National Organization of Circumcision
Information Resource Centers,
NORM-UK, and the University of Keele School of Law

present

GENITAL INTEGRITY 2008

THE TENTH INTERNATIONAL SYMPOSIUM ON CIRCUMCISION, GENITAL INTEGRITY, AND HUMAN RIGHTS

PROGRAMME & SYLLABUS OF ABSTRACTS

KEELE HALL PHOTO: PAUL MARKHAM

4-6 September 2008

UNIVERSITY OF KEELE, STAFFORDSHIRE, UK

Conference Organizers

Marilyn Fayre Milos, RN, National Organization of Circumcision Information Resource Centers
David Smith, General Manager, and Dr. John Warren, Chairman and Founder, NORM-UK
Professors Michael Thomson and Marie Fox, University of Keele School of Law

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Program

Day 1 – Thursday, 4 September 2008

0900 - 0910 **Business & Introductions** – David Smith

0910 - 0930 **Welcome and Opening** – Marilyn Milos and John Warren

SESSION 1 **LAW, ETHICS & HUMAN RIGHTS** Chair, Peter Ball

0930 – 1030 **Adolescent Autonomy and the Limits of Religious Freedom** – Marie Fox and Michael Thomson

1030 – 1100 **Writing Rites Gone Wrong: Autobiography, Testimonials, and Their Relevance to the Debate Around Genital Alterations** – Chantal Zabus

1100 – 1115 Coffee

1115 – 1150 **Circumcision Mythologies in Conflict with Logic, Reason, and Common Sense** – Steve Scott

1150 – 1225 **Three-Fourths Were Abnormal"– Misha's Case, Sick Societies, and the Law** – J. Steven Svoboda

1225 – 1300 **Hospital's Duty: Informed Consent** – Zenas Baer

1300 - 1400 Lunch

SESSION 2 **LAW, ETHICS & HUMAN RIGHTS (2)** Chair, Marie Fox

1400 – 1430 **Violating All Codes –** George C. Denniston

1430 –1500 **Female Genital Mutilation: A Human Rights Issue –** Comfort Momoh

1500 – 1600 **International Organizations, Political Interests: One Group's Experience** – Seham Abd el Salam and Sarah Enany

1600 – 1615 Tea

1615 – 1730 **The Goal Posts Don't Move** – Paul Mason

1730 – 1800 **The Local Process for Gaining Agreement to Create an FGM Protocol** – Janette Shaw

1800 – 1830 **Thanks by Session Chairs**
Closing Remarks – Marilyn Milos
Business of the Evening – David Smith

1830 – 1900 **Reception –** Raven Mason Suite (Keele Hall)

1900 - **Dinner** – Comus Restaurant

SESSION 3/1 **FORESKIN RESTORATION** Chair, Peter Ball

2030 – 2115 **Foreskin Restoration 1980-2008 –** Wayne Griffiths

2115 – 2200 **Restoration: The Foreskin and the American Dream** – Ron Low

SESSION 3/2 **CONSIDERATIONS OF INFANTILE SEXUAL MUTILATION** Chair, Andrew Tinson

2030 – 2200 **Rites, Rights, and Wrongs (Psychoanalysis of Sexual Mutilation/Sexual Mutilation of Psychoanalysis)**
Excision, Circumcision, "Hush, It's for Your Own Sake! (A Presentation of ISM)
Moses, Jesus, and Mohammed Against ISM
– Sigismond (Michel Hervé Navoiseau-Bertaux)

DAY 2 – Friday, 5 September 2008

0800 – 0900 ***Silence, on coupe!*** – Documentary by Dominique Arnaud

0900 – 0915 **Business –** David Smith

0915 – 0930 **Introduction and Welcome** – John Warren

SESSION 1/1 **PSYCHOLOGICAL EFFECTS OF CIRCUMCISION** Chair, Tony Peters

0930 – 1000 **It's All Relational –** Andrew Tinson

1000 – 1030 **Neonatal Circumcision Revisited: Implications for Surgeons of Men's Experiences in Regressive Therapy** – Robert C. Johnson

1030 – 1100 **Circumcision Memory** – Thomas W. Hennen

SESSION 1/2 **FEMALE GENITAL MUTILATION** Chair, Iris Fudge

0930 – 0945 **The First Survey on Genital Stretching in Italy** – Annalisa Bertoletti, Pia Grassivaro Gallo, Ilenia Zanotti, Lucrezia Catania

0945 – 1000 **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 Bertoletti

1000 – 1015 **Performing the Eradication of Infibulation: Mana Abdurahman Isse at Merka, Somalia** – Sandra Busatta and Pia Grassivaro Gallo

1015 – 1030 **Mana Abdurahman Isse, 2007: The Prevention of Infibulation in the Lower Scebelli (Somalia) –** Pia Grassivaro Gallo

1030 - 1045 **Knowledge and Opinions of North Italian Health Operators About Female Genital Mutilation** – Ilenia Zanotti, Pia Grassivaro Gallo, Annalisa Bertoletti, Miriam Manganoni

1045 – 1100 **Male Circumcision in Italy, From a Free Procedure to a Paid One** – M. Gloria de Bernardo

1100 - 1115 Coffee

SESSION 2 **PHYSICAL EFFECTS OF CIRCUMCISION** Chair, Tony Peters

1115 – 1150 **Physical Effects of Circumcision** – John Warren

1150 – 1230 **"I'm 19 and I don't want to be circumcised"** – Peter Ball

1230 – 1300 **Circumcision and Men's Health: A Contradiction in Terms? –** Peter Baker

1300 – 1400 Lunch

SESSION 3 **CONSERVATIVE TREATMENTS** Chair, Richard Duncker

1400 – 1430 **The Foreskin in Children** – Pierre Mouriquand

1430 – 1500 **Adult Urology** – Gordon Muir

1500 - 1530 **So They Claim to Know the Answer: The Problem of Association Taken as Causality** – Ken McGrath

1530 - 1600 **Discussion**

1600 - 1615 Tea

SESSION 4 **CIRCUMCISION AND JUDAISM** Chair, Sheila Curran

1615 - 1645 **The Shadow Behind the Circumcision Dialogue: How Do We Encounter Jews? –** Miriam Pollack

1645 - 1800 **Cut: Slicing Through the Myths of Circumcision –** Documentary by Eliyahu Ungar-Sargon

1800 – 1830 **Thanks by Session Chair**

Closing Remarks – John Warren

Business of Evening – David Smith

1900 – 1930 **Reception/**no host bar

1930 - **Gala Dinner,** Keele Hall

DAY 3 Saturday, 6 September 2008

0900 – 0915 **Business –** David Smith

0915 – 0930 **Introduction and Welcome –** Marilyn Milos

SESSION 1 **HIV/AIDS ISSUES** Chair, John Dalton

0930 – 1015 **A Case Against Neonatal Circumcision as a Preventative Measure to Reduce HIV Infection Rates –** Daniel Sidler

1015 – 1100 **Long-term Population Effect of Male Circumcision in Generalized HIV Epidemics in Sub-Saharan Africa –** Michel Garenne

1100 – 1115 Coffee

1115 – 1200 **XVIIth International Conference on AIDS, Mexico City, August 2008: Reason for hope or panic?** – John Geisheker and Georganne Chapin

1200 – 1300 **HIV/AIDS Discussion**

1300 – 1400 Lunch

SESSION 2 **EDUCATION WORLDWIDE** Chair, David Smith

1400 – 1445 **Onward and Outward** – Paul Mason

1445 – 1530 **Educating the Professionals** – Prasad Godbole

1530 – 1600 **Discussion**

1600 – 1615 Tea

1615 – 1700 **Genital Integrity: The Way Forward –** David Smith

1700 – 1730 **Thanks by Session Chair**

Closing Remarks – Marilyn Milos and John Warren

Business of Evening – David Smith

1900 - **Dinner** (optional extra) + cabaret

Speakers confirmed but are subject to change.

