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SYMPOSIUM ON GERMAN COURT RULING ON CIRCUMCISION

The goose and the gander: the genital wars

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Should there be gender equity in genital cutting? In Germany (and much of Europe), the native inhabitants tend to argue there is moral equivalence between customary male circumcision and customary female circumcision and both should be proscribed. In Sierra Leone (and several other countries in Africa), the native inhabitants tend to argue there is moral equivalence between customary male circumcision and customary female circumcision and both should be permitted. In the United States, the native inhabitants tend to argue against moral equivalence, permitting customary circumcisions for boys while proscribing them for girls. Who has the better of the argument? And what are the implications of the argument for Jews and other circumcising ethnic groups living in Europe, Africa, and North America?

Keywords: male circumcision; genital cutting; FGM; gender equity; Jewish identity; sexuality; cosmetic genital surgery; pluralism; media bias

It is rumored that when God issued the command, Abraham looked up at the heavens and said 'You want us to do what?' According to legend Sarah was not party to the conversation and was not included in the deal. Such stories don't surprise me. I hesitated too when my son was born, at least until the absentee ballots came flooding in from generations of ancestors; for the dead had a vote, including Abraham. And when my daughter was born the thought 'why aren't Jewish women circumcised?' never occurred to my wife. Not once did she look up at the heavens and say 'What kind of justice is this? Shouldn't there be gender equity in genital cutting?'

That however is the question fully considered by Shaye Cohen in *Why Aren't Jewish Women Circumcised?*[1] His book is an exegesis of medieval rabbinic understandings of the genital cutting required of Jewish males in Genesis 17. It is also an eye-opening account of Jewish attempts to respond to early anti-Semitic Christian accusations that neonatal male circumcision is not only gender biased, patriarchal, and exclusionary (of the female half of the Jewish population) but also morally inferior to the ecumenical and gender inclusive practice of Christian baptism. The author, who is a Professor of Hebrew Literature and Philosophy at Harvard University, then brings us up to date by observing that contemporary opponents of Jewish male circumcision 'assume [moral] parity between male circumcision, which is tolerated, and female circumcision, which is proscribed,' with the aim of expanding existing legal prohibitions of female genital mutilation (FGM) to include the male circumcision of minors.[2] What's good for the goose is good for the gander. Or so argue today's opponents of childhood male circumcision.

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Even when discussing an ideologically overheated topic, Professor Cohen is admirably respectful of the process of critical reasoning. So, he follows the logic of the gender equity principle where it leads. In the concluding footnote of his book he observes that '…western discourse about female circumcision has been shaped exclusively by its opponents' and he raises some doubts about the validity of that discourse, for example with respect to claims about diminished sexual enjoyment for circumcised women. Making reference to one of my own writings on the topic[3] he remarks 'Perhaps, then, an argument could be made for moral parity between female circumcision and male circumcision, not in order to proscribe them both but in order to tolerate them both….'[4] In the remainder of this essay I hope to at least touch on several sides of that question.

'Equal Rights for All Sexes: Say 'No' to Forced Genital Cutting!'

'Equal Rights for All Sexes: Say 'No' to Forced Genital Cutting!' is the gender equity position of contemporary anti-male circumcision groups in North America and Europe. These activist organizations hope to put an end to the circumcision of male minors, which they describe as genital mutilation and child abuse. They believe that the male surgery is physically and psychologically harmful to boys, and a violation of several human rights, including the right to self-determination and the right to the preservation of physical integrity. In their efforts to abolish the practice they are encouraged by the ubiquitous North American and European news reports, opinion pieces, and NGO advocacy literature denouncing customary female genital surgeries in Africa in precisely those terms; and by the ready embrace by legislators (and by several global organizations too) of legal statutes criminalizing female genital surgeries for minors (and in some countries in Europe even banning the procedure for adult women, if those women are motivated by a desire to uphold their own ethnic traditions).

Simply put, the gender equity argument of the anti-male circumcision groups runs as follows: if it is reasonable to have public policies safeguarding the body of female minors from all medically unnecessary genital modifications, then the principle of gender equity (plus logical consistency) suggests there should be similar policies protecting the male body as well. Therefore, whenever global feminist organizations, public policy advocates, politicians or celebrities speak out against customary female genital modifications, denouncing them as mutilations and child abuse, so too they should speak out against customary male genital modifications, morally condemning them in similar terms; even at the risk of offending Jewish and Muslim supporters of anti-FGM campaigns. Put even more simply: there should be equal protection for boys and girls before the law. If you are an outspoken critic of FGM but then remain silent about male genital mutilation (MGM) you are either biased against men, insufficiently conscientious in the application of your principles, or a hypocrite.[5]

The gender equity argument in Europe

That gender equity argument plays relatively well in countries such as Holland, Sweden, Denmark, and Germany, where neither boys nor girls are customarily circumcised. In 2010, the Royal Dutch Medical Association (KNMG), striving for logical consistency with respect to the issue of gender equity, issued an official policy statement decrying the 'non-therapeutic circumcision of male minors' and calling on Muslims and Jews in Holland to abandon the practice. One of their main announced reasons for speaking up at this time was 'the growing sentiment that there is a discrepancy between the KNMG's

firm stance with regard to female genital mutilation and the lack of a stance with regard to the non-therapeutic circumcision of male minors, as the two have a number of similarities.'[6]

In anticipation of the common and predictable retort that male circumcision may offer some distinctive protection against HIV infection, the Royal Dutch Medical Association (KNMG) offered this reply, with a strong emphasis on the general autonomy and physical integrity rights of both males and females: 'Insofar as there are medical benefits, such as a possibly reduced risk of HIV infection, it is reasonable to put off circumcision until the age at which such a risk is relevant and the boy himself can decide about the intervention, or can opt for any available alternatives' (By 'available alternatives' one assumes they had in mind, for example, using condoms or exercising care in the selection of sexual partners or abstinence rather than electing to be circumcised).
And the KNMG offered the following assessment of the evidence:

> the studies into HIV prevention were carried out in sub-Saharan Africa, where transmission mainly takes place through heterosexual contact. In the western world, HIV transmission is much more frequently the result of homosexual contact and the use of contaminated needles. That the relationship between circumcision and transmission of HIV is at the very least unclear is illustrated by the fact that the US combines a high prevalence of STDs and HIV infections with a high percentage of routine circumcisions. The Dutch situation is precisely the reverse: a low prevalence of HIV/AIDS combined with a relatively low number of circumcisions. As such behavioral factors appear to play a far more important role than whether or not one has a foreskin.

