

# NOCIRC NEWSLETTER

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## GENITAL MUTILATION BY ANY OTHER NAME...

“I always will hear the sound of the scissors cutting the flesh between my legs.” Soraya Mire

Every year, millions of African and some Asian girls are mutilated. An estimated 110 million females in Continental Africa now live with the scars of the ordeal on their minds as well as their bodies (*The Hosken Report*, fourth edition available this Fall).

Female genital mutilations (FGM) vary from painful to gruesome and, broadly speaking, can be defined as *excision*, the removal of the clitoris and sometimes the external labia minora with knives, broken glass, or razors, and *infibulation*, the sewing together of the sides of the vulva with catgut or thorns. A small, inadequate opening is left for the passage of urine and menstrual blood. The purpose is to prove virginity – because family honor is based on the chastity of women – and to reduce female sexual pleasure. Mistaken ideas about female hygiene and disease prevention are the same excuses used to perpetuate male circumcision. The risks are the same – hemorrhage, infection and death. Painful lifelong medical problems are common. An estimated 20 percent of women die in childbirth. While this practice persists primarily because men expect it and women are economically dependent upon men, Alice Miller, in her book *Breaking Down the Wall of Silence*, offers a deeper analysis of genital mutilation:

“What is involved here is an ancient custom, against which even African women are now protesting. Their protests, however, are usually met with outrage and threats – not only from men, but from other women, too. Why, one is tempted to ask, do women behave like this? Were they not themselves victims of this custom, based on the inhuman demand that women should not derive pleasure from the sexual act? Wouldn't African women wish to protect their daughters from this mutilation, from the brutal pain and the danger of infection, from which many women die? Obviously they would – were it not for the mechanisms enforcing the repression of anger, the mechanisms by which repressed anger is unconsciously projected onto the next generation.

“The removal of a twelve-year-old girl's clitoris, sometimes with, sometimes without anesthesia, is carried out by women who were once victims of the same procedure. Their consciousness, however, has not registered the realities of their situation. By

repressing not only the pain but also their anger and desire for revenge, they have managed to banish consciousness, even idealizing the custom. Of course, they were unable to defend their feelings. Today, as a result of their repression, they can justify the procedure as harmless and necessary. They cannot recall their repressed anger and have never grieved about what happened to them. It was 'a dictate of nature.' Consequently, they inflict the same ordeal on their children without so much as wishing to acknowledge what they are doing to them.”

Hanny Lightfoot-Klein, in her book, *Prisoners of Ritual, An Odyssey into Female Genital Circumcision in Africa*, writes in her chapter on male circumcision “...a brief review of this custom may serve to remind us the practice of female circumcision, which some of us may regard as barbaric and irrational, has had its parallels throughout history in procedures performed on men.” There are men who share Alice Miller's insight:

“I believe no man would allow his beloved son to be circumcised if he were in touch with the terror he experienced during his own.” John Breeding

In May of this year, the World Health Organization, by unanimous vote of its 185-nation annual assembly, officially condemned female genital mutilation in all its forms and announced its resolve to put an end to the practice. FGM has been outlawed in Sweden, Switzerland, Britain and Ontario, Canada. In France and The Netherlands it is punishable as child abuse under existing laws.

“Genital mutilations are now being carried out worldwide by immigrant populations that adhere to their millennia-old customs. And, make no mistake, the procedure is even being performed in the United States.” Hanny Lightfoot-Klein

Female genital mutilation is no longer a rite confined to foreign lands, the genital cutting of girls is presenting medical, legal and ethical problems for American hospitals and courts. As we address these problems in the United States, we are forced to face the same medical, legal and ethical issues associated with our own practice of male genital mutilation, which we euphemistically call circumcision.

## LETTER FROM THE EDITOR

This issue of the *NOCIRC Newsletter* addresses the practice of female genital mutilation for several reasons: (1) FGM has received worldwide media coverage as a mass violation of humanity. (2) FGM has been outlawed in several countries. (3) Female “circumcision” was initiated during the late 1800s in the United States for the same “medical” reasons used for male circumcision (health, hygiene, to prevent disease and masturbation), and these excuses continued into the mid-1900s. (4) FGM is being practiced by immigrants in the United States today.

