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UNEASY ALLIANCES AND SOLID SISTERHOOD: A RESPONSE TO PROFESSOR OBIORA'S *BRIDGES AND BARRICADES*

Isabelle R. Gunning[†]

Professor Leslye Amede Obiora's *Bridges and Barricades: Rethinking Polemics and Intransigence in the Campaign Against Female Circumcision*¹ is an incisive, compelling, and, in some respects, disturbing argument for the clinicalization or medicalization of female genital surgeries. This essay is a reaction piece. It will explore the most persuasive of Professor Obiora's points. Where we most agree—on the racist and hypocritical manipulation of the imagery and lives of African women so frequently on display in the anti-female circumcision campaign. But it will also explore our points of disagreement—on the static and monolithically oppositional ways in which she juxtaposes the lives of African and Western women. It will end, ultimately, with my uneasiness with, if not wholehearted opposition to, her proposal.

Professor Obiora raises several substantial criticisms of the anti-female circumcision campaign. Her article raises immediately the fundamental question in international human rights discourse of how to define in concrete terms the meanings of cherished human rights “in a universe of competing values and moralities?”² A universe made even more problematic when so many of these human rights “bear a Western imprint.”³ This is a fitting introduction to

[†] Professor of Law, Southwestern University School of Law. B.A., J.D., Yale University.

1. L. Amede Obiora, *Bridges and Barricades: Rethinking Polemics and Intransigence in the Campaign Against Female Circumcision*, 47 CASE W. RES L. REV. 275 (1997).

2. *Id.* at 277.

3. *Id.*

her sections on *The Fetishization of Sexuality: Female Genital Reconstruction in the West—A Source of Bias*⁴ and *The Patriarchal Explanatory Paradigm*.⁵ These sections focus on the insistence of Western commentators and feminists in imposing a particular and monolithic framework upon the African experience of female genital surgeries without regard for the differences and complexities of the Western and African experiences with the surgical manipulation of the female genitalia. Western bias, frankly racism, in the misuse of static and denigrating imagery of African cultures and African women in order to forward the movement against female genital surgeries is a long-standing concern of my own.⁶ This is a point well taken, and still not well incorporated by much of the general anti-female circumcision discourse one reads.

Most pointedly, Professor Obiora largely ignores the more liberal, general “do-gooder” commentators who might be expected to turn up in mainstream media venues to articulate the offensive and tired “white man’s burden to save these colored savages from themselves” line of self-righteous argument. She focuses, instead, on people who should know better: feminists. Her critique is targeted on the functionalist bent of much of feminist analysis and she makes quite clear that she means “Western” feminism. Moreover, her most stinging criticism is aimed at two well known and well respected feminists, Mary Daly and Alice Walker.⁷ She entitles the section on these two women *Co-opting Imperialist Discourses*, and her well chosen quotes and unadorned summary of the arguments that the two advance, make clear that “the master’s tools will never dismantle the master’s house.”⁸ The reinvigoration of racist and imperialist imagery is glaringly exposed in Professor Obiora’s rendition of their novels.⁹ Unfortunately, it is not the

4. See *id.* at 298.

5. See *id.* at 299.

6. See Isabelle R. Gunning, *Arrogant Perception, World-Travelling And Multicultural Feminism: The Case of Female Genital Surgeries*, 23 COLUM. HUM. RTS. L. REV. 189 (1992).

7. See Obiora, *supra* note 1, at 323-28.

8. AUDRE LORDE, *SISTER OUTSIDER* 112 (1984) (emphasis in original omitted).

9. See Obiora, *supra* note 1 at 323-28 (critiquing MARY DALY, *GYN/ECOLOGY: THE METAPHYSICS OF RADICAL FEMINISM* (1978); ALICE WALKER, *POSSESSING THE SECRET OF JOY* (1992)). For further discussion of the problem see Isabelle R. Gunning, *Female Genital Surgeries And Multicultural Feminism: The Ties that Bind; the Differences that Divide*, 1994 THIRD WORLD LEGAL STUD. 17; see also Inderpal Grewal, *Female Clitoridectomy, Warrior Marks and Human Rights in the Post Cold War Era*, Presentation to the Society

feminists who have co-opted the imperialist discourses; it is the imperialist discourse which has co-opted the feminists. Professor Obiora invokes Daly's own "mind's imaginative and critical powers" to explain the "conceptual and methodological flaws" in these works.¹⁰