Two years later, male circumcision was banned in Germany. Constitutional rights of general applicability – gender inclusive rights to self-determination, physical integrity, and freedom from harm – were invoked by an appellate judge in Cologne in a 2012 court decision criminalizing the circumcision of male minors as customarily practiced by Muslims and Jews. From an historical point of view, the zone of European tolerance for Jewish male circumcision has long been narrow and insecure. Currently, that zone is being contested once again, perhaps fueled in part by self-defensive reactions by dominant European ethnic groups against immigrants from Africa and Asia and perceived threats to the cultural homeland. The recent German court decision concerned a Muslim 4-year-old boy and a Muslim doctor, although Jewish communities and organizations around the world were quick to react. They successfully lobbied German political leaders to legislatively overturn the decision, despite German popular opinion strongly opposed to male circumcision, and with at least some of that popular opinion appealing to modern secular liberal principles of the sort invoked by the judge in Cologne and the physicians in Holland.

The Jewish reaction was hardly surprising, given the Jewish experience in Germany and their historical status as a circumcising minority group living in a not necessarily welcoming non-circumcising German nation. In his book, *Making the Body Beautiful: A Cultural History of Aesthetic Surgery* Sander Gilman remarks:

> Recently there has been a resurgence of the debate about male circumcision that had marked the first generation of [German] Reformed Jewish thinkers in the 1840s. The most radical of these, Samuel Holdheim, had unsuccessfully advocated the abolition of infant male circumcision [in Germany] as a sign of the modernity of Jewish belief. The image of circumcision as a form of barbaric bloodletting dominated this discussion in the nineteenth century. It appeared in the rationale for the ritual murder accusations in the 1890s, that Jews ritually slaughter non-Jewish children for their blood. The argument ran: if the Jews will do this to their own

> children, imagine what they will do to ours! At the end of the twentieth century the accusation has resurfaced in the identification of circumcision as a form of child abuse.[7]

A further (and even more dreadful) historical irony of the recent court decision in Cologne was not lost on the collective memory of many Jews around the world: namely, the ghastly incongruity of witnessing post-WWII constitutionally granted rights to self-determination, physical integrity, and freedom from harm, which were inspired by the ethical lessons of the Holocaust and Nazi era medical experiments, invoked by a German judge with the aim of eradicating a ritualized surgical procedure central to Jewish ethnic identity.

Nevertheless, whatever the alarming ironies of the German court decision, dominant ethnic groups in Europe do have their own traditions and distinctive cultural histories with respect to genital norms for males and females. Many Europeans, even those who are not anti-Muslim or anti-Semitic, react both viscerally and upon reflection with disapproval to the very idea of a non-therapeutic circumcision of male minors. They are primed by virtue of their own long-standing customary habits to be relatively open to the gender equity arguments of anti-male circumcision activists and the Royal Dutch Medical Association calling for a general cessation of all non-therapeutic genital surgeries on minors, both male and female (and as noted many Europeans even support legal bans against genital surgeries by adult African women living in Europe who may wish to uphold their ethnic traditions). It is striking however (because disconcerting and reminiscent of the medieval tensions between Christian theologians and Jewish rabbis examined by Shaye Cohen and mentioned earlier) that the Royal Dutch Medical Association concluded its 2010 scientific report with a discussion of religious freedom in which they managed to draw an invidious comparison between the male circumcision rituals of Jews and Muslims and the baptizing of Christian children (which leaves no trace on a child's physical body, as the Dutch physicians didn't hesitate to point out).

'Nurse, come quickly, there is something terribly wrong with this child!'

The peoples of the world are quite divided in their social norms for genital cutting; and the typical European pattern (where neither boys nor girls modify their genitals) is not a cultural universal. There are no ethnic groups anywhere in the world where only girls modify their genitals. But, there are many where both boys and girls do, and even more where genital modification is exclusively a male prerogative, such as the United States, Israel, South Korea, the Philippines, most of the West Asian Muslim world, and many ethnic groups in Sub-Saharan Africa. In those countries, the gender equity argument of anti-male circumcision groups plays much less well.

In the United States, for example, most boys (and only boys) have their genitals surgically modified. Local social and legal norms proscribe female genital modifications for minors (although cosmetic genital surgeries of various sorts are growing in popularity for women and even teenage girls). Contemporary habits and dominant cultural views are highly permissive of the circumcision of male minors. Anti-male circumcision activists in San Francisco (a city which is arguably the geographical center for this type of activism in the United States) failed miserably in 2011 when they tried to sponsor a ballot initiative banning the surgery within city limits. They never even got on the ballot because their initiative was successfully contested in the courts, where it was judged an unwarranted intrusion into a State licensed medical procedure. The very idea of a ballot initiative of that sort precipitated a broad legislative and cultural backlash highly supportive of male circumcision. Various Jewish and Muslim interest groups and their lobbying organizations

expressed concerns about interference with the free exercise of religion, parental rights, and family privacy. (It seems noteworthy that male circumcision in Israel is not officially defined as a medical procedure but rather as a religious ritual).

The experience of a female Jewish American friend of mine illustrates this relatively widespread cultural sensibility in the United States. When she was a young woman in her 20s she started working as an assistant in the neonatal ward of a well-known Boston hospital. On her first day on the job she looked down at a naked newborn child, screamed, called for a nurse and exclaimed (while pointing): 'Nurse come quickly, there is something terribly wrong with this child!' The nurse looked down and replied, 'Haven't you ever seen an uncircumcised penis before?' The answer of course was 'no'. She had grown up in a cultural world in which all the naked males she had encountered had been circumcised. What she had just observed she had spontaneously experienced as a defect of nature or a biological mutation of some kind. The uncircumcised penis of that newborn child deviated strangely from her ideal image of physical integrity and normal genital aesthetics. She did not then, and she does not now, associate that ideal body image with 'genital mutilation' or 'child abuse.' It is the anti-male circumcision groups and their slogans – they refer to themselves as 'intactivists' – that strike her as bizarre, and even a bit alien.

Not surprisingly arguments abound in the United States claiming (in one way or another) that the differences between female and male genital surgeries overwhelm any similarities and that justice requires that different cases should be labeled and treated differently. According to the local dominant cultural attitude in the United States the customary modification of female genitalia is savage, ugly, unnatural, misogynist, harmful, disgusting, and basically horrifying. In the popular imagination it is the kind of thing barbarians do in Africa where (as the nightmare scenario about the 'dark continent' envisions) they maim, murder, and torture their own daughters and deprive them of the capacity for sexual pleasure; while the customary modification of male genitalia is thought to be normal and health promoting and is said to improve the human body – the way it looks (smooth and shapely without any fleshy encumbrance), the way it feels (clean), the way it works (reducing premature ejaculations). As far as I know, unlike some professional medical associations in Europe, no medical association in the United States has disparaged male circumcision by comparing it to FGM or called for its cessation on medical or therapeutic grounds. Imagine the reaction of the readers of the New York Times if the lawyers and language use editors of the newspaper should ever adopt a gender equitable naming policy and begin referring to Jewish circumcision as male genital cutting or start describing the circumcision ceremony of observant Jews (the 'Bris' or the 'Brith') held on the eighth day after the birth of a son as an occasion for male genital mutilation.