International Symposia on Circumcision, Genital Integrity, and Human Rights

The International Symposia on Circumcision, Genital Integrity, and Human Rights, a special project of the National Organization of Circumcision Information Resource Centers (NOCIRC), provides a forum for discussion about the genital alteration of infants and children from historical, anthropological, cultural, religious, social, psychological, medical, ethical, legal, and human rights perspectives. NOCIRC is a non-profit educational organization that provides information about circumcision, genital integrity, and protecting the rights of children.

Syllabus of Abstracts

INTERNATIONAL ORGANISATIONS, POLITICAL INTERESTS: ONE GROUP'S EXPERIENCE

Seham Abd el Salam Mohammed and Sarah Enany

In 2003, UNICEF commissioned us, as a group of independent researchers with experience in presenting gender issues and making them accessible through graphic design, to make them an illustrated anti-FGM manual. We were delighted to have this opportunity to correct widely disseminated misconceptions, as their previous work had included pro-MGM advocacy. After preliminary meetings, in which we were promised that we could mention, if not directly advocate, genital integrity for all, we were plunged into a labyrinthine complex of biased 'experts,' interminable rounds of unauthorised, clandestine, and sometimes outright comical changes to the material, and outright falsehoods, culminating in a face-to-face meeting with the managing director of UNICEF Egypt, who let us know in no uncertain terms the philosophy of this organisation that purports to defend the rights of children. Armed with "Before and After" pictures, we will reveal what happened, and why it is doubtful that any real help can come from such organisations at this time.

Seham Abd el Salam Mohammed, Bsc, MA, MD, received her Bsc of Medicine from Ain Shams University (1972), a graduate diploma in industrial medicine from Ain Shams University (1976), a graduate diploma of art criticism from the Egyptian Academy of Arts (1985), and an MA in social anthropology (gender issues) at the American University in Cairo (1998). She worked as a general practitioner in the Ministry of Health hospitals and rural health units and as a specialist of Industrial Medicine in the Ministry of Health. The focus of her research is female genital mutilation. She participated in bringing a court case against Egypt's previous Minister of Health, who allowed FGM in government hospitals. She authored a practical manual for training of trainers on reproductive health (for the Social Fund, Egypt), a manual for training lawyers on issues of incest, honor killing, and circumcision (for the Center of Women's Legal Issues), a research on small-scale NGOs with interest in women's issues, and has made presentations on male genital mutilation and gender power politics, and shared in design of illustrated educational material on FGM (produced by CEDPA). She co-authored a kit on FGM with Dr. Sarah Enany for UNICEF activities and training of trainers. She is the Resource Center Documentalist on FGM and Violence Against Women for the National NGO Commission of Population and Development in Cairo, Egypt.

Sarah Enany, PhD, teaches drama at Cairo University. She has co-authored and illustrated a book on feminism, and co-authored and illustrated the UNICEF anti-FGM manual. She has also written and drawn educational material for various Egyptian and international NGOs. She is currently working on founding Day, an NGO focusing on gender issues and genital integrity for all. Cairo, Egypt.

HOSPITAL'S DUTY; INFORMED CONSENT

Zenas Baer

Current litigation surrounding the informed consent issue centres on the hospital's liability to ensure that "informed consent" is obtained. Most common law jurisdictions find the duty to obtain informed consent is non-delegable and on the medical practitioner. As a non-delegable duty, the hospital has no exposure to liability for violation of the informed consent doctrine. Current litigation is challenging the notion that hospitals are immune from liability in informed consent cases based on federal regulation applicable through their participation in federal Medicare programs.

Zenas Baer, JD, received his BA in German Literature and Political Science from the University of Minnesota (1976). He graduated from Hamline University School of Law, St. Paul, Minnesota (1980). Since 1980, he has been in private practice in Hawley, Minnesota. He is licensed to practice in the United States Supreme Court, United States Claims Court, United States Court of Appeals for the Federal Circuit, Eighth Circuit US Court of Appeals, Supreme Court of the State of Minnesota, Supreme Court of the State of North Dakota, US District Courts in Minnesota and North Dakota, and the White Earth Band of Chippewa Tribal Court. His practice is focused primarily on complex litigation and he is known to take on unusual cases, generally fighting for the underdog. He has handled a number of circumcision cases and dealt extensively with the concept of informed consent as it relates to circumcision. Hawley, Minnesota.

CIRCUMCISION AND MEN'S HEALTH: A CONTRADICTION IN TERMS?

Peter Baker

This talk will explore primarily how the historic neglect of men's health and a lack of respect for men's bodies, combined with an assumption that men should learn from a very young age that enduring pain is part of what being a man is all about, has enabled the practice of circumcision to continue largely unchallenged until now. As we begin to get a better understanding of men's health and wellbeing, however, circumcision is beginning to seem less acceptable.

Peter Baker has been Chief Executive of the Men's Health Forum (MHF) since 2001. The MHF is a charity that aims to improve the unnecessarily poor health of men and boys in England and Wales. Previously, after a 10-year stint in local government, Peter was a writer and journalist. He was the first health editor of *Maxim* magazine, launch editor of the malehealth.co.uk website and deputy editor of the *Men's Health Journal.* He describes himself as a working father – he has three young children – and lives in Brighton.

For more information about the MHF, visit www.menshealthforum.org.uk.

"I'M 19 AND I DON'T WANT TO BE CIRCUMCISED"

Peter Ball

A review of the medical problems addressed to NORM-UK over the past six years will be provided. Non-surgical restoration topics give way to phimotic problems from men seeking to avoid the circumcision almost universally offered by the medical profession.

Peter Ball, MA MB BChir DA, is a retired family practitioner, Vice Chairman of NORM-UK, and the producer and director of a non-surgical foreskin restoration video. Turnbridge Wells, Kent, UK.

THE FIRST SURVEY ON GENITAL STRETCHING IN ITALY.

Annalisa Bertoletti (1), Pia Grassivaro Gallo (1), Ilenia Zanotti (1), Lucrezia Catania (2)

(1) The Padua Working Group on FGM, University of Padua, Italy

(2) Resource Centre for Preventing and Curing FGM and its Complications. University of Florence, Italy

In 2006-07, the first survey on genital stretching in Italy was implemented in order to evaluate the degree of knowledge of professionals involved in immigration issues, who may be faced with such ritual modifications in the future. During the survey, some obstetrician/gynecologists pointed out that they had also met the same morphology in Italian, non-manipulated patients. We labelled this type "physiological stretching."

The data gathering was done by means of a questionnaire, administered to 272 professionals, constituting a series of items indicating the ability to perceive knowledge about these expansive modifications. Moreover, among the latter 272 professionals we interviewed in depth, 14 specialists, who spoke in a detailed way about 21 cases of stretching, both ritual and physiological.

Results:

On the whole, the phenomenon of genital stretching is little known by Italian health operators: in fact, 93 percent of the interviewees declared they knew nothing about it. The women with labial hypertrophy identified in the survey included 20 Africans with ritual stretching and 40 Western women with physiological stretching. The incidence of physiological stretching in the latter sample is hypothesized from 8 to 20 percent. In conclusion, the health operators do not consider physiological genital stretching, even when it is stressed by the patients bearing this trait with concomitant psychological discomfort, which may develop into real anxiety, especially in teenagers. Ritually "modified" immigrant women, forced to cope with a western society made up of intact women, consider themselves "different" also because of this morphological trait, with a consequent worsening of discrimination and marginalisation in diaspora, although they seldom ask for the surgical reduction of the elongated labia. Labial hypertrophy shows thus a different semantic connotation in Africa and in Italy.