While the lifelong physical and psychological consequences of genital mutilation may vary from male to female and from person to person, the human rights violation occurs with the first cut into anyone else’s body!

While male circumcision in the U.S. “took hold” and has been so difficult to eradicate, female circumcision to prevent masturbation has been reported in the U.S. as recently as 1955. Yet, most Americans are horrified when they hear about genital mutilation of girls. Not so for boys, however, which should alert us to this cruel gender bias. “Feminist” radio talk show host Carol Hemingway asked why I became an anti-circumcision activist. “As a student nurse,” I explained, “I listened to the horrendous screams of a baby as I watched him being circumcised. When the doctor said ‘There is no medical reason for doing this surgery,’ I became determined to stop those screams.” Carol’s response was “Give me a break! If men can’t take that, what can they take?” “But this isn’t men screaming,” I said, “it is babies who are screaming. Our protective instincts know no gender – they insist we protect *anyone* unable to defend him/herself.”

The 1970 World Health Organization Seminar in Khartoum on “Traditional Practices Affecting the Health of Women and Children” formulated groundbreaking recommendations for implementation throughout Africa and the Middle East, including adoption of a clear national policy for the abolishment of female circumcision. At the regional conference of the Inter-African Committee in 1990, a vote by all official members determined that female “circumcision” would no longer be described in euphemistic terms, it would be called what it is: **female genital mutilation**.

Male circumcision must now be recognized as a violation of the right of males to their bodies and be called by its proper name: **male genital mutilation**. The genital mutilation of *either* males or females is in direct violation of Article V of the United Nations Declaration of Human Rights which states “No one shall be subjected to cruel, inhuman or degrading treatment or punishment...”

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

Fran Hosken, *The Hosken Report*

Toward Peace,



## MALES, FEMALES, ...AND US

by Cheryl Chase

Human fetuses begin life sexually undifferentiated. Three months after conception, the genitals of female and of male fetuses are identical. At this stage, fetal hormones come into play, separately directing the development of the external genitals and internal reproductive organs to male or female.

Because specific hormonal balances govern fetal sexual differentiation, it is possible for the child to develop an anatomy which is intermediate in sexual character. Indeed, perhaps as many as one in several thousand births is intersexual, or “hermaphroditic” (a stigmatizing term). While the existence of intersexuals is a dread secret in our sex-negative culture, which fears gender variance, some cultures have celebrated intersexuality.

Western medicine treats intersexuality as a disease. Intersexual infants in the U.S. are routinely subjected to mutilating genital surgery. Clitorises that are judged “disfiguringly” prominent are trimmed or removed. Penises deemed “too small” are also removed, and the child “reassigned” as female.

The Intersexual Society of North America (ISNA), a peer support group, plans to counter medical dogma on treatment of intersexuality by documenting the pain and trauma caused by the surgeries. The time has come to create a proud intersexual identity. We encourage intersexuals and their parents and intimate partners to write to:

Cheryl Chase/ISNA  
P.O. Box 31791  
San Francisco, CA 94131

**Australia** Sydney: Paediatrician/Perinatologist Dr. George Williams has founded NOCIRC of Australia, P.O. Box 248, Menai, NSW, 2234, Australia.

**Canada** A July 15 ruling of the Supreme Court of Canada determined a man who grabbed his 3-year-old son's genitals to discipline the boy was guilty of sexual assault. The court ruled 6-1 to uphold a lower court conviction, saying the assault was of a sexual nature and violated the boy's sexual integrity. The case reiterated a principle established in an earlier Supreme Court case that it is not essential for a person to want sexual gratification before he can be convicted of sexual assault. *Canadian Press*

**England** A Harley Street doctor admitted carrying out illegal genital operations on women and young girls in Britain. Farouk Hayder Siddique, a private consultant charged £400 to perform female "circumcisions" by giving a false description of the surgery, which he called "repair of the vulva." The Prohibition of Female Circumcision Act of 1985 made the practice illegal except for the physical or mental requirements of a woman that could not be linked to custom. Anyone guilty of performing the operation is liable to five years in prison. To date, there have been no prosecutions under the act and no doctor has ever been disciplined in Britain for carrying out the operation.