Gender equity the other way around

A rather different sort of equity argument has currency in countries such as Egypt, Ethiopia, Mali, Sierra Leone, parts of Malaysia, and Northern Sudan; where it is the dominant cultural view that males and females should be treated alike by modifying the genitals of both; and where the vast majority of females (approximately 80–90% in seven African countries) would be deeply troubled by the exclusion of females from the practice. 'What's good for the goose is good for the gander' gender equity thinking has been around for a long time in many African ethnic groups. Indeed, at the time European explorers first encountered the circumcising ethnic groups of West Africa there were probably a higher percentage of circumcised female chiefs exercising political power in that region than there are female senators in the US Congress today. Some African

countries (Kenya and the Sudan, for example) have a history of both female and male resistance to global interventions into their family privacy going back to the British colonial era in the 1920s, when infertility was one of the several morbidities (erroneously) attributed to female genital circumcision. In what is probably the most rigorous piece of scientific research ever conducted on female genital cutting and reproductive health – a 2001 study by the British Medical Research Council – comparing 'cut' and 'uncut' women in the Gambia – 10% of circumcised Gambian women in the study were indeed infertile, but the level of infertility was exactly the same for the uncircumcised Gambian women. The same pattern of findings – no significant difference found between 'cut' and 'uncut' women – held true for most of the reproductive health problems investigated in the study, such as menstrual problems or painful sex. One or two diseases occurred more frequently among 'cut' women; one or two occurred more frequently among 'uncut' women. While the women in the study had many troubling health problems, in general, the ill health of a circumcised Gambian woman could not be attributed to her customary genital surgery. The authors caution activists against exaggerating the morbidity and mortality risks of the practice.[8]

Recall Professor Shaye Cohen's caution that '…western discourse about female genital circumcision has been shaped exclusively by its opponents.' Recall too his observation that if the horrifying claims in that discourse about sexuality and health should turn out to be insufficiently evidence based and inaccurate then 'an argument could be made for moral parity between female circumcision and male circumcision, not in order to proscribe them both but in order to tolerate them both….' That is the argument that holds sway for many highly educated African women who find it perfectly natural to frame the question this way: why shouldn't social norms in Mali, Egypt, or Sierra Leone (or other African countries) respect the principle of gender equity and permit females to be circumcised too?

Jomo Kenyatta, the first president of postcolonial Kenya, was also asking that question back in the 1930s when he wrote his PhD thesis in social anthropology at the London School of Economics. In that thesis, which was later published as a book titled *Facing Mount Kenya* and is still taught in college courses in anthropology and African studies, Kenyatta describes many of the customary practices of his own ethnic group, the Gikuyu. Those customs include premarital sexual experimentation for girls and boys (lots of fondling and rather liberal attitudes towards petting and sexual arousal) and both female and male circumcision. Politely avoiding the question of why Jewish women aren't circumcised Kenyatta explicitly compares the Gikuyu custom to the tradition of circumcision among Jews. He argues that circumcision is a bodily symbol of 'the whole teaching of tribal law, religion and morality' and functions for his ethnic group as a gender inclusive step into responsible adulthood. He notes that 'there is a strong community of educated Gikuyu opinion in defense of this custom.'

Kenyatta's text now seems prescient. As if anticipating the mind-set of UNICEF and other global organizations in the early twenty-first century, he draws our attention to the following international event:

> In 1931 a conference on African children was held in Geneva under the auspices of the Save the Children Fund. In this conference several European delegates urged that the time was ripe when this 'barbarous custom' should be abolished, and that, like all other 'heathen' customs, it should be abolished at once by law.[9]

Kenyatta, of course, went on to be one of the leaders of the 1950s Mau Mau uprising against British colonial rule and spent much of that decade in a British prison in Kenya

before becoming the Nelson Mandela of his liberated country. His nationalist movement was bolstered by local resentment over aggressive British attempts to abolish female circumcision and to inspect the genitals of Kenyan girls before letting them attend school.

Not all that much has changed with regard to the international campaign since the 1920s and 1930s, although the era of postcolonial African rule has it own distinctive dynamics. The gender equity argument that was and is commonplace in several African countries calling for parity the other way around (tolerating genital modifications for both females and males) is not an argument that is routinely featured (or even visible) in public policy debates in North America or Europe or at global institutions. Instead, given the way power works in the 'First World' and its influence on global institutions and on post-colonial elites almost everywhere (and despite the overwhelming and persisting popularity of both female and male genital modifications in various East and West African countries), female circumcision has been officially proscribed throughout much of Africa (although without much serious enforcement). This is largely due to the reluctance of local political elites in poor supposedly liberated countries to defy the external pressure of global institutions or refuse the largesse of North American and European donors. Under conditions of unequal bargaining power African political elites take the money and duck. They seem to have the political capacity to ignore popular opinion and the general will of the electorate, mollify the righteous passions of their international patrons, and allegedly accept the strings attached to foreign assistance.

There are, of course, some committed indigenous advocates in countries such as Mali, Sierra Leone, and Egypt who actively oppose local genital norms (at least with regard to females). Although they are a small minority of the general population they are often well-placed. At times they hold influential political positions. They are increasingly well-funded and aligned with benefactors from abroad who support local NGO activities; and they and those NGOs get lots of attention in mainstream media outlets in North America and Europe, and at the United Nations. In December 2012, the United Nations General Assembly took a leaf from that 1931 Save the Children Conference in Geneva and unanimously called for a universal ban on customary female (but not male) genital 'mutilation,' which in the postcolonial UN argot is now dubbed a 'harmful traditional practice' rather than a 'heathen custom.'

Meanwhile, within global organizations and in educated elite networks in North America and Europe, the inflammatory rhetoric of 'mutilation', 'child abuse', 'female castration', 'sexual blinding', 'torture', 'war against women' is preemptive, accusatory, and argument-ending, and effectively silences debate.[10] It misleads even typically skeptical public intellectuals and journalists to think there can't be any other side to this story. It closes down the process of critical reasoning and fact checking; thereby making it easy for inaccurate and hyperbolic claims to be uncontested and blatant falsehoods to go uncorrected; or if contested and corrected to not be heard; or if heard to be ignored or forgotten. No Western journalist wants to be accused of being part of a war against women or of aiding and abetting the mutilators of children. The rhetoric alone has proved powerful enough to convince an educated public in North America and Europe that the African custom is barbaric. The desirability of its eradication seems obvious – a no brainer.

