



# Attorneys for the Rights of the Child

## Newsletter

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### Protecting Children's Bodily Integrity

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#### **Landmark Genital Integrity Case**

*By John V. Geisheker, J.D., LL.M.  
Executive Director and General  
Counsel, Doctors Opposing  
Circumcision (DOC)*

Boldt vs. Boldt is the case of the custodial father in Oregon who recently converted to Judaism. The father wants his twelve-year-old son, Misha, circumcised for alleged Jewish religious reasons, against and in spite of the child's wishes or best interest. After the trial court upheld the father's wishes and the Appeals Court followed suit without issuing an opinion, the Oregon Supreme Court will address the matter later this fall.

The case has been featured in Newsweek, the Jewish daily 'Forward', the New York Sun, the Wall Street Journal online, and numerous local newspapers. The National Law Journal has interviewed us, as have other national papers and radio stations.

Medical need is not an issue in this case, though the father made some brief mention of 'prophylaxis' without providing any medical evidence to support the claim. This case represents the starkest confrontation between religious rights and human rights of any case in which I have ever been involved or even studied. Usually the parent advocating for circumcising his child is canny enough to jack up a medical excuse that at least muddies the religious argument.

Doctors Opposing Circumcision filed two Amicus briefs. An Amicus Curiae brief is a "friend of the court" brief filed by an organization that is not a party to the case yet is given permission by the court

to interpose a brief for the court's consideration. DOC's first Amicus brief was written in support of the petition to the Oregon Supreme Court requesting its review of the lower court's decision. Once this review was granted by the Oregon Supreme Court, DOC submitted a second Amicus brief. As an Amicus, DOC will not be actively participating in the case now that the briefs have been filed, unless there is a remand for a retrial, in which case we will be there in force (and judging by our opponents' ardor, so will they).



*John V. Geisheker*

Both Amicus briefs argue that the venerable case Prince v Massachusetts, 321 US 158 (1944), as well as international treaties to which the US is a party, forbid religious practices that place the child at risk, while protecting religious beliefs that do not cause danger to third parties. DOC is alleging that both US federal law and international treaties govern and are paramount.

The trial court judge made the remarkable off-the-cuff statement that, "I am still of the opinion that the decision of whether or not a child has elective surgery, which this appears to be, is a call that should be made and is reserved to

the custodial parent."

This judge neglected to note that elective usually means 'therapeutic but not emergency', an important distinction when a wholly NON-therapeutic, non-emergency, merely cultural surgery is proposed for a minor, potentially against his will and certainly against his best interests while he is altogether healthy. Apparently the appeals court did not appreciate the important distinction between 'elective' and non-therapeutic. Let us hope the Oregon Supreme Court is more sophisticated.

Remarkably, the child's opinion was never solicited by the trial court, though to be fair, he was only nine years old when this litigation began. DOC believes that if the child defies his father's wishes and states he does not want a circumcision, that would be credible, as the social cost to him suggests that that answer would be an accurate reflection of his true wishes. We are also arguing that if the boy acquiesces to his father's request, the court should view that answer skeptically, as he may have been manipulated by the custodial father, and his consent is likely faulty.

I would be appalled and would emigrate back to my native New Zealand on the spot if the Oregon Supreme Court ordered a circumcision for the boy against his express wishes, or upheld the lower courts.

The Anti-Defamation League, the American Jewish Congress, the American Jewish Committee and the Union of Orthodox Jewish Congregations have now filed a combined Amicus brief on behalf of the father. Though they did not overtly allege anti-Semitism, they predictably argue for religious freedom and ignore the human rights issues.

Oral arguments are currently scheduled to be held November 6.

The final bizarre aspect to this case is that the father is an attorney licensed in both Oregon and Washington. He is representing himself in this case.



### Report from South Africa May 2007

*By Dean Ferris*

I have just returned from the Institute for Security Studies conference in Pretoria, South Africa. Independent South African paediatric Surgeon Dr Daniel Sidler and myself attended. ([www.issafrica.org](http://www.issafrica.org)) We were expecting to encounter a large contingent of stern pro-circumcision voices. Instead we were surprised to find more support against the implementation of mass circumcision in the military!

The ISS conference was attended by big-shots in the military from Zambia, Zimbabwe, Lesotho, Swaziland and South Africa. The ISS affects policy decisions in that policy-makers use the ISS data base to access research (They have 2 million plus hits a month, which is huge for a local website).

The ISS will release a summary of the meeting and papers that were commissioned in 6 weeks' time. (Editor's Note: Presumably this is already out.)

Although the theme of the asserted 60% protective effect of circumcision on HIV ran through the affair, surprisingly, this figure was also repeatedly questioned. Regrettably, the hypnotic trance induced by that claim was easy to see throughout the event. Also questioned was the unusual push for circumcision from UNAIDS/WHO. The UNAIDS representative was there and he was shocked to find that he had walked into a storm when he had thought a pro-

circumcision consensus was a foregone conclusion.

Here are some of the concluding remarks made by the chairmen:  
Chairman 1

\*Evidence is based on observations that Western Africa has low rates of HIV and high rates of circumcision. Countries in the Southern Africa Development Community (SADC) show the opposite correlation.

\*How do the armed forces react to the claims from the three randomized controlled trials (RCT's) suggesting that circumcision can help prevent HIV?

\* The 60% protective effect is high and cannot be ignored.

\* If circumcision is recommended it should not take any resources away from other HIV programs.

\*Health systems are already over-extended and are unlikely to cope with the extra demand (especially of funds are removed from existing programs to fund circumcisions).

Chairman 2

\*All policy needs to be based on research that is long-standing and accurate. Do we have the extraordinary levels of proof that should be required in order to justify action on the WHO/UNAIDS recommendations?

\*Issues of practicality, feasibility, affordability, legality in terms of human rights and sustainability need to be researched and presented before policy can be made.

\* Policy can only be recommended by the minister and state legal adviser and ISS can only indirectly affect such recommendations through its publications and interactions with the health departments.

\* What effect will this suggested policy have on human behavior? This needs further research.

\* What are the human rights implications of forced circumcisions?

\* We need cost analysis and neutral peer reviews of all available literature on HIV and circumcision first.

\* This is an African issue and we should not be dictated to by outside forces.

\* Time is needed and we should not allow pressure to push us into rash decisions.

It was noted that UNAIDS has silenced any critics of circumcision. The main thrust is turning out to be a recommendation of infant circumcision, with suggestions that it should be done just after birth to reduce costs. This is despite no studies reflecting infant circumcision can reduce HIV acquisition in the adults they become.

However, circumcision of infants is effectively illegal in South Africa with the passing of the Children's Act number 38 2005. The Children's Act makes clear that circumcision of children less than 16 years is prohibited without a 'medical reason'. The distinction must be made between 'medically indicated' reasons and 'prophylactic' reasons. A medical reason means that a condition or disease requiring treatment is present and requires intervention. A prophylactic reason is to prevent a future condition or disease that may or may not develop. The Children's Act thus authorizes circumcision only for medical reasons and not prophylactic reasons.

Unusually, WHO has endorsed a 200-page Manual of Circumcision co-authored by pro-circumcision researchers Daniel Halperin and Robert Bailey. (Editor's Note: This document is now publicly available on the Internet. [www.andrology.org/?download=WHO%20MC%20Manual%20v2.2.Dec06.pdf](http://www.andrology.org/?download=WHO%20MC%20Manual%20v2.2.Dec06.pdf). Please see the Message from the

Executive Director for further comments.) I personally asked the UNAIDS representative how it was possible that this very technical document, that looks years in the making, could have been produced in such a short time since the March 2007 meeting of AIDS researchers in Montreux, Switzerland. In reply, the UNAIDS representative admitted that the Manual was being created even when he joined UNAIDS July 2006, before the Lancet trials were even published! It had in fact been in production since 2004.

The damage of this foreskin-hostility is already been felt with parents cutting their kids and many men already taking the plunge. I believe this is all the procircumcision lobby needs, a myth to be created that will get men to start cutting themselves.