Annalisa Bortoletti, PhD, graduated in Psychology, University of Padua, and is a member of the Padua Working Group on FGM. Padua, Italy.

Pia Grassivaro Gallo, PhD, Associate Professor of Anthropology, University of Padua's Psychology Faculty, and former teacher of Applied Biology, Human Genetics, and Anthropogenetics. Her research on the biology of current human populations has taken place in several developing countries, particularly Somalia (from 1972 to 1985). At the invitation of the Somali Ministry of Public Health (1981), she was invited
to take part in a scientific mission to Somaliland. From 1988, she has been responsible for the Padua Working Group on FGM, dealing with African immigrants in Italy. From 2000, she studied the expansive forms of the traditional interventions on female genitalia, carrying out field researchers in Central Africa (Uganda, Malawi, and Congo RDC). She was co-coordinator of the VIII International Symposium on
Circumcision and Human Rights, Padua, Italy.

Ilenia Zanotti, PhD, received her degree in Psychology at the University of Padua. She is a member of the Padua Working Group on FGM. Padua, Italy.

Lucrezia Catania is a member of the Padua Working Group on FGM. Padua, Italy.

PERFORMING THE ERADICATION OF INFIBULATION: MANA ABDURAHMAN ISSE AT MERKA, SOMALIA

Sandra Busatta and Pia Grassivaro Gallo

An interesting development of the project of eradication of infibulation at Merka, Somalia, from 1993 to 2007 (The 9th International Symposium, Seattle 2006), implemented by Mana Abdurahman Isse, prematurely deceased, is the use of singing and dance to reinforce a western-style approach to female health by means of traditional methods of learning and sensitisation. Although the CD on which we base this presentation has a very poor technical quality, we consider it an exceptional anthropological document on the happy combination of the traditional and the modern, which espouses local ways of emotionally communicating very important notions through singing and dancing and more frigid school-like teaching.

We are going to apply the notions of British anthropologists, Victor Turner and Maurice Bloch, about cultural performance to the visual document supplied by Mana Abdurahman Isse, a sultan's daughter, and thus a charismatic figure whose performance is particularly authoritative, in order to analyse how effective an intervention can be that aims at the eradication of the infibulation that exploits culturally sanctioned means of communication. This culturally loaded intervention can suggest to us new approaches to the prevention as well as the eradication of infibulation, with the help of native operators and cultural mediators, also in a diaspora environment.

Sandra Bussata, PhD, is Professor of Social Anthropology, University of Padua, and a member of the Padua Working Group on FGM, Padua, Italy.

MALE CIRCUMCISION IN ITALY, FROM A FREE PROCEDURE TO A PAID ONE

M. Gloria de Bernardo

For the first time in Italy, a strong position has been taken against the practice of male circumcision on therapeutic grounds, at the expense of public health authorities, in a small town, Conegliano, Veneto. The hospital's training service investigated the reasons for which the local medical authorities had decided to reclassify a request for male circumcision, on therapeutic grounds, from a free procedure to a paid one.

For this reason, research was undertaken to show that, in recent years, the request for male circumcision considerably increased among Muslim families. It was impossible to understand the real reason for that because all the families had made a request for therapeutic circumcision through their own doctor. By checking the number of these requests, it was noticed that, after the request for male circumcision was reclassified from a free procedure to a paid one, these requests diminished.

We also know that some Muslim families used operators who came from their same geographical area in Africa, but the results sometimes were terrible. As reported by the press, one boy in Veneto and another in Puglia died from hemorrhage, caused when the glans was cut off during circumcision.

The echo of such research has had consequences in other public health services, where the possibility of creating a ticket-payment for circumcision began to be considered.

M. Gloria de Bernardo, PhD, teaches Ethno-Anthropology and Social Anthropology, Surgery and Medicine Faculty, University of Verona and University of Padova. She is the President of the Ethic Committee in "Clinical Practice, Hospital Institute of Verona, and has been a member of the Experimentation Committee, as an "Expert in Bioethic Science," following her experience at the San Raffaele in Milan and at Lana Foundation in Padova. She is a member of the Medical Anthropology Italian Society (SIAM). She has written many articles for *Etnoginecology Magazine*, as a result of her personal research and her research with the Padua Working Group on FGM. She is the author of *The Respect of Pain and Death in the Main Confessions*. Padua, Italy.

MALE GENITAL MUTILATION

George C. Denniston

Doctors performing circumcisions may have no idea what they are doing. This paper intends to inform them. Any person who circumcises a non-consenting minor violates the first tenet of medical practice, First, Do No Harm. He or she also violates the Golden Rule, and 8 of 9 Principles of the AMA Code of Ethics. They also violate the Nuremburg Code, which relates to experimenting on humans. They operate without the approval of all national medical societies in the world. The violations speak for themselves.

George C. Denniston, MD (Princeton University), MPH (Harvard School of Public Health), is the founder of Doctors Opposing Circumcision (D.O.C.), co-author of *Doctors Re-Examine Circumcision,* co-editor, *Sexual Mutilations: A Human Tragedy, Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice, Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem, Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society,* and *Bodily Integrity and the Politics of Circumcision: Culture, Controversy, and Change,* and Clinical Assistant Professor, Department of Family Medicine, University of Washington. Seattle, Washington, USA.

ADOLESCENT AUTONOMY AND THE LIMITS OF RELIGIOUS FREEDOM

Marie Fox and Michael Thomson

On two occasions the Court of Appeal in England has addressed the legality of non-therapeutic circumcision performed on a minor unable to provide consent. Both cases, which involved post-separation families, have mediated situations where understandings of the requirements of religious observance have led one parent to seek a male child's circumcision against the wishes of the other parent. As we have written elsewhere, while both cases concluded that the procedure could not legitimately be performed, they both accepted that non-therapeutic circumcision remains a matter of parental choice, which is beyond judicial scrutiny where the family is intact and seeks the procedure as a matter of religious practice.

In January 2008, the Supreme Court of Oregon was faced with a similar dispute in the case of *Boldt v Boldt*. In this paper we offer a critique of the court's reasoning in that case. Specifically, we focus on two key issues, which the Boldt case raises, but which we argue are accorded scant attention in the judgment. The first concerns the rights of the 12-year-old boy at the centre of the dispute to determine which medical treatment or interventions to his body were permissible. A subsidiary question here is the extent to which circumcision procedures are appropriately categorised as 'medical treatment.' The second key issue underpinning the case concerns the limits that may legitimately be placed on parental rights to make choices for their children when their choices are motivated by religious belief.

This case provides a starting point from which to explore the apparent pattern of reasoning according to which judges, law makers, and professional bodies shy away from confronting key questions raised by the tolerance in Anglo-American society of non-therapeutic genital cutting of male infants.

Marie Fox is Professor of Law at the University of Keele. Her main research interests are in the fields of Health Care Law, Animal Law and Feminist Legal Theory. Selected recent publications include: (with Jean McHale), 2nd edition of *Health Care Law: Text, Cases and Materials* (Sweet & Maxwell) 2006 (1204, xxxvi pages); "The Regulation of Xenotransplantation in the United Kingdom After UKXIRA: Legal and Ethical Issues" (with L.Williamson and S. McLean) (2007) 34(4) *Journal of Law & Society* 441-64; "Rethinking the Animal/Human Boundary: the impact of xeno technologies" (2005) 26 *Liverpool Law Review* 149-67; (with Michael Thomson) "Cutting it: surgical interventions and the sexing of children" (2005) 12 *Cardozo Journal of Law & Gender* 82-97; (with Michael Thomson) "A Covenant with the Status Quo?: Male Circumcision and the new BMA Guidance to Doctors," (2005) 31 *Journal of Medical Ethics* 463-9; (with Michael Thomson) "Short Changed? The Law and Ethics of Male Circumcision," (2005) 13 *International Journal of Children's Rights* 161-81; republished in M. Freeman (ed) Children's Health and Children's Rights Leiden/Boston: Martinus Nijhoff Publishers, 2006. Staffordshire, UK.