Inflammatory language, legal statutes, and UN resolutions notwithstanding the gender equity argument the other way around continues to appeal to many Africans in East and West Africa. There are far more circumcised African women in the world who embrace their own ethnic practice than there are Jewish men who have no regrets (and most Jewish men have no regrets, at least not with respect to their neonatal circumcision). When challenges have arisen to male circumcision Jewish men have been willing and able to exercise their critical reason and their considerable political and moral influence in defense of their ethnic

tradition. This has not been true of the policy shaping abilities of educated circumcised African women. On the global scene and in legislative bodies in North America and Europe they lack visibility and political clout. Yet, they too are attached to (and find meaning and value in) their ethnic traditions. When they ask 'why shouldn't women in Egypt, Mali, or Sierra Leone be circumcised?' it is reasonable for them to expect an informed, logically consistent and evidence-based response rather than emotionally charged polemical finger pointing reminiscent of the nineteenth century accusations against Jews in Germany. Many of these educated circumcised women in Africa and abroad are simply turned off by what they view as Western propaganda castigating their ethnic heritage and slamming them with hyperbolic horror-inducing empirical claims about sexuality and health which they know to be false. At the very least their voices deserve to be heard.

Viewpoint diversity is not only something to be valued on college campuses but should be welcomed in public policy conversations as well. The following views were expressed recently by the editors of the Sierra Leone Telegraph, a West African news outlet. They appeared in an editorial preamble to an outside opinion piece recommending gender equity in genital surgeries. The outside opinion piece was given the title 'The Demonisation of female circumcision: African women fight back,' which the Sierra Leone Telegraph published on 23 February 2013.

The editors wrote:

> Somewhere, buried deep within the sometimes fierce debate [within Sierra Leone] about the merits or otherwise of female circumcision, lies the truth, which is being poisoned by many on both sides of the debate, simply to advance their cause. And the victim of this highly charged and emotive war of words, is 'truth and social justice.' Those arguing against this centuries old cultural practice, say that it is barbaric. They have come to demonise it – with the help of global humanitarian institutions, as 'Female Genital Mutilation (FGM)'; a powerful choice of poisonous words, which many believe to have been constructed by western society to undermine and destroy an African way of life. But is female circumcision a barbaric act, conducted on hapless and defenceless women and children in Africa? Organisations such as the Orchid project are being heavily funded, globally, to bring the practice they refer to as FGM to an end.

The next day, in direct response to the very same outside opinion piece another news outlet in Sierra Leone – The Patriot Vanguard – published the following reader comment:

> Years ago when female circumcision – portrayed as female genital mutilation to condemn it – first took center stage, the powers that be also included male circumcision. In a flash the male side of it died completely without any throes. Why? Because the Jewish lobby in the most sensitive places around the world must have sprung into action, and, perhaps, with the backing of such people as the godly Nelson Mandela [Mandela comes from one of the few male circumcising ethnic groups in South Africa] and other African leaders they told some powerful leaders to desist from going any further. We are now left with the female side of things because Africans are considered gullible, weak and easily cowed. My contention is quite simple: The United Nations should play the role for which it was created after the failure of the League of Nations to prevent the Second World War, which was/still is to foster and maintain peace throughout the world. Delving into long held cultural values of individual nations or whole continents would extensively compromise the integrity of the Organization and sow the seeds of conflict because some tribes or ethnic groups are bound to resist, which may cause certain governments to use force. This is not to say that suggestions should not be made by the U.N. but individual governments should make the final decision to allow or disallow female circumcision based on their unique circumstances.

The outside opinion piece which generated this attention was written by Dr. Fuambai Ahmadu, an American cultural anthropologist of African heritage who is an expert on

West African initiation ceremonies and a health advisor to the Vice President's Office in Sierra Leone. She spent her childhood in Sierra Leone, migrated to Washington, D.C. when she was 6 years old and returned to Sierra Leone in her early twenties with several female relatives to participate in an elaborate, festive, and communal coming of age ceremony, which included genital cutting. She went on to complete a London School of Economics doctoral thesis on the meaning of female initiation in West Africa. For 2 years, she was a postdoctoral fellow in my own department at the University of Chicago.

On 19 February 2013 a respected Australian TV program called 'Insight', hosted by an apparently courageous Australian journalist Jenny Brockie, broke the taboo on having a balanced mainstream media discussion of female genital surgeries. Fuambai Ahmadu was a featured guest. (http://www.sbs.com.au/insight/episode/watchonline/514/Clear-Cut). She was also invited to write an opinion piece which appeared all over Australia the day before the TV program and was published in Africa in the days following the broadcast. (http://www.dailylife.com.au/news-and-views/dl-opinion/defending-fgm-20130218-2em65.html) Her TV appearance was previewed in an interview posted on African news sites. (http://www.newstimeafrica.com/archives/30734)

Fuambai Ahmadu's writings on the topic, including a detailed account of her own initiation ceremony, can be found at this website: http://www.fuambaisiaahmadu.com/).[11] I am circumcised, she proudly tells the world; and so is my sister, my mother, my aunts, my grandmother, my great grandmother, and countless generations of women from my ethnic group. Men in my ethnic group do it too. Why shouldn't we? In her opinion piece (cited above) she addresses what she sees as a rather serious problem with the World Health Organization concept of FGM which WHO defines this way: 'Female Genital Mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.'

She writes:

> When I look at the before and after pictures on some FGCS [Female Genital Cosmetic Surgery] websites, I can see that the aesthetic effects of surgeries on white vaginas are conspicuously similar to our supposedly mutilated black vaginas. Exactly who is kidding who – the doctors themselves, the female patients or WHO? Whether done with a laser or a razor; at a high-priced Beverly Hills plastic surgeon's office or at a sacred women's initiation grove in the heat of West Africa; whether no one will find out about our private cosmetic surgery or we join other face-painted initiates in a communal celebration of womanhood; whether we are anesthetized under the modern knife of a male plastic surgeon with fancy framed degrees across the walls of his office or our legs are held open as we display our courage before an experienced traditional Digba, these are 'all procedures that involve partial or total removal of the external female genitalia…for non-medical reasons'.

One hesitates to engage in a full blown semantic analysis of the meaning of the word medical in the phrase 'non-medical reasons' but a brief explication does seem necessary. Narrowly speaking, medical means doing things to the physical body aimed at preventing, alleviating or curing a disease or functional disability. Presumably that is what the authors of the WHO definition had in mind when they distinguished between medical and non-medical reasons for genital surgery (and presumably that is what the physicians at the Royal Dutch Medical Association had in mind when they distinguished between therapeutic and non-therapeutic reasons for male circumcision.)

The WHO definition appears to classify any non-medical modification whatsoever of the external genitalia of a woman as an injury. This is done more or less by definitional fiat and with no interest in providing equal semantic cover to the genitals of males.