**Israel** "In one of the more macabre issues dividing religious and secular Jews in Israel, a dispute has arisen over the circumcision of Jewish corpses," Sarah Helm reported in the

London *Independent*. The daily, *Haaretz*, reported that a number of recently arrived Soviet Jews had been circumcised after death. Because of fear of persecution, ninety percent of Russian males immigrating to Jerusalem are not circumcised and they are "under pressure to prove their 'Jewishness' by going under the knife," Helm said. All Jews must be circumcised or, after death "their soul will not enter the garden of Eden," claimed a former chief rabbi, Mordechai Elliahu. "We only want to assure the corpse has no cause for shame at the time of his death." Parliamentarian, Ran Cohen, has called for an inquiry by the attorney general. "It is a filthy practice," he said. "I am utterly ashamed that anyone in my country has done this kind of thing. It is against human rights. It is against the dignity of the dead person." *San Francisco Examiner* August 17, 1993.

**United States** The U.S. medical community is being forced to face the medical, legal and ethical issues of FGM. At Grady Memorial Hospital in Georgia, a mother asked the head of obstetrics to amputate her little girl's genitals in keeping with an ancient tradition from her homeland. The American Medical Association's 1991 position "...opposes all forms of medically unnecessary surgical modification of female genitalia." Also in Georgia, the Atlanta Circumcision Information Center, David J. Llewellyn, Director, 2 Putnam Drive, N.W., Atlanta, GA 30342, has been founded and offers information and free seminars.

## GASTRIC RUPTURE

A 2-day-old infant developed a gastric rupture while undergoing circumcision in a Virginia hospital. The baby began crying while restrained on a circumcision board, his abdomen became distended, he vomited, a tube was passed into his stomach. He was then circumcised without anesthesia. According to the report, he cried vehemently for 90 minutes. It was assumed the gastric rupture was due to prolonged crying. "Routine newborn circumcision continues to be criticized because of its associated complications," the authors wrote, adding "Because of the potential complication of gastric rupture, we recommend infants spend a minimal amount of time on the restraint board and that consideration be given to the use of a penile block or other anesthetics or analgesics for pain control." *Clinical Pediatrics*, September 1992. [Editors note: Better yet, let's leave the baby's penis alone!]

## METHODIST CHURCH LEADS WAY

A 1992 resolution adopted by the United Methodist Church "...encourages all involved doctors and medical institutions to inform fully the parents of every newborn male concerning all the risks and benefits of circumcision prior to the giving of their consent for the procedure." A step in the right direction, but still no information on the function of normal genitalia or acknowledgment of the right of a child to his own body.

## RITUALIZED ABUSE A CRIME

Governor Jim Edgar of Illinois signed Public Act #87-1167 allowing for the definition, investigation, and prosecution of ritual crimes occurring against children. The law, effective January 1, 1993, states, "(a) A person is guilty of ritualized abuse of a child when he or she commits any of the following acts with, upon or in the presence of a child as part of a ceremony, rite or any similar observance (1) actually or in

simulation, tortures, mutilates[\*] or sacrifices any warm-blooded animal or human being...(b) The provisions of this Section shall not be construed to apply to...(2) the lawful medical[\*] practice of circumcision or any ceremony related to circumcision..."

\*Mutilate: 1. to cut off or damage a limb or other important part of (a person or animal). 2. to damage, injure, or otherwise make imperfect, especially by removing an essential part or parts.

*Webster's New World Dictionary*

\*\*"Medical," **not** routine.

## INNOCENT MARTYRS

The biological father of an 11-year-old boy who sued the Christian Science Church was awarded \$5.2 million in a wrongful death judgment last August because his son died in a diabetic coma. The boy's mother refused medical treatment because of her religious beliefs. The Minneapolis Associated Press reported: "Children should not be martyrs for their parents' beliefs."