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### Genital Integrity Awareness Week 2007: Washington Report

March 29 - April 3, 2007

By Ron Miller

The 2007 Genital Integrity Awareness Week demonstrations at the U.S. Capitol and marches to the White House were highly successful. This marks the fourteenth con-

secutive year David Wilson and supporters of genital integrity have sponsored this event.

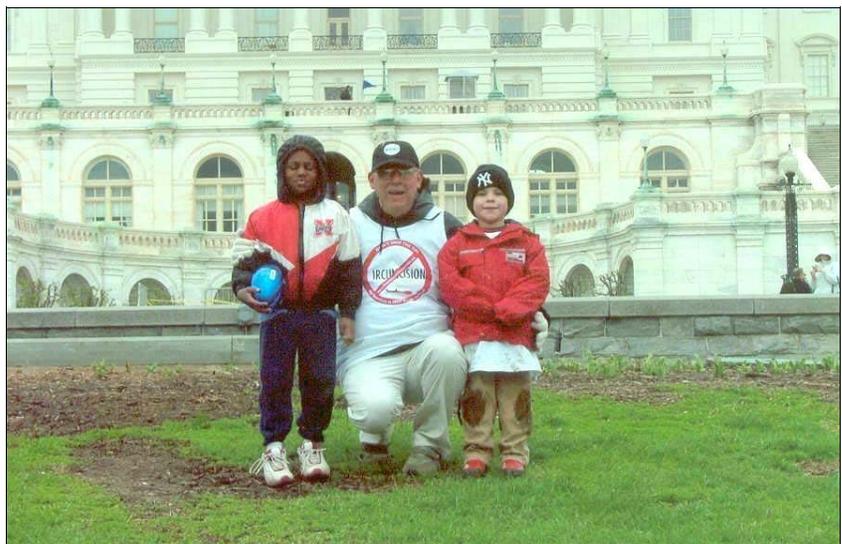
Weekdays there are Capitol tours that have tons of teenagers hungry for information. We were besieged by groups of 50 -100 kids (sometimes as many as 4 groups at once) all clamoring for info at the same time, so on weekdays had little time for pictures. I don't even know how many thousands of "penis" cards we gave out. These were the most requested pieces of info as they showed the amount of sensitive tissue was removed from the penis. It was nice to have the latest sensitivity study to cite.

We set up stations at the top of the lawn and in the middle of the lawn.

What I find interesting is the huge interest in the subject- and the interest seems to increase quite a bit each year--especially among the young.

This is the first year that I have noticed a lot less defensiveness among Jews and Muslims--they seem more receptive to the information.

Kids must be accessing informa-



*Ron Miller and Friends at the 2007 Genital Integrity Awareness Week In Washington,, D.C.*

tion on the Internet as many seem to already know quite a bit about the

that Jewish and Muslim boys were no less special than other boys. The more adamant were shocked when they were presented with the evidence of harm or asked if they even knew that the "circumcision" covenant was invented by priests and/or it is not mentioned in the Koran.

just completely dismissed them as stupid. And when we mentioned that cut men still needed condoms, they would simply say then why circumcise since condoms offer more protection. Then many just dismissed the studies outright with no prompting from us--so it seems people aren't as gullible as hoped for by Robert Bailey and collaborators.



**Matthew Hess, Michael Steffe and David Wilson in Front of Capital - Photo by Michael Steffe**

One Jewish woman was so shaken that she was almost in tears thinking of what she had done to her son, and one Muslim woman described to us hearing her younger brother screaming while being mutilated in their back yard. Our hearts broke listening to these women, and what pain this nonsense causes.

I even talked to a man from Kenya who also questioned the studies and and thanked us for the information.

Three independent crews there filming the demonstration and recording people's comments.

On a personal note, David brought his grandson Jonathan.

basics of the subject and are looking for more specific information on the effects of circumcision.

Most listeners grasped the idea of the "glide" in a real penis. They were shocked to hear how much sensation was lost and that was why circumcised sex was so rough. The few who had had normal sex always agreed with us--and the intact men also agreed. Most men who were hearing the effects for the first time looked like deer caught in the headlights and stood in shocked silence, but this year it seemed that many knew this already and were now asking more pointed questions. (Last year it was the girls who were asking the questions.)

This year, we also saw many more people giving us thumbs up signal or coming up to us telling us they left their sons intact--and surprisingly quite a few males telling us they were intact---either there were more this year, or more are happy and proud to be intact.



**David Wilson and Three Young Women Who Got the Message - Photo by Michael Steffe**

But still the most interesting social study was on Saturday, when there were more foreigners. Since things were slower, they would stop and come up to ask us questions. They were shocked, appalled, and disgusted when they understood what we were demonstrating about.

There were a lot more mothers with their infants this year.

Marilyn Milos was also there--the woman is a phenomenon with the way she is able to connect with and reach people!

There were the few in a few groups who were defensive, and were trying to deny, but others in the same group would usually call them out so they could get their questions in. Interestingly, those in denial were usually the last to leave and many stayed behind or returned with more questions.

But what was really interesting were the Americans when they heard our discussions, and they heard what others in the world thought of them--a look at themselves as others saw them!

I was also amazed at how many asked us about restoration, so it seems this is known by teenagers.

Surprisingly, the HIV subject was seldom raised and most people were skeptical of the assertions, or

As for the religious, some tried to defend it, but were usually taken aback with the simple statement

**International Coalition for Genital Integrity**  
[www.icgi.org](http://www.icgi.org)

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### Executive Director's Message

*Steven Svoboda*

Hello again everybody. I'd like to apologize for the passage of ten months since our last issue, a record interval between successive issues of our Newsletter. So much has been happening in the struggle to protect genital integrity.

Dean Ferris has provided us in this issue with his own perspective on his pivotal role in probably the biggest news of all—the coming into effect on July 1, 2007 of South Africa's law protecting male genital integrity. Dean, as I'm sure you know, our hats are off in honor of the awesome achievements by you and your collaborators. The most welcome local news is that three out of five North American boys are now being left intact!

John Geisheker was kind enough to provide his perspective as author of an Amicus Curiae ("Friend of the Court") brief in the Oregon *Boldt v. Boldt* case that will soon be heard before that state's Supreme Court.

In a poorly publicized case that we only learned about as we went to press, in September, a German regional appeals court held unlawful the circumcision of an 11-year-old Muslim boy.

Ron Miller has thankfully written his engaging perspective on Genital Integrity Awareness Week 2007, and Michael Steffe, an intactivist whose work has appeared in major motion pictures, has allowed us to publish his outstanding photographs of the event.

Edward Guthmann of the San Francisco Chronicle has published two major pieces lately in the Bay Area's most widely read newspaper, noting that circumcision is losing favor with American parents. Egypt has laudably renewed its ban on female genital cutting, while regrettably not addressing the need to protect boys.



*Steven with wife (pediatrician Paula Brinkley), Eli (age 5 1/2) and Sarita (age 2 1/2)*

Obviously the brouhaha about protecting ourselves from AIDS by cutting off a functional part of our body is continuing. It's so ironic when the Langerhans cells have been proven to secrete Langerin, which protects against HIV infection. However, leading AIDS or-

ganizations in Australia and France are not deceived. On May 24, the French Government's National AIDS Council released a report ([www.cns.sante.fr/htm/avis/raports\\_pdf/07\\_05\\_24\\_rapport\\_circ\\_oncisions\\_eng.pdf](http://www.cns.sante.fr/htm/avis/raports_pdf/07_05_24_rapport_circ_oncisions_eng.pdf)) that seriously questions the helpfulness of circumcision in fighting the AIDS pandemic. Later, an Australian meta-organization of AIDS front-line service providers, the Australian Federation of AIDS Organizations, issued an even more forceful briefing paper ([www.afo.org.au/library\\_docs/policy/Circumcision07.pdf](http://www.afo.org.au/library_docs/policy/Circumcision07.pdf)) from which excerpts are reprinted elsewhere in this issue.