Dr. Ahmadu also notices a certain irony in the definition and some hypocrisy as well in its application. She herself is a circumcised woman of West African descent who feels at home in her own ethnic tradition, comfortable with her own body, does not view herself as mutilated, and has written about her own pre-initiation and post-initiation sexuality. The irony: given the WHO definition one ought to conclude that FGM is the fastest growing branch of aesthetic surgery for white middle class women in North America and Europe. The hypocrisy: when North American or European women (even feminists) head to a cosmetic surgeon (typically for non-medical reasons in the narrow sense) for a labiaplasty or cliteroplexy (or any of the other surgical procedures used to shorten a clitoris or smooth out the folds of the labia or tighten the vaginal channel) it is called a vaginal rejuvenation or a designer vagina. Celebrity magazines popularize the trend. The New York Times and the Huffington Post write about the fashion without opprobrium.[12] When similar surgeries take place in Africa they are reported as mutilations.

More broadly speaking, however, 'medical' might mean doing things to the body that improve the body and have a positive effect on a person's sense of well-being. This is a perfectly recognizable and respectable sense of the word. In that sense, a nose job, a breast implant, a face lift, or a sex change operation, might be classified as a medical procedure. If one adheres strictly to the first narrow sense of medical, then American parents are motivated by non-medical reasons when they hire a surgeon to normalize the facial appearance of their Down Syndrome 4-year old or correct a child's lip or cleft palate or even when they subject their daughter to years of painful orthodontic work to achieve a smile displaying a socially pleasing set of straight teeth. On the other hand, one might embrace the second meaning associated with the word medical. In all those examples, the parents are seeking to improve the body of their child for the sake of his or her physical, social, psychological, and spiritual well-being. It seems perfectly sensible to say they are doing it for medical reasons, at least in the broad sense of the term. Rarely (with respect to instances of this sort) are moral or legal complaints registered against the parents for violating the child's fundamental rights to self-determination and the preservation of his or her physical integrity. Their actions are understood and (arguably) judged to be legitimate by reference to a moral and legal framework of guardianship, family privacy, and parental rights.

Whichever the semantics involved, Jews, Muslims, aesthetic surgeons, and the circumcising peoples of Africa have long been concerned to improve the human body; and they believe that there are good reasons to modify human genitals aside from preventing, alleviating, or curing a disease. Some aesthetic surgeons suggest there is a right to be beautiful. Some Jews argue they have a moral obligation to uphold a covenant with their God and they view the foreskin as a blemish on the body or a physical defect that God expects them to correct. Or they view the surgical process itself as a symbolic sacrifice and fleeting ceremonial reenactment of the suffering of the Jewish people, and a way to maintain an unbroken bond with many generations of ancestors.

The gender equitable circumcising peoples of Africa have their reasons too. They too feel attached to generations of ancestors. And some of their other reasons are eye-opening for a North American or European observer. In general, their aim is to improve the form, function, and meaning of male and female sexual organs, and to make the genitals of men and women appear more attractive and more gender appropriate. According to local ideals for beauty in regions of East and West Africa, attractive to the senses means less hairy, less fleshy, fewer folds, more refined, and less animal-like. That aesthetic genital ideal is sometimes described as 'smooth and clean.' With the assistance of the internet the aesthetic ideal appears to be going global. The growing popularity on college campuses in the United

States of Brazilian cuts, total pubic hair removal and even labia trimming may be indicative of the trend. To get a partial sense of this smooth and clean look see the entry on 'vulva' in Wikipedia (http://en.wikipedia.org/wiki/Vulva), where of the four photos the one in the upper left quadrant seems to approximate this particular aesthetic ideal.

Gender appropriate means appropriateness within the terms of some socially constructed definition of male and female. It is characteristic of gender equitable circumcising ethnic traditions that the distinction between being male or being female matters for ones sense of social and personal identity and for the functioning of society. At first blush, it may seem odd to Europeans and North Americans but in many ethnic groups in East and West Africa the foreskin is devalued by males precisely because its fleshy folded appearance reminds them of the look of an uncircumcised vagina. And similarly, the unconcealed part of the clitoris is devalued by women precisely because its protruding appearance reminds them of something male-like that has been pulled out of the body. (There is a concealed and substantially hidden part of the clitoris. It's deeply interior nature has not gone unnoticed in African cosmologies and will inform a discussion of female genital cutting and sexuality later in the essay.)

Odd or not to Western eyes, given that perception of human anatomy, customary gender inclusive African circumcision amounts to standardizing a procedure designed to enhance the intimate physical shape of both males and females. Seen from the insider's point of view one of the several reasons for the ethnic tradition is to sculpt the naturally given body into a culturally improved form. In other words, through customary means, males become aesthetically more masculine by getting rid of an unbidden (and unwanted) female element (the foreskin) and females become aesthetically more feminine by trimming back an unbidden (and unwanted) male element (the exterior protrusions of the clitoris). This way of viewing things may automatically feel unpalatable (or even panic inducing) to members of dominant European or North American ethnic groups, just as they may find it automatically unpalatable (or unnerving) to vicariously step into the shoes of an orthodox Jew who approvingly views his own circumcised penis as evidence of his parent's piety and willingness to obey a divine command and as a sign of his own commitment to uphold a 3000- or 4000-year-old covenant between the Jewish people and their God. But, surely it is not incomprehensible. Nor is it impossible to overcome (or at least mitigate) those spontaneous gut reactions and become impressed by the astonishing scope and power of the human imagination. It just takes a willingness to bracket those emotions so as to be able to do some un-petrified viewing of unfamiliar frames of mind and exercise a little imagination of one's own.

Some feminist theorists may rail against this African imaginary with its premises that gender differences really matter and heterosexuality makes the world go 'round. Some proponents of queer theory in the academy may rail against the premise that bisexuality – the mix of male and female genital elements in every human being – is the state of nature for uninitiated children but is best left behind as one enters responsible adulthood. Yet, perhaps it is still worthwhile to remind ourselves that cultural diversity exists in the world in part because members of different ethnic groups disagree about answers to such basic existential questions as what's male and what's female, and about how best to give bodily expression to one's identity, if at all. And perhaps too, in the service of mutual understanding and the virtues of moderation and tolerance, we should be slow to make moral judgments about unfamiliar others, and push back a bit when a committee at the United Nations issues declarations to a not so culturally flattened world, announcing that they've got it right, and then proposes a universal plan for gender development, sexual relations, and family life that looks very much like some version of the Western way.

'Western discourse about female genital circumcision has been shaped exclusively by its opponents'

Given that Western media coverage of female genital circumcision in Africa has been almost totally reliant on sources from within an opposition movement, it is likely that most readers of this essay will be under the impression (and perhaps even think it self-evident) that girls who have undergone genital surgeries in Africa are sexually impaired: that they are unable to experience orgasm; that they react to sexual intercourse with feelings of pain; that they have a reduced interest in sex in general and suffer in their marriages and other sexual encounters because sex is not pleasurable. When a discourse is shaped entirely by partisans it is unlikely that truth will prevail.