Professor Obiora's ultimate point here is a compelling one. Daly and Walker are thoughtful intellectuals and feminists. Daly has herself been critical of other writers' "negation of the complexity of female experience, the poverty of imagination about the feelings of other women [and the] fixation on sensational materials."¹¹ Walker is progressive, feminist, and African-American, and has herself been so critical of the marginalization of the experiences of any woman who is not white in the common understanding of the term "feminism" that she has coined a related term, "womanist," to denote the inclusion of women of color.¹² Knowing Professor Obiora, as I do, these are women with whom she would, and has been, otherwise allied. Their stumbling here represents a warning. Good intentions are not enough. Constant vigilance and self-criticism are required for the feminist or progressive who truly intends to bridge the multicultural divides to create sisterhood.

Beyond the imperialism and racism that are employed by feminists, Professor Obiora points out as well the hypocrisy. In her well documented section *Situating the Anti-Circumcision Campaign in Feminist Critique*, she describes one of the primary aims of feminism as:

[T]o redeem women's voices and realities from the eclipsing of male controlled social discourses and institutions. . . . [F]eminism validates the significance, strengths, values and positive functions of women's experiences and perceptions. Because it grows out of direct experience and consciousness, feminism emphasizes context and the importance of identifying experience and claiming it for one's own.¹³

for Cinema Studies (Mar. 3, 1995) (on file with author).

10. See Obiora, *supra* note 1, at 326 (quoting DALY, *supra* note 6, at 155).

11. See *id.* at 326-7 (quoting DALY, *supra* note 6 at 170).

12. See Alice Walker, IN SEARCH OF OUR MOTHERS' GARDENS xi (1983).

13. See Obiora, *supra* note 1, at 311-12 (footnotes omitted).

Professor Obiora underscores the hypocrisy of the anti-female circumcision campaign when its feminist advocates employ “male controlled social discourses”¹⁴ like racism and imperialism to “eclipse” the voices of African women who continue to value the experience of circumcision. While one view of the surgeries may be their location in an array of patriarchal control devices, Professor Obiora notes that it is both politically disrespectful and intellectually compromising to ignore the complex layers of symbolism attached to the surgeries for African women; to see nothing of what women find positive in the ritual and symbol is to violate one’s own premise to contextualize and to take women’s experiences seriously. Professor Obiora’s astute observations represent a challenge. The process by which we struggle for the rights of women is important. There is a long patriarchal history, much critiqued and criticized by feminists, of people doing “what was best” for women with little input, and less consent, from us. If feminists in the anti-female circumcision campaign are to distinguish themselves from that history, then the voices and experiences of all women will have to be heard.

Professor Obiora’s feminist critique of feminists’ approaches in the anti-female circumcision campaign is one of her strongest points and yet is also where I found the beginnings of my differences with her. While Professor Obiora rightly criticizes Western feminists for viewing female genital surgeries as rooted “monolithically in terms of sexual politics and patriarchal control”¹⁵ regardless of evidence of the diversity of contexts and meanings for the practices, she herself begins to treat the views and experiences of Western feminists monolithically and as if they were diametrically opposed to those of African women. Part of her criticism of “much feminist analysis” is that “the blind assertions of female subordination and male control may not adequately describe the complexity of gender relations in other worlds.”¹⁶ She argues, essentially, that Western cultures may be well understood by simple explanations of sexual politics and patriarchal control; she cites, as an example, feminist scholars who contend that the devaluation of women’s work and subordination to men is an historical reality, “since the beginning of humankind” as being true

14. *Id.* at 311.

15. *Id.* at 301.

16. *Id.* at 299.

for Western cultures.¹⁷ However, she suggests that African cultures are different in this particular respect on male and female roles and valuation. African women's experiences involve a more "entangled reality" that has been "reconstituted by a multitude of contradictory structures and processes."¹⁸ Frankly, this "multitude of contradictory structures and processes" sounds like a fine general description of the lives of most women. The particularities of these processes and structures will of course vary around the culture, class, race, sexual orientation, age, and other individual and social characteristics and circumstances of the women involved; but ultimately the history and lives of Western women are not fairly characterized by monolithic terms either. Scholars have disputed the notion that women's work was always of little or no value during other historical times in Western contexts.¹⁹ Some Western feminists have raised issues about the fundamental nature of class in the actual lives of poor and working class Western women and how this complicates simplistic notions of patriarchal control; men and women in the same class may have a number of substantial ties and alliances that in many contexts may be more significant and binding than the ties or interests that connect women across class lines.²⁰ Similarly, Western feminists of color have rejected a monolithic "patriarchal control" explanation of the lives of women of color given the continuing vitality and virulence of racism.²¹

17. *Id.* at 304.