After having a near-perfect record at getting our presentation applications accepted by conferences, three of our applications this year (to the International Society for Sexually Transmitted Diseases Research [ISSTD], which previously accepted my work three times), the International Aids Society (IAS), and the American Academy of Pediatrics [AAP] all cowritten with Bob Van Howe, some with other co-authors as well) have been rejected. This can hardly be coincidence and in fact in one case, noted circumcision advocate Bertran Auvert sat on the decision-making committee so the result could hardly be said to be a surprise.

It appears that the movement is being silenced as others are being rejected as well. Our voices are evidently unwelcome enough to some that for the moment, they will not be heard. Yet of course we will continue.

I gave a very well-received presentation to a crowd of approxi-

mately 100 at the Men's Equality Conference in Washington, DC on July 14, 2007. The topic of our talk is "Moving into the 21st Century with Joy: Protecting Boys from Circumcision." This was our first presentation to a general gender equity crowd and we were delighted to be able to bring the pro-intact message to another receptive group interested in the information presented. Also, ARC has applied to the upcoming National HIV Prevention Conference to be held in December in Atlanta, the annual meeting of US-based HIV program administrators and workers, to present a talk entitled, "Circumcision as an HIV Preventive—Is the Program Soundly Based in Science, Ethics, and Human Rights?" Wish us luck with this one!

We prepared and submitted to the Florida Senate a position paper arguing that SB894, proposed legislation that would protect girls but not boys from genital cutting, was unconstitutional and should be broadened to include boys. The bill made it out of committee without any amendment and was eventually signed into law by the governor, unconstitutionally protecting girls and not boys.

Also included in this issue are reprints of several news stories, of my letter to the Wall Street Journal regarding an article they ran in July, an excerpt from John Talbott's press release about his important article in PLoS questioning advocates of circumcision to prevent HIV infection, an article about our friend Zenas Baer's hard work to protect genital integrity, and reviews of interesting new books by Patricia Robinett and John Sawkey.

I am pleased that we have brought aboard a professional web designer, Rick King, so that we can update, upgrade and professionalize our website. Thanks to the generos-

ity of all our supporters, we are able to afford to hire Rick, whose reasonable rates (which he generously reduces for genital integrity organizations with whom he works) nevertheless would otherwise be beyond our reach. Research assistance has been ably provided this year by Gillian Longley, a true wizard at finding those elusive articles. Thanks, Gillian!

As always, thanks so much for any tax-deductible support you can provide. Every penny goes to defray expenses to make this work possible. We will continue the fight for as long as it takes!

*Steven Svoboda*  
*Executive Director*  
*Attorneys for the Rights*  
*of the Child*



**Robert Darby and Steven Publish  
Medical Anthropology  
Quarterly Article on Male  
Circumcision and FGM**

I am pleased to announce that an article written by Robert Darby, Ph. D. and myself has been published recently by *Medical Anthropology Quarterly*, one of the world's premier medical anthropology journals. The citation for the article is:

"A Rose by any other Name: Rethinking the Similarities and Differences between Male and Female Genital Cutting," with Robert Darby, Ph.D., *Medical Anthropology Quarterly*, Volume 21, Number 3 (September 2007), pp. 301-323.

Following are the abstract and keywords as published:

This paper offers a critical examination of the tendency to segregate discussion of surgical altera-

tions to the male and female genitals into separate compartments – the first known as circumcision, the second as genital mutilation. It is argued that this fundamental problem of definition underlies the considerable controversy surrounding these procedures when carried out on minors, and that it hinders objective discussion of the alleged benefits, harms and risks. The variable effects of male and female genital surgeries are explored, and a scale of damage for male circumcision to complement the World Health Organization's categorisation of female genital mutilation is proposed. The origins of the double standard identified are placed in historical perspective, and a brief conclusion makes a plea for greater gender neutrality in the approach to this contentious issue.

Keywords: circumcision, female genital mutilation, genital surgeries, medical ethics, human rights, gender equality, cultural relativism.

The MAQ was our first choice journal. While the MAQ has published several articles relating to genital cutting in the past, this is the first MAQ article by a team of intactivist authors, and so far as we are aware, the first article published anywhere to propose a comprehensive taxonomy of all forms of male genital cutting, which we hope will gain acceptance parallel to that accorded the World Health Organization's taxonomy of forms of female genital cutting.

Once I obtain it, a pdf of the article is available to anyone interested free of charge. If interested, please send a blank email to me at: [arc@post.harvard.edu](mailto:arc@post.harvard.edu) with the Subject: Please Send PDF.

My thanks go most of all to Rob Darby, an awesome researcher and the lead author of this article.

*Steven Svoboda*

## Report on the “Boys and the Boy Crisis” Conference

Washington, DC  
July 13-14, 2007  
By Steven Svoboda

ARC was fortunate enough to be invited to present at this year’s “Boys and the Boy Crisis” conference, held in Washington, D.C. This year’s conference was a huge success bringing together, by my count, well over 100 enthusiastic and thoughtful men and women interested in helping boys and helping solve the boy crisis. Attendees came from as far away as Australia, the U.K., and Canada. Topics addressed included anti-male bias in the media, the crisis beneath the



Steven Presenting at  
“Boys and the Boy  
Crisis”

boy crisis and how to solve it, the phenomenal UK and now worldwide direct action group Fathers 4 Justice, what boys need to know to survive in a misandric (anti-male) world, how and why boys and girls differ in processing emotion and stress, “The War against Boys—Has it Ended?,” and “Where do We Go From Here?” Multiple presentation on the boy crisis in education and in society were presented by Dr. Warren Farrell, author along with myself and Jim Sterba of a 2008 Oxford University Press college-level gender studies textbook titled: *Is Feminism Unfair to Men? : A Debate*. I gave a talk entitled, “Moving into the 21st Century with Joy: Protecting Boys from Circumcision.” The abstract appears below. For more information on conference organizer Tom Golden

(himself a therapist for men), consult [www.trueequality.com](http://www.trueequality.com).

*J. Steven Svoboda -- Moving into the 21st Century with Joy: Protecting Boys from Circumcision*

The fact that infant circumcision still happens today is astounding. It is a violent procedure that has been searching for a rationale since Victorian times, when medicalized circumcision began. Circumcised boys feel pain more than intact children. The procedure also causes a broad range of documented problems. Societies tend to be blind to the horrors they create themselves. And so are we regarding male circumcision.

American beliefs that circumcision destroys little tissue, and that the tissue lost is of no particular value, are contradicted by medical research, which recently proved the serious impacts on male sexuality. Circumcision as a medical (as opposed to religious) procedure was born in this country in the nineteenth century as a technique aimed at stopping young boys from masturbating by reducing their ability to feel genital pleasure. The pain of the procedure was explicitly cited by doctors as a “positive” byproduct of the operation. Many doctors also recommended circumcision of girls for similar reasons.

As time went on, whenever any new disease would become a subject of social concern, circumcision would be proposed as a panacea. Circumcision was claimed to cure sexually transmitted diseases, penile cancer, prostate cancer, cervical cancer in women, and urinary tract infections. Currently, the procedure is being promoted as a near-magical preventive measure to stop AIDS. We seem to have learned little from history. Under standard medical practice, amputation is the treatment of last resort.

Cross-cultural studies demonstrate that the earlier and more violently the circumcision ritual occurs, the more violent is the society. Human rights treaties forbid female genital mutilation (FGM) and male circumcision alike. Yet somehow we have entered the 21st century but not yet learned from the errors of 19th Century Victorians. Let’s bring ourselves up to date and give our boys the same joyful birthright that we ardently safeguard in girls: safe, intact bodies.

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### Steven's Letter to Wall Street Journal: "Challenge for AIDS Fighters: Circumcising Africans Safely" by Mark Schoofs (September 7, 2007)

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September 12, 2007

Wall Street Journal  
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Re: “Challenge for AIDS Fighters: Circumcising Africans Safely” by Mark Schoofs (September 7, 2007)

Dear Editors:

We read with interest your recent front-page article by Mark Schoofs, entitled, ‘Challenge for AIDS Fighters: Circumcising Africans Safely.’

Eradicating the horrific scourge of HIV and AIDS from the planet is naturally of the utmost urgency. But we are appalled at the rash assumption that the anti-AIDS efficacy of male circumcision is settled and now we need only stanch the bleeding of Kennedy Sikuku and clean up other similar details.

