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## **Resolution 1: STUDY OF MEDICAL PROCEDURES AND REPRODUCTIVE RIGHTS OF CHILDREN AND ADULTS**

Sponsors: Van Lewis

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**WHEREAS** AI recognizes female genital mutilation as a violation of human rights;

**WHEREAS** AI recognizes that sexual and reproductive rights are human rights;

**WHEREAS** male genital mutilation may interfere with those rights; and

**WHEREAS** male genital mutilation in the form of circumcision, subincision, super-incision, skin stripping, and castration continues to be practiced in certain world regions;

**BE IT RESOLVED** that AIUSA shall complete a study to determine the health and human rights consequences of male genital mutilation, with the report to be presented to the AIUSA Board by February 14, 2008;

**BE IT FURTHER RESOLVED** that the study report shall also be presented to the AIUSA membership during a panel entitled "Children at Risk: Medical Procedures and Health Care Concerns" at the 2008 AGM;

**BE IT FURTHER RESOLVED** that based on the findings of this study, the AIUSA Board shall advocate for a clear AI policy on MGM at the next International Council Meeting.

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### **BACKGROUND**

Male circumcision is practiced in several regions of the world, especially in the Middle East, Africa, and the United States. Male circumcision is practiced because of religious and cultural reasons, as well as possible benefits to health and hygiene. Studies in major medical journals have produced differing information about the health benefits and risks associated with male circumcision, and none of the major medical associations either recommend routine circumcision for all male infants or condemn the practice.

Subincision, superincision, skin stripping, and castration are also practices which are performed on male genital anatomy. None are widely practiced.

Doctors and anthropologists are currently investigating links between circumcision and reduced rates of sexually transmitted diseases in Africa. French researchers for the 2004-2005 Soweto study showed a connection between male circumcision and lower HIV infection rates in men, and another study is now underway in Uganda. A study presented at the 2005 IAS Conference on HIV showed a similar connection between female circumcision and lower HIV infection rates among women.

#### **Definition of Terms**

**Male Circumcision:** The removal of the prepuce, or foreskin, from the penis.

**Subincision:** An incision of the urethra along the under surface of the penis.

**Superincision:** An incision along the foreskin or the top surface of the penis.

**Skin Stripping:** The stripping of skin off the penis shaft.

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**Castration:** any action, surgical, chemical, or otherwise, by which a biological male loses use of the testes. This causes sterilization, preventing him from reproducing

**FGM Type I:** Also called clitoridectomy; removal of the clitoral hood, with or without removal of all or part of the clitoris.

**FGM Type II:** The excision of the clitoris and all or part of the labia minora. This is the most widely practiced form.

**FGM Type III:** Also called infibulation or pharaonic circumcision; removal of all or part of the external genitalia and stitching or narrowing the vaginal opening to leave a small opening for urination and menstruation.

- Amnesty International opposes all forms of FGM as violations of the human rights of women and girls.
- The American Academy of Pediatrics condemns all forms of FGM, but there is no consensus in the medical community that male circumcision should be similarly condemned.
- Studies in major medical journals have produced conflicting information about the health benefits and risks associated with male circumcision.
- According to The World Health Organization, the most common type of FGM is Type II. FGM is widely recognized as a human rights violation, but there is no such consensus position on male circumcision.
- The 2001 UN report from the Special Rapporteur on Traditional Practices Affecting the Health of Women and the Girl Child condemns FGM and states that male circumcision and FGM are not comparable.

If this resolution were passed at the AIUSA AGM and confirmed by the Board, a next step would likely be for AIUSA to refer the resolution to the IS/IEC and ask for a policy interpretation. Further steps would depend on what position the IS/IEC would take on whether or not this falls within AI's mission, and whether AI can take a position without further study.

#### **ARGUMENTS IN FAVOR**

- Through the efforts of AI and other human rights organizations, Female Genital Mutilation (FGM) is recognized as a violation of international human rights. AI should consider extending its work in this area by studying the human rights consequences of Male Genital Mutilation (MGM) and taking a clear position on the issue. It is fitting that AI should be a leader in this area, as it was on FGM.
- The removal of the foreskin mutilates the male genital anatomy.
- The health benefits of male circumcision are not clear. It is not a medically necessary procedure, and it is both physically and psychologically harmful to men.
- Circumcision is performed on male children without their consent. Amnesty International opposes FGM procedures performed on female children.
- Both male circumcision and FGM Types I and II remove significant amounts of erogenous tissue.
- Numerous studies, articles, and personal stories from male circumcision victims testify to the damage that it has on the wellbeing of men. A sense of great loss and feelings of anger, distrust, and grief are common among circumcised men who are aware of the damage they have sustained. Feelings of personal powerlessness and symptoms of long term post-traumatic stress disorder also have been reported by men when discussing their circumcisions.

#### **ARGUMENTS OPPOSED**

- The passage of this resolution would require AIUSA to study and then adopt a position on medical procedures for which no clear position exists in the fields of human rights or medicine.
- The resolution conflates male circumcision, castration and Female Genital Mutilation (FGM). Male circumcision should not be equated with FGM or castration. In fact, the term FGM is preferred in the human rights community over "female circumcision" because the term "female circumcision" is often used to make the procedures in question seem closer to male circumcision.

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- Although the medical community currently does not recommend circumcisions for all men, it is not condemned by the major medical associations. In fact, some studies have shown benefits to circumcision such as a slightly lower risk of sexually transmitted diseases. We should not preempt the medical community's judgment on this issue.
  - The psychological effects are not proven by medical evidence. According to the American Academy of Pediatrics, there have been no medical or psychological studies proving the psychological consequences of male circumcision.
  - This resolution also requires that AIUSA set up a panel on this subject at the 2008 AGM. This requirement bypasses the current process for selecting AGM panels. To require an AGM panel on this topic a year in advance gives the issue too high a priority and a predetermined outcome to the study. It does not leave enough freedom for the next year's AGM Planning Committee to select panels that reflect current issues and work.
  - AIUSA has a process in place to determine research priorities. It is not appropriate to use a resolution to determine the research agenda.
  - The call for advocacy at the International Council Meeting presupposes the findings of the study; AIUSA should push for a policy only if it is determined that the study warrants such a policy.

### **RESOURCE IMPLICATIONS**

Preparing a letter to the IS/IEC (see above) would involve limited resources. The resources required for researching and producing a study would depend on the scope of the study and the parameters set by the Board when planning implementation. A study of the physical and emotional impact of non-consensual male genital cutting, and of the extent to which such practices take place (gathering data sufficient to make a policy determination), could cost over \$100,000, if performed by staff or an outside, paid consultant. Costs could be less, depending on the scale of the study. If the Board does not redirect funds in the budget, the study might be funded through external sources or conducted by qualified volunteers, if available.