Michael Thomson is Professor of Law, Culture & Society at the University of Keele. His research interests include Health Care Law, Law and Gender, and Law and Literature. His particular focus has been the regulation of reproduction and the relationship between law and gender. The focus of his most recent work is masculinity and the legal regulation of the male sexed body. He is the author of *Reproducing Narrative: Gender, Reproduction and Law* (Dartmouth, 1998) and *Endowed: Regulating the Male Sexed Body* (Routledge, 2007). Staffordshire, UK.

LONG-TERM POPULATION EFFECT OF MALE CIRCUMCISION IN GENERALIZED HIV EPIDEMICS IN SUB-SAHARAN AFRICA

Michel Garenne

Objectives: To review the complex relationships between male circumcision and HIV prevalence and incidence in sub-Saharan African countries with generalised epidemics.

Methods: In South Africa, mean yearly HIV incidence and an estimate of Ro were computed from antenatal clinics data and compared by province, according to level of circumcision. In thirteen other countries where Demographic and Health Surveys (DHS) were conducted, male HIV prevalence was compared between circumcising and non-circumcising groups.

Results: In South-Africa, mean yearly incidences and net reproduction rates between 1994 and 2004 were not lower in provinces with high rates of male circumcision than in others. A meta-analysis of thirteen countries contrasting HIV seroprevalence according to circumcision status showed no difference between the two groups (RR= 0.99, 95%CI= 0.92-1.03). Eight countries showed no significant differences, two showed lower prevalence among the circumcised groups (Kenya and Uganda), and three showed higher prevalence (Cameroon, Lesotho, Malawi). In most countries with complex ethnic fabric, the relationship between circumcision status and HIV seroprevalence was not straightforward, with the exception of the Luo in Kenya and a few groups in Uganda.

Conclusions: These observations question the potential long-term effect of voluntary circumcision programmes in countries with generalised epidemics.

Michel Garenne, PhD (demography), is Director of Research at the French Institute for Research and Development and is currently working at the Pasteur Institute, Emerging Diseases Unit, in Paris. He is also honorary Associate Professor at the University of Witwatersrand, Johannesburg. He directed the Niakhar Demographic Surveillance System in Senegal in the 1980s and has collaborated with the Agincourt Health and Demographic Surveillance System in South Africa since 1992. He is the author of numerous publications on population and health issues in Africa, and has taught demography at several universities in Europe (Paris, Clermont-Ferrand, Heidelberg, Antwerp), and in the United States (Harvard). Paris, France.

XVIITH INTERNATIONAL CONFERENCE ON AIDS, MEXICO CITY, AUGUST 2008: REASON FOR HOPE OR PANIC?

John Geisheker and Georganne Chapin

The XVIIth International Conference on AIDS in Mexico delivered a pleasant surprise to those of us who exhibited on behalf of the International Coalition for Genital Integrity: most of the African women delegates to whom we spoke, AIDS workers on the front lines, were skeptical that male circumcision (MC) would prove an HIV panacea of any worth. Indeed, many delegates described MC as a double trap for women. They worried aloud that 'medically circumcised' men will tout themselves as uniquely immune to HIV and thus in no need of a condom. Delegates also noted that circumcision only protects HIV(-) men from HIV+ women, to only 60%, if it does that. It delivers no protection to HIV(-) women from infected men. Well-financed proponents of MC locked out any discussion or open forum on the issue in Mexico, and were quick to claim, "the train has already left the station." How soon this first-time public health condemnation of a normal body part, an apparent well-financed fait accompli, stumbles remains the interesting question.

John Geisheker, JD, LLM, is the General Counsel and Executive Director of Doctors Opposing Circumcision. Seattle, WA, USA.

Georganne Chapin, JD, is President and CEO of Hudson Health Plan, a non-profit Medicaid managed care company in New York's Hudson Valley. She is also founder and President of the Hudson Center for Health Equity & Quality (Hcheq), an organisation whose purpose is to contribute to policy and technology efforts toward healthcare reform. Under Hcheq, Georganne is leading the establishment of Intact America, a new organisation dedicated to keeping babies whole. She has taught Bioethics as well as Medicaid and Disability Law at Pace University School of Law, from which she received her law degree. She also holds an undergraduate degree in Anthropology from Barnard College and a Masters in Sociomedical Science from Columbia University. She serves on a number of non-profit Boards, including that of Attorneys for the Rights of the Child (ARC). Tarrytown, NY, USA.

EDUCATING THE PROFESSIONALS

Prasad Godbole

The conservative management of foreskin problems in children will be discussed.

Prasad Godbole, MB BS, FRCS (Eng), FRCS (Paeds), FEAPU, is a Consultant Paediatric Urologist and Surgeon at Sheffield Children's NHS Foundation Trust. He specialises in paediatric urology, with an interest in dysfunctional voiding and intractable wetting disorders, paediatric urinary tract stone disease, reconstructive urology, including hypospadias. He is a member of the British Medical Association, The Royal College of Surgeons of England, British Association of Paediatric Urologists, European Society for Paediatric Urology, British Association of Paediatric and Adolescent Gynaecology, Medical Defence Union. Sheffield, UK.

FORESKIN RESTORATION 1980-2008

R. Wayne Griffiths, MS, MEd, with J. David Bigelow, PhD, and James Loewen, Photographer

The goal of restoration is to cover the glans penis to some extent with a double sheath of retractable tissue. Many men who contact NORM want full coverage of the glans, plus overhang, even when fully erect. A realistic goal is important, however, since satisfaction or disappointment is clearly related to expectation. For a tightly cut man, "success" may be just enough loose tissue so that erections are no longer painful. For others, it may be possible to achieve full coverage during erection. Currently, there are both surgical and non-surgical methods to re-cover the glans. The results, however, of most surgical procedures have proved disappointing. This presentation discusses both methods; however, the emphasis is upon various non-surgical tissue expansion techniques/devices. While the movable sheath that covers the penile shaft is commonly called "skin," its structure is far more complex. Therefore, expansion of the shaft tissue is more challenging than expanding ordinary skin.

R. Wayne Griffiths, MS, MEd, a sociologist and educator, received his MS from BYU and his MEd from Oregon State University and did post graduate work at the University of Southern California in Los Angeles. He was an assistant professor of sociology and criminology at Armstrong State College in Savannah, Georgia. He is the co-founder of the National Organization of Restoring Men (NORM), which was founded in 1989, and is the Executive Director, handling all inquiries about restoration. He has written and published a number of articles on foreskin restoration. At the 8th International Symposium on Circumcision, Genital Integrity, and Human Rights. University of Padua, Italy, he reported on the results of an ongoing survey about the attitudes and feelings of men concerning circumcision and restoration. Concord, CA, USA.

J. David Bigelow, PhD, earned his doctorate in psychology at Claremont Graduate School, is a retired college professor (Whittier College), therapist, clergyman, and author of *The Joy of Uncircumcising!* Pacific Grove, CA, USA.

James Loewen, Photographer, discovered his circumcised status at age seven, which sparked his outrage. Artistic abilities as a child led him to a career as a photographer and many fascinating assignments, including a three-month project in 1975, photographing the activities at the sex-change clinic of the notorious Dr. John Brown. In 1993, Loewen happened upon Jim Bigelow's book, *The Joy of Uncircumcising,* and began connecting with others opposed to infant and childhood genital surgeries. His lifetime of questioning gender, sexual roles, and orientation has informed his artistic and intactivist activities. Currently he is making videos related to intactivism and hosting a YouTube channel, "intactivist1" with many collected video clips related to the issue. Vancouver, British Columbia, Canada.