In fact, the “details” are likely to

overwhelm the program, which is both unnecessary and doomed to fail. Unnecessary because other interventions such as condoms have proven their effectiveness. Also unnecessary because health experts tell us that the epidemic is already self-controlling; new HIV infections have been in decline for over a decade. Doomed to fail because, as the Australian Federation of AIDS Organizations determined in July, circumcision will not protect gay males at all, and heterosexual males and females are best protected through known and proven safe-sex measures such as condom use. Moreover, recent research proves that the Langerhans cells lost with the amputated foreskin otherwise would help protect against HIV.

Why do we fixate on cutting males and ignore recent research purporting to prove that cutting female genitalia will help stop AIDS? One recent study from Africa suggests the answer is the special status male circumcision has long enjoyed due to its peculiar status as the US' most common, yet medically unjustified, procedure. Then there are the ethical problems with amputating healthy tissue and the proven life-long loss of erotic function and sensitivity that ensues. Ever wonder why Viagra was a particularly big "hit" in the US?

Much wiser are approaches such as condoms that are already proven to work, not practices likely to foster a false sense of security that will on balance result in greater danger for both males and females.

If applicable at all, African data on circumcision is context-specific and cannot be extrapolated to other parts of the world.

Finally, in today's world, funds are scarce and likely to get scarcer. For each circumcision performed, 2000 or 3000 condoms cannot be

secured. Actual benefits of circumcision account for only 24% of lifetime costs.

Circumcision, as the article notes, can indeed go awry. The Kennedy Sikukus of the world have enough challenges in their lives without outsiders needlessly imposing an extra one.

Sincerely,

J. Steven Svoboda

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**Excerpts from Briefing Paper  
Australian Federation of AIDS  
Organisations, Inc.  
23 July 2007**

*Www.afao.org.au/library\_docs/policy/  
circumcision07.pdf*

**FOR GENERAL DISTRIBUTION**

Male circumcision has no role in the Australian HIV epidemic

Key points:

- There is no demonstrated benefit of circumcision in men who have sex with men.
- Correct and consistent condom use, not circumcision, is the most effective means of reducing female-to male transmission, and vice-versa.
- African data on circumcision is context-specific and cannot be extrapolated to the Australian epidemic in any way.

The African epidemic:

There is some division of opinion as to whether circumcision programs should be implemented in Africa. UNAIDS and the World Health Organisation have accepted that the data show a population-level benefit of circumcision. However, there are social and ethical arguments against such programs, such as:

- A partially effective technology may adversely affect condom use and negotiation.
- Partial efficacy is a difficult con-

cept to communicate to obtain informed consent.

- Risk behaviour may increase as a result of perceived invulnerability to infection.
- Women aged 15-24 are at the greatest risk of HIV acquisition and circumcision and circumcision programs will not reduce infections in women directly for at least 10-20 years.
- Circumcision may reduce women's ability to negotiate condom use.
- Circumcision is a complex cultural practice.
- Circumcision status may become a marker of HIV status, as circumcision of HIV positive men is not being proposed.
- Ritual circumcision itself may be a route of HIV transmission.
- Good penile hygiene (washing under the foreskin) may be as effective in reducing the risk of acquiring HIV and STIs as circumcision in uncircumcised men.
- Circumcision has a 2-10% incidence of complications.
- If circumcised men have sex before wound-healing their vulnerability to HIV infection increases.

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Book Review

**The Rape of Innocence: One Woman's Story of Female Genital Mutilation in the U.S.A.**

*by Patricia Robinett. Eugene, Oregon: Aesculapius Press, 2006.  
www.aesculapiuspress.com. 112  
pages. \$20.00*

*Review by Steven Svoboda*

Intactivist Patricia Robinett has written a truly remarkable account of her personal story. (Fair disclosure: Although I do not believe this affected my opinion of her book, Patricia is a friend of mine.) The author was a victim of genital surgeries performed on her when she was a girl. She describes the events fairly objectively though not with-

out passion, and of course strong anger particularly at her mother who arranged the procedure.

Patricia proves herself that rarest of writers who can write a memoir as her first book and maintain a focus and an objectivity that is genuinely admirable. She writes movingly, stunningly, about events arising from her own incredible experiences while leading the reader through her emotional roller coaster ride rather than, as is more common and much easier, essentially strapping the reader into the car and leaving them to handle the rough ride themselves. More impressively, Patricia simultaneously manages to

achieve a paradoxical distance and perspective that places her life events in a larger societal context relating to

the paradox that is genital cutting in the US.

Some of us know that the nineteenth century craze for medicalized male circumcision was accompanied by a passion for the corresponding female procedure. Medical justifications were virtually identical, the general idea being that moral hygiene and personal hygiene mirrored each other and that both could be advanced by reducing the incentive, i.e., the pleasure produced by youthful masturbation. Female circumcision appears never to have numerically matched the cutting of boys. The practice gradually died out in the 1950's. Articles advocating female circumcision were published in medical journals and popular magazines (including *Cosmopolitan*) even into the 1970's in the US. As the author states on the back cover of her book, Blue

Cross Blue Shield paid for clitoridectomies until 1977. Ever since medicalized circumcision first developed one and a half centuries ago, we have lived in a profoundly wounded culture, which in turn has found an almost limitless number of ways to harm individual boys and girls.

Patricia's story is a horribly sad one. It is bad enough that her labia were cut in a misguided attempt to prevent urinary tract infections (UTIs) but as she relates, she was forced to undergo a second genital cutting. Chillingly, "it appears it was not necessarily [performed] for medical purposes." According to the author, she and her mother never bonded and a sort of power struggle was partly to blame for her repeat surgeries.

Sadly, though of course completely understandably, the author is a bit fixated on seemingly trivial childhood events such as her kindergarten sweetheart (whose name she won't tell us), her strict principal who may have been the one who recommended the clitoridectomy to her mother, etc. I dare say any of us who endured what the author did might have learned to survive through similar psychological defense mechanisms.

In her twenties, Patricia took an important step in her path of self-discovery and recovery when she started volunteering as a counselor at an institution called White Bird. She describes White Bird as "a surreal environment where all the Ph. D.s wore plaid, flannel shirts and were paid minimum wage, including the CEO." In one pivotal session, a previously suicidal client of Patricia's turned over to her all the razor blades the client had previously used to cut herself. In the author's words, "The unspoken message was clear. 'I don't need to cut myself any longer.'" As she gained

maturity and perspective from her work and from her path of healing, "My world view became less judgmental. I saw that there are no good guys, there are no bad guys—there is only fear and love."

The author does make one basic mistake when she incorrectly states that a reduction in UTIs from two in a hundred boys to one in a hundred boys would be a 100% reduction in UTIs whereas of course it is actually a 50% reduction. Nevertheless her point remains valid: relative percentage reductions can be high even when the actual overall reduction is small.

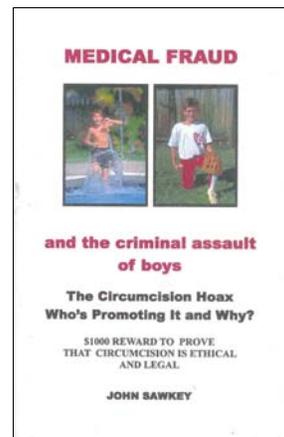
Luckily, the author was able to find some poor redemptive value in relating her story to others and moving on, transforming the pain and working to protect others from it. This short book is an essential one for anyone interested in genital mutilations, or indeed for anyone who cares about humanity, love, and survival.

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### New Book Announcement

#### **“Medical Fraud and the Criminal Assault of Boys: The Circumcision Hoax; Who’s Promoting it and Why?”**

*By John Sawkey. Saltcoats, Saskatchewan: JS Publications, 2006. <http://med-fraud.org>. 80 pages. No price listed.*



Long-time activist and friend John Sawkey has released this book, packed full of data, resources, articles by Richard Morris,

Paul Fleiss, Nicholas Carter, and more, all relating to the importance of genital integrity. Please contact john.s@imagewireless.ca if you are interested in obtaining a copy.