When British colonists and evangelical missionaries first sought to eradicate female circumcision in Africa in the 1920s they did not make strong claims about the effects of genital surgeries on orgasms and sexual pleasure. Cultural attitudes towards erotic activities and sexual encounters inside and outside of marriage are not uniform across the ethnic groups of the world, and it is not just anthropologists who know this. In Kenya, in the 1920s, at least the sexually modest British missionaries seemed to be aware that female initiation ceremonies could be sexually charged festivities. While the British colonists and missionaries disapproved of the public ceremonies as licentious events they were more concerned about the consequence of female circumcision for reproductive success. The British wanted the population in their African colonies to grow for the sake of a large labor force. They advertised what turned out to be erroneous claims about the effects of female circumcision on fertility. These claims still circulate today and get used in the literature of NGO eradication campaigns, despite the evidence mentioned earlier demonstrating no difference in levels of fertility for 'cut' and 'uncut' women in Africa.

These days however claims about the effects of genital surgeries on female sexuality are center stage. Cultural attitudes towards family size, sexual pleasure, and the sexuality of women began to shift in the 1960s in North America and Europe. Thus, with the return in the late twentieth century of foreign campaigns to uplift Africans and liberate them from their ethnic traditions, the advocacy literature calling for the eradication of female genital surgeries has shifted its attention in recent decades to the topic of sex. Featured in the advocacy literature (and advertised in the mainstream press in North America and Europe) are the horrifying and wince-inducing images of female genital cutting as 'female castration' and 'the sexual blinding of women.' According to those who oppose the practice African women in circumcising ethnic groups are sexually disabled.

Similar claims about the negative effects on male sexual pleasure of removing the foreskin have been popularized by anti-male circumcision groups. It is true that the famous twelfth century Jewish rabbi Maimonides and some American physicians in the late nineteenth and early twentieth century (along with some highly educated members of the general public in the United States) endorsed and promoted the practice of male circumcision because they thought it might work as an antidote to uncontrolled erotic impulses and make it easier to be moral and resist the temptation to masturbate (which was viewed as a carnal, worrisome, and even health-depleting indulgence). One can find African women and men in some African ethnic groups today who out of a variety of concerns (including fears about uncontrolled erotic impulses and sexually transmitted diseases) commend female genital surgeries in similar terms. But, Maimonides was wrong! Removing the foreskin does not make men less carnal or reduce the frequency of masturbation. And Maimonides is not the only one who has been wrong about genital

cutting and sexuality over the centuries. The best contemporary evidence strongly suggests that circumcised African women have rich sexual lives or at the very least are no more sexually impaired than women in Europe or North America.

Fortunately there are a few high-quality scientific studies on the topic of genital cutting and sexuality. If the truth is to prevail and critical reason brought to bear on a visceral, culturally tabooed, and ideologically charged topic such as genital cutting one must rely on high-quality studies. Methodological rigor and data quality control are essential if one is to fairly and dispassionately assess the validity of empirical claims. A recent commentary by two Swedish researchers, Sara Johnsdotter (an anthropologist) and Birgitta Essén (a MD in gynecology and obstetrics) summarizes the results of the most rigorous and unbiased studies available in the literature. They begin with a bit of history.

> The first actual study to challenge widespread assumptions about lost ability to enjoy sex as an inevitable effect of genital cutting was presented by Lightfoot-Klein [an opponent of the practice] in 1989. Her book was built on interviews with some 300 infibulated Sudanese women. Her interviewees gave testimony of their enjoyment of sex. A high percentage of the women (about 90%) produced convincing accounts of the experience of orgasm.[13]

With regard to the experience of painful sex, Johnsdotter and Essén discuss the large Medical Research Council community-based study in West Africa comparing well over a thousand 'cut' and 'uncut' Gambian women.[14] No significant differences were found between the two groups in reports of painful sex – 15% of 'cut' women versus 14% of 'uncut' women experience pain during sex. With regard to the frequency of coitus in marriage they point to a large population survey of thousands of 'cut' and 'uncut' women in the Central African Republic, where 47% of 'cut' women versus 39% of 'uncut' women report having sexual intercourse more than five times in the last month.[15]

They draw our attention as well to a study comparing the sexual lives of 'cut' African women (mostly from Ethiopia and Somalia) and 'uncut' Italian women who use the services of a health clinic in Florence, Italy (Catania et al. 2007).[16] Eighty-six percent (86%) of the 'cut' African women were found to experience orgasms. With respect to the dimensions of sexuality investigated in the study (desire, arousal, satisfaction, and orgasm) those African women living in Florence led sexual lives that were as rich if not richer than 'uncut' Italian women.

Here, I caution the reader. There are well-recognized difficulties and inhibitions associated with reading and writing about private, intimate, and tabooed parts of the human body and their functions. What follows is a somewhat graphic description of the genital regions of the human body.

If your picture and understanding of the anatomy of the clitoris is the one shared by many educated and sexually experienced adults in North America and Europe (it was once my picture) you are likely to resist the implications of even high-quality scientific studies documenting the rich sexual life of circumcised African women. You might even be inclined to dismiss the findings as implausible. You probably equate the clitoris with that smaller part of its total structure that protrudes beyond the vulva and is visible to the eye or most easily touched. Sigmund Freud and other classical psychoanalysts also made the understandable mistake of accepting that equation. That led them to view the clitoris as a diminutive penis and to the invidious speculation that women experience penis envy. If you hold to that picture of the clitoris it will seem self-evident that female genital surgery must dampen the capacity for orgasm and the experience of sexual pleasure. The picture however is flawed and misleading.

Based on contemporary methods of anatomical analysis it would be far more accurate to imagine a male's penis as an externalized clitoris that has been lifted out of the body; or perhaps alternatively to imagine a female's clitoris as a mostly (but not quite fully) internalized and largely (but not quite completely) concealed penis. The clitoris in its entirety is nearly four inches long and should be visualized as a deeply embedded wishbone shaped structure that surrounds the vaginal wall and is mostly hidden from naked view. Consequently, a massive amount of female erectile tissue and abundant nerve endings enabling the experience of sexual pleasure and the capacity for orgasm reside beneath the surface of the vulva and beyond the scope of any customary African circumcision procedure.