CIRCUMCISION MEMORY

Thomas W. Hennen

A doctor circumcised me six days after my birth. I vowed just before passing out in extreme pain, cold, rage, and exhaustion that "I will not forget" what happened to me that day. Then, 52 years later, I chanced to regain those long-buried memories. This account describes regaining the memories and, through the memories, my perceptions of my world from birth to ten days. The remarkable memories consist of richly detailed visual images, spoken words and sentences, tactile sensations, extreme pain, intense anger, rage, fear, puzzlement, and sadness. I address the memories from the viewpoint of the child I was, living the memories, and of the adult I am, examining and interpreting the memories in context. The first person account is honestly presented, and is not fiction. Predictably, some will not want to believe this account because it challenges their beliefs of what a newborn infant thinks and experiences.

Thomas W. Hennen, JD, received a BS degree in Mechanical Engineering from Washington State University (1969) and a Juris Doctor in Law from the University of Maine School of Law (1973). He is a member of both the Washington and California Bar Associations and is admitted as an attorney before the US Patent & Trademark Office. He has spent 33 years of his professional career working as an Intellectual Property Attorney for government and corporate employers. Des Moines, WA, USA.

NEONATAL CIRCUMCISION REVISITED: IMPLICATIONS FOR SURGEONS OF MEN'S EXPERIENCES IN REGRESSIVE THERAPY

Robert C. Johnson

This paper asserts that, although most men circumcised as infants have no conscious recollection of the trauma, the unexpected re-experiencing of the pain and shock of circumcision by men in regressive therapies suggests that the experience is never forgotten by the unconscious mind, the source, as has been understood since Freud, of most psychological problems. The history, aims, and methods of a range of regressive therapies are briefly surveyed. Descriptions of men's discovery in regressive therapy of the profound impact circumcision has had on their lives are described. The presenter outlines his own re-experiencing of circumcision in primal and bioenergetic therapy over a thirty-year span. Repatterning or corrective emotional experience is explained as an effort to enable circumcised men to regain confidence and self-assertion, characteristics damaged by the impact of the infant male's helpless victimisation during circumcision. Restoring is also mentioned as a necessary palliative endeavor for victims (including doctors) of this practice.

Robert C. Johnson recently retired from a 24-year career as a writer and editor at Gallaudet University in Washington, DC, USA, where he wrote extensively about deafness-related research. He is co-editor of *Testing Deaf Students in an Age of Accountability,* published by Gallaudet University Press. In 2005, at the age of 60, determined to understand and overcome the root cause of difficulties with intimacy he had experienced all his adolescent and adult life, he decided to pursue an eclectic form of regressive therapy for a second time. Much to his surprise, during one session of this

therapy, he began to re-experience his neonatal circumcision, an event he believes originally occurred within hours or minutes after birth, without parental consent (a frequent occurrence in 1945), many hours before he met his parents. His paper describes his journey from that shocking discovery to his current status as an anti-circumcision activist. Alexandria, VA, USA

RESTORATION–THE FORESKIN AND THE AMERICAN DREAM

Ron Low

With over 10,000 foreskin restoration clients, Ron provides unique insight into the demographics of foreskin restorers. In a lively audio/video format, he will also share what the future holds for TLC Tugger – his foreskin restoration device – and discuss how his Masters degree in Services Marketing has facilitated his intactivism work.

Ron Low, BS, MS, earned his BS degree in Engineering from the University of Illinois and his MS from Northwestern University's Kellogg Graduate School of Management, and is the marketer of a leading brand of foreskin restoration devices (TLCTugger.com) and the host of the "Circumspect" podcast series. Ron has been cited in the book, *Everything you know about Sex is Wrong,* was featured in the BBC documentary *Circumcise Me?*, and interviewed by *Time* magazine. He appears in the 2007 documentary, *Cut: Slicing Through the Myths of Circumcision.* Chicago, Illinois.

STRATEGIES FOR ERADICATING INVOLUNTARY MALE CIRCUMCISION: GOALPOSTS THAT DON'T MOVE

Paul Mason

This paper examines reasons given by proponents for circumcision of minors, which include clinical indications, prophylaxis, religion, and culture. It examines the legal authority by which the professional or lay operator performs surgery on a person with that person's consent. The paper focuses on the capacity of a parent to give valid consent for surgery performed on children, in the context of Tasmanian and Australian Statute and common law, and the fountains of English common law. It considers the relevance of "Gillick-competence" of the child patient and discusses whether a legal response based on notions of residual parental "rights," of "family rights," and of "cultural/religious rights" and the paramountcy principle of the child's best interests are consistent tests by which to protect the rights of the child. These rights issues are routinely absent from the reductionist arguments of proponents.

The paper concludes that the only consistent way to challenge the arguments of child circumcision proponents is to insist on the individual rights of the individual child, including rights to choose a religion, rights to protection from cruel treatment and abuse, rights to be consulted in decisions that have permanent effects on the child's life experience, and a right emerging from the international response to FGM – the right of *genital autonomy.*

Paul Mason is the Commissioner for Children [CfC] for Tasmania. The CfC is an officer of Executive Government, independent of the elected government of the day, appointed to advise the Government and to increase public awareness of matters relating to the health, welfare, care, protection, and development of children. Paul is a family lawyer with 30 years experience.

THE STRETCHING OF THE LABIA MINORA AND OTHER EXPANSIVE INTERVENTIONS ON THE FEMALE GENITALS IN THE DEMOCRATIC REPUBLIC OF CONGO (RDC)

Nancy Tshiala Mbuyi, Pia Grassivaro Gallo, Annalisa Bertoletti

Ritual stretching, classified among female genital mutilations by the WHO in 1996, has been studied for the first time in 2006 in the Democratic Republic of Congo by the Padua Working Group on FGM. Data gathering took place indirectly from Italy by means of Italian and Congolese local referents, through structured interviews with traditional operators, as well as with a focus group of about ten intellectuals (in Kasai) and Italian health operators (in Kiwu). The data have been completed, with the answers from two questionnaires sent to manipulated women and health operators of the Mbuji-Mayi Hospital in Kasai.

The results enabled us to outline cultural and naturalistic traits, social meanings, countrywide diffusion, and time evolution of the ritual of labial elongation as it takes place in the two above-mentioned regions of the RDC. Other forms of expansive genital modifications have been identified, such as ritual defloration and the widening of the vaginal canal, among very isolated populations in the Kiwu region.

Nancy Tshiala Mbuyi graduated in Nursing Sciences, University of Padua, and is a member of the Padua Working Group on FGM. Padua, Italy.

SO THEY CLAIM TO KNOW THE ANSWER: THE PROBLEM OF ASSOCIATION TAKEN AS CAUSALITY

Ken McGrath

The insights to be gained from Sir Austin Bradford Hill's "criteria" for using association as a guide to causality and the perils of rushing to conclusions or ignoring confounders will be addressed. The use of statistical measures of significance with an emphasis on clinical outcomes will be discussed.

Ken McGrath, VRD, Msc(Hons), LIBiol, MNZIML, Senior Lecturer in Pathology in the Faculty of Health, Auckland, University of Technology, New Zealand, has made a lifelong study of the male genitalia, which he has taught to medical students. His research interests are the innervation of the penis and fungal diseases of the skin. Auckland, NZ.

FEMALE GENITAL MUTILATION: A HUMAN RIGHTS ISSUE

Comfort Momoh

In practising communities, female genital mutilation (FGM) is seen as a rite of passage by some and as a religious obligation by others. Strong support for the protection of the rights of women and girls, by the use of the international and regional treaties as well as consensus documents, will be demonstrated, with references to the UN Convention on Human Rights and African Charter. We, as a society, must uphold the rights of girls and women and work together to eradicate FGM.