## NEWS FROM NOHARMM

“Society cannot hear what men do not say. Men cannot say what they do not feel. And men cannot get in touch with their feelings on an issue until their awareness of it has been raised.” Warren Farrell, Ph.D., *The Myth of Male Power*

“That sums up our mission: to raise men’s awareness about the harm and injustice of infant circumcision and to encourage them to speak up about it,” says Tim Hammond, founder of the National Organization to Halt the Abuse and Routine Mutilation of Males (NOHARMM). “NOHARMM Field Organizers represent a wide net that has been cast across North America, anchored in such cities as New York, Los Angeles, San Juan (PR), Huntsville (AL), Beaumont (TX), Madison (WI) and Vancouver.” Field Organizer Kits are available from NOHARMM.

The revised second edition of “Male Circumcision in America – Violating Human Rights” is now available. This comprehensive consciousness-raising primer includes informative articles as well as order forms for everything from books and videos to T-shirts and decals.

Hammond’s “Harm Documentation Project” is the first organized effort to gather data on how circumcised men feel the surgery harmed them. Of the first few hundred respondents, 80.3% report some type of physical harm, 86.4% report sexual harm, 81% report emotional harm and 70.2% report psychological harm.

NOHARMM Action Alert #4 encourages all men harmed by circumcision to write to the current president of the American Urological Association, Dr. Abraham Cockett, President, AUA, 1120 N. Charles St., Baltimore, MD 21201. Hammond recommends polite letters describing physical, sexual, emotional or psychological harm, and asking for an AUA-sponsored investigation into the long-term harm of infant circumcision.

To order the primer or Field Organizer Kits, participate with the Harm Documentation Survey, receive NOHARMM’s Action Alerts or request more information, contact NOHARMM, P.O. Box 460795, San Francisco, CA 94146, (415)826-9351.

## LETTERS TO THE EDITOR

**Sex and violence** “It is not only African women who suffer childhood genital mutilation. As American men, many of us have suffered the pointless amputation of our foreskins at birth. Infant circumcision deprives us of a healthy part of our bodies, and initiates the confusion of sexuality and violence so endemic to this culture. Many Americans are unaware that infant circumcision is a painful operation performed without anesthesia, and that it has no proven medical benefits. It is not practiced by the medical establishments of most developed countries. The time has come for us to recognize the true nature of the “scars of tradition” inflicted on children both at home and abroad. We must work throughout the world to ensure that nothing short of a life-threatening illness will justify the use of a knife on our children’s bodies.” Barry B. Ellsworth, Letter to the Editor, *New York Times*, 22 December 1992 (unpublished).

**Human rights** “Enclosed is a donation to help with your most needed and worthy efforts on behalf of future generations. The right to an intact body with freedom from abuse and mutilation at the whim of another is most certainly an inherent basic human right. I wish all of you well and much success in righting this inhuman savagely cruel wrong that still plagues our “civilized society.” R.B. Indiana

“Clitoridectomy, like all sexual mutilations, is, I believe, an act of incest. If it is incest when a father rapes a daughter, it is also incest when parents assault their children by cutting off, sewing up, burning, flaying or gashing their genitals...” Lloyd deMause, *The History of Child Assault*

## SURVEY

**Women who have had experience with both circumcised and noncircumcised men:**

Female author would like you to complete an anonymous written questionnaire for an upcoming anti-circumcision book.

Confidentiality assured.

**Send name/address to:**

Mary C. Simpson  
10 Technology Drive,  
Suite 201  
Hudson, MA 01749

## BULLETIN BOARD

**THE THIRD INTERNATIONAL SYMPOSIUM ON CIRCUMCISION** will be held at the University of Maryland University College Conference Center (just outside Washington, DC), May 22-25, 1994. Guest rooms at the center are \$69 single and \$84 double per night (5% sales tax). Call for accommodations 301/985-7303. Abstracts accepted until December 15. Artists interested in exhibiting work relevant to the topic, contact Brian Berman, P.O. Box 11663, Bainbridge Island, WA 98110, 206/842-6978.

**YOU CAN HELP!** We need your most generous contributions from now through May to make this Third International Symposium on Circumcision a successful event.

