In 2007, the WHO endorsed male circumcision (MC) as an important strategy in combatting the AIDS epidemic in sub-Saharan Africa after three randomized controlled trials demonstrated MC’s ability to reduce risk of female-to-male HIV transmission. In this talk, I discuss the role played by claims regarding the foreskin’s inherent penetrability in promoting circumcision as an HIV-risk reduction strategy that should inform U.S. circumcision policy. In a partial shift from past HIV-classification regimes focused on sexual identity or behavior, I suggest that rhetorically locating risk in the foreskin constructs the uncircumcised body’s sexual future as inherently risky, often irrespective of other important considerations.

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