Comfort Momoh, MBE (RN, RM, FPN, BSC, MSC – London), is a FGM Consultant/Public Health Specialist with extensive experience of holistic women-centered care management, a researcher of women's health, and a strong

campaigner for the eradication of FGM. Comfort holds a Masters degree from the University of London and she is an honorary lecturer at the same university. She established and runs the African Well Woman's Clinic at Guy's and St Thomas Foundation Trust, a support service for women and girls who have undergone FGM. She is the recipient of the many awards, including the first ever nurse/midwife of the year award from the Trust in 2003. She received the Florence Nightingale Scholarship/Travel Award 2007, to carry out a Comparative Research in Africa – looking at the sexual quality of women who have undergone FGM. She received MBE from the queen in recognition of her work on women's healthcare. Comfort was awarded a doctorate degree at Middlesex University-School of Health and Social Sciences for her contribution to public life and strong connection to the University. She also provides training, workshop, seminars, and conferences at local, national, and international levels. She is the Chairperson for the Black Women's Health and Family supports (a non-governmental organisation working and supporting the community). She is also the vice-president for EURONET (European Network on FGM). London, England.

THE FORESKIN IN CHILDREN

Pierre Mouriquand

The normal foreskin, common troubles met by male children with their foreskin, and situations where a surgical procedure is currently considered will be discussed.

Pierre Mouriquand, FRCS(Urol), is a professor of Paediatric Urology and head of the Department of Paediatric Surgery at Lyon Children's Hospital–Claude-Bernard University– Lyon 1. After a medical training in Lyon and London (Great Ormond Street Hospital), he became a consultant/ Associate Lecturer in Paediatric Surgery in Cambridge (Addenbrooke's Hospital) from 1991 to 1994 and a consultant/ Senior Lecturer in Paediatric Urology at Great Ormond Street Hospital: Institute of Child Health from 1994 to 1998. He was appointed as a Professor of Paediatric Urology in Lyon in 1998. His main fields of expertise are the Disorders of Sex Development, antenatal diagnosis of uropathies, exstrophy /epispadias complex, neuropathic bladder and elimination disorders.

PROBLEM FORESKINS – HOW TO FIX THEM. PROBLEM CIRCUMCISIONS – HOW TO SALVAGE THEM

Gordon Muir

Most men who have problems with their foreskin can be successfully managed without traditional circumcision. Options may include simple stretching, treatment with topical steroids, and conservative surgery to widen the foreskin or the frenulum.

Some men, particularly those with preputial scarring, are not candidates for conservative treatment. Each man should be counselled about the options available to allow them to choose the best treatment for him. Even where circumcision is necessary, a number of variations in technique exist that will usually allow most men to retain some preputial function with a good cosmetic result.

Where there is no alternative to circumcision, it is important that men are properly counselled and do not avoid treatment for too long, since this can have profound effects on their sexual and social functioning. I believe that a normal foreskin should not normally be removed, and try wherever possible to keep a man connected to his prepuce. However, while it is better to have a working foreskin than not, men should realise that it is best not to hang on to a foreskin that is causing pain, infection. or other problems when all other options have been tried.

In the second part of the talk, I will look at the results of some circumcisions that have not given satisfactory results and discuss the options for correction.

Gordon Muir, FRCS(Urol), FEBU, Consultant Urologist, is based at King's College Hospital and the Lister Hospital, London, and is Honorary Senior Lecturer, King's College London. He specialises in the minimally invasive treatment of prostate diseases and the study and treatment of male sexual dysfunction. London, UK.

THE SHADOW BEHIND THE CIRCUMCISION DIALOGUE: HOW DO WE ENCOUNTER JEWS?

Miriam Pollack

Why do Jews respond with the "A" word when non-Jews broach the subject of intactivism? What are the underlying cultural/historical forces at work triggering this immediate and violent reaction? Perhaps, by understanding the shadow that lurks underneath Christian/Jewish interaction, non-Jews may be able to enter this dialogue more prepared, and, perhaps, with a degree of greater effectiveness.

Miriam Pollack, an educator in private practice and the Jewish mother of two circumcised sons, has been advocating for genital integrity for Jewish as well as non-Jewish baby boys for the past 17 years by writing, speaking, counselling Jewish parents, and providing alternative brit b'lee milah ceremonies for interested parents. Boulder, CO, USA

CIRCUMCISION MYTHOLOGIES IN CONFLICT WITH LOGIC, REASON, AND COMMON SENSE

Steve Scott

Many myths are employed to justify the circumcision of newborn males. A few examples include: "The foreskin is a superfluous part of human anatomy." "It's difficult to keep an uncircumcised penis clean." "Infants are incapable of feeling pain." "A son will suffer psychological damage if his genitals are not altered to match his father."

An analysis of these myths reveals two distinct mythologies: one, a collection of old spouse tales that defy common sense and have no scientific basis, and another, an accumulation of archaic medical theories that contradict modern medical knowledge.

These myths often represent the opposite of what is known and are so senseless and illogical they crumble under the slightest scrutiny. Circumcision, then, is an example of a social custom whose survival requires the suspension of rational thought.

Until these myths are dispelled, strapping down a newborn human and cutting off parts of his genitals will continue to be considered a rational and logical part of neonatal care.

Steve Scott is the Educational Outreach Coordinator of the National Organization of Circumcision Information Resource Centers and the Director of NOCIRC of Utah. Salt Lake City, UT, USA.

THE LOCAL PROCESS FOR GAINING AGREEMENT TO CREATE AN FGM PROTOCOL

Janette Shaw

This presentation will outline how a health staff worked collaboratively with multi-agency partners to formulate a locally agreed upon protocol that enabled us to work together with women affected by FGM and children at risk of being subjected to the practice. How this local protocol was used to inform the London Safeguarding Children Board child protection procedures will be outlined. In addition, how we are using this process to consider the wider implications of MGM will be discussed.

Janette Shaw, MA, RGN, RM, DMS, DPS(HV), Nurse Consultant, Safeguarding Children, Waltham Forest Primary Care Trust, sits on the Waltham Forest Local Safeguarding Children Board Management Group and is a member of the sub fora. Waltham Forest is a North East London Borough, with a multi-cultural population, ranking 11th largest local government district in England and Wales, with a non-white, minority ethnic population. London, UK.

A CASE AGAINST NEONATAL CIRCUMCISION AS A PREVENTATIVE MEASURE TO REDUCE HIV INFECTION RATES

Daniel Sidler

Non-therapeutic circumcision is the most commonly published surgical procedure, still lacking an unambiguous and clear indication. Since its advent in the US during the Victorian period, as a potential prophylaxis for masturbation, it progressed to prevention of different infective conditions (STDs, penile and cervical cancer) and has been advocated as control of the sexual drive. It has recently been advocated as intervention for the prevention of HIV/AIDS by the UNAIDS/WHO

Although it is agreed that the HIV/AIDS crisis demands extraordinary intervention, it is nevertheless questionable if circumcision and particularly neonatal circumcision, could achieve such goal. A rational and critical analysis of the available scientific evidence ought to lead to the conclusion that non-therapeutic infant circumcision could be nothing more than the medicalisation of an old ritual and that it should not be advocated as an adequate prevention strategy of HIV/AIDS in the 21st century.

Before the three controversial RCTs were published, a Cochrane Systematic Review concluded that there was not enough evidence to suggest mass rollout of circumcision to prevent HIV/AIDS. Irrespective of this review, advocates of mass rollout of prophylactic circumcision continued publishing the multiple benefits of infant non-therapeutic circumcision either without mention of the Cochrane Systematic Review or per occasion misrepresenting it. In South Africa infant non-therapeutic circumcision is becoming illegal, making the discussion of infant circumcision moot.