### BOOKS

*Breaking Down the Wall of Silence: The Liberating Experience of Facing the Painful Truth*, Alice Miller, Dutton, 1991.

*Female Genital Mutilation: A Call for Global Action*, Women, Inc. 777 United Nations Plaza, New York, NY 10017, 212/687-8633, \$7.95 plus \$3.50 postage and handling.

*Female Genital Mutilation: Proposals for Change*, Efua Dorkenoo and Scilla Elworthy, The Minority Rights Group International, 379-381 Brixton Road, London SW9 7DE, England, \$5.95.

*Possessing the Secret of Joy*, Alice Walker, Pocket Star Books, '92.

*Prisoners of Ritual, An Odyssey Into Female Genital Circumcision in Africa*, Hanny Lightfoot-Klein, Harrington Park Press, 1989. \$22 P & H from Lightfoot Associates, 5051 N. Sabino Canyon Rd., Ste. 1246, Tucson, AZ 85715.

*The Hosken Report, Genital/Sexual Mutilation of Females*, revised, updated fourth edition, Fran P. Hosken, Win News, 187 Grant Street, Lexington, MA 02173.

*Circumcision: The Rest of the Story, A Selection of Articles, Letters, and Resources 1979-1993*, Mothering Special Edition, P.O. Box 1690, Santa Fe, NM 87504, \$12.95.

*Foreskin, A Closer Look*, Bud Berkeley, Alyson Publications, (publishes many gay and lesbian theme books), Boston, \$9.95.

*Say No To Circumcision! 40 Compelling Reasons Why You Should Leave Your Son Whole*, Thomas Ritter, M.D., Hourglass Publishing, \$10.95 plus \$2.00 P & H (\$0.95 sales tax in CA) from NOCIRC.

*The Joy of Uncircumcising! Restore Your Birthright and Maximize Sexual Pleasure*, Jim Bigelow, Ph.D., Hourglass Publishing, \$16.95 plus \$2.00 P & H (\$1.45 sales tax in CA) from UNCIRC, P.O. Box 52138, Pacific Grove, CA 93950.

*Universal Childbirth Picture Book*, Fran Hosken, available in English, French, Spanish, Arabic, from Women's International Network, 187 Grant Street, Lexington, MA 02173.

### NEWSLETTERS, PAMPHLETS, REPRINTS & RESOURCES

*Compleat Mother U.S.A.*, Jody McLaughlin, P.O. Box 209, Minot, ND 58702.

*"Deeper Into Circumcision: An Invitation To Awareness & Guide to Resources For Parents, Researchers, Activists, Restorers & the Merely Curious,"* send \$5 to John A. Erickson, 1664 Beach Blvd. #216, Biloxi, MS 39531. The most comprehensive resource guide available today!

*NOCIRC of Japan Newsletter* – now called *The Guardian Angell* – unites the world's advocates and provides information and action alerts. Rich Angell, Editor, 3865 Duncan Place, Palo Alto, CA 94306, phone 415/493-2429, fax 415/493-2427.

*"Newborn Circumcision – An Enigma of Health*, Dr. George Williams' presentation, Univ. of Sydney, Australia, Oct. 1992, a wealth of references to literature refuting medical excuses for circumcision and validating importance of body integrity, with \$20 donation to NOCIRC.

*"Similarities in Attitudes and Misconceptions Toward Infant Male Circumcision in North America and Ritual Female Genital Mutilation in Africa,"* Hanny Lightfoot-Klein, Lightfoot Associates, 5051 N. Sabino Canyon Rd., Suite 1246, Tucson, AZ 85715.

*"Special Needs of Ritually Circumcised Women Patients,"* Hanny Lightfoot-Klein, MA, and Evelyn Shaw, R.N., M.S., JOGNN, March/April 1991, Volume 20 No. 2, pp. 102-107.

*Women's International Network (WIN) News*, Fran P. Hosken, 187 Grant Street, Lexington, MA 02173.