### Help Protect Children Without Spending a Penny!

If you choose, you can help Attorneys for the Rights of the Child without spending a penny of your own money! Here's how: When you order anything at all from amazon.com (no need for it to be related to intactivism), start by going to [www.arclaw.org](http://www.arclaw.org) and clicking on one of the two books at the top right of the main page. That will take you to amazon, though the url will still read [www.arclaw.org](http://www.arclaw.org). Just complete your order and we will get a few percent of your purchase amount through Amazon's affiliate program. You can even buy items that were previously saved in your shopping cart, and as long as you go through the ARC website and still see the ARC URL until you conclude your final purchase, we should still get an affiliate contribution from amazon. This costs you nothing as it comes out of Amazon's profits. As long as you see our URL before you make your final click, your purchase is helping protect babies.

### Female Circumcision a Growing Problem in Britain

By D'Arcy Doran  
USA Today  
July 10, 2007

[asp.usatoday.com/community/utills/idmap/28317585](http://asp.usatoday.com/community/utills/idmap/28317585).

LONDON - Female genital mutilation, commonly associated with parts of Africa and the Middle East, is becoming a growing problem in Britain despite efforts to stamp it out. London's Metropolitan Police, Britain's largest police force, hopes

a campaign beginning on Wednesday will highlight that the practice is a crime here.

To make their point, police are offering a \$40,000 reward for information leading to Britain's first prosecution for female genital mutilation, Detective Chief Superintendent Alastair Jeffrey said.

In Britain, the problem mostly involves first-generation immigrants from Africa and the Middle East.

Police say they don't have comprehensive statistics about the number of victims. But midwife Comfort Momoh, who specializes in treating them at London hospitals and clinics and who works with police, told the news conference she treats 400 to 500 victims every year.

Arranging or carrying out the procedure — in Britain or abroad — is a criminal offense punishable by up to 14 years in prison, but no one has been prosecuted since it was banned under British law in 2003, Jeffrey said. Police estimate up to 66,000 girls in Britain face the risk of genital mutilation.

"The timing of this campaign is for one good reason: so we can get in before the summer holidays, a time when young girls are taken abroad and subjected to genital mutilation," he told a news conference Tuesday.

### Ontario Boy Dies After Complications From Circumcision

By Mark Brennae  
CanWest News Service  
June 13, 2007

[www.canada.com/cityguides/ottawa/story.html?id=cb3b8281-4134-46ba-85d3-b076072bda75&k=25810](http://www.canada.com/cityguides/ottawa/story.html?id=cb3b8281-4134-46ba-85d3-b076072bda75&k=25810)

OTTAWA - A one-week-old Ontario infant died from complications

after undergoing a circumcision in a provincial hospital.

Information about the case was published in the April edition of Pediatric Child Health.

The baby, whose name has been withheld by the parents, passed away after his kidneys became enlarged to seven times their normal size.

The child was born at an unidentified Ontario hospital "sometime in the last three years," said Dr. Jim Cairns, Ontario's deputy chief coroner. "The family wants to keep this anonymous."

No charges were ever laid and no legal action was ever taken in the case.

According to the Pediatric Child Health article, the boy was "bottle fed and was reported to be doing well when he was circumcised."

Five hours later, the parents returned to their family doctor with the infant, who had become "irritable and had blue discoloration" below the belly button.

Doctors noticed the discolouration and slight swelling of the penis, but sent the child home.

Fourteen hours after the circumcision, according to Cairns, the child was brought to another hospital where doctors noted he was extremely irritable with marked swelling of the penis and bruising to the scrotum.

The child was then transferred to a paediatric centre, where his bladder was diagnosed, Cairns said, to "seven or eight times its normal size."

The PlastiBell ring, which is used to hold back the foreskin after circumcision, was removed and drained and the child went into shock.

"If the PlastiBell had been taken

off five hours after he got there, he would be alive," said Cairns.

The child's death was attributed to septic shock - "an overwhelming infection, leading to multi-organ failure," Cairns said.

"Death is rare after circumcision," said Cairns. "But complications can happen."

The case was brought to Cairns' attention because the circumstances of every death of an Ontario child under five years of age must be reviewed by the provincial coroner's office.

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### **A Local Lawyer Fights to Save Babies from Circumcision**

*By Mike Mosedale  
Minneapolis St. Paul City Pages  
May 2, 2007*

*<http://www.citypages.com/databank/28/1378/article15376.asp>*

Since 1996, Zenas Baer has been waging a legal battle against circumcision. You can count the Hawley attorney among those not impressed by growing evidence that circumcision reduces the likelihood of HIV infection.

"Why stop at the foreskin? If you lop it all off, you won't have any sexually transmitted diseases," Baer says. "It's an absurd notion to think you can stop the spread of AIDS by cutting off a little piece of skin."

In an attempt to stop what he calls "genital mutilation," Baer filed suit against health-care behemoth Allina Health Systems. The case involves a circumcision performed at Unity Hospital in Coon Rapids in January 2000. After complications from the procedure required a second surgery, Dawn and David Nelson, the boy's parents, sued both the physician who performed the procedure, Dr. Stephen Beretska, and Allina, on the grounds that the hospi-

tal failed to obtain informed consent in writing.

Beretska settled out of court for an undisclosed sum. Allina filed a motion for dismissal, arguing that it did not have a legal responsibility to get consent from the Nelsons. The motion was granted, but Baer, undeterred, has taken the case to the Minnesota Court of Appeals.

"The largest health-care system in the state is generating millions of dollars from cutting babies, but it doesn't want to shoulder any responsibility for informed consent," he says indignantly. "I think that's a scandal that needs to be exposed."

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### **Oregon Supreme Court Takes Up Circumcision Dispute**

*By Ashbel S. Green  
Posted by The Oregonian  
June 21, 2007*

*[blog.oregonlive.com/breakingnews/2007/06/oregon\\_supreme\\_court\\_takes\\_up.html](http://blog.oregonlive.com/breakingnews/2007/06/oregon_supreme_court_takes_up.html)*

The Oregon Supreme Court has stepped into a legal dispute between a father who wants to circumcise his son against the wishes of the boy's mother.

The lower courts have sided with James Boldt, a former Medford resident who converted to Judaism and says he wants his 12-year-old son to undergo the procedure for religious reasons.

Lia Boldt claims her son is afraid to tell his father that he does not want to undergo the procedure. She also wants a hearing to present evidence that her son could suffer physical or psychological harm.

The Supreme Court's decision to take the case is somewhat unusual because the Oregon Court of Appeals rejected the mother's case without an opinion -- an indication that the court considered her appeal to be without merit.

The Boldts married in the early 1990s. She filed for divorce in 1998.

The boy initially lived with his mother, but the father later gained custody. James Boldt started studying Judaism in 1999 and eventually converted.

In court papers, Boldt claims his son decided over a period of time that he wanted to convert to Judaism and understood that he needed to be circumcised.

He also claims that a custodial parent has a constitutional right to raise his son in his religion.

Lia Boldt persuaded a Jackson County judge in 2004 to block the circumcision -- at least initially. The judge later sided with the father, but ordered him not to circumcise the boy until the appeals were done.

More than a million U.S. infants are circumcised each year, but circumcising adults or teens remains relatively rare.

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### **Family Sues Doctor For Circumcision Gone Wrong**

*Chicago Sun-Times  
July 18, 2007*

*[www.wbbm780.com/pages/695147.php?contentType=4&contentId=700283](http://www.wbbm780.com/pages/695147.php?contentType=4&contentId=700283)*

CHICAGO (STNG) -- The family of an infant boy filed a lawsuit Wednesday against a doctor and a Mattoon hospital claiming negligence in a circumcision that apparently severed the boy's penis.

Chicago Attorney Jeffery A. Latherow filed a complaint for compensation for damages against Sarah Bush Lincoln Health System Inc, 1000 Health Center Dr. in Mattoon, and Sherif Malek, D.O., in the Circuit Court of Coles County on behalf of the plaintiffs Wednesday.

The suit alleges that due to negligence, Dr. Malek severed the entire glans, commonly termed the head, of the infant's penis during a standard circumcision procedure the day after his Feb. 14 birth.