18. *Id.*

19. See ANGELA Y. DAVIS, *WOMEN, RACE AND CLASS* 224 (1983) (arguing that in American colonial times, the family was the center of the community and thus women's housework was highly regarded).

20. See, e.g., Marion Crain, *Between Feminism and Unionism: Working Class Women, Sex Equality and Labor Speech*, 82 *GEO. L.J.* 1903 (1994) (exploring the differences between feminist thought and unionism's goal of wealth redistribution); Linda S. Greene, *Feminism, Law and Social Change: Some Reflections on Unrealized Possibilities*, 87 *NW. U. L. REV.* 1260, 1262 (1993) (comparing similarities in feminist thought across class and racial lines); Mari J. Matsuda, *Looking to the Bottom: Critical Legal Studies and Reparations*, 22 *HARV. C.R.-C.L. L. REV.* 323 (1987) (discussing in part the similarities of ideas and mind-sets among African-Americans); Ruthann Robson, *To Market, To Market: Considering Class in the Context of Lesbian Legal Theory and Reforms*, 5 *S. CAL. REV. L. & WOMEN'S STUD.* 173, 179 (1995) (arguing that economic class and sexual status are two such ties).

21. See Taunya Lovell Banks, *Two Life Stories: Reflections of One Black Woman Law Professor*, 6 *BERKELEY WOMEN'S L.J.* 46 (1991) (arguing the need for increased hiring of black women law professors due to societal biases preventing women of color from attaining positions in which they can serve as role models for others); Paulette M. Caldwell, *A Hair Piece: Perspectives on the Intersection of Race and Gender*, *DUKE L.J.* 365 (1991)

When Professor Obiora criticizes the patriarchal paradigm for obscuring “the variable ways in which men and women are bound together in social units, institutions, and categories that cross cut gender divisions . . . [and] essentialize[] social tensions even when they defy gender boundaries and manifest along generational, socio-economic or other lines,”²² she is not talking just about the African cultures, or “other worlds” to which she refers, she is talking about all cultures. Her overall criticism of the simple patriarchal control model holds not just as to the complex lives of African women, but also as to the complex lives of Western women. Employing a purely patriarchal control model has been politically useful in Western contexts for sharpening and defining the contours of debates around women’s rights,²³ but that usefulness is not the same as arguing that the model accurately frames the multi-faceted lives of Western women.

In oversimplifying the lives and experiences of Western women to make her point in contrasting Western feminism and culture with African women and culture, Professor Obiora does a certain amount of oversimplification of African women’s lives. This simplification is, perhaps, deliberate. Her argument is that millions of women support some form of female circumcision, and feminists

(arguing that race and gender discrimination are not always independent claims); Kimberle Crenshaw, *Mapping the Margins: Intersectionality, Identity Politics and Violence Against Women of Color*, 43 STAN. L. REV. 1241 (1991) (discussing the manner in which race and gender impact on violence against African-American women); Angela P. Harris, *Race and Essentialism in Feminist Legal Theory*, 42 STAN. L. REV. 581 (1990) (discussing writings of feminist legal theorists and arguing that a woman’s experience cannot be analyzed solely in terms of race, class, or gender, but rather must be regarded as a whole, without fragmentation into independent parts); Lisa C. Ikemoto, *The Code of Perfect Pregnancy: At the Intersection of the Ideology of Motherhood, the Practice of Defaulting to Science, and the Interventionist Mindset of Law*, 53 OHIO ST. L.J. 1205 (1992) (discussing how patriarchal expectations of women during pregnancy have become an institutionalized set of rules, which, in effect, controls and regulates pregnant women); Mari J. Matsuda, *When the First Quail Calls: Multiple Consciousness as Jurisprudential Method*, 11 WOMEN’S RTS. L. REP. 7 (1989) (reflecting on the experiences of women of color under the patriarchal rules of the law school classroom and other facets of the legal community).