### AUDIO/VIDEO TAPES & FILMS

*Fire Eyes*, a documentary by Somalian filmmaker, Soraya Mire, is near completion. To help fund this important film or for info on women's support groups or doctors who perform reconstruction surgery, call Persistent Productions 818/752-2571.

*Gentle Birth Choices*, a new video from Global Maternal/Child Health Association, Inc., P.O. Box 366, West Linn, OR 97128, \$39.95 plus \$3 shipping & handling.

*The Santa Fe Conference*, videotaped proceedings of a seminar with Drs. Jim Bigelow, Thomas Wiswell, Martin Altschul, Thomas Ritter; also Marilyn Milos, Wayne Griffiths and others, now available from Kathleen Matta, BSN, RNC, Education Coordinator, St. Vincent Hospital, Santa Fe, NM 87501, \$20.

*"Listen to Your Heart,"* a one-minute Public Service Announcement, available from Barry Ellsworth, E/M Films, 874 Broadway #1005, New York, NY 10003.

*"NOCIRC Composite Video,"* a 13-minute VHS video – both male circumcision and female genital mutilation, \$20 donation to NOCIRC, P.O. Box 2512, San Anselmo, CA 94979-2512.

*"The Care of the Uncircumcised Male,"* with Paul Fleiss, M.D., Academy Communications, Box 5224, Sherman Oaks, CA 91413, 800/423-2397 or 818/788-6662.

### ADDITIONAL RESOURCES

**FORWARD (Foundation for Women's Health Research and Development)**, Efua Dorkenoo, Director, Africa Center, Covent Garden, 38 King Street, London C1E 8JT, 44-71-379-6889.

**Special Projects Fund, Population Action International**, 1120 19th Street, NW, Suite 550, Washington, DC 20003.

**The Washington Metro Alliance Against Female Genital Mutilation**, Catherine A. Hogan, M.S., Founder, 17700 New Hampshire Avenue, Ashton, MD 20861, 301/774-4456. Targets FGM risk groups, provides peer education for African women by African women in WA Metro Community and interfaces with western health care providers and policy makers. (They need a Macintosh compatible printer, xerox and fax machine.)

### MISCELLANEOUS

**"Just Say NO to CIRCUMCISION"** stamp from Optimal Family Health, P.O. Box 398, Monroe, UT 84754, \$6 ppd.

**Bumper Stickers:** Red circle and slash, CIRCUMCISION in black, C.I.R.C. of WA, P.O. Box 75594, Seattle, WA 98125, \$1 each. Bulk prices. Large (15") bumper stickers, Devon Osel, 1711 Chapparral Lane, Lafayette, CA 94549.

## MEN RALLY AGAINST INFANT CIRCUMCISION

With the rallying cry of “No Medical Excuse for Genital Abuse,” men and supporters of children’s body ownership rights gathered in San Francisco on July 12th to protest the California Medical Association (CMA) policy of endorsing routine infant circumcision as “an effective public health measure,” the only such policy in the U.S. among state medical associations. The rally was sponsored by the National Organization to Halt the Abuse and Routine Mutilation of Males (NOHARMM). The CMA refused two written requests from NOHARMM to schedule a meeting to discuss the growing body of evidence revealing the long-term physical and psychological harm men report from being circumcised as infants.

Rally organizers noted that, according to the National Center for Health Statistics, the current national rate of infant circumcision is 60%, but only 40% in the western states, and the U.S. is the only nation that routinely circumcises the majority of its newborn males for nonreligious reasons. They asserted that infant male circumcision in the U.S. has moved from being a medical issue to one of social custom that is slowly declining. The British National Health Service discontinued paying for the practice in 1949 because the surgery served no useful purpose and was not cost effective.



Rally organizers Jess Grant (left), and Tim Hammond (right) lead Children’s and Men’s Rights March.

**Publisher:** National Organization of Circumcision Information Resource Centers

**Editor:** Marilyn Fayre Milos, R.N.

**Consultants:** John A. Erickson, Tim Hammond, Hanny Lightfoot-Klein, Jody McLaughlin, Kris Teplin, R.N.

### NATIONAL ORGANIZATION of CIRCUMCISION INFORMATION RESOURCE CENTERS

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