According to a release from the attorney, at the completion of the circumcision, hospital records indicated significant bleeding.

Inspection revealed nearly all of the glans had been amputated at the time of circumcision, the release said.

Three months later, the infant required penile skin transfer surgery at the University of Illinois and will need future procedures, some of which are only appropriate at puberty, the release said.

Citing an expert witness from Northwestern Memorial Hospital, the suit claims the clamp used in the procedure, "cannot amputate a male infant's glans" when used properly. "The injury to this boy was completely preventable."

Latherow said in the release caps on medical malpractice cases in Illinois will prevent the boy from recovering more than \$500,000 against the physician for the lifelong deformity and urological care, and any associated psychological problems. The hospital's liability for such damages is capped at \$1 million, the release said.

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### **Death of 12-Year-Old Circumcised Girl Shocks Egypt, Prompts Ban on Rite**

*Associated Press*  
 Friday, June 29, 2007  
[http://www.foxnews.com/  
 story/0,2933,287393,00.html](http://www.foxnews.com/story/0,2933,287393,00.html)

CAIRO, Egypt — The death of a 12-year-old Egyptian girl at the hands of a doctor performing female circumcision in the country's south has sparked a public outcry

and prompted health and religious authorities this week to ban the practice.

The girl, Badour Shaker, died earlier in June while being circumcised in an illegal clinic in the southern town of Maghagh. Her mother, Zeniab Abdel Ghani, told the Al-Masry Al-Youm newspaper that she had paid \$9 dollars to a female physician to perform the procedure.

The mother also told the paper that the doctor later tried to bribe her to withdraw a lawsuit accusing the physician of murder, in return for \$3,000, but she refused.

A forensic investigation into the case showed the girl's death was caused by an anesthesia overdose during the procedure.

The case sparked widespread condemnation and was closely followed in Egyptian papers, which also reported that Shaker had passed out sweets to pupils in her class earlier on the day of her death, to celebrate her good grades. It also evoked memories of a 1995 CNN television documentary depicting a barber circumcising a 10-year-old girl in a Cairo slum.

On Thursday, the Egyptian Health Ministry issued a decree on female circumcision, stating that it is "prohibited for any doctors, nurses, or any other person to carry out any cut of, flattening or modification of any natural part of the female reproductive system, either in government hospitals, non government or any other places."

It warned that violators of the ban would be punished, but did not specify the penalty. The ban is not as enforceable as a law, which requires passage in the national legislature.

Female genital mutilation, FGM, or as it is often called, female cir-

cumcision, usually involves the removal of the clitoris and other parts of female genitalia. Those who practice it believe it tames a girl's sexual desires and maintains her honor.

It is practiced by Muslims and Christians alike, deeply rooted in the Nile Valley region and parts of sub-Saharan African, and is also practiced in Yemen and Oman.

The ban by the health ministry marks a return to a 1950s government order on Egypt's hospitals and doctors against FGM.

Despite that order, the practice continued in Egypt, mostly carried out by barbers, midwives and amateurs. The order was reversed in 1995, shortly after the CNN film, with female circumcision being permitted by medical staff only, in a move to stem amateur practicing.

Although the documentary embarrassed Cairo internationally, it failed to propel the parliament to pass a new child bill penalizing circumcision.

A 2003 survey by the United Nation's children's agency, UNICEF, said that 97 percent of married women in Egypt have undergone genital mutilation.

But the Egyptian government considers the 97 percent inaccurate. A recent study among schoolgirls by Egypt's Ministry of Health and Population found that 50.3 percent of girls between the age of 10-18 years have been circumcised.

There are signs that Shaker death could move the parliament to pass a new bill banning female circumcision, especially after Egypt's First Lady Suzanne Mubarak asked a Cairo conference on violence against children to mark a moment of silence in Shaker's memory, just days after the girl's death.

Shaker was a victim of "the most

vicious practice committed against women," Mubarak said at the time. "Badour's death is the beginning of the end for female circumcision in Egypt."

Shortly afterward, the country's supreme religious authorities stressed that Islam is against female circumcision.

"It's prohibited, prohibited, prohibited," Egypt's Grand Mufti Ali Gomaa said on the privately owned al-Mahwar network Saturday.

While top clerics here insist that the practice has nothing to do with Islam, parents, especially in villages and Cairo slums, believe they are helping their daughters. They think circumcision is necessary for cleanliness and to protect a girl's virginity before marriage.

Opponents say that girls who undergo botched operations — along with doctors, amateurs without anesthesia often still perform the circumcision — can bleed to death, suffer from chronic urinary infections and have life-threatening complications in childbirth.

Al-Masry Al-Youm daily reported that the doctor in Shaker's case denied allegations of malpractice and said that the girl was in a "bad condition" to start with, and was immediately transferred to a regular hospital where she died. The doctor was never identified by name.

Egypt's renowned feminist activist, Nawal el-Saadawi, 76, who has published a biography on her own experience with circumcision, wrote of Shaker: "Badour, did you have to die for some light to shine in the dark minds? Did you have to pay with your dear life a price ... for doctors and clerics to learn that the right religion doesn't cut children's organs."

### **Egypt Forbids Female Circumcision**

*By Magdi Abdelhadi  
BBC Arab Affairs Analyst  
[Http://www.bbc.co.uk/2/low/middle\\_east/6251426.stm](http://www.bbc.co.uk/2/low/middle_east/6251426.stm)*

Egypt has announced that it is imposing a complete ban on female circumcision, also known as genital mutilation. The announcement follows a public outcry after a young girl died during the operation.

A ban was introduced nearly 10 years ago but the practice continued to be allowed in exceptional circumstances. The new ban cancels out a provision that allowed the operation to be performed by qualified doctors in exceptional cases only.

Egypt's first lady, Susanne Mubarak, has spoken out strongly against female circumcision, saying that it is a flagrant example of continued physical and psychological violence against children which must stop.

The country's top religious authorities also expressed unequivocal support for the ban. The Grand Mufti and the head of the Coptic Church said female circumcision had no basis either in the Koran or in the Bible.

Recent studies have shown that some 90% of Egyptian women have been circumcised. The practice is common among Muslim as well as Christian families in Egypt and other African countries, but is rare in the Arab world.

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### **Controversial Children's Act Takes Effect Today**

*SABC News  
July 01, 2007, 19:00  
[Http://www.sabcnews.com/south\\_africa/social/0,2172,151791,00.html](http://www.sabcnews.com/south_africa/social/0,2172,151791,00.html)*

The Children's Act has come into effect today, giving children from the age of 12, among others,

the right to access medical services such as HIV treatment and contraception without parental consent.

Approved by the President, these sections of the act do not require regulations before being released. Only sections that do not require regulations are enforced. They include the right for children from age 12 to get HIV treatment and contraception without consent. Twelve-year-olds can also have pregnancies terminated if they wish.

Musa Mbere, from the department of social development, says: "The reason behind that is to make sure that our law is aligned in terms of age, when children can access contraceptives. Children become sexually active at an early stage. It's a reality that we're dealing with. Secondly, children are abused at a very young age."

### **Younger age for sexual activity**

Concern has been raised that the act might promote sexual activity at a young age. Joan van Niekerk, the national coordinator of Childline, says: "Certainly, one would question the advisability of giving children access to contraception from a very young age. But the reality is... that the age at which children become sexually active is getting younger and younger."

Under 16s may not be tested for virginity or be circumcised, unless required by tradition or religion. A child is now regarded as an adult at 18, and no longer 21. This means 18-year-olds can now get into contractual agreements without parental consent. The section dealing with corporal punishment requires regulations and the act should be complete by March next year.

**Attorneys for the Rights  
of the Child  
[www.arclaw.org](http://www.arclaw.org)**

## New Study Finds Key to Understanding the Global Spread of AIDS

Excerpts from Press Release by  
John R. Talbott  
June 20, 2007

[Http://www.eurekaalert.org/  
pub\\_release/2007/06/21/  
MNG43QJ3U11.dtl](http://www.eurekaalert.org/pub_release/2007/06/21/MNG43QJ3U11.dtl)

In new academic research published today in the online, open-access, peer-reviewed scientific journal PLoS ONE, male circumcision is found to be much less important as a deterrent to the global AIDS pandemic than previously thought. The author, John R. Talbott, has conducted statistical empirical research across 77 countries of the world and has uncovered some surprising results.

