



Regarding the "Policy Statement – Ritual Genital Cutting of Female Minors" from the American Academy of Pediatrics

The United Nations are united in the effort to support the abandonment of female genital mutilation (FGM) which, according to current estimates, is performed on some 3 million girls in Africa alone as well as on girls in immigrant communities, including in the United States. We are concerned that the American Academy of Pediatrics (AAP) "Policy statement - Ritual Genital Cutting of Female Minors" published on 26 April 2010 as well as the version published online on 1 May 2010 contain statements that could weaken the efforts to eliminate the practice. Of particular concern is the suggestion that some forms of FGM are not harmful and can be supported and performed by medical personnel.

Convinced that the AAP also wishes to contribute to reaching the objective of ending FGM, we are writing to raise the issues of concern and to strongly encourage AAP to revise its policy statement. We recommend that the AAP statement be aligned with internationally agreed positions which are the result of in-depth analysis of FGM and of the approach that successfully leads to the abandonment of the practice.

The AAP new policy statement erroneously states that "WHO and other international health organizations are silent on the pros and cons of pricking or minor incisions". In fact, the 2008 "Eliminating Female Genital Mutilation – an Interagency Statement" signed by 10 UN agencies devotes a full section to the issue of pricking, piercing, incision and scraping. It presents evidence that "the term can be used to legitimize or cover up more invasive procedures" and concludes that "because of these concerns, pricking is retained here within Type IV." The Interagency Statement as well as a number of UN General Assembly Resolutions and the 2008 World Health Assembly Resolution all call for the end of all forms of FGM.

FGM violates a series of well established human rights principles, including those of equality and non-discrimination on the basis of sex. Performing FGM of any type on girls compromises their human rights. By suggesting that a "nick" could be performed by medical personnel, the AAP statement opens a loophole that partially legitimizes the practice of FGM and creates an opening for more invasive procedures. Allowing such a cut with a doctors' assistance may make parents think it is acceptable or medically beneficial. It may also serve to institutionalize the procedure as medical personnel often hold power, authority and respect in society and lead health care providers to develop a professional and financial interest in upholding the practice.

The AAP policy statement takes the position that the "nick" may be an appropriate measure for harm reduction suggesting that it would replace harsher forms. The expectation that providing a "minor" genital cutting would prevent the families from opting for more severe forms of FGM at a later stage is based on an unproven assumption. Several studies have indicated that many girls are subjected to FGM several times, particularly if the members of the family or social network to which the family adheres are not satisfied with the result of the first procedure. Moreover, even if actual

harm reduction could be obtained for this generation, the performance of the “nick” by medical personnel may perpetuate the practice through future generations for the reasons given above. It would thus result in greater overall harm compared to strategies aimed at organizing complete abandonment of the practice in the present.

The suggestion in the AAP policy statement that harmful and non-harmful forms of FGM could be defined is also not tenable. If parents exert pressure to remove something, or the medical professional is from a community where FGM is common and he/she supports or accepts the practice, opening up to an incision might give way to more invasive procedures. In fact, there is evidence that people often describe as a “nick” genital cutting that is in fact more severe. For example, in a study from Sudan medical examination revealed that among the women that claimed to have undergone a "sunna" type of FGM, describes as "just a prick", about 1/3 had undergone infibulation, and all had had their clitoris and labia minora removed. Anecdotal evidence from studies and projects in Somalia has further found that both type II and type III FGM has been described as a "nick".

We would like to take this opportunity to inform you about the *Global strategy to stop health-care providers from performing female genital mutilation* which is now in publication (to be published in June) and provides further support and guidance for promoting the abandonment of FGM. The document was prepared by WHO with UNICEF, UNFPA and international professional organizations, including the International Federation of Gynecology and Obstetrics (FIGO), World Medical Association (WMA), Medical Women’s International Association (MWIA), and the International Council of Nurses, and with countries particularly affected by the problem of medicalization of FGM.