22. See Obiora, *supra* note 1, at 302.

23. I recall that in my youth, before “women’s rights” and “feminist” were the familiar phrases, the term was “women’s liberation” or “women’s lib or libber” for short. That terminology clearly privileged the patriarchal control, “women subordinated by men” framework. Many of the movement’s leadership and supporters acquired their political experience and inspiration through and from the development of the Black liberation movement which employed an “oppressor v. oppressed” framework.

who are a part of the anti-female circumcision campaign need to listen to, not dismiss, these voices and experiences. She wants to show solidarity with these voices that are often overlooked or ignored; indeed her very choice of the terminology "circumcision" as opposed to "female genital mutilation" is a part of her determination to make central the "perception and meaning of the practices for the women who exist within the domain they define."²⁴ Professor Obiora wants to respect and to demand respect for primarily the women who support the surgeries; clinicalization is a solution designed to acknowledge the complex and cherished symbolism that the surgeries represent and at the same time confront and cure the physical damage the surgeries can cause. But, of course, the voices of support for the surgeries are not the only voices emanating from "the women who exist within the domain they define;"²⁵ there are the voices of opposition. Some of these opponents Professor Obiora mildly denigrates by characterizing them as "Western-influenced critics" because of their willingness to characterize the surgeries as mutilations.²⁶

I understand Professor Obiora's intent and purpose in muting all (and, let us call it chastising some) of the voices of opposition. To some extent it can be said that opponents are "heard" all the time in, and by, the anti-female circumcision campaign. Still, I feel compelled, in reacting to Professor Obiora's approach, to talk about the resistor voices. It is not to remind Professor Obiora of their existence; she flags that in her work. But rather, because African opponents of the surgeries do have a difficult time getting "heard."

As critical as Professor Obiora and others have been of the work of Alice Walker, it is not an accident that it is her work that has been frequently identified as having elevated the surgeries in the popular consciousness of Western feminists; African activists

24. Obiora, *supra* note 1, at 290. I, too have wrestled with the issue of what term to use to characterize the surgeries. See, Gunning, *supra* note 6, at 193-94 n.15. I felt keenly the concern Professor Obiora raises, which is that some African feminists are rightly insulted by the term "mutilation." My own view is that "circumcision," which may well accurately describe the *sunna* form of the surgeries and overstate the case of symbolic prickings as Professor Obiora suggests, still conveys a false sense of parity with male circumcision. While the symbolism and ritual may be intended to do exactly that, both the *sunna* and infibulation forms of the surgeries are more physically invasive of the female genitalia than the male circumcision is of the male genitals. Consequently, I most often use the term "female genital surgeries."

25. Obiora, *supra* note 1, at 290.

26. *Id.*

whose concern and activity preceded Walker's were not heard. And even when African feminists speak, their words can be distorted. For example, Soraya Mire is a young circumcised Somalian-American film maker who created a documentary of the surgeries in Somalia called *Fire Eyes*.²⁷ The film is a highly contextualized piece which portrays the specificity of a particular African culture, Somalian, and the nuances, tensions, and ambivalences of an array of Somalian people, men and women, who discuss the surgeries. Although Mire continues her career as a filmmaker, she has spent, and continues to spend, some time showing *Fire Eyes* and speaking out against the surgeries. Despite the thoughtful, complicated, and loving perceptions and voice that Mire has, when she appeared, for example, on the *Oprah Winfrey Show*,²⁸ she had to address a set of eurocentric questions posed, ironically, by an African-American woman who has been identified with fighting for women's issues. Winfrey's somewhat disruptive questioning was designed to contain Mire's complex answers into a simplistic "but oh, how barbaric! this is so unusual for us Americans!" box.²⁹ Even when people say they are listening, it is not clear that they actually hear anything more than what they want to hear. I do not mean to belabor the point; for Professor Obiora and I, an African feminist and an African-American feminist, we have lived through this particular problem.

Perhaps, as I think Professor Obiora subtly suggests when she characterizes them as "Western-influenced critics," those opponents who are willing to describe the surgeries with harsh language like "mutilations" or "torture" are "heard" because they are saying just what Westerners want to hear; they pander or perhaps they have been co-opted. Still I want to judge them more gently. When I read about a Mimi Ramsey, a circumcised Ethiopian-American nurse who speaks with other Ethiopian immigrants against the surgeries and is reported to pray aloud: "Please, God, save girls from being tortured. Please, God. Please. Thank you;"³⁰ or when I read a report from a United Nations sponsored regional conference on damaging traditional practices held in Burkina Faso and see that

27. Videotape: *Fire Eyes* (Sonya Mire, Filmmakers Library 1994).

28. *The Oprah Winfrey Show* (ABC Television Broadcast, Sept. 14, 1995).