The new study finds that the number of infected prostitutes in a country is the key to explaining the degree to which AIDS has infected the general population. Prostitute communities are typically very highly infected with the virus themselves, and because of the large number of sex partners they have each year, can act as an engine driving infection rates to unusually high levels in the general population. The new study is entitled "Size Matters: The Number of Prostitutes and the Global HIV/AIDS Pandemic" and is freely available online at the PLoS ONE publication website at [www.plosone.org/doi/pone.0000543](http://www.plosone.org/doi/pone.0000543).

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### ARC Press Release Answering Sensitivity Study By Sorrells et al

[http://www.livescience.com/  
health/070615\\_penis\\_sensitivity.html](http://www.livescience.com/health/070615_penis_sensitivity.html)

How much does circumcision alter what a man ultimately feels? Scientific studies aiming to answer this question have been inconclusive.

Now researchers prodding dozens of male penises with a fine-tipped tool have found that the five areas most receptive to fine-touch are routinely removed by the surgery.

The finding, announced today, was detailed in the April issue of the British Journal of Urology (BJU) International.

Circumcision surgery involves the removal of the skin that covers the tip of the penis, called the foreskin. Infant male circumcision is the most common medical procedure in the United States, with an estimated 60 percent of male newborns undergoing the surgery.

Morris Sorrells of National Organization of Circumcision Information Resources Center and colleagues created a "penile sensitivity map" by measuring the sensitivity of 19 locations on the penises of 159 male volunteers. Of the participants, 91 were circumcised as infants and none had histories of penile or sexual dysfunction.

For circumcised penises, the most sensitive region was the circumcision scar on the underside of the penis, the researchers found. For uncircumcised penises, the areas most receptive to pressure were five regions normally removed during circumcision—all of which were more sensitive than the most sensitive part of the circumcised penis.

Circumcision is a procedure practiced in several countries for medical as well as cultural reasons. Most scientists agree that the surgery confers some protection against infection and the risk of contracting sexual diseases. Recent studies have also shown that circumcision can lower the risks of HIV infection by as much as 60 percent in sex between males and females.

But Robert Van Howe, a study

team member at Michigan State University, thinks such claims are somewhat overblown. "The [health benefits] that have been consistently shown are very small, and there are less aggressive, less invasive, less expensive ways of dealing with the problems [circumcision] is supposed to address," Van Howe told LiveScience.

Other practices, such as choosing sexual partners wisely and using condoms consistently, are far more effective in protecting against diseases, he added.

Circumcision is opposed by some groups on the grounds that it is painful and not a life-saving procedure, and that it also makes sex less pleasurable by exposing and numbing the tip of the penis, called the glans. Some have gone so far as recommending foreskin restoration.

Some previous studies found that circumcision led to little, if any, decrease in penile sensitivity, but Sorrells and his colleagues say such findings are suspect because many are based on self-reports from men who were circumcised to correct medical problems.

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### Circumcision Rate in North America Drops Below 50%

By The International Coalition  
for Genital Integrity (ICGI)  
September 16, 2007

For the first time in sixty years, more boys are leaving the hospital intact. The circumcision rate in North America quietly and unceremoniously dropped below the 50/50 point this year, based on medical reports in the United States, Mexico, and Canada. More parents are opting to say No! to circumcision as they learn more about its long-term harm, something that presumably the boy would want for himself, too.

## Circumcision Losing Favor With U.S. Parents

By Edward Guthmann,  
San Francisco Chronicle

June 21, 2007

<http://www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2007/06/21/MNG43QJ3U11>.

DTL&type=printable

When Nancy McIlvaine told her parents that her newborn son wouldn't be circumcised, her mother gasped. McIlvaine, who lives in Napa with her husband, Willem Maas, said she consulted with health professionals about circumcision and never heard a compelling reason to snip her baby's foreskin.

"It's just inflicting pain to a newborn when there doesn't seem to be any evidence of it being beneficial," said McIlvaine, who gave birth to Theodore on June 8.

McIlvaine is part of a growing trend away from male circumcision. According to the Centers for Disease Control and Prevention, the circumcision rate in the United States dropped to 55.9 percent in 2003 -- an all-time postwar low. In the early '60s, it peaked at 90 percent.

In the Bay Area, the numbers are even lower. Dr. Laurence S. Baskin, chief of pediatric urology at UC San Francisco, said, "I would say it's only 40 percent in San Francisco. People are more educated about the reasons for it now. In the past it was part of the package: You had a boy, he was circumcised and you would be sent home with a car seat, and that was it."

Immigration also is a big factor in the decrease in male circumcision nationwide, Baskin said. Among Asian cultures and Latin American cultures, circumcision is the exception, not the norm.

During the 1950s, the rate of routine infant circumcision leapt

from 50 to 90 percent in response to the advice of medical doctors, like the author Dr. Benjamin Spock, who argued that it was beneficial.

But in 1999, after decades of debate, the American Academy of Pediatrics issued a policy statement on circumcision stating, "Existing scientific evidence demonstrates potential medical benefits of newborn male circumcision; however, these data are not sufficient to recommend routine neonatal circumcision."

When Baskin speaks to parents of infant boys, he describes the pros and cons of the procedure. On the pro side: Circumcision can decrease the likelihood of urinary tract infections, penile cancer, HIV and sexually transmitted diseases. On the con side: Circumcision has a small risk factor, like any surgery, and in most cases is unnecessary. With good hygiene, an uncircumcised male can maintain good health throughout life.

Baskin said that most of the clinical studies measuring the reduction of HIV, STDs and penile cancer were conducted in sub-Saharan Africa and "not really germane to people living in San Francisco." Penile cancer, he said, is a problem in Africa but almost unheard-of in the United States.

Dan Savage, a popular sex adviser whose Savage Love column is syndicated to 70 newspapers, has a 9-year-old adopted son, Daryl. When he and his partner, Terry Miller, made the decision not to circumcise, he said, "My parents didn't interfere. They had their three sons circumcised because that's what everyone did, but they're informed enough now to know that it's not what everyone does. It's a choice that parents make."

Initially, Savage said, "there was some discussion on my boyfriend's

part of wanting him to look like us. All I had to tell him was, 'I don't remember ever comparing penises with my dad. You don't sit around the Thanksgiving dinner table, haul it out and say, 'Hey, don't we all look alike!' "

Stacy Nye of Redwood City agrees. She has an uncircumcised 8-year-old son and says the like-father-like-son argument is absurd. "Dr. Dean Edell (the talk-show host) made a good point on his show once when he said the penis is the last thing that others see to compare a father and a son, unless you hang out at a nudist colony."

Even among young Jewish parents, there has been a change. Jonathan Marks, a Marin County real-estate agent, said he and his wife, Paula, did a "vast amount of research" when their son, Gabriel, was born five years ago.

"I can't say we were torn about it. Actually, we were torn, but only in the expectation of others around us and especially my Jewish heritage. But after doing the research and speaking with midwives and others around us with boys, we decided that the trend at the time was moving away from this blanket circumcision edict that comes down from God knows where."

"It comes up frequently in my column," Savage said. "Where it really creates conflict and stress for my readers is when they're young, hip, alternative-scene Jews who may not even be practicing. But suddenly they're having a boy, and they get all this pressure from their families. I know one couple who were disinherited, and they went ahead and didn't do the circumcision anyway."

Jeff Lewis, a San Francisco optometrist who practices in Orinda, is Jewish and is expecting a daughter with his wife, Shem. If they

have a boy in the future, he said, "We would circumcise, not only for the sake of tradition, but also because I've seen in hospital training too many elderly men go through the circumcision process for hygiene reasons. The trauma is measurable."

For a lot of parents, the notion of inflicting pain on their newborn son is loathsome. David Fortner of Berkeley, whose son Wyatt was born seven months ago, said, "He was such a small, little, delicate guy that the last thing I'd want to do was start carving up his little ween."