That more accurate picture of female genital anatomy (recognizing the embedded depth of the clitoris and dismissing the naïve equation of the clitoris with its visible external parts) is eye-opening for several reasons. The picture suggests that given the deeply embedded anatomical structure of the clitoris and its intimate connections with the vaginal wall, there may be little value in trying to draw a sharp distinction between a clitoral and a vaginal orgasm. The picture also exposes Freud's error: there is no invidious comparison to be drawn once it is understood that a penis is homologous to a clitoris pulled out of the body. It unmasks as well the grotesque fallacy in the polemical, horror-inducing representations which analogize the African trimming or excision of the visible part of the clitoris to the removal of the entire penis from a man (and in some versions of this nightmarish analogy, the imagined removal involves not just the entire penis, but the scrotum too). (I did caution that this was going to be graphic. The anti-mutilation activists specialize in rousing polemical imagery).

Most importantly, that corrected picture makes it apparent that female genital surgeries (whether in Africa or Beverly Hills) are NEVER designed to remove the clitoris in its entirety but rather to trim back, smooth out or reshape only its most visible external parts. The picture lends some plausibility to the research evidence mentioned earlier which suggests that the sexual life of a circumcised African woman is not typically impaired by the surgery.

Seven things to know about female genital surgeries in Africa

Dispassionate fact checking has not been a strong suit of anti-mutilation activists. And when the conversation turns to female genital cutting in Africa, it has not been a strong suit of mainstream news organizations either. Ever since the revival in the early 1980s of an anti-FGM discourse there has been no free market of ideas in the European Union or in North America. There are exceptions, John Tierney at the *New York Times* for example,[17] but for the most part journalists have shown little interest in debates about the accuracy of the now standardized, media ready, horror-inducing picture of African parents and their relatives: routinely portrayed as mutilators, torturers, misogynists, or child abusers who are wittingly (the brutal African men) or unwittingly (the brainwashed African women) part of a war against women and who cause harm to their daughters and try to control them by depriving them of their capacity for sexual pleasure. Strong moral conclusions are compelled by the very language used in the conversation, which really isn't a conversation at all, but rather a self-affirming (and more often than not self-righteous) accusation which functions to demonize others and proclaim the moral superiority of the speaker (as a good person). Anti-abortion activists begin their 'conversations' this way: are you now or have you ever been in favor of the murder of innocent life? Anti-circumcision activists begin them this way: are you now or have you ever been in favor of mutilation and child abuse?

Recently, however, *The Hastings Center Report*, the bioethics journal, broke the taboo on publicizing facts embarrassing to the cause. In November 2012, they published an advisory statement (of which this author was one of the co-signatories) suggesting that media coverage of female genital surgeries in Africa has been hyperbolic, inaccurate and one-sided, and that the time had come for a more balanced public policy discussion.[18] Titled 'Seven Things to Know About Female Genital Surgeries in Africa' the publication was jointly authored by members of the Public Policy Advisory Network on Female Genital Surgeries in Africa, an informal group of fifteen medical researchers, anthropologists, physicians, legal scholars, African area specialists, and feminists. Their joint statement summarized the highest quality evidence available on the topic, contested the discourse that has dominated conversation among cosmopolitan elites for over 30 years, and supplied readers with relevant source materials. No collective position was taken on public policy towards either male or female circumcision.

What did fact checking by the public policy advisory network reveal? Does the custom of genital cutting in Africa dispossess females of their capacity for orgasm and rob them of sexual pleasure? No! Do the widely publicized claims about the negative reproductive health consequences and medical complications attributed to the custom survive critical scientific assessment and peer review? No! Is the custom restricted to females? No! Is the custom primarily supported and controlled by men? No! Is the custom designed to mutilate females? No!

One might have thought such a document would precipitate a robust debate. In fact, it was largely ignored by the mainstream press, despite the prestige of *The Hastings Center Report*, and despite the obvious relevance of the advisory statement to a prospective United Nations General Assembly vote that was receiving a good deal of media attention. As it turned out (quite coincidentally) The Hastings Center had made the advisory available to the press just a few weeks before years of lobbying efforts by activist organizations was about to produce an uncontested unanimous UN declaration calling for a universal interdiction of 'female genital mutilation.' That ban, endorsed by the UN in December 2012, is now being used to leverage local opinion in countries such as Sierra Leone and Mali and to convince local elites to criminalize their own long-standing gender inclusive norms for genital surgeries, despite the persistent local popularity of the tradition. The hegemony of the Western discourse became conspicuously obvious during the weeks leading up to that UN vote. Watching with some dismay as the mainstream press remained silent, Michael Cook, the editor of a free thinking on-line bioethics journal in Australia, wrote about the advisory statement and the seven things to know about genital surgeries but also wondered whether the topic had become a 'third rail' or 'the ultimate hot potato' for journalists. (http://www.mercatornet.com/articles/view/the_third_rail_of_feminism)

Despite the general silence, or perhaps because of it, Lisa Wade, a sociologist who is an expert on media bias, dared to bring *The Hastings Center Report* publication to the attention of readers of her popular feminist blog 'Sociological Images'. She wrote an opinion piece titled 'A Balanced Look at Female Genital 'Mutilation'' summarizing the central points. She encouraged journalists to think twice about the accuracy of their coverage. (http://thesocietypages.org/socimages/2012/12/10/a-balanced-look-at-fgm/)

Lisa Wade's opinion piece did not precipitate a robust debate either, at least not in the Socratic sense. Instead, despite her feminist credentials, she was slammed and put in the cyber-stocks by startled, enraged, and disgusted readers. Some wanted her to recant. Some threatened to defame her. Some were offended by her suggestion that the rhetoric of mutilation was preemptive, counterproductive, and offensive to African women.

Mutilation is mutilation they seemed to be saying. Beauty is not in the eye of the beholder. Mutilation is not a judgment; it is an objective fact. And it remains mutilation, regardless of the aesthetic judgments of indoctrinated African women; although no one commented on how they themselves aesthetically react to the 'natural' appearance of human genitals, which is a topic well worth exploring.

Having all along assumed that the case against the African practice was open and shut (a 'no brainer') some commentators seemed unprepared for Lisa Wade's revelation of evidence countering their assumptions about health and sexuality. They found themselves at a total loss for words, simply unable to comprehend how the custom could have persisted for so long and remained popular in Africa. Many readers passionately repeated the mutilation, child abuse, war on women horror story they had learned from the activist organizations and the press. Their voices were very much like those of the delegates to that 1931 Save the Fund meeting in Geneva described by Jomo Kenyatta, eager to criminalize and eradicate a heathen custom and sure there could not possibly be another side to the story. Predictably, as often happens when readers send in comments on the topic of FGM, the anti-male mutilation advocates write in too, insisting on gender equity and castigating the global feminists for not denouncing childhood male circumcision as practiced by Muslims, Jews, Nelson Mandela's ethnic group (the Xhosa) or anyone else.