29. See *id.*

30. See Linda Burstyn, *Female Circumcision Comes to America*, ATLANTIC MONTHLY, Oct. 1995, at 34.

the participants, largely African activists, recommending that the term "female genital mutilation" be used in place of "female circumcision,"³¹ I believe something more complex is going on than Western influence. I do not mean to suggest that Western influence cannot be tainting; I struggle against the negative parts within myself all of the time. But it is Professor Obiora, herself, who strongly argues against the trap of denying the agency of African women. Be it "Western feminist influence" or "African patriarchal influence," most African women cannot be free of either. But neither do such influences totally dictate their thoughts and actions.

Moreover, she is also clear about the dynamic nature of culture: "[C]ulture is a set of interpretive understandings and aggregate consciousnesses under active construction. Just as it is always practiced, it is never neutral. It integrates and incorporates inequalities."³² She recognizes that the process of hegemony makes inequalities appear natural, normal, traditional, inviolate;³³ and that what lies beneath this are profound layers of influences on individual life.³⁴ Both the supporters of the surgeries, whose voices Professor Obiora elevates, and the opponents are a part of this dynamic nature of culture that she describes. The entire range of "perceptions and meanings"—the supporters who are angry with opponents for blaspheming treasured traditions; the supporters who are bemused, perhaps annoyed, with their opposing sisters for falling under the spell of foreigners; the opponents who are angry at supporters and want to shock sense into them with blunt language; the opponents who want to be gentle with their supporting sisters and nurture and educate them to a different view—are an important part (and, I confess, to this feminist the *most* important part) of the lively mass of voices contesting the past, current, and future meanings of the range of African, and in many instances Western, cultures of which they are a part. The resistor voices are necessary complements and contestants to supporter voices; Professor Obiora herself notes that "it is conceivable that female circumcision may

31. *Report of the United Nations Seminar on Traditional Practices Affecting the Health of Women and Children*, Sub-comm'n on Prevention of Discrimination and Protection of Minorities, Comm'n on Human Rights, 43d Sess., at 32, U.N. Doc. E/CN.4/Sub.2/1991/48 (1991).

32. See Obiora, *supra* note 1, at 314 (citations omitted).

33. See *id.*

34. *Id.*

be susceptible to flagrant abuse and that rationalizing it solely as an expression of 'female power' may precipitate oppression."³⁵

Noting the dynamic, process nature of culture and cultural change reveals some of the compelling rationales for Professor Obiora's proposal. Professor Obiora underscores that as a matter of respect and consistency as feminists, the perceptions and experiences of the women who support the surgeries need to be acknowledged; and one way to meet them part of the way is through the clinicalization of the surgeries. Once clinicalized, the surgeries will lose the bulk of the physical health hazards that they can pose in their most invasive forms. If there are no major health risks, arguably they will be no worse than "trimming," breast implants, or, the rage of the younger generation, body piercing (including the genitalia of both men and women).³⁶

Even if one were to refuse to acknowledge the agency and self-determination rights of African women who support the surgeries and to take the more imperialistic or maternalistic (depending upon one's degree of anger at such arrogance) approach, one might still support clinicalization for practical reasons. Especially if one's focus is on the most severe of health consequences that can occur (deaths, infections, long-term menstrual problems, complications in birthing), then some intermediate intervention would save the lives and health of women who continue to want the surgeries performed.

While Professor Obiora notes that in the Netherlands a proposal for clinicalization was too politically hot to be executed,³⁷ in some African countries some forms of clinicalization are occurring. Professor Obiora mentions areas of the Sudan and Egypt, although as

35. *Id.* at 305.