"I'm not going to buy the argument that it's brutal," Baskin said. "There's a general anesthetic involved, so they're not going to experience any pain, because they're asleep. And afterwards, with good nerve blocks, they basically do fine." Infants 3 to 6 months old are given a general anesthetic; newborns 1 to 8 days are given a local anesthetic.

Baskin also dismissed the argument that circumcised men experience less sexual pleasure because of the loss of foreskin. "I think that's been pretty much debunked by a number of articles in the British Journal of Urology and the Journal of Urology." Regarding men who endeavor to restore their foreskin in their adult years -- Web sites are devoted to the practice -- Baskin said, "In my mind that would go under the heading, 'Get a life.'"

"It's pretty hard to scientifically quantify pleasure under any circumstances," said retired San Francisco urologist Dale McGhee, "and particularly hard to compare pleasure quantitatively between circumcised and uncircumcised penises. I know that in all my career in medicine, I never met one man who was circumcised in adulthood and who said he experienced less sexual pleasure after than before."

Curiously, one of the least-mentioned factors in the cut versus uncut debate is the sexual experience of women. "Friends who have made love to men who were not circumcised have told me it felt a whole lot better to them than men who were circumcised," said Nye. "That may have more to do with the skills of the man than the circumcision. But who knows?"

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### Support for Circumcision Proposal

*Radio Sweden  
August 10, 2007*

A controversial proposal by Sweden's National Board of Health and Welfare regarding the circumcision of young boys is gaining support among political parties.

The plan, announced earlier this year, would oblige local councils to carry out a circumcision if the boy's family wanted the procedure.

It's aimed at halting the increasing number of circumcisions taking place outside of the health service, which leaves boys at a greater risk of infection.

The Minister for Health and Social Affairs, Göran Hägglund, is yet to take a stand on the issue, but fellow Christian Democrat Chatrine Pålsson Ahlgren, who sits on the parliamentary committee for social affairs, supports the proposal.

The committee's chairperson, Kenneth Johansson of the Center Party, told Swedish Radio News that he wants to see greater availability of circumcisions within the health service, and more information published to challenge some parents' belief that circumcision is prohibited in Sweden.

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### Jewish "Intactivists" In U.S. Stop Circumcising

*By Helen Chernikoff  
New York Times  
October 3, 2007*

<http://www.nytimes.com/reuters/world/lifestyle-circumcision.html>

NEW YORK (Reuters) - In most respects, Michelle Chernikoff Anderson is a rabbi's dream congregant. She sings in the choir and takes classes at her synagogue.

But, like an increasing number of Jews in the United States, she has decided not to circumcise her son, rejecting the traditional notion that it is a Biblically prescribed sign of the Jewish relationship with God.

"I see circumcision as a blood ritual that I can let go of," said Anderson, who lives in Southern California. Her position is in harmony with a wider decline in circumcision in the United States.

About 85 percent of all American boy babies were circumcised at its peak in 1965, according to a National Opinion Research Center survey.

By 2004, it had fallen to about 57 percent, reflecting the increased birth rate among Hispanics, who are less likely to circumcise their sons, data from the Centers for Disease Control and Prevention shows.

"Circumcision's out of the closet. It's not a taboo subject anymore. People are talking about it. Parents are talking about it," said Dr. Mark Reiss, a synagogue-goer in the San Francisco area and executive vice president of Doctors Opposing Circumcision.

Among those talking about it is a gaggle of young, male, Jewish commentators. This year alone, in books, online and in magazines, authors Neal Pollack, Sam Apple, Jonathan Safran Foer and Shalom Auslander have all fretted about doing to their sons what was done to

them. The title of Auslander's memoir, scheduled for publication in October, is "Foreskin's Lament."

that it can halve men's risk of HIV infection. "Circumcision has always been the panacea for the disease of

usually minor bleeding or treatable infections.

Under a trained professional, the risk to the child is "infinitesimal," said Conservative Rabbi Joel Roth. "Jews have given their lives for circumcision more than for any other (religious obligation) and that's why it has become so defining an act of membership," said Roth.

"SQUEAMISH"

Islam has no comparable movement against circumcision, said Batoool Al-Toma of the New Muslims Project. Most converts undergo the procedure, although Islam waives the requirement, said University of Colorado religion professor Frederick Denny.

Michael Young, a convert to Islam, had his infant son circumcised but did not undergo the procedure himself. "I'm very squeamish and hate the thought of it," he said. Judaism is divided on the matter of converts. Reform Judaism does not require it, Orthodox and Conservative movements do.

Circumcision's detractors also claim the procedure reduces sexual sensation and endurance.



David Wilson and Grandson Jonathan—14 Years in a Row at the Capitol  
photo by Michael Steffe

Circumcision is even before the courts. In November, the Oregon Supreme Court will rule on whether a convert to Judaism can force his 12-year-old son to undergo the procedure.

"INTACTIVIST"

Reiss, who calls himself an "intactivist," maintains a roster of 50 officiants who conduct nonsurgical alternatives to the bris, traditionally performed on the eighth day after a boy's birth. He says he fields as many as five queries weekly from conflicted parents.

At the Jewish Circumcision Resource Center in Boston, director Ron Goldman maintains a list of 400 names of Jews who refuse to circumcise their sons.

Reiss and Goldman question circumcision's purported health benefits, such as lower rates of penile cancer and the recent reports

the decade," Reiss said, noting that non-Jews first adopted it to reduce masturbation, thought to cause syphilis.

Also, they think any benefits are outweighed by the risks, which include shock from blood loss, antibiotic-resistant infections and even death.

Such incidents are extremely rare, said Dr. Jack Swanson of the American Academy of Pediatrics. Between two and six infant boys experience complications per thousand circumcisions, but those are



Kids ask why circumcisers are not in jail.  
Photo by Michael Steffe

"I haven't attempted foreskin restoration surgery, but I've thought about it," said Matthew Taylor, an active Bay Area Jew who resents his own circumcision and who preaches on the evils of the practice to Jewish friends. But author Julius Lester, who became a Reform convert to Judaism in 1982 and underwent circumcision to feel Jewish, said the procedure also boosted his sex life.

"Circumcised there are far more subtle sensations, and staying power is much, much longer," he said. "From a sexual point of view, I wish I'd gotten circumcised many years earlier." Anderson is torn between a desire to protect her son's privacy and what she thinks may be a religious duty to discuss her decision not to circumcise.

"Hey, it's my son's penis, it's not mine to discuss in the same way it's not mine to cut. But at the same time, I feel like maybe I have an obligation to share."

**German Court: Circumcision Unlawful Personal Injury**

By JTA (Jewish Telegraph Authority) September 21, 2007  
<http://www.jta.org/cgi-bin/iowa/breaking/104271.html>

A regional appeals court in Germany found the circumcision of an 11-year-old Muslim boy to be unlawful.

The Sept. 20 decision in a Frankfurt am Main appeals court found that the boy's circumcision without his approval was an unlawful personal injury. The decision opened the way toward financial compensation for the boy.

The case may have repercussions for the practice of ritual circumcision in Germany by Muslims and Jews. The court suggested, in part, that it was a punishable offense to subject one's child to teasing by other children for looking different.

The boy, now 14, plans to sue his father for 10,000 Euro (about \$14,000), according to a report by the German DDP press agency.

Reportedly, the boy, whose parents are divorced, was visiting his father during a vacation when his father forced the ritual circumcision. The boy lives with his mother, who had always rejected circumcision. Muslim boys are traditionally circumcised at elementary school age.

According to the court, circumcision can "be important in individual cases for the cultural-religious and physical self-image," even if there are no health disadvantages involved. So the decision about whether or not to go through with a circumcision is "a central right of a person to determine his identity and life."

The court did not give an age minimum at which their parents must seek a child's permission to perform a circumcision. The amount of damages depends, said the court, on the extent to which the boy suffered long-term physical or emotional damage, or "whether his peers would tease him for looking different."

Yes! I support the rights of all children to physical integrity and self-determination. I enclose my contribution or membership dues, which I understand are tax deductible.

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