It is likely Lisa Wade was not entirely surprised by her readers' reactions. She herself studies the way hegemonic discourses work to limit the scope of any public challenge. And it was not so long ago that the American Academy of Pediatrics (AAP) set off a moral panic and was instantly and very publically vilified when it dared to put a toe in the policy waters policed by the activist organizations. In a 2010 policy document on female genital cutting they made a modest plea for tactical cultural sensitivity in the treatment of African immigrants to the United States. In the single offending paragraph they wrote:

> Some physicians, including pediatricians, who work closely with immigrant populations in which FGC [female genital cutting] is the norm have voiced concern about the adverse effects of criminalization of the practice on educational efforts. These physicians emphasize the significance of a ceremonial ritual in the initiation of the girl or the adolescent as a community member and advocate nicking or incising the clitoral hood.[19]

In other words the AAP floated the idea of taking a tiny step in the direction of African style gender inclusive genital modification by making available to interested African parents a surgical procedure that was less invasive than a neonatal male circumcision as routinely performed by Jews in the United States. The procedure would be performed under hygienic conditions. The nick or small cut carried no health risks. It probably goes without saying at this point that the sexuality of the girl would not be impaired.

One can expand on the AAP thought experiment. Imagine an African mother who believes that when God issued the command the matriarch of her group (the Sarah of Sierra Leone, for example) as well as the patriarch (the Abraham of Sierra Leone) were both party to the conversation, and bound by the deal. Imagine she believes that her daughters as well as her sons should be circumcised. Why? So as to honor that covenant, improve the bodily appearance of her girls and boys by removing a 'natural' defect, help them develop a healthy sense of their gender identity, and enable them to be seen as socially normal members of their ethnic group. Imagine that her proposed surgical procedure for her daughters is no more substantial from a medical point of view than a customary American male circumcision. Why should we not legally extend that option to West Africans? In light of recent changes in cultural and legal attitudes towards

(for example) gay marriage it seems pretty inept to simply reply 'I don't like thinking about it and that is not how we do things here.'

Nevertheless, the general public was ill-prepared for the AAP thought experiment. The nineteenth century colonial discourse about Africa as a land of barbarians engaged in a war against women never really went out of fashion in Europe and North America, or if it did, it is back in full force. So, alarm bells went off as soon as the AAP simply acknowledged the interest of culturally sensitive pediatricians in making available a safe, non-medical genital nick procedure for the families of African girls. Jungle drums could be heard in the distance. The media opened their pages, their websites, and their airwaves to all the predictable polemical and hyperbolic expressions of rage. 'Why are American doctors mutilating girls?' Ayaan Hirsi Ali asked in a widely distributed opinion piece. Why are they supporting a practice designed to control female sexuality? Given the character of media coverage since the early 1980s her rhetorical success was guaranteed. She easily managed to inflame the readers of *The Daily Beast*, inciting feelings of hatred and disgust. Readers sent in comments denouncing ignorant doctors, barbaric men, savage Africans, and, of course, Islam and the Muslims.[20] Reading such slander, I find it hard not to recall Sander Gilman's observations about the blood libel accusations in Germany in the late nineteenth century. The alarming thought is that sooner or later Judaism and the Jews may once again be added to the list.

Perhaps the recent judicial decision in Cologne and the report of the Royal Dutch Medical Association are not harbingers of things to come. Perhaps the liberal 'equal rights for all sexes: say 'no' to forced genital cutting' agenda of the anti-male circumcision advocates will never gain traction, just as the nineteenth century liberal agenda of some German Jews to give up male circumcision as a sign of their modernity and as a way to fully assimilate themselves into German society never gained traction. Perhaps the ethnic and religious minority groups in the United States who circumcise their sons will continue to be part of a circumcising mainstream and gain some protection from secular claims (whether valid or not) about the medical benefits of male circumcision. The disquieting alternative is that global feminism's highly polemical, uncontested, and insufficiently evidence-based eradication campaign targeting ethnic groups in Africa, labeling them mutilators of their daughters, and criminalizing their customs will become an increasingly effective moral and legal springboard for opponents of neonatal male circumcision (first in Europe and ultimately in the United States). Ancient and modern Jewish history is caution enough about the hazards of inflammatory rhetoric and the rush to dark judgments about little known others.

Notes

1. Cohen (2005).
2. Ibid, p. 222.
3. Shweder (2002). Reprinted in Shweder (2003). Also see Shweder (2005).
4. Cohen, p. 271, footnote 41.
5. The anti-male circumcision gender equity argument is discussed and developed by Darby and Svoboda (2007). Versions of the argument frequently appear in anti-male circumcision blog essays and reader comments, for example http://edwardv.livejournal.com/310863.html
6. The KNMG statement can be downloaded from this website: http://knmg.artsennet.nl/Publicaties/KNMGpublicatie/Nontherapeutic-circumcision-of-male-minors-2010.htm
7. Gilman (1999).
8. Morison et al. (2001).
9. Kenyatta (1938).

10. See for example Hosken (1993); Rosenthal (1995). For the influence of this type of inflammatory discourse on political asylum cases in the USA also see Kratz (2002); Martin (2005).
11. Also see Boone (1986) for a detailed ethnographic account of female initiation in West Africa. For a detailed ethnographic account of female initiation in East Africa see Kratz (2004).
12. See for example Navarro (2004) and HuffPost Live interview titled 'Woman Says Labiaplasty Changed Her Life', 9 May 2013 http://live.huffingtonpost.com/r/archive/segment/woman-says-labiaplasty-changed-her-life/517607902b8c2a2799000004
13. Sara Johnsdotter and Birgitta Essén, 'Sexuality After Female Genital Cutting: A Response to Nawal Nour,' (2013) available from Sara Johnsdotter at this e-mail address: sara.johnsdotter@mah.se
14. Morison et al. (2001).
15. Stewart, Morison, and White (2002).
16. Catania et al. (2007).
17. The skeptical iconoclastic Socratic tradition which values controversy and critical debate and follows the argument where it leads even when that means going against the current of received wisdom is still championed by some journalists and John Tierney is one of them. On 30 November 2007 he posted 'A New Debate on Female Circumcision' on his TierneyLab blog of the online Science Section of the New York Times. (http://tierneylab.blogs.nytimes.com/2007/11/30/a-new-debate-on-female-circumcision/). It was the first of six TierneyLab postings on the topic in 2007–2008, including opinion pieces by the World Health Organization, Fuambai Ahmadu, Lucrezia Catania, Bettina Shell-Duncan, and myself.
18. Public Policy Advisory Network on Female Genital Surgeries in Africa (2012).
19. This particular approach to cultural sensitivity in American medicine has a history. See the response of Harbor View Medical Center in Seattle, Washington to the arrival of Somali clients. Coleman (1998).
20. In the face of the controversy The American Academy of Pediatrics eventually decided to withdraw the offending paragraph from their 2010 policy statement.

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