshire, England

Who: NORM-UK, in conjunction with Keele University School of Law and the National Organization of Circumcision Information Resource Centers.

For additional information visit:
<http://www.genitalintegrity2008.info/>

Keele Conference Schedule

Thursday 4th September

09:00 Welcome and Opening

Marilyn Milos, NOCIRC and Dr John Warren, NORM-UK

09:30 SESSION 1 Law, Ethics & Human Rights (1)

Chair: Dr Peter Ball, NORM-UK

Adolescent Autonomy and the Limits of Religious Freedom

Marie Fox and Michael Thomson

Writing Rites Gone Wrong: Autobiography, Testimonials, and Their Relevance to the Debate Around Genital Alterations

Chantal Zabus

11:00 Break

11:15 Circumcision Mythologies in Conflict with Logic, Reason, and Common Sense

Steve Scott

"Three-Fourths Were Abnormal" Misha's Case, Sick Societies, and the Law

J. Steven Svoboda

Hospital's Duty; Informed Consent

Zenas Baer

13:00 Lunch

14:00 SESSION 2 Law, Ethics & Human Rights (2)

Chair: Iris Fudge/Laura MacDonald, NORM-UK

Violating All Codes

George C. Denniston

Female Genital Mutilation: A Human Rights Issue

Comfort Momoh

International Organisations, Political Interests: One Group's Experience

Seham Abd el Salam and Sarah Enany

16:00 Break

16:15 The Goal Posts Don't Move

Paul Mason

Questions and Answer

Panel of day's speakers

Thanks by Session Chairs

Closing Remarks

Marilyn Milos

18:30 Reception

Friday 5th September

08:00 Silence en Coupe!

Documentary by Dominique Arnaud

09:00 Introduction and Welcome

Dr John Warren, NORM-UK

09:30 SESSION 1a Psychological Effects of Circumcision

Chair: Tony Peters, NORM-UK

It's All Relational

Andrew Tinson

Neonatal Circumcision Revisited: Implications for Surgeons of Men's Experiences in Regressive Therapy

Robert C. Johnson

Circumcision Memory

Thomas W. Hennen

SESSION 1b Female Genital Mutilation

Chair: Iris Fudge, NORM-UK

The First Survey on Genital Stretching in Italy *Annalisa Bortoletti, Pia Grassivaro Gallo, Ilenia Zanotti, Lucrezia Catania*

The Stretching of the Labia Minora and Other Expansive Interventions on the Female Genitals in The Democratic Republic of Congo *Nancy Tshiala Mbuyi, Pia Grassivaro Gallo, Annalisa Bortoletti*

Performing the Eradication of Infibulation: Mana Abdurahman Isse at Merka, Somalia *Sandra Busatta and Pia Grassivaro Gallo*

Knowledge and Opinions of North Italian Health Operators about Female Genital Mutilation *Ilenia Zanotti, Pia Grassivaro Gallo, Annalisa Bortoletti, Miriam Manganoni*

11:00 Break

11:15 Physical Effects of Circumcision

John Warren

"I'm 19 and I Don't Want to be Circumcised"

Peter Ball

Circumcision and Men's Health: A Contradiction in Terms?

Peter Baker

13:00 Lunch

14:00 SESSION 2 Conservative Treatments

Chair: Richard Duncker, NORM-UK

The Foreskin in Children
Pierre Mouriquand

Adult Urology
Gordon Muir

So They Claim to Know the Answer:
The Problem of Association Taken as
Causality
Ken McGrath

16:15 SESSION 3 Circumcision and Judaism

The Shadow Behind the Circumcision
Dialogue: How Do We Encounter
Jews?
Miriam Pollack

Cut: Slicing Through the Myths of
Circumcision
Documentary by *Eliyahu Ungar-Sargon*

Closing Remarks: John Warren

Saturday 6th September

09:00 Introduction and Welcome
Marilyn Milos, NOCIRC

09:30 SESSION 1: HIV/AIDS Issues
Chair: *John Dalton, NORM-UK*

A Case Against Neonatal Circumcision
as a Preventative Measure to Reduce
HIV Infection Rates
Daniel Sidler

Long-term Population Effect of Male
Circumcision in Generalised HIV Epi-
demics in Sub-Saharan Africa
Michel Garenne

11:15 Terrence Higgins Trust
HIV/AIDS Discussion

14:00 SESSION 2: Education Worldwide

Chair: *David Smith, NORM-UK*

Onward and Outward
Paul Mason

Educating the Professionals
Prasad Godbole

Genital Integrity: The Way Forward
David Smith

Thanks and Closing Remarks
Marilyn Milos and John Warren

International AIDS Conference, Mexico City, August, 2008



*John Geisheker with customers,
International AIDS Conference, Mexico City, August, 2008*



*Georganne Chapin,
International AIDS Conference, Mexico City, August, 2008*