36. See Patrick Rogers & Rebecca Crandall, *Think of it as Therapy: Even the Suit-and-Tie Set is Into Body Piercing*, NEWSWEEK, May 31, 1993, at 65 (discussing the increasing popularity of body piercing among all generations); Daniel Wattenburg, *A Parents Guide to Body Piercing*, FORBES, FYI SUPP., Sept. 23, 1996, at 166 (describing the extent of body piercing among young people, and acknowledging that while parents may not be able to prevent their children from piercing their bodies, they can make sure it is done by a trained professional). At least one psychologist believes that the body piercing craze is a rebellion against the American obsession with the perfect, youthful body, which is usually obtained through what some consider as bodily mutilation, cosmetic, or plastic surgeries like breast implants, liposuction, or nose "jobs." See Jill Niemark, *Change of Face . . . Change of Fate*, PSYCHOL. TODAY, May 1994, at 42 (discussing the varieties and extent of plastic surgery in the United States and questioning whether the process is life-enhancing or life-hindering).

37. See Obiora, *supra* note 1, at 285.

she noted, in Egypt, political struggle continues over whether to allow modern health care practitioners to continue to perform some form of the surgeries and under what circumstances.³⁸ In Djibouti, the main women's, and primary anti-female circumcision organization, the *Union Nationale des Femmes de Djibouti* ("UNFD"), has a clinic where traditional circumcisers perform a form of the surgery that is less invasive than the more popular infibulation form, under sterile conditions.³⁹ I have to respect the decision by anti-circumcision activists to pursue this intermediary step, especially the UNFD activists who include the retraining of traditional circumcisers as part of their plan. Still, the Djibouti example raises a troubling issue that Professor Obiora does not starkly confront: if the physical health problems are minimized, is any degree of removal (not just nicking) of the female genitalia, which possibly, though not conclusively, may affect women's sexual health, acceptable?

Since the Djibouti feminists are focussed on a shift from infibulation to anything less, it seems that a considerable amount of the genitalia is removed under this clinicalization procedure. In many ways, Professor Obiora does not focus on this aspect of her proposed solution. In my own writings on female genital surgeries, Professor Obiora had been instrumental in reminding me, as is also evidenced in this article, that the surgeries (emphasis on the plural) are a range of surgeries. She criticizes the ways in which Western feminists tend to conflate all the surgeries into infibulation and

38. See *id.* Egypt has had an unclear history of possible official stands against the surgeries that would appear to reflect a long history of work by anti-female gynecological surgery activists. In 1995, Egyptian law allowed circumcisions if they were carried out by doctors and other health care professionals (but not traditional lay circumcisers), and if they occurred in a hospital. See Neil MacFarquhar, *Mutilation of Egyptian Girls: Despite Ban, It Goes On*, N.Y. TIMES, Aug. 8, 1996, at A1. The government clearly reasoned that if surgeries were performed in hospitals, under more sterile conditions, fewer health risks would be involved. However, in July, 1996, in the wake of the death of a 10 year-old girl during a surgery performed by a barber, the Egyptian Health Minister, Ismail Salem, decreed female circumcision to be illegal. See Nashwa Hanna, *Egyptian Girl Dies During Circumcision*, U.P.I., LEXIS, Aug 25., 1996. A physician has sued to have the new ban on surgeries overturned, See *Egyptian Panel to Assess Mutilation Ban*, U.P.I., LEXIS, Oct. 1, 1996, but rights groups and activists, including the Egyptian Organization for Human Rights, are supporting the Health Minister's ban and encouraging stricter enforcement. See *id.*

39. See *Study on Traditional Practices Affecting the Health of Women and Children: Final Report of Special Rapporteur, Mrs. Halima Embarek Warzazi*, Sub-Comm'n on Prevention of Discrimination and Protection of Minorities, Comm'n on Human Rights, U.N. ESCOR, 43d Sess., at 17, U.N. Doc. E/CN.4/Sub.2/1991/6 (1991).