The three RCTs done in Africa, showing a reduction in female-to-male transmission of HIV after prophylactic circumcision, lack evidence of being applicable and repeatable in real-world situations. No field test has been performed to test the theory and to analyse its effectiveness, cost, and complications. On the contrary, there is worrying data showing that female partners of recently circumcised HIV-positive men have a 58% increased incidence of HIV acquisition. To rollout a new programme based on scant evidence, suggesting to the African public that circumcision could reduce a male's chances of contracting HIV by 50–60% is not only inconclusive, but also misleading. Coercing adults and forcing infants to be circumcised is unethical.

The use of adult male circumcision (MC) to curb HIV in Africa is, therefore, controversial, and has the potential to worsen the crisis while expending scarce resources that could be applied better for more effective preventive measures. The use of neonatal non-therapeutic circumcision to combat the HIV crisis in Africa is neither medically nor ethically justifiable based on current medical evidence or universally recognised ethical and human rights principles. There are more effective prevention tools costing considerably less and offering better HIV reduction outcomes than circumcision.

In conclusion, the foreskin has evolved over millions of years and is an integral part of the phallus with important functions. To cut an infant's genitals unless medically indicated, is controversial. Medical indications for circumcision, which has short- and long-term benefits for the child, are rare. It is absolutely imperative that any surgical procedure in children is done under anaesthetic and that post-operative analgesia is provided. Within the science and art of surgery, one recognises therapeutic and prophylactic or preventive procedures. Preventive or prophylactic surgery is only undertaken if the condition to prevent is common, serious, and if there are no other options to prevent it. These criteria are not met in the suggested indications for preventive infant circumcision. Therefore, circumcision as a tool of heightened hygiene and prevention of infections can be seen as a medicalisation of a religious ritual and a social infective meme that is used powerfully to subordinate the vulnerable.

Daniel Sidler MD, MPhil (Applied Ethics), FCS, is a Paediatric Surgeon at Tygerberg Children's Hospital, Stellenbosch University, Cape Town, South Africa

RITES, RIGHTS, AND WRONGS (PSYCHOANALYSIS OF SEXUAL MUTILATION/SEXUAL MUTILATION OF PSYCHOANALYSIS)

Sigismond (Michel Hervé Navoiseau-Bertaux)

The science of the soul, psychoanalysis, brings essential knowledge in understanding and condemning infantile sexual mutilation. The latter does not aim at sex, properly speaking, but only at the organs of pure pleasure, the most erogenous, at the exclusion of the organs of reproduction. The major characteristic of the clitoris and the foreskin is indeed being the major organs of personal pleasure: autosexuality. The discovery by John Taylor of the exceptionally rich erogenous innervation of the foreskin in general and, in particular, of the ring located at the tip of the protective hood of the glans, has confirmed empirical observation. Sorrells' inquiry brought scientific confirmation of this

erogeneity and of the exceptional fine-touch sensitivity of the foreskin. The second characteristic of these organs is their ability to be amputated without, theoretically, harming reproduction. Those two characteristics made man's third and fourth sexes the privileged victims of castratist puritanisms, of their aversion towards sexuality in general, of their domineering stiffness towards the child.

EXCISION, CIRCUMCISION, "HUSH, IT'S FOR YOUR OWN SAKE!" (A PRESENTATION ABOUT INFANTILE SEXUAL MUTILATION)

Sigismond (Michel Hervé Navoiseau-Bertaux)

The gender concepts of female sexual mutilation (FGM) and male sexual mutilation (MGM) set up sexes, the one against the other, instead of bringing them together in defence of the child. Indeed, they ignore the fact that sexual mutilation strikes the child, not the adult. This because these concepts ignore the child's sexuality, at the basis of this ignorance is the fact that infantile sexual mutilation destroys the specific organs of autosexuality. We shall go through a brief psychosociological survey and basic facts about infantile sexual mutilation.

MOSES, JESUS, AND MOHAMMED AGAINST INFANTILE SEXUAL MUTILATION

Sigismond (Michel Hervé Navoiseau-Bertaux)

Moses, in the 2nd Commandment, abolished for the Jews sexual mutilation of both sexes, which was previously imposed by the pharaohs. But the rabbis intellectually falsified this Commandment. Then, Jesus and John the Baptist died for baptism by water rather than blood. Later on, Mohammed, when read honestly, also obviously rose against sexual mutilation. At last, we shall remind that Césaire never made sexual mutilation a "valeur de la négritude" (value of niggerism). And we shall conclude with the proposal of an extra, and first, article to the Universal Declaration of Human Rights: the right to body ownership.

Sigismond (Michel Hervé Navoiseau-Bertaux) is a psychoanalysis researcher. Paris, France.

GENITAL INTEGRITY: THE WAY FORWARD

David Smith

Genital mutilation has always been a cure for the latest fashionable disease. From curing club foot and epilepsy to ensuring a faithful wife, it has been the universal remedy.

Now is the time to break down the barriers, alter perceptions, and broaden the knowledge of the subject to every thinking human in the civilised world.

This talk will explore ways of widening the debate to make genital mutilation as acceptable to discuss in polite society as HIV/AIDS has now attained.

David Smith was educated at St Joseph's College, Market Drayton, and he qualified in business studies at Underwood College. He worked for Re-Solv, the solvent abuse charity, but he currently works full-time as General Manager of NORM-UK, and is the organisation's only paid staff member. David created and now edits NORM NEWS, the organisation's magazine for member. Stone, Staffordshire, UK.

THREE-FOURTHS WERE ABNORMAL" – MISHA'S CASE, SICK SOCIETIES, AND THE LAW

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.

J. Steven Svoboda, JD, focuses on civil litigation and human rights, and is the founder and executive director of Attorneys for the Rights of the Child (ARC), a non-profit organisation addressing the illegality of involuntary genital surgery. Berkeley, CA, USA.

IT'S ALL RELATIONAL

Andrew Tinson

Our whole lives are spent in relationship with others. From before birth, we have an experience of "the other" and, throughout our lives, we learn to understand and become ourselves more fully through our relationships with other people. Perhaps our deepest longing is to be fully met and understood in our relationship with another person.

My belief is that the effects of circumcision cannot be understood by taking a "one person" psychological view. My intention is to draw on the work of contemporary Gestalt psychotherapists such as Gary Yontef and the earlier work of Martin Buber to consider the relational impact of circumcision. I hope to elaborate on these views and consider the lasting impact that circumcision has on our capacity to relate, to trust in the world, to develop our deepest sense of self and perhaps most tellingly, our capacity to heal.

Andrew Tinson started training in psychotherapy, in 2002, with the Metanoia Institute in west London and is currently in advanced training, working part-time towards an MSc in Gestalt Psychotherapy. He has been a member of NORM-UK since the mid-1990s. During the last 30 years, he has worked as a teacher, lecturer, IT project manager and now, as an IT support manager.

PHYSICAL EFFECTS OF CIRCUMCISION

John Warren

Circumcision, as explained by Dr. John Warren, inevitably has the following effects on the penis and its owner:

1 The appearance is permanently changed;

2 The glans becomes an external organ;

3 About one-third to one-half of penile skin is removed, including the entire "ridged band," described by Taylor, et al. The frenulum is sometimes removed;

4 The sensory nerve endings in the foreskin, both on its internal and external surfaces, are mostly lost permanently;

5 The glans becomes toughened and less sensitive;

6 The natural stimulation of the inner foreskin by the glans, and vice versa, during sexual activity (i.e., both intercourse and masturbation) is lost.

