
Resolution 8: MALE GENITAL MUTILATION (MGM)

Sponsor: Matthew Hess

Region: Western Regional Conference
San Francisco, CA

RESOLUTION

WHEREAS genital mutilation of children, regardless of gender, is a violation of human rights;

WHEREAS genital mutilation in the form of circumcision continues to be performed on millions of male children in hospitals and ceremonies, despite overwhelming evidence documenting its harmful physical and emotional effects;

WHEREAS other damaging forms of male genital cutting, including subincision, superincision, skin stripping, and castration continue to be performed in certain world regions; and

WHEREAS progress to end male genital mutilation will only be achieved through widespread and forceful public condemnation;

BE IT RESOLVED that we recognize the inherent right of all human beings to an intact body. Without religious or racial prejudice, we affirm this basic human right.

BE IT FURTHER RESOLVED that Amnesty International takes the following positions:

1. The foreskin, clitoris and labia are normal, functional body parts; parents and/or guardians do not have the right to consent to the surgical removal or modification of their children's normal genitalia;
2. Physicians and other health-care providers have a responsibility to refuse to remove or mutilate normal body parts;
3. The only persons who may consent to medically unnecessary procedures upon themselves are the individuals who have reached the age of consent (adulthood), and then only after being fully informed about the risks and benefits of the procedure;

and categorically states that circumcision has unrecognized victims.

BE IT FURTHER RESOLVED that [in view of the serious physical and psychological consequences witnessed in victims of circumcision,] Amnesty International hereby opposes the performance of a single additional unnecessary foreskin, clitoral, or labial amputation procedure.

BE IT FURTHER RESOLVED that Amnesty International opposes any further studies which involve the performance of the circumcision procedure upon unconsenting minors, and supports any further studies which involve identification of the effects of circumcision.

BE IT FURTHER RESOLVED that Amnesty International finds that physicians and other health-care providers do have a responsibility to teach hygiene and the care of normal body parts and explain their normal anatomical and physiological development and function throughout life.

BE IT FURTHER RESOLVED that Amnesty International places the medical community on notice that it is being held accountable for misconstruing the scientific database available on human circumcision in the world today.

BE IT FURTHER RESOLVED that Amnesty International finds that physicians who practice routine circumcisions 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 (UDHR): "No one shall be subjected to torture or to cruel, inhuman or degrading treatment."

BE IT FURTHER RESOLVED that Amnesty International takes the position that states have an obligation under international standards to pass legislation prohibiting forced and coerced genital cutting, and to adopt clear policies and concrete measures aimed at eradicating genital mutilation of children

BACKGROUND

The purpose of this resolution is to recognize that the practice of circumcision and other forms of forced genital cutting are a human rights violation not just against girls, but against all children. Male circumcision is the removal of the prepuce, or foreskin, of the penis.

Even though no national or international medical organization in the world recommends routine circumcision, male circumcision continues to be widely practiced in certain regions, especially in the United States, the Middle East, and Africa, and it affects an estimated 23% of males worldwide. Other forms of male genital mutilation such as subincision, superincision, skin stripping, and castration are also practiced in parts of Australia, the Pacific Islands, and India. The reasons for continuation of these practices include ingrained cultural traditions, perceived benefits in hygiene and health, and parental religious preferences.

Recently, doctors and anthropologists are currently investigating links between male circumcision and reduced rates of sexually transmitted diseases in Africa. French researchers for the 2004-2005 Soweto study showed a connection between circumcision and lower HIV infection rates. Another study is now underway in Uganda.

The text from the "Be it resolved" section of this resolution was originally drafted on March 3, 1989, at the First International Symposium on Circumcision in Anaheim, California. A similar though differently worded AIUSA resolution on MGM was submitted to both the Western and Eastern Regional Conferences in 1992, but the resolutions did not pass.

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. Amnesty International should extend its work in this area by opposing male circumcision as a form of Male Genital Mutilation (MGM). Amnesty International should be on the forefront of human rights by recognizing male circumcision as a form of MGM that deserves the same level of international condemnation as FGM.

Although many parents insist on this procedure for both health reasons and reasons of religion and culture, the health benefits of male circumcision are not clear. It is not a medically necessary procedure. This procedure is both physically and psychologically harmful to men. Some forms of FGM may be more severe than typical MGM (most notably Type III with infibulation); however, the more common Type I and Type II are strikingly similar to male circumcision. Both male circumcision and FGM Types I and II remove significant amounts of erogenous tissue and are performed on children without their consent.

The most common form of MGM, male circumcision, continues to be perceived as a "cosmetic", "hygienic", or "culturally or religiously required" practice. However, this practice mutilates the male genital anatomy. Removal of the foreskin results in a loss in sexual sensation. It also contributes to other health problems such as chafing and dryness. In some cultures, other mutilating procedures are performed before or after the circumcision, causing even further harm. These include subincision (incising the urethra on the under surface of the penis), skin stripping (where the skin is stripped off the entire penile shaft), and

castration (where the testicles are removed). In other cases, superincision (a slit along the foreskin) replaces traditional circumcision.

The physical damage from male genital mutilation does not even begin to address the psychological and emotional damage that often follows. 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 AGAINST

The resolution conflates male circumcision, castration and Female Genital Mutilation (FGM). Male circumcision should not be equated with FGM or castration. According to The World Health Organization, the most common type of FGM is Type II, which involves the excision of the clitoris and all or part of the labia minora. 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 states that male circumcision and FGM are not comparable. 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.

AI opposes all forms of FGM. Amnesty International should not confuse its work on stopping FGM by adopting a position outside of mainstream understandings of international human rights. The adoption of this resolution could negatively impact Amnesty International’s work against FGM and other violations of human rights.

Amnesty International should not condemn this medical procedure or doctors who perform it because here again AI would be acting outside of the mainstream understandings of harmful medical procedures. Although medical associations such as the American Academy of Pediatrics condemn all forms of FGM, there is not a consensus position that male circumcision constitutes a violation of human rights. Circumcision is not condemned by the major medical associations. According to the American Academy of Pediatrics, there have been no medical or psychological studies proving the negative effects claimed in the resolution. In fact, some studies have shown benefits to circumcision such as a slightly lower risk of sexually transmitted diseases. Although the medical community currently does not recommend circumcisions for all men, we should not preempt their judgment on this issue.

RESOURCE IMPLICATIONS

The resource implications cannot be fully determined because passage of this resolution would require policy interpretation by the International Secretariat (IS) and International Executive Committee (IEC), and could possibly require a decision by the International Council Meeting (ICM). If AIUSA moves forward with this resolution and the IS/IEC finds this policy falls within AI’s mission, it would have to have a priority level assigned. The priority level and extent of membership engagement on this issue would determine the full scope of the financial implications.