assume that all of the worst case physical, sexual, and psychological health problems, which are not unambiguously or universally documented in all cases of infibulation and not necessarily existent in less invasive surgeries, occur virtually all of the time in every type of surgery. While Professor Obiora raises a brilliant critique of the flaws in such conflation towards the most severe form of the surgeries, I think she tends to encourage us to conflate towards the opposite end. She raises a range of issues that rightly complicate the notions of female sexuality and sexual pleasure that assume the physical is primary and unrelated to the psychological, social, and cultural notions of sexuality and that the particular part of the physical female anatomy that is key is the clitoris.⁴⁰ She again argues that feminists are refusing to take the voices and experiences of African women seriously if they ignore reports of sexual pleasure or satisfaction from circumcised women. Still, I sense that Professor Obiora suggests that clinicalization will not just reduce the physical health risks, but will also reduce the amount of the female body that is removed during the operations; she imagines, and I want to imagine with her, that clinicalization will mean, by and large, the performance of some minor and ritualistic pricking that could not possibly pose any physical or sexual impairments. It is not clear that is what is occurring in countries, like Djibouti, where the clinicalization route is being used. Nor is it necessarily likely, given some evidence that suggests that the more ritualized forms of the surgeries are more common for Asian female circumcisions than for African circumcisions,⁴¹ that the very mild form of the surgeries will be likely in the near future. It may well be that whatever likelihood and degree of sexual impairment might occur due to a clinicalized intermediate form of the surgeries would be no worse than the impact of "trimming" the clitoris or reshaping the genitalia of intersexed people or any number of patriarchally shaped psychological notions of what women should or should not do or feel (and with whom) in bed. All of these raise some issues of sexual impairment even within the culturally defined confines of sexual pleasure. While the "mere" possi-

40. See Obiora, *supra* note 1, at 307-10.

41. See *Preliminary Report of the Special Rapporteur on Traditional Practices Affecting the Health of Women and Children, Mrs. Halima Embarak Warzazi*, Sub-Comm'n on the Prevention of Discrimination and Protection of Minorities, Comm'n on Human Rights, U.N. ESCOR, 47th Sess., at 5, UN Doc E/CN.4/Sub.2/1995/6 (1995).

bility of sexual impairment might reduce the surgeries to a lower level of priority on the "feminist agenda," where African feminists have long thought it belonged (behind say physical health issues and economic development), I still think that the preservation of corporeal integrity, especially but not exclusively for women, and the promotion of positive psychological notions regarding sexuality are important feminist goals. Consequently, I find the notion of the clinicalized intermediate form troubling.

The UNFD clinicalization approach involves the retraining of traditional circumcisers who are largely women. But other approaches involve what Professor Obiora largely focuses on—that of modern health care practitioners. This approach raises its own set of troublesome issues. Opponents of female circumcision have denounced the supporting voices of traditional circumcisers by noting that they have a personal, perhaps selfish, and economic interest in the perpetuation of the surgeries; in some cultures the job of circumciser may be one of the few ways in which women can earn money and status on their own.⁴² In countries where modern health care professionals have participated in the performance of the surgeries, critics have charged that they now have acquired an economic stake, greed, in the perpetuation of the surgeries.⁴³ Medicalization could just substitute modern, Western trained health care professionals for traditional circumcisers. Two problems might develop. One, already mentioned, is that these health care workers could become professionally invested in the perpetuation of the surgeries and thus become a powerful opposition voice to the long-term abolition of the surgeries. Perhaps, between the fact that these professionals have a broader range of health care skills than just the surgeries to rely upon for their economic survival, and Professor Obiora's hope that, ultimately, the "surgery" performed would be merely ritualistic, this is either an unlikely consequence or a benign one. The second problem involves the fact that the transfer of authority to circumcise from traditional circumcisers to modern health care practitioners may also, in effect, become a transfer of the provision of health care for women from a more female-dominated and traditional model to a more male-dominated and Western model. Western feminists have found that the domination of health care by

42. See, e.g., Gunning, *supra* note 6, at 222-23.

43. See 1991 *Report on Traditional Practices*, *supra* note 31, at 4, 7.

men has, in some instances, had a detrimental effect on the health care and needs of women.⁴⁴

In addition, although some traditional health care practices have been determined to be detrimental to health, Western medicine is increasingly realizing that some traditional, more natural, approaches and remedies ("old wives' tales") are in fact quite beneficial to human health and, indeed, preferable to more chemically or surgically oriented approaches.⁴⁵ Creating a health care institutional