7 The gliding mechanism of the natural penis during penetrative intercourse is lost.

John Warren, MB BChir DCH FRCP, qualified in medicine at Cambridge University, England (1966). He obtained the Diploma of Child Health (1968), Membership of the Royal College of Physicians of London (1970), and was made a Fellow of the Royal College of Physicians (1987). After junior training posts, he was appointed a consultant physician in Harlow, Essex (1975), specialising in general internal medicine and respiratory disease. He became interested in problems surrounding infant circumcision when studying child health (1968), and followed up this interest in the early 1990's, leading to the establishment of NORM-UK (1995), of which he has been chairman since its foundation. He retired from medical practice in 2006. Harlow, Essex, UK.

WRITING RITES GONE WRONG: AUTOBIOGRAPHY, TESTIMONIALS, AND THEIR RELEVANCE TO THE DEBATE AROUND GENITAL ALTERATIONS

Chantal Zabus

After briefly examining the discursive asymmetry in writings about excision (as I call it in my book *Between Rites and Rights* [Stanford UP, 2007) and circumcision, I discuss four moments in the literary history of autobiographies around male circumcision—the seventeenth-century "confessions" from *Conversos* in Spain and Portugal; two Kenyan ethno-autobiographies from the 1960s, Mugo Gatheru's *Child of Two Worlds* and Karari Najama's *Mau Mau From Within*; Jacques Derrida's *Circumfession* (1990); and French, Syrian-born Riad Sattouf's comic strip *My Circumcision* (2004)—in an attempt to show that, whether African, Jewish, or Muslim, these autobiographies delineate a move beyond the original *circumspection*. I then examine recent autobiographical vignettes and first-person accounts on websites, films, and other media that introduce a necessary subjectivity and redress the wrongs in what was originally a rite.

Chantal Zabus is Professor of Postcolonial Literature and Gender Studies at the University Paris 13, a Researcher at the University of Paris 3-Sorbonne Nouvelle, and a Senior Scholar at the Institut Universitaire de France, Paris. She is the author of *Between Rites and Rights: Excision in Women's Experiential Texts and Human Contexts,* Stanford UP, 2007); *The African Palimpsest* (Rodopi, 1991; rpt 2007); *Tempests after Shakespeare* (Palgrave, 2002). She has also edited *Le Secret* (with J. Derrida, Louvain, 1999), and *Changements au féminin en Afrique noire* (L'Harmattan, 2000). *Fearful Symmetries: Essays and Testimonies Around Excision and Circumcision* is forthcoming with Rodopi this year, and she is currently editing *Perennial Empires* (with Silvia Nagy-Zekmi). Paris, France.

KNOWLEDGE AND OPINIONS OF NORTH ITALIAN HEALTH OPERATORS ABOUT FEMALE GENITAL MUTILATION

Ilenia Zanotti, Pia Grassivaro Gallo, Annalisa Bertoletti, Miriam Manganoni

In 2006-07 a survey to understand the degree of knowledge and opinions of the female genital mutilations (FGM) of a number of Italian health operators has taken place; thus, 211 subjects, of which 78 per cent were women, with an average age of 39.9, have been contacted and interviewed by means of a 25-item questionnaire, studied at the University of Florence. The statistical elaboration of the data has shown the following:

- two main sub-groups, according the degree of knowledge, have been noticed, that is a "low knowledge" group and a "high knowledge" group (in the latter 80 percent of the personnel involved in immigration issues can be found);
- 95 percent of the subjects self-define themselves knowledgeable on FGM, but they actually cannot give detailed answers on the subject;
- the interviewees show only a biased, westernised opinion on FGM;
- they cite as their primary source of knowledge a direct contact with excised patients; actually, from recent bibliographical literature we know that the relation between health operators and excised patients is very superficial.

This said, we would have liked that the recent Guidelines on FGM published by the Italian Health Ministry for 2007, albeit warned in good time of these results, unfortunately to no avail, had shown better awareness of the role of the media in the diffusion of information on FGM.

Ilenia Zanotti, PhD, received her degree in Psychology at the University of Padua. She is a member of Padua Working Group on FGM. Padua, Italy.

DOCUMENTARIES

Cut: Slicing Through the Myths of Circumcision – Eliyahu Ungar-Sargon, Chicago, IL

Silence, on Coupe – Dominique Arnaud

MALE CIRCUMCISION IN ITALY

Franco Viviani

As the majority of Italians are not circumcised, knowledge about various aspects of male circumcision (MC) is lacking. Recently, however, waves of immigrants from Muslim countries has posed the issue of ritual MC as an unambiguous legislation-enabled fraudulent use of National Health Services (NHS) funding: ritual MC was falsely labeled as "therapeutic" in order to have them performed for free under the NHS.

To better understand the phenomenon, during the last three years, three graduation theses, supervised by the author, permitted collection of: a) epidemiological data to update the first epidemiological survey on the topic (Bobbo, 2006/2007), b) the attitudes of 173 Italian urologists toward MC, that were assessed by means of a questionnaire during a national medical congress (Malaguti, 2006/2007), and, c) interviews taken in 15 health facilities where ritual MC is performed, in order to build a map of the facilities performing ritual MC and to better understand the underlying motivations (Paolini, 2006/2007).

The most important results are as follows: from 1999 to 2002, MC interventions increased (12.8%), while from 2003 to 2004 the trend was quite stable (1.35%). Only one third of the Italian urologists offers alternatives to the surgical intervention for phimosis; half of them are in favour of the prophylactic MC carried out in the United States; from 50 to 70% of them are against ritual MC, mainly for deontological reasons. The general impression is that the medical body should better know and thoroughly examine the implications of this genital modification. Regarding ritual MC, data was very difficult to collect. Conscientious objection and fear of legal repercussions made the context hypocritical and reticent, therefore, to collect a good data set was almost impossible. This suggests that unnecessary interventions on the human body and legal violations occur in Italy. The phenomenon needs a close examination. Even an interviewed official, belonging to a facility that, for two years, tried out MC on children—officially to improve immigrants' integration—when forced into a corner, admitted that the experiment was conducted for economic reasons: it, in fact, was less costly to surgically intervene with MC of children than to adjust the damages of improper ritual MC carried out by home- or country-of-origin-made surgeries!

Franco Viviani, PhD, a physical anthropologist, is at present professor of Functional Anthropology at the Faculty of Medicine, University of Udine, and Professor of Psychobiology and Physiology of Human Behaviour at the Faculty of Psychology, University of Padova. He has published papers and articles on both male and female circumcision. He is the representative for Italy. NOCIRC of Italy. Padua, Italy

Declaration of the First International Symposium on Circumcision

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 parts of the human body.

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 parts of the body.

The only persons who may consent to medically unnecessary procedures upon themselves are individuals who have reached the age of consent (adulthood), and then only after being fully informed about the risks and benefits of the procedure.

We categorically state that circumcision has unrecognized victims.

In view of the serious physical and psychological consequences that we have witnessed in victims of circumcision, we hereby oppose the performance of a single additional unnecessary foreskin, clitoral or labial amputation procedure.

We oppose any further studies that involve the performance of the circumcision procedure upon unconsenting minors. We support any further studies that involve identification of the effects of circumcision.

Physicians and other health-care providers do have a responsibility to teach hygiene and the care of normal parts of the body and to explain their normal anatomical and physiological development and function throughout life.

We place the medical community on notice that it is being held accountable for misconstruing the scientific database available on human circumcision in the world today.

Physicians who practice routine circumcision are violating the first maxim of medical practice, "Primum Non Nocere" ("First, Do No Harm"), and anyone practicing genital mutilation is violating Article V of the United Nations Universal Declaration of Human Rights: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment ..."

Adopted by the General Assembly

March 3, 1989
Anaheim, California, USA