44. See Jonathan M. Eisenberg, *NIH Promulgates New Guidelines for the Inclusion of Women and Minorities in Medical Research*, 10 BERKELEY WOMEN'S L.J. 183 (1995) (exploring generally this detrimental effect); Judith H. LaRosa & Vivian W. Pinn, *Gender Bias in Biomedical Research*, 48 JAMA 145 (1993) (analyzing the inequities present in research between men and women and suggesting strategies to cure these inequities); Vanessa Merton, *The Exclusion of Pregnant, Pregnable, and Once-Pregnant People (a.k.a. Women) from Biomedical Research*, 19 AM. J.L. & MED. 369 (1993) (discussing the degree to which women's health care issues have gone unaddressed by those in the medical field); Shari Roan, *Sex, Ethnic Bias in Medical Research Raises Questions*, L.A. TIMES, Aug. 3, 1990, at A1; Janny Scott, *Aspirin Lowers Heart Attack Risk in Women*, L.A. TIMES, Mar. 16, 1991, at A26. These authors all discuss bias against women (and people of color) in medical research. Because these groups are often unrepresented in medical trials and treatments, drugs that are widely marketed may have unknown effects on women and people of color who "test" them through actual, and unsupervised, use.

For an in-depth, though not recent, study of the negative impact of a male dominated medical profession on women's health, see GENA COREA, *THE HIDDEN MALPRACTICE: HOW AMERICAN MEDICINE MISTREATS WOMEN* (1985). While Corea's study is over ten years old, more recent articles suggest that the problem continues. Increasing the number of women professionals, who are still discriminated against in medical schools and in the profession, is seen as a solution. See Shannon Brownlee & Elizabeth Pezzullo, *A Cure for Sexism: Women Doctors Herald a Kinder, Gentler Way to Practice Medicine*, U.S. NEWS AND WORLD REP., Mar. 23, 1992, at 86 (discussing the increase in the numbers of female doctors since the first U.S. female was awarded a medical degree, but also the continuing discrimination against women in medical schools); Leslie Laurence, *Medical Gender Bias Hurts All Women, Not Just Doctors*, HOUSTON CHRON., Apr. 13, 1994, at D2 (describing how discrimination against women in medical schools means that research in areas of particular interest and concern to women is not done); Andrea Rock, *Women's Health is Our Modern Day Suffrage Movement: Interview with Dr. Bernadine Healy*, LADIES HOME J., Oct. 1993, at 138 (discussing a range of issues with Healy, the first woman to head the National Institute of Health, including the proposition that more progress is now being made in the area of women's health because of an increase in the number of women in the medical profession, especially in decision-making positions); Abe Aamidor, *Medicine's Gender Gap*, INDIANAPOLIS STAR, Aug. 11, 1996, at J1 (discussing the degree to which women receive disparate treatment from the medical profession).

45. See Jeanne Achterberg, *Forging a Sisterhood of Women Healers*, EAST WEST, Nov. 1990, at 56 (discussing the historical role of women as healers and contemporary women healers' dissatisfaction with the Western health care system); Chris Bird, *Medicines from the Rainforest*, NEW SCIENTIST, Aug. 17, 1991, at 34 (describing how scientists, health groups, and voluntary agencies are studying and conserving plants as well as "witch doctors, shamans, and tribal healers"); Lauren Picker, *Herbal Medicine Goes Mainstream*, AM. HEALTH, May 1996, at 70 (describing increased American interest in natural or herbal

structure which emulated Western approaches in these regards could be, in the long run, detrimental to women, indeed to everyone, in the cultures involved.

All of these concerns underscore my unease with the clinicalization or medicalization approach. That unease is increased by another aspect of Professor Obiora's approach. While I respect the fact that Professor Obiora has her thoughtful reasons for resisting efforts to force her to position herself as "for" or "against" the surgeries, I view the clinicalization approach in the absence of a clear articulation of opposition to the surgeries as particularly disquieting. Without being firmly situated in an overall *anti-female* circumcision campaign, like the UNFD approach, clinicalization risks becoming "regulation," a tolerable goal and end in and of itself. I am unwilling, at least at this juncture in the conversation and struggle, to believe that is all that we as women and feminists must accept.

Still, I am pleased to see Professor Obiora's article and to be a part of this particular conversation. Her work and insights challenge me. Some I do not really want to hear; but I must. After all, no one said that multicultural dialoging or alliances would be easy. They are just the necessary pre-requisites to solid sisterhood.

remedies and noting the herbal origins of some standard Western medicines, for example morphine and codeine, derived from the opium poppy, and aspirin, present in willowbark); Chris Wohlwend, *A Dose of Truth in Folk Tales: Beneath the Cliches Lie Genuine Health Tips*, ORLANDO CENTINEL, Apr. 25, 1990, at E1 (noting that "old wives' tales" are being more seriously